

CITY OF GARDEN GROVE

FIRE DEPARTMENT

TEL: (714) 741-5600 FAX: (714) 741-5640

December 9, 2015

Elizabeth Zhao Andersen Environmental – EFI Global (310) 854-6300

Records Search for 13642, 13686 & 13692 Euclid Avenue Garden Grove, CA 92841

Dear Ma'am:

Enclosed are the records found concerning the history of the abovementioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. However, the City makes no representation as to the accuracy of the records or that all records requested were retained or located. The City does not provide records on spills, leaks or clean-up, as that information is provided through the County of Orange Health Dept.

Nate Brady

Division Chief/Fire Marshal

By: Thanh Nguyen

Fire Captain/Senior Fire Protection Specialist

Violation List for SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St

Date Issued	Date Cleared	Code i	Violation Description
03/25/2003	04/03/2003	1001.5.1	Service and tag extinguisher(s) - provide copy
04/27/2005	04/27/2005	CFC 8001.3.;	DID NOT HAVE COPY OF HAZ MAT DISCLOSURE PACKET PRE
02/13/2006	02/27/2006		Need secondary containment on 55 gal containers stored on the eas

Inspection # :002871 1.lnsp Date:04-17-00 2. Permit # :000182 3. Address :13642 EUCLID ST 4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL 5. Address Info :HAZ MAT DISCLOSURE ON FILE 6.Buslic :131065 7. Business Owner : HOVNANIAN VAHE HOUVAN-SHELL 8. Business Address: 13642 EUCLID ST 10.Bus Phone530-3850 9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029 12.Occ Group:S3 16.5yr Cert.: 20.MBCC :N 17.FDC loc : 21.Clear date: 04-17-00 13.Occ Load: 22.InspectorId:5190 14.No of Ext : 2.2 18.Haz Mat'l : Y 15.Sprinklers:N 19.ReInsp date:05-01-00 LUKAS JR, EDWARD F ______ # Violation Code Violation description ______ 1 NO VIOLATIONS 2 Inspection # :012836 1.lnsp Date:04-23-01 2. Permit # :010135 3. Address :13642 EUCLID ST 4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

:HAZ MAT DISCLOSURE ON FILE 5. Address Info 6.Buslic :131065

7. Business Owner : HOVNANIAN VAHE HOUVAN-SHELL

8. Business Address: 13642 EUCLID ST 10.Bus Phone530-3850

9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029

12.Occ Group :S3 16.5yr Cert.: 20.MBCC :N 17.FDC loc : 21.Clear date: 04-23-01 13.0cc Load: 14.No of Ext: 2.2 18.Haz Mat'l: Y 22.InspectorId:5190 15.Sprinklers:N 19. ReInsp date: LUKAS JR, EDWARD F

Violation Code Violation description

1 NO VIOLATIONS

2 MOUNT THE FIRE EXTINGUISHER

2. Permit # :020279

3. Address :13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info : HAZ MAT DISCLOSURE ON FILE 6.Buslic :147863

7. Business Owner : HOVNANIAN VAHE HOUVAN-SHELL

8. Business Address :13642 EUCLID ST 10.Bus Phone530-3850

9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029

 13.Occ Load :
 17.FDC loc :
 21.Clear date :05-15-02

 14.No of Ext :1.1
 18.Haz Mat'l :Y
 22.InspectorId:1705

15.Sprinklers:N 19.Relnsp date:04-24-02 COLLINS, PATRICK S

Violation Code Violation description

1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY

2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.

3

Inspection # :933913 1.lnsp Date:07-16-93

2. Permit #

3. Address :13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info : 6.Buslic :131065

7. Business Owner : VAHE HOVNANIAN

8. Business Address: 10001 MIRAMAR CIRCLE 10.Bus Phone530-3850
9. Business CityStZip:SANTA ANA, CA 92705 11.EmerPhone832-2029

13.Occ Load : 17.FDC loc : 21.Clear date :07-16-93 14.No of Ext :2.2 18.Haz Mat'l :Y 22.InspectorId:0007

15.Sprinklers:N 19.ReInsp date: ABRAHAMSON, RANDY

Violation Code Violation description

1

Inspection # :943750 1.lnsp Date:09-01-94

2. Permit #

:940102

3. Address

:13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info

6.Buslic :131065

7. Business Owner : VAHE HOVNANIAN

8. Business Address: 10001 MIRAMAR CIRCLE

10.Bus Phone530-3850

9. Business CityStZip:SANTA ANA, CA 92705

11.EmerPhone832-2029

12.Occ Group :B1 16.5yr Cert. : 20.MBCC

13.Occ Load:

17.FDC loc :

21.Clear date: 09-29-94

14.No of Ext : 2.2 18.Haz Mat'l : Y

22.InspectorId:7573

15.Sprinklers:N

19. ReInsp date:

RUVALCABA, RUBEN

Violation Code Violation description

1 UFC 10.504 SERVICE FIRE EXTINGUISHER

2

Inspection #

:953547

1.lnsp_Date:08-28-95

2. Permit #

:950183

3. Address

:13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info :

6.Buslic :131065

7. Business Owner : VAHE HOVNANIAN

8. Business Address: 10001 MIRAMAR CIRCLE

10.Bus Phone530-3850

9. Business CityStZip:SANTA ANA, CA 92705

11.EmerPhone832-2029

12.Occ Group:B1

16.5yr Cert. :

20.MBCC

13.Occ Load:

17.FDC loc :

21.Clear date:

14.No of Ext :2.2 18.Haz Mat'l :Y

22.InspectorId:8249

15.Sprinklers:N

19. ReInsp date:

SPARGUR, JEFFREY T

Violation Code Violation description

1 NO VIOLATIONS NOTED

1.lnsp Date:04-22-96 Inspection # :963226 2. Permit # :960132 3. Address :13642 EUCLID ST 4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL 5. Address Info 6.Buslic :131065 7. Business Owner : VAHE HOVNANIAN 8. Business Address: 10001 MIRAMAR CIRCLE 10.Bus Phone530-3850 9. Business CityStZip:SANTA ANA, CA 92705 11.EmerPhone832-2029 12.Occ Group :S3 16.5yr Cert. : 20.MBCC :N 13.Occ Load: 17.FDC loc : 21.Clear date: 04-22-96 14.No of Ext :2.2 18.Haz Mat'l :Y 22.InspectorId:5190 LUKAS JR, EDWARD F 15.Sprinklers:N 19.Relnsp date: _____ # Violation Code Violation description 1 **NO VIOLATIONS** 2 Inspection # 1.lnsp_Date:04-07-97 :972979 2. Permit # :970124 3. Address :13642 EUCLID ST 4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL 6.Buslic :131065 5. Address Info :HAZ MAT DISCLOSURE ON FILE 7. Business Owner : VAHE HOVNANIAN 8. Business Address: 10001 MIRAMAR CIRCLE 10.Bus Phone530-3850 9. Business CityStZip:SANTA ANA, CA 92705 11.EmerPhone832-2029 16.5yr Cert. : 20.MBCC 12.Occ Group :S3 :Y 13.Occ Load: 17.FDC loc : 21.Clear date: 04-28-97 14.No of Ext :2.3 18.Haz Mat'l :Y 22.InspectorId:5190 15.Sprinklers:N 19.Relnsp date:04-21-97 LUKAS JR, EDWARD F ______ # Violation Code Violation description 1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY 2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS. 3 UFC 7910.10 POST NO SMOKING SIGNS IN WORK/AUTO REPAIR AREA.

MULTI-PLUG ADAPTERS THAT DO NOT COMPLY WITH THE

REMOVE MULTI-PLUG ADAPTER IN CASHER AREA.(FIXED WHILE I WAS

ELECTRICAL CODE ARE PROHIBITED.

LAST TIME EXTINGUISHERS WERE DONE WAS '95.

4 UFC 8507

THERE.)

5

6

Inspection # :982914 1.lnsp_Date:04-13-98

2. Permit # :980051

3. Address :13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info : HAZ MAT DISCLOSURE ON FILE 6.Buslic :131065

7. Business Owner : HOVNANIAN VAHE HOUVAN-SHELL

8. Business Address: 13642 EUCLID ST 10.Bus Phone530-3850

9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029

13.Occ Load : 17.FDC loc : 21.Clear date :04-30-98 14.No of Ext :2.2 18.Haz Mat'l :Y 22.InspectorId:5190

15.Sprinklers:N 19.ReInsp date:04-30-98 LUKAS JR, EDWARD F

Violation Code Violation description

1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY

2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.

3

Inspection # :992895 1.lnsp_Date:04-13-99

2. Permit # :990151

3. Address :13642 EUCLID ST

4. Business Name/DBA: HOVNANIAN VAHE HOUVAN-SHELL

5. Address Info : HAZ MAT DISCLOSURE ON FILE 6. Buslic :131065

7. Business Owner : HOVNANIAN VAHE HOUVAN-SHELL

8. Business Address: 13642 EUCLID ST 10.Bus Phone 530-3850

9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029

 13.Occ Load :
 17.FDC loc :
 21.Clear date :04-13-99

 14.No of Ext :2.2
 18.Haz Mat'l :Y
 22.InspectorId:5190

 15.Sprinklers:N
 19.ReInsp date:
 LUKAS JR, EDWARD F

Violation Code Violation description

1 NO VIOLATIONS

File No	Permit No	DBA / Address/Permit description	Date Exp	oires
	367 821021	SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St	4	2016
	207 004004	LIQUEFIED PETROLEUM GASES - more than 120 gallons		
	367 801031	SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St	4	2016
	367 791201	SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St FLAMMABLE / COMBUSTIBLE LIQUID - more than 120 gallons storage / trar	4	2016
	367 791038	SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St FUEL DISPENSING STATION - flammable/combustible liquids	44	2016
	367 791032	SHELL 135328 - HOVNANIAN VAHE HOVNAN 13642 EUCLID St LEAK DETECTION MONITOR(S) for underground storage of flammable/ com	4	2016

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATIO	ON									
367	BEGINNING I 1/01/2002	GINNING DATE ENDING DATE 12/31/2002								
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) SHELL 135328 - HOVNANIAN VAHE HOVNAN				BUSINESS 714-530-3						
BUSINESS SITE ADDRESS 13642 EUCLID St				BUSINESS						
CITY GARDEN GROVE	l l	STATE C A	ZIP CODE 92843		COUNTY					
DUN & BRADSTREET 00-429-4737			PRIMARY S 5541	IC	PRIMARY NAICS					
BUSINESS MAILING ADDRESS SHELL 135328 VAHE HOVNANIAN	13642EUC	CLID ST	GARDEN C	GROVE, C	A 92843					
BUSINESS OPERATOR NAME			BUSINESS (OPERATOR	PHONE					
II. BUSINES	SS OWNE	CR			· · · · · · · · · · · · · · · · · · ·					
OWNER NAME ADDRESS ADDRESS VAHE HOVNANIAN 13642 EUCLID St GARDEN GROVE, CA 92843-3542										
PHONES Home 7145303850	***		****							
III. ENVIRONMENTAL CONTACT										
CONTACT NAME FERYAL SARRAFIAN 20945 S WILMINGTON Ave CARSON, CA 90870										
PHONES Office 3104896296	•									
-PRIMARY- IV. EMERGENCY	CONTAC	CTS	7100	-SECONI	DARY-					
NAME VAHE HOVNANIAN	NAME FERYAL SARRAFIAN									
TITLE Dealer	TITLE HS&E COORDINATOR									
Phone 1 Office 7145303850	Office 31		M-71-11-11-11-11-11-11-11-11-11-11-11-11-							
Phone 2 Mobile 7143194664	Emergen	cy 31048	96296	11118-11-11	And the second s					
Phone 3	Pager 3104896296									
Phone 4										
ADDITIONAL LOCALLY COLLECTED INFORMATION - Number of Employees										
Certification - based on my inquiry of those individuals responsible for obtaining the information, I certify under pena afformation is true, accurate and complete.	alty of law that I ha	ave personally	examined and am f	amiliar with the i	information submitted and believe the					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE		NAME OF E	OCUMENT	PREPARER					
NAME OF SIGNER (print)	TITLE O	F SIGNEF	!							

Garden Grove Fire

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION

					I.	FA	CIL	ITY IN	IFORM	IATION						
BUSINESS NAME SHELL 135328 -							siness	As)								
CHEMICAL LOCATION NORTHWEST A		OF LOT	LIND	ERG	ROUN	ID TA	NKS				СН	EMICAL LOCA	ATION C	ONFIDENTIA	L EPCRA	Ā
FACILITY ID#			T		T	T			MAP#		<u></u>		GRID#			
367																
CHEMICAL NAME				****	II.	CHI	EMIC	CAL II	NFORN	MATION		TER A DE CEC	D Day		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
GASOLINE	'											TRADE SEC	KEI			
COMMON NAME								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				EHS				
CAS # 8006-61-9 If EHS is "Yes", all amounts below must be in									ust be in	lbs.						
FIRE CODE HAZAF	RD CLA	ASSES (C	Complet	e if re	quired b	y CUP	A)	I - B								
HAZARDOUS MAT TYPE (Check one ite			Iixtur	e						RADIOAC	CTIVI	3		CURIES	0	
PHYSICAL STATE	Liqui									LARGEST	CO	NTAINER		,	-	12000
FEDERAL HAZARI	CATE		REAC	LIVE		PRE	SSLIR	E RELE	ASF	d ACI	ITE	HEALTH Y	e C	HRONIC HEA	AT TELL	
AVERAGE DAILY A	AMOUI				OAILY A	MOU	NT	***************************************		L WASTE		UNT		TE WASTE CO		
UNITS A	Gallon	L					36000	,				0	DAYS O	N SITE :		
STORAGE CONTAINER STORAGE PRESSU	RE			W 15 L				NICO.	, 100	Mark to the second seco						
STORAGE TEMPER	ATURI	Ξ										3.5490.4				
%WT		HAZ	ARDO	JS CC)MPON	ENT (I	For mi	ixture or	waste onl	y)	EHS			CAS#		
1		***************************************														
2																
3																
4 0																
5																
If more hazardous componer						arcinogen	nic,or 0.1	1% by weig	ht if carenoge	enic ,attach addit	ional sh	eets of paper captur	ing the requi	red information.		
ADDITIONAL LOCA	LLY CO	OLLECTE	D INFO	ORMA	ATION											

Garden Grove Fire

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION

I. FACILITY INFORMATION									
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)									
SHELL 135328 - HOVNANIAN VAHE HOVNAN									
CHEMICAL LOCATION EAST CENTRAL AREA OF LOT	CHEMICAL LOCATION CONFIDENTIAL EPCRA								
FACILITY ID# MAP#	GRID#								
II. CHEMICAL INFORMATION	V								
CHEMICAL NAME WASTE OIL	TRADE SECRET								
COMMON NAME EHS									
CAS#	If EHS is "Yes", all amounts below must be in lbs.								
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) II									
HAZARDOUS MATERIAL TYPE (Check one item only) B Mixture	ACTIVE CURIES 0								
PHYSICAL STATE B Liquid LARGES	ST CONTAINER 55								
FEDERAL HAZARD CATEGORIES a. FIRE Y b. REACTIVE c. PRESSURE RELEASE d. AC	CUTE HEALTH e. CHRONIC HEALTH Y								
AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT 5 550 ANNUAL WASTE									
UNITS A Gallons	DAYS ON SITE :								
STORAGE CONTAINER									
STORAGE PRESSURE									
STORAGE TEMPERATURE									
%WT HAZARDOUS COMPONENT (For mixture or waste only)	EHS CAS#								
1									
2									
3									
4 0									
5									
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcnogenic , attach additional components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if non-carcinogenic attach additional components are present at the component of t	ditional sheets of paper capturing the required information.								
ADDITIONAL LOCALLY COLLECTED INFORMATION									

			**************************************	Max D	Max Daily Amount		d/Used
Common Name				;	36000 Gallons	Section 4	Patricological Control of the Contro
Chemical Name	GASOLINE			Map	Grid	Delete _	Modify
Cas #	8006-61-9	Location	NORTHWEST ARE	A OF LOT -U	NDERGROUND	TANKS	
Common Name					550 Gallons		***************************************
Chemical Name	WASTE OIL			Мар	Grid	Delete _	Modify
Cas#		Location	EAST CENTRAL AF	REA OF LOT			

0. PERMIT# : 0001821. INSPECTION# : 002871

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 05-08-00

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION: 04-30-01 7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 320.00

8. REMARKS : 14. INSPECTOR :5190

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

105.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791032 FLAM/COMB MONITOR(S)

55.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

105.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

4 801031 HAZARDOUS MATERIALS

00.00

USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

5 821021 LIQUEFIED PETROLEUM GASES

55.00

STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 0101351. INSPECTION# : 012836

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 04-23-01

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION: 04-30-02 7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 320.00

8. REMARKS : 14. INSPECTOR :5190

LUKAS JR, EDWARD F

1 791038 DISPENSING OF FLAM/COMB

105.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791032 FLAM/COMB MONITOR(S)

55.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

105.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

4 821021 LIQUEFIED PETROLEUM GASES

55.00

STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

5 801031 HAZARDOUS MATERIALS

00.00

USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 020279 1. INSPECTION#: 022807

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:147863

4. PHONE:

530-3850

10. OCC CLASS: S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 05-15-02

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION: 04-30-03

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 340.00

8. REMARKS :

14. INSPECTOR :1705

COLLINS, PATRICK S

NO. CODE DESCRIPTION / CONDITION

FFF

1 791032 FLAM/COMB MONITOR(S)

60.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 821021 LIQUEFIED PETROLEUM GASES

60.00

STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

110.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

4 801031 HAZARDOUS MATERIALS

USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

5 791038 DISPENSING OF FLAM/COMB 110.00 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. 3 DISPENSERS

0. PERMIT# : 020349

1. INSPECTION#:

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: SHELL OIL COMPANY 9. BUS LICENSE:

4. PHONE:

10. OCC CLASS: UG TANKS

5. BILL-TO-NAME : AMBIENCE

11. ISSUE DATE :06-17-02

6. BILL-TO-ADDR: 2131 SOUTH DUPONT DR.

12. EXPIRATION :06-17-03

7. BILL-TO-CSZ: ANAHIEM, CA 92806 13. TOTAL FEES: 440.00

8. REMARKS :

14. INSPECTOR :1705

COLLINS, PATRICK S

NO. CODE DESCRIPTION / CONDITION

FEE

1 791151 UNDERGROUND TANK REMOVAL

440.00

UNDERGROUND FLAM/COMB STORAGE TANKS SHALL BE REMOVED IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 040001

1. INSPECTION#:

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: SHELL GAS STATION 9. BUS LICENSE:

4. PHONE:

800-219-9137

10. OCC CLASS: UG TANK

5. BILL-TO-NAME: TRC

11. ISSUE DATE::01-07-04

6. BILL-TO-ADDR: 9635 SANTA FE SPRINGS RD

12. EXPIRATION :06-07-04

7. BILL-TO-CSZ: SANTA FE SPRINGS, CA 90670 13, TOTAL FEES: 85.00

8. REMARKS : UG WASTE TANK SUMP REPAIR 14. INSPECTOR :2512

WAIDELICH, SUSAN C

NO. CODE DESCRIPTION / CONDITION

FEE

1 791701 DIGGING NEAR PIPELINES

85.00

PROVIDE 1 2A-10BC FIRE EXTINGUISHER, FENCING TO BARRICADE THE AREA, NO SMOKING SIGNS. CALL FOR APPT. WITH FIRE DEPT.

O. PERMIT# : 10175 1. INSPECTION#: 012836

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS: S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 04-30-01

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 320.00

8. REMARKS :

14. INSPECTOR: 5190

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

105.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791032 FLAM/COMB MONITOR(S)

55.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

105.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

4 801031 HAZARDOUS MATERIALS

00.00

USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

5 821021 LIQUEFIED PETROLEUM GASES

55.00

STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

O. PERMIT# : 20128 1. INSPECTION#: 022807

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 04-30-02

10. OCC CLASS:S3

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843

13. TOTAL FEES :320.00

8. REMARKS :

14. INSPECTOR: 5190

LUKAS JR, EDWARD F

FEE

1 791038 DISPENSING OF FLAM/COMB

105.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791032 FLAM/COMB MONITOR(S)

55.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

105.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

4 821021 LIQUEFIED PETROLEUM GASES

55.00

STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

5 801031 HAZARDOUS MATERIALS

USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

O. PERMIT# : 900053 1. INSPECTION#: 904974

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:.

4. PHONE:

10. OCC CLASS :B1

5. BILL-TO-NAME : VAHE HOVNANIAN

11. ISSUE DATE :04-03-90

6. BILL-TO-ADDR: 13642 EUCLID

12. EXPIRATION :04-03-91

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843

13. TOTAL FEES: 475.00

8. REMARKS : FIRE EXT/FINAL-CLEARED 04-03-9 14. INSPECTOR :4593

KEIM, TARA E

NO. CODE DESCRIPTION / CONDITION

FEE

___ __________

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF (18) DISPENSING NOZZLES

2 791201 FLAM/COMB +120 HAND/TRANS

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS

3 791032 FLAM/COMB MONITOR WELLS OPERATION OF (4) MONITORING WELLS 125.00

0. PERMIT# : 910118 1. INSPECTION#: 914422

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: VAHE HOVNANIAN SHELL STATION 9. BUS LICENSE:131065

4. PHONE:

530-3850

10. OCC CLASS :B1

5. BILL-TO-NAME: VAHE HOVNANIAN SHELL STATION 11. ISSUE DATE: 04-04-91

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:04-03-92

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 400.00

8. REMARKS :

14. INSPECTOR: 4593

KEIM, TARA E

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF (18) GASOLINE DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791201 FLAM/COMB +120 HAND/TRANS

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL AP-PLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 920186 1. INSPECTION#: 924145

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE:

530-3850

10. OCC CLASS :B1

5. BILL-TO-NAME: VAHE HOVNANIAN SHELL STATION 11. ISSUE DATE:04-27-92

6. BILL-TO-ADDR: 13642 EUCLID STREEET 12. EXPIRATION:04-03-93

7. BILL-TO-CSZ: GARDEN GROVE CA 92843 13. TOTAL FEES: 400.00

8. REMARKS :

14. INSPECTOR :3055

GAMBA, TERESA K

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF (18) GASOLINE DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791201 FLAM/COMB +120 HAND/TRANS

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS SHALL COMPLY WITH ALL APPLICABLE STATE

AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 930179 1. INSPECTION#: 933913

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: VAHE HOVNANIAN SHELL STATION 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :B1

5. BILL-TO-NAME: VAHE HOVNANIAN SHELL STATION 11. ISSUE DATE:05-07-93

6. BILL-TO-ADDR: 13642 EUCLID STREET 12. EXPIRATION:04-03-94

7. BILL-TO-CSZ: GARDEN GROVE CA 92843

13. TOTAL FEES :400.00

8. REMARKS :

14. INSPECTOR: 3055

GAMBA, TERESA K

___ ______

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF (18) FLAMMABLE/COMBUSTIBLE LIQUID DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791201 FLAM/COMB +120 HAND/TRANS

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 940102 1. INSPECTION#: 943750

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: VAHE HOVNANIAN SHELL STATION 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :B1

5. BILL-TO-NAME: VAHE HOVNANIAN SHELL STATION 11. ISSUE DATE: 04-30-94

6. BILL-TO-ADDR: 13642 EUCLID STREET 12. EXPIRATION:04-30-95 7. BILL-TO-CSZ: GARDEN GROVE CA 92843 13. TOTAL FEES: 400.00

14. INSPECTOR: 3055 8. REMARKS :

GAMBA, TERESA K

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF (18) FLAMMABLE/COMBUSTIBLE LIQUID DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791201 FLAM/COMB +120 HAND/TRANS

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

O. PERMIT# : 950183 1. INSPECTION#: 953547

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: VAHE HOVNANIAN SHELL STATION 9. BUS LICENSE:131065

4. PHONE:

530-3850

10. OCC CLASS :B1

5. BILL-TO-NAME: VAHE HOVNANIAN SHELL STATION 11. ISSUE DATE:04-25-95

6. BILL-TO-ADDR: 13642 EUCLID ST

12. EXPIRATION :04-30-96

7. BILL-TO-CSZ: GARDEN GROVE CA 92843

13. TOTAL FEES: 400.00

8. REMARKS : 18 NOZZLES

14. INSPECTOR: 3055

GAMBA, TERESA K

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB 250.00 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL

(18 NOZZLES)

2 791201 FLAM/COMB +120 HAND/TRANS

APPLICABLE STATE AND LOCAL CODES.

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 9601321. INSPECTION# : 963226

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :S3

5. BILL-TO-NAME : VAHE HOVNANIAN 11. ISSUE DATE :04-22-96 6. BILL-TO-ADDR : 10001 MIRAMAR CIRCLE 12. EXPIRATION :04-30-97

7. BILL-TO-CSZ : SANTA ANA, CA 92705 13. TOTAL FEES :400.00

8. REMARKS :

14. INSPECTOR: 5190

LUKAS JR. EDWARD F

NO. CODE DESCRIPTION / CONDITION

1 791038 DISPENSING OF FLAM/COMB

250.00

FFF

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

18 NOZZLES

2 791201 FLAM/COMB +120 HAND/TRANS

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 9701241. INSPECTION# : 972979

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 04-28-97

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:04-30-98

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 400.00

8. REMARKS : 14. INSPECTOR :5190

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

1 791038 DISPENSING OF FLAM/COMB

250.00

FEE

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

18 NOZZLES

2 791201 FLAM/COMB +120 HAND/TRANS

100.00

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 970701 1. INSPECTION#:

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HAVNANIAN SHELL 9. BUS LICENSE:

4. PHONE: 562-529-6460 10. OCC CLASS :TANK

5. BILL-TO-NAME: D&S FUELING, INC. ATTN: BARBIE 11. ISSUE DATE: 10-15-97

6. BILL-TO-ADDR: 8410 SOMERSET BLVD 12. EXPIRATION:10-15-97

7. BILL-TO-CSZ: PARAMOUNT CA 92703

13. TOTAL FEES :100.00

8. REMARKS : SUMPS, PIPING 14. INSPECTOR :5190

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

FEE

1 791031 FLAM/COMB U/G TANKS

100.00

INSTALLATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK, PIPING AND VAPOR RECOVERY SYSTEM SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 980051 1. INSPECTION#: 982914

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850 10. OCC CLASS :S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 05-14-98

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:04-30-99

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 400.00

8. REMARKS : HAZ MAT DISCLOSURE ON FILE 14. INSPECTOR: 5190

FEE

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

1 791038 DISPENSING OF FLAM/COMB

250.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

18 NOZZLES

2 791201 FLAM/COMB +120 HAND/TRANS

OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK(S) SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791032 FLAM/COMB MONITOR(S)

50.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 990151 1. INSPECTION#: 992895

2. PERMIT LOC: 13642 EUCLID ST

3. BUSINESS NAME: HOVNANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065

4. PHONE: 530-3850

10. OCC CLASS :S3

5. BILL-TO-NAME: HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE: 04-13-99

6. BILL-TO-ADDR: 13642 EUCLID ST 12. EXPIRATION:04-30-00

7. BILL-TO-CSZ: GARDEN GROVE, CA 92843 13. TOTAL FEES: 265.00

8. REMARKS :

14. INSPECTOR: 5190

LUKAS JR, EDWARD F

NO. CODE DESCRIPTION / CONDITION

FEE

1 791038 DISPENSING OF FLAM/COMB

105.00

OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 791032 FLAM/COMB MONITOR(S)

55.00

OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

3 791201 FLAM/COMB +120 HAND/TRANS

105.00

STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.

GARDEN GROVE FIRE DEPARTMENT PERMIT

11301 Acacia Parkway, 638-6721

In accordance with the Uniform Fire Code Permission is hereby granted to: Name of Business Address 13642 □ maintaining using using ☐ installing For the purpose of □ Other ☐ Public Assembly ☐ Candles Flammable Liquids ☐ High-Pile Storage ☐ Gases/LPG ☐ Hazardous Materials UNDERGIZOUND Safety Requirements: _ 10010 SICRA Signed Time issued for: Subject to revocation for proper cause or when necessary for public safety. Noncompliance with any provisions stipuated herein constitutes a violation of above code. PLEASE POST IN A CONSPICUOUS PLACE WHITE: PERMITTEE, BLUE: INSP. FILE, ORANGE: FPB

GARDEN GROVE FIRE DEPARTMENT PERMIT

F5-4401.2

F5-4401.2

11301 Acacia Parkway, 638-6721

Name of Business Shell Oil	Date
Address 5 4 5 5 4 6 5 1 6	Bus. Ph
For the purpose of ☐ installing ☐ using ☐ Flammable Liquids ☐ Candles ☐ Hazardous Materials ☐ Gases/LPG	☐ maintaining☐ operate☐ Public Assembly☐ Other☐ High-Pile Storage
Safety Requirements: No Remove State (ACCOMPANIE STATE ACTIVE)	10 15 5/0 15.210
Time issued for:	Signed

24 Hours Daily Tel. (714) 530-3850 Fax (714) 636-3790

Complete Automotive Service
Road Service, Tires, Batteries
Brakes • Shocks

13642 Euclid Street
At Garden Grove Freeway
Garden Grove, CA 92843



GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY												
FACILITY ID NO. 367												
BUSINESS NAME 57 Shell												
BUSINESS ADDRESS 13642 Euclid St												
APPROVED BY G DATE 6/2011												
NEW BUSINESS												
PICK 4D BUSLIST CALARP: CUPA: GIS												
FEE												



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

Page $\frac{2}{3}$ of $\frac{2}{3}$

							rage 01	
		BUSINESS I	NFO	RMATION				
FACILITY# 3	0 3 5		9780	ginning date 1/08		1	ENDING DATE 3/1/09	. 2
BUSINESS NAME SJ	SHELL		7 50 1			4	BUSINESS PHONE 714-530-3850	5
BUSINESS SITE ADDRI	ESS							6
136	42 EUCLID ST.				STATE	8	ZIP	9
CITY	GARDEN GROVE			7	CA		92843-3542	
DUN & BRADSTREET	00-429-4737		10	SIC CODE (4 DIGIT 5541	#)	11	FIRE DISTRIC 2622	12
COUNTY	RANGE							13
BUSINESS OPERATOR	NAME The Hovnanian			14	OPERAT	OR'S	PHONE 714-530-3850	15
		BUSINES	s ov	VNER				
OWNER NAME						16	OWNER PHONE 714-530-3850	17
Vahe Hovnar							1	18
13642 Euclid		·						
CITY Garden Grove	<u>.</u>			19	STATE	20	92843-3542	21
Garden Grove		NVIRONMEN	ITAL	CONTACT				
CONTACT NAME Feryal Sa	errafian					22	CONTACT PHONE 310-489-6296	23
CONTACT MAILING ADD	DRESS							24
20945 S. Y	Wilmington Ave			25	STATE	2	ZIP	27
Carson					CA	6	90870	
PR	IMARY	EMERGENC					SECONDARY	
NAME	Vahe Hovnanian	28	NAME		Feryal S	arra	fian	33
TITLE	Dealer	29	TITLE		HS&E Co	ordir	nator	34
BUSINESS PHONE	714-530-3850	30	BUSII	NESS PHONE	310-81	6-22	16	35
24-HR. PHONE	714-319-4664	31	24-HF	R. PHONE	310-48	9-62	96	36
PAGER#		32	PAGE	R#	310-48	9-62	96	37
	ADDITIONAL	LOCALLY C		CTED INFORM				
DESCRIBE THE TYPE O	F BUSINESS OPERATION:					38	TOTAL # OF EMPLOYEES	39
	GASOLINE FUELII	NG STATION			****		5 ATTENTION	
BILLING ADDRESS (IF D Gilbarco, Inc. 730	offerent from ABOVE) 00 West Friendly Ave., P.O. Bo	ox 22087 Gre	ensb	oro, NC 27420		40	Compliance Mgmt. Svcs.	41
PROPERTY OWNER NA		ADDRESS 20945 S. W	illmin	aton Ave		43	PHONE 310-816-2207	44
Shell Oil Products		Carson, CA						
Certification: Base	ed on my inquiry of those indivic mined and am familiar with the in	duals responsib	le for	obtaining the info	ormation, formation	l cer	tify under penalty of law thue, accurate, and complete.	nat I
SIGNATURE OF OWNER	OPERATOR OR DESIGNATED REPRES	SENTATIVE				45	DATE 25.08	46
NAME OF SIGNER (print)	HOVANIAN	47		OF DOCUMENT PRE		int		49
TITLE OF SIGNER	EL MANHER	48		OF DOCUMENT PRE		CA	ect Manage	50,
CHPA FORM Marge dos - OF						1 6 A		· <u>va</u>

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CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842

(714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

Page __ of __ :

BUSINESS INFORMATION											
FACIETY# 3 0 0 3 5		BE	GINNING DATE	1	ENDING DATE	2					
BUSINESS NAME		12:21		4	BUSINESS PHONE	5					
BUSINESS SITE ADDRESS						6					
GARDEN GROVE		· 	7	STATE 8	ZIP	9					
DUN & BRADSTREET		10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12					
COUNTY ORANGE						13					
BÚSINESS OPERATOR NAME			14	OPERATOR	SPHONE	15					
are the second of the second o	BUSINE	SS OV	WNER'								
OWNER NAME				16	OWNER PHONE	17					
OWNER MAILING ADDRESS						18					
CITY			19	STATE 20	ZIP	21					
	ENVIRONME	NTAL	CONTACT								
CONTACT NAME				22	CONTACT PHONE	23					
CONTACT MAILING ADDRESS						24					
CITY			25	STATE 26	ZIP	27					
PRIMARY	EMERGENC	4.00		SECO	NDARY	30					
NAME	28	NAME				33					
TITLE	29	TITLE				34					
BUSINESS PHONE	30	BUSIN	IESS PHONE			35					
24-HR. PHONE	31	24-HR	. PHONE	3		36					
PAGER #	32	PAGE	R#			37					
ADDITIONAL	L LOCALLY C	OLLE	CTED INFORM	ATION	11.11.11.11.11.11.11.11.11.11.11.11.11.						
DESCRIBE THE TYPE OF BUSINESS OPERATION:			•	38	TOTAL # OF EMPLOYEES	39					
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)				40	ATTENTION	41					
PROPERTY OWNER NAME 42	ADDRESS			43	PHONE	44					
Certification: Based on my inquiry of those indi	viduals responsi	ble for	obtaining the inform	nation, I cer	rtify under penalty of law	that I					
have personally examined and am familiar with the SIGNATURE OF DWNER/OPERATOR OR DESIGNATED REPR	RESENTATIVE	milited 8	THE DELICAC THE HILLO	45	DATE 6 - 1 - 11	46					
NAME OF SIGNER (print)	47	1 \ 11	OF DOCUMENT PREPA	ARER (print)		49					
TITLE OF SIGNER AN HOW / WITH	48		OF DOCUMENT PREPA			50					
MAN har / WINDS		<u></u>	5ame								



CITY OF GARDEN GROVE 11301 ACACIA PARKWAY GARDEN GROVE, CALIFORNIA 92842 (714) 741-5636

CUPA

BUSINESS ACTIVITIES

Page 1 of 9

		rage i or i
I. FACILITY IDENTIFICATION FACILITY ID# 3 0部 0 3 5割 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EPA ID # (Hazardous	Waste Only 2
PACIENT ID# 3 0 3 0 5 1	El / (ID // //ibbaladad	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3		
SJ SHELL 13532	28	
II. ACTIVITIES I	DECLARATION	
NOTE: If you check YES please submit the Business Ow	S to any par ner/Operato	t of this list, or Identification page
Does your facility	If Yes	, please complete these pages of the UPCF
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to10 CFR Parts 30, 40 or 70?	⊠YES □NO4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	⊠YES □NO5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	□YES ⊠NO6	✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C)
3. Need to report closing a UST?	□YES ⊠NO7	✓ 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, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste?	MYES DNO 9	✓ EPA ID NUMBERprovide at the top of this page
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC ∋25143.2)? 	□YES ⊠NO10	✓ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	□YES ⊠NO11	 ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	□YES ⊠NO12	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	13 □YES ⊠NO	✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	□YES ⊠NO14	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	□YES ⊠NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

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Page

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of

Hazardous Materials Business Information Form

BUSINESS INFORMATION BEGINNING DATE ENDING DATE 2 FACILITY# III 1/1/06 1/31/06 (Supplied by GGFD) **BUSINESS PHONE** 5 **BUSINESS NAME** 714-530-3850 SJ SHELL 6 **BUSINESS SITE ADDRESS** 13642 EUCLID STATE 9 CITY 92843-3542 **GARDEN GROVE** SIC CODE (4 DIGIT #) FIRE DISTRIC 12 DUN & BRADSTREET 00-429-4737 5541 13 COUNTY **ORANGE** OPERATOR'S PHONE 15 BUSINESS OPERATOR NAME 714-530-3850 Vahe Hovnanian **BUSINESS OWNER** OWNER PHONE 17 OWNER NAME 714-530-3850 Vahe Hovnanian 18 OWNER MAILING ADDRESS 13642 Euclid Street ZIP 21 STATE 20 92843-3542 CA Garden Grove **ENVIRONMENTAL CONTACT** CONTACT PHONE 23 CONTACT NAME 760-720-4236 Paul Vidakovich 24 CONTACT MAILING ADDRESS 2604B El Camino Real #384 STATE 2 6 27 CITY 92704 CA Carlsbad **SECONDARY EMERGENCY CONTACTS** PRIMARY 28 NAME 33 NAME Allen Baky Vahe Hovnanian TITLE 34 TITLE Tech Dealer 35 **BUSINESS PHONE BUSINESS PHONE** 714-530-3850 714-530-3850 24-HR, PHONE 36 24-HR. PHONE 714-315-1741 714-319-4664 PAGER# 37 PAGER# ADDITIONAL LOCALLY COLLECTED INFORMATION TOTAL # OF EMPLOYEES 39 38 DESCRIBE THE TYPE OF BUSINESS OPERATION: 5 GASOLINE FUELING STATION 41 ATTENTION BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 40 Michelle Ponce Shell Oil Products 20945 S. Willmington Ave., Carson, CA 90810 PROPERTY OWNER NAME PHONE ADDRESS 43 44 42 20945 S. Willmington Ave. 310-816-2207 Shell Oil Products Carson, CA 90810 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. OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE 46 NAME OF DOCUMENT PREPARER (print 49 RHL Design Group, Inc. 48 TITLE OF DOCUMENT PREPARER



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HAZARDOUS MATERIALS INVENTORY FORM

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HAZARDOUS MATERIALS INVENTORY FORM

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BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

Vocal

1.	The type of alarm signal that will be used to initiate an evacuation at the facility
	(Vocal, paging system, manual alarm, etc.)

- 2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
- 3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

One person shall be designated to account for all personnel at the staging area. That person will be responsible for meeting the incoming Fire units and reporting the conditions known about the incident.

The staging area is at the following location as shown on your site map.

ON EUCLID STREET NEAR MINI MART

Employee Responsibilities:

At least one employee shall be responsible for the following minimum requirements in the event of an emergency response by the Fire Department.

- 1. Notify employees. Initiate evacuation procedures.
- 2. Notify the Garden Grove Fire Department. Dial 911
- 3. Try to identify the nature of the incident.
- 4. Report to the staging area and account for evacuated employees.
- 5. Report to the incoming units.
- 6. Activate any emergency mitigation procedures that are available at your business. (List any emergency mitigation procedures that are specific to your business, if any.)

SEE ATTACHED	
	135328

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

State law requires training of employees where the business uses, handles or stores hazardous materials.

Employee training provided on:

- Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
- Procedures to follow during a release to threatened release of a hazardous material (Evacuation to staging areas).
- Information contained in material safety data sheets.
- Warning labels / placards.
- Safe work practices.
- Use of on site emergency equipment and supplies.
- Use and location of personal protective equipment.
- Any chemical, hazardous material or substance that could be encountered in his/her work area.
- On-site alarm system for evacuation.
- Discuss possible release of hazardous materials scenario.

Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous materials to the Garden Grove Fire Department. Failure to do so may result in criminal and / or civil prosecution.

Required Notifications

In the event of a release or threatened release of hazardous materials, it is state law to notify each of the following agencies:

Agency Phone Numbers

Garden Grove Fire department, Police and Paramedics Office of Emergency Services (OES) National Response Center 714-741-5600 911 or 714-741-5704 (800) 852-7550 OR (916) 845-8911 (800) 424-8802

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

		red used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, rative Code, Titles 19 and 20.				
threat action	ened release o	nt to initiate a Prevention Plan at your business and to assist in preventing a release, or f a hazardous material. In the spaces provided, place a checkmark by the preventative been initiated by your business to abate the hazards relating to hazardous materials age.				
Consi	deration shall i	nclude:				
1.	Drum storage	e and/or above ground tank storage areas:				
	a	Isolation and separation of incompatible materials				
	b	Diking areas to contain spills				
	c	Storage on paved ground				
2.	Compressed and / or cryogenic gas storage areas:					
	a	Cylinders stored upright and secured				
	b	Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)				
3.	General:					
	a	Safe work practices are exercised in daily routines.				
	b	Employees who handle hazardous materials are properly trained.				
	c	Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.				
	d <u>√</u>	Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)				
	e	Uniform Fire Code (UFC) requires separation between outside hazardous Material storage area or tanks and combustible materials (wood, bush, etc.)				
	f ✓	Posting of "No Smoking" signs where appropriate.				

BUSINESS EMERGENCY PROGRAM

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITNIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS:

- 1. Change of business address.
- 2. Change of business ownership
- 3. Change of business name
- 4. Cessation of business operation (quitting business)
- 5. Use or handling of a previously undisclosed hazardous material
- 6. A 100% increase in the quantity of a previously disclosed hazardous material

Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

CASHIER		 		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Show location on site map also using symbol in the legend.

Note: A fee is charged for replacement copy from the Garden Grove Fire Department.

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: NAME: V VA HE HONDANIAN

TITLE: V DOOR

DATE: V 2 20 06

UNDERGROUND STORAGE TANKS



FACILITY NAM	ME: SJ SHELL	
ADDRESS:	13642 EUCLID	
	GARDEN GROVE, CA 92843-3542	
PHONE #:	714-530-3850	
SITE ID#:	135328	
Tank Owner:	Equilon Enterprises, LLC, dba Shell Oil Products US	
	20945 S. Wilmington Ave.	
	Carson CA 90810	
Owner Phone:	(310) 816-2207	

<u>FACILITY DESCRIPTION</u>
Retail sales of gasoline and related petroleum products.

DESCRIPTION OF THE UNDERGROUND TANKS ARE AS FOLLOWS:

	Size (gal)	Construction (SW/DW)	Material (STL/FG)	Year Installed
1. Regular	12000	D/W	Fiberglass	
2. Plus	12000	D/W	Fiberglass	
3. Premium	12000	D/W	Fiberglass	
4.				
5. Waste Oil	550	D/W	Fiberglass	
PRODUCT LINES:				
MATERIAL: Fiberglass CONSTRUCTION: Double	Wall			



EMERGENCY PHONE NUMBERS

MAINTENANCE & EMERGENCY RESPONSE CONTRACTOR:

For Emergency Maintenance or to secure the site until a certified clean up crew can respond.

GL Construction & Maint.

15622 Graham St

Huntington Bch CA 92649 Phone Number: 877-903-1100

SHELL OIL PRODUCTS US PERSONNEL:

SHELL SOLUTION CENTER (SSC)

866-Hi-Shell (1-866-447-4355)

HSE COMPLIANCE COORDINATOR: Paul Vidakovich:

760-720-4236

FACILITIES ENGINEER:

Gary Wing

(714) 328-5165

FACILITY EMERGENCY CONTACTS:

Primary: Vahe Hovnanian, Dealer

714-530-3850 Day

Night 714-319-4664

Secondary: Allen Baky, Tech

Day 714-530-3850

Night 714-315-1741

Local Emergency Response Agency:

Garden Grove Fire Department

714-741-5636

Fire Department:

Police Department:

911

Emergency Medical Aid:

GARDEN GROVE HOSPITAL & MEDICAL CENTER

714-537-2724 or 911

California Office of Emergency Services (800) 852-7550 or call (916) 845-8911

National Response Center

800-424-8802

EMERGENCY RESPONSE PROCEDURES

In the event of a fire, earthquake, spill, or a leak or suspected leak in the tanks and/or piping, the following steps are to be taken as applicable:

- 1. <u>TURN OFF PUMPS</u> using the Emergency Pump Shut-Off Switch.
- 2. <u>EVACUATION</u>: If there is any immediate danger, <u>ANNOUNCE</u> to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately."
- 3. <u>CALL FOR HELP</u> in case of an emergency by dialing <u>9-1-1</u> and giving the following information:
 - "THERE IS A FIRE / GASOLINE SPILL at the SHELL station at 13642 EUCLID." If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
- 4. <u>LOOK AROUND</u> to assure that all others have left the station if necessary, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area and assemble in the designated assembly area ON EUCLID STREET NEAR MINI MART.
- 5. <u>ATTEMPT TO EXTINGUISH</u> any small or incipient fire if you can do so safely. Have the fire extinguisher ready to use in the event of any spill. Try to contain any large spill, or use absorbent on smaller spills.
- 6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
- 7. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:
 - 1. Name/Bus Phone/Home Phone: Vahe Hovnanian / 714-530-3850 / 714-319-4664
 - 2. Name/Bus Phone/Home Phone: Allen Baky / 714-530-3850 / 714-315-1741
- 8. NOTIFY your Shell Oil Products US HSE Coordinator or District Engineer by phone WITHIN 24 HOURS
- A. Shell Oil Products HSE Coordinator: Paul Vidakovich Phone Number: 760-720-4236
 Shell Oil Products Facility Engineers: Gary Wing Phone Number: (714) 328-5165

Shell Solution Center: 1-866-Hi-Shell (866-447-4355)

Emergency Maintenance and Response Contractors: See the Emergency Phone Number list preceding this page.

You must mail a completed Unauthorized Release Report to Shell Oil Products US within 24 hours.

Shell Oil Products US will notify the appropriate State and Local agencies <u>unless the situation requires urgent immediate response</u> by the agencies, in which case the <u>DEALER</u> should notify these agencies:

- B. LOCAL AGENCY: Garden Grove Fire Department PHONE NUMBER: 714-741-5636
- C. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
- D. Submit a follow-up Spill Notification to the State Office of Emergency Services.

These agencies must be notified within 24 hours of release detection.

- 9. Dealer should attempt to isolate leak location by inspection.
- 10. Shell Oil Products US will coordinate whatever corrective actions need to be taken beyond the Dealer's capabilities. Shell Oil Products US will file whatever reports need to be filed with local and state agencies, and send a copy to the station for the Dealer's files.
- 11. <u>RE-ENTRY</u>: If evacuation has occurred and emergency responders have been called, re-entering this facility should take place with extreme caution and only under the direction of the senior emergency responder on site <u>and</u> Shell Oil Products US engineers.

THESE EMERGENCY RESPONSE PROCEDURES MUST BE FILLED OUT AND POSTED CONSPICUOUSLY ON SITE ALONG WITH THE ATTACHED SITE PLAN

EMPLOYEE TRAINING PLAN

Employees <u>must</u> be given this training before starting work, and refresher courses must be provided annually. Records <u>must</u> be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign this document upon completion of training on the following page. Retain these records for a minimum of three years.

иш	s document upon completion of training on the following page. Tecam design to a name of the peaker.
I.	FIRST THINGS TO KNOW:
1.	EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills. Location: OUTSIDE WALL OF SERVICE BAY
2.	ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site. Location: SERVICE BAY
3.	WATER SHUT-OFF: The water shut-off may be necessary in some cases. Location: PLANTER ON EUCLID STREET
4.	TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm. Location: SERVICE BAY
5.	NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency. Location: N/A
5.	<u>PROPANE/LPG:</u> If your station has a propane or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
7.	FIRST AID KIT: Location: EMPLOYEE WASH ROOM
3.	<u>FIRE EXTINGUISHER:</u> Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call <u>9-1-1</u> for help. Location: <u>2-SERVICE BAY</u>
€.	ABSORBENT: In the form of crystals or cloth, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather that washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill. Location: SERVICE BAY
١٥.	EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency. Location: ON EUCLID STREET NEAR MINI MART
1.	HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) & MATERIAL SAFETY DATA SHEET (MSDS): Location: CASHIER
2.	NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention. A. NAME: GARDEN GROVE HOSPITAL & MEDICAL CENTER ADDRESS: 12601 GARDEN GROVE BLVD, GARDEN GROVE PHONE NUMBER: 714-537-2724
	B. <u>DESIGNATED TRAUMA CENTER:</u> NAME: <u>UC IRVINE MEDICAL CENTER</u> ADDRESS: <u>101 CITY DRIVE SOUTH, ORANGE</u> PHONE NUMBER: 714-456-7890

- II. All employees should review the Service Station Monitoring Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.
- III. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):
 - A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.
 - B. <u>SKIN CONTACT</u>: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.
 - C. <u>INHALATION (Breathing)</u>: Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.
 - D. INGESTION (Swallowing):
 - E. DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.
 - F. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information consults the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

INDIVIDUAL TRAINING RECORD

Employee Name

Employee Name.	
	
Acknowledgment: By signing this form, I hereby acknowledge	
and I understand the content and my responsibility in these a	reas. —····

Trainer's Name **Employee Signature Training Topic** Date Required HAZCOM (Hazard Communication) THESE ISSUES ARE COVERED BY THE UST HAZWOPER (Hazardous Waste Operations and **DESIGNATED OPERATOR TRAINING PROGRAM** Emergency Response) Lockout/Tagout (control of hazardous energy sources) TSCA (Toxic Substance Control Act) Recommended Freon Recycling (as applicable) Spill Containment & Control Robbery Deterrence Waste Management Safe Lifting Accident Reporting Fire Prevention & Evacuation Plans Personal Protective Equipment Safe Food Handling (as applicable) Service Bay safety (as applicable) Civil Disturbance Response

hurricane, tornado, etc.)

Use of Fire Extinguishers

Natural Disaster Response (earthquake, flood,

INDIVIDUAL TRAINING RECORD (cont.)

Date	Training Topic	Employee Signature	Trainer's Name
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AGENCY

HAZARDOUS MATERIALS MANAGEMENT PLAN ANNUAL INVENTORY CERTIFICATION OWNER / OPERATOR AGREEMENT



SJ SHELL VAHE HOVNANIAN, Dealer 13642 EUCLID GARDEN GROVE, CA 92843-3542 Telephone NBR: 714-530-3850

Cost Center NBR: 135328

135328

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION HAZARDOUS MATERIALS BUSINESS PLAN

CERTIFICATION FORM 2007

Pursu Busin	uant to Section 2: ness Plan (HMBP	5503.3(c) of Cal ') certification d	lifornia Healt lescribed belo	h and Safety C w is hereby su	ode (HSC), the H bmitted for the fo	lazardous Material ollowing facility:
Facil	ity Name:	SJ SHELL				
Facil	ity Street Address	13642 EUCLID		City: GARI	DEN GROVE	Zip: 92843-3542
I have		wed the Hazardo and certify that: (th the CUPA dated
	(See below for	details); or e Hazardous Mat	terials Busines	s Plan are neces		ons are necessary* ng new or revised
	Busines	s Activities form	n		<i>,</i> :	
	Busines	s Owner/Operato	or Identificatio	n form		
	Hazardo	ous Materials Inv	entory form(s	·		
	Site Ma	p form				
	Emerger	ncy Response Pla	ans and Proced	lures		
	Employe	ee Training Prog	ram			
b) T a c) N re d) T re e) Tl	complete, accurate, and here has been no change annual inventory form to hazardous materials ecently submitted annuhere have been no subjection of the current	nd up-to-date; and nge in the quantity of s; and s subject to the investual inventory forms betantial changes in HMBP; and nitted annual inventory.	of any hazardous entory requiremen s; and the facility's haz	material as reporte ts are being handle ardous materials o	tted to the administer ed in the most recently ed that are not listed of perations which would equired by Section 110	submitted n the most I require
ny inquhat the nust be nateria ignatur	uiry of those indi submitted infor	viduals respons mation is true, and days of an equire updation ator:	sible for obtai accurate, and y ghange in th	ning the inform complete. I units facility's sto	penalty of law the nation reported a nation reported a nation reported a national that a natio	bove, I believe revised HMBP of hazardous
		Return all forr	ns to:			The second secon
				ve Fire Departn	ient	
			11301 Acacia	•		
			Garden Grove			
			714-741-5636			



CITY OF GARDEN GROVE 11301 ACACIA PARKWAY GARDEN GROVE, CALIFORNIA 92842 (714) 741-5636

CUPA

BUSINESS ACTIVITIES

	a e fea a la		Page 1
I. FACILITY IDENTIFICATION FACILITY ID# 3 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
FACILITY ID # 3 0 0 3 5	1 EPA ID# (Hazard	dous Waste Or	nly)
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3	·		
SJ SHELL 135	328		
II. ACTIVITIE	S DECLARATIO)N	
	<u></u>		27.73.74 27.73.74
NOTE: If you check Y please submit the Business O	בא נס any p wner/Opera	art of i tor Ide	inis list, Intification page
Does your facility	If Y	es, 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 handl radiological materials in quantities for which an emergency plan is required pursuant to10 CFR Parts 30, 40 or 70?		4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)
UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	.⊠YES □NO	5 1	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
Intend to upgrade existing or install new USTs?	□YES ⊠NO	1	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form
Need to report closing a UST? . ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	□YES ⊠NO7	1	UST TANK (closure portionone page per tank)
Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8		NO FORM REQUIRED TO CUPAS
HAZARDOUS WASTE Generate hazardous waste?	Mayes □NO 9	1	EDA ID ANIMOED
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC >25143.2)?	☐YES ☑NO10		EPA ID NUMBERprovide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on site?	□YES ⊠NO11	✓ ✓	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	□YES ⊠NO12	1	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
Consolidate hazardous waste generated at a remote site?	□YES 図NO	1	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	□YES ⊠NO14	1	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
LOCAL REQUIREMENTS ARP: California Accidental Release Prevention Program CC Chapter 6.95, Article 2, \$ 25531 et seq. Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	□YES ⊠NO		GULATED SUBSTANCE REPORTING RM (Orange County CUPA)
	ļ		



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

						Page of	_ `
FACILITY#		BUSINESS	INFORMATI BEGINNING			1 ENDING DATE	
(Supplied by GGFD)	3 0 0 3 5		3/1/2007			3/1/2008	4
BUSINESS NAME S	J SHELL		•			4 BUSINESS PHONE 714-530-3850	5
BUSINESS SITE ADD	DRESS 3642 EUCLID ST.						6
CITY	GARDEN GROVE			7	STATE CA	8 ZIP 92843-3542	ξ
DUN & BRADSTREE	т 00-429-4737		10 SIC CC	DDE (4 DIGIT : 5541	#) 1	1 FIRE DISTRIC	12
COUNTY	ORANGE				*		13
BUSINESS OPERATO	or name Vahe Hovnanian			14	OPERATOR'	s PHONE 714-530-3850	15
THE REPORT		BUSINE	SS OWNER				
owner name Vahe Hovr	nanian				1	6 OWNER PHONE 714-530-3850	17
OWNER MAILING AD	DRESS			***		<u> </u>	18
CITY Garden Gro				19	STATE 20	92843-3542	21
Carden Ord	ove	ENVIRONME	NTAL CONT	ACT	OA .	02010 0012	
CONTACT NAME Ferval S	Sarrafian				22	2 CONTACT PHONE 310-489-6296	23
CONTACT MAILING A							24
CITY	5. VVIIIIIIIIgton Ave		<u> </u>	25	STATE 2		27
	RIMARY	EMERGENC	Y CONTACT	is –	UA	SECONDARY	
NAME		28	NAME				33
TITLE	Vahe Hovnanian	29	TITLE		Feryal Sarr		34
BUSINESS PHONE	Dealer	30	BUSINESS PHO		IS&E Coord	linator	25
	714-530-3850				310-816-2	216	35
24-HR. PHONE	714-319-4664	31	24-HR. PHONE		310-489-6	296	36
PAGER#		32	PAGER #		310-489-6	296	37
	ADDITIONA	AL LOCALLY C	OLLECTED I	NFORMA	TION		
DESCRIBE THE TYPE	OF BUSINESS OPERATION: GASOLINE FUEL	ING STATION			38	TOTAL # OF EMPLOYEES 5	39
•	DIFFERENT FROM ABOVE) 800 West Friendly Ave., P.O. I	Box 22087 Gre	ensboro, NC	27420	40	ATTENTION Compliance Mgmt. Svcs.	41
PROPERTY OWNER N			Ilmington Av	0	43	PHONE 310-816-2207	44
Shell Oil Product	S	Carson, CA	•	е.		310-616-2207	
Certification: Bas have personally ex	sed on my inquiry of those indiv amined and am familiar with the	riduals responsib information subm	le for obtainin nitted and belie	g the infor	mation, I ce	ertify under penalty of law true, accurate, and complete	hat I
	ER/OPERATOR OR DESIGNATED REPRI				45	DATE 12-6-57	46
NAME OF SIGNER (prin	Ferral Same	47	NAME OF DOCU		ARER (print		49
TITLE OF SIGNER	Compli Condito	48			ARER Pros	ect Manager	50
CLIPA FORM Merge doc - (



CITY OF GARDEN GROVE FIRE DEPARTMENT
11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

						Page	of _	
		BUSINESS	INFORMATION	ON .				14
FACILITY# (Supplied by GGFD)	3 0 3 5		BEGINNING 3/1/07	DATE		1 ENDING	DATE 3/1/08	
BUSINESS NAME SJ	SHELL						s phone 4-530-3850	
BUSINESS SITE ADDR	RESS 642 EUCLID			, , ,				
CITY	GARDEN GROVE			7	STATE CA	8 ZIP 928	343-3542	
DUN & BRADSTREET	00-429-4737		10 SIC COI	DE (4 DIGIT 5541	#) 1	1 FIRE DIS		
COUNTY	ORANGE						ALL DI	
BUSINESS OPERATOR			·	14	OPERATOR	s phone 714-530-	3850	
	ane nevnaman	DIGNE	SS OWNER			7 14-000-	3030	
OWNER NAME		IĐUSIIVE	55 OWNER			OWNER	HONE :	
Vahe Hovna	nian .				1		HONE 4-530-3850	1
OWNER MAILING ADDI	RESS							1
CITY Garden Grov	e			19	STATE 20		2843-3542	2
		ENVIRONMEN	NTAL CONTA	СТ				
CONTACT NAME Burke All	: pelda				22		PHONE 0-869-4096	2
CONTACT MAILING ADI	DRESS							24
20945 S.	Wilmington Ave			25	STATE 2	ZIP		27
Carson	·			~	CA 6		92704	21
PR.	IMARY	EMERGENC	Y CONTACTS	3		SECON	DARY	
NAME	Vahe Hovnanian	28	NAME		Allen Ba	ky		33
TITLE	Dealer	29	TITLE		Tech			34
BUSINESS PHONE	714-530-3850	30	BUSINESS PHON	ΝE	714-530-38	350		35
24-HR. PHONE	714-319-4664	31	24-HR. PHONE		714-315-17	741		36
PAGER#		32	PAGER #					37
	ADDITIONA	L LOCALLY CO	DLLECTED IN	IFORMA	TION			
DESCRIBE THE TYPE OF	BUSINESS OPERATION: GASOLINE FUEL	ING STATION			38	TOTAL # OF	EMPLOYEES 5	39
	FFERENT FROM ABOVE) O West Friendly Ave., P.O. E		ensboro NC	27420	40	ATTENTION	ce Mgmt, Svcs.	41
ROPERTY OWNER NAM	<u> </u>	ADDRESS			43	PHONE		44
Shell Oil Products		Carson, CA 9	lmington Ave. 90810			310-816-2	2207	
ertification: Based	d on my inquiry of those indivi nined and am familiar with the i	duals responsible	e for obtaining	the inforr	nation, I cer	tify under p	enalty of law the	hat I
GNATURE OF OWNER	OPERATOR OR DESIGNATED REPRE	SENTATIVE			45	DATE	350	46
AME OF SIGNER (print)	= H/WAUA)		NAME OF DOCUM		ARER (print	<u> </u>		49
TLE OF SIGNER	= Hobolanian		RHL Design Gr	ENT PREPA	RER		•	50
PA FORM Merge .doc - 05/2			ENV. DEPT	•				

EMERGENCY PHONE NUMBERS

MAINTENANCE & EMERGENCY RESPONSE CONTRACTOR:

For Emergency Maintenance or to secure the site until a certified clean up crew can respond.

GL Construction & Maint.

15622 Graham St

Huntington Bch CA 92649

Phone Number: 877-903-1100

SHELL OIL PRODUCTS US PERSONNEL:

SHELL SOLUTION CENTER (SSC)

866-Hi-Shell (1-866-447-4355)

HSE COMPLIANCE COORDINATOR: Burke Albelda:

<u>31</u>0-869-4096

FACILITIES ENGINEER:

Gary Wing

(714) 328-5165

FACILITY EMERGENCY CONTACTS:

Primary: Vahe Hovnanian, Dealer

Day 714-530-3850

Secondary: Allen Baky, Tech

Night 714-319-4664 Day 714-530-3850

Night 714-315-1741

Local Emergency Response Agency:

Garden Grove Fire Department

714-741-5636

Fire Department:

<u>911 / 714-741-5600</u>

Police Department:

911 / 714-741-5704

Emergency Medical Aid:

GARDEN GROVE HOSPITAL & MEDICAL CENTER

<u>714-537-2724</u> or 911

California Office of Emergency Services (800) 852-7550 or call (916) 845-8911

National Response Center

(800) 424-8802



F5-4308 (1/04)

Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan

GARDEN GROVE FIRE DEPARTMENT
11301 Acacia Parkway
Garden Grove, CA 92840
Bus. (714) 741-5600 Fax (714) 741-5640
Hazardous Materials Coordinator
(714) 741-5636

1	GROEN GROZE
	FIRE

	(714) 741-3030	Date: 4/27/05
Address: 13642 EUCLIO		File No: 367
Occupant or DBA: SHELL 135328		
Owner/Manager: HONANIAN VAHE	- K/2,14AN	Phone: (714) 530-3850
Owner/Manager: <u>May/Marata Mare</u>	. //800///	Thomas
California Health and Safety code, section 6. packet. You are required to return the BEP packets within fifteen (15) days to the Garden	packet, Hazardous Materials I	erly complete the Business Emergency Plan(BMP) Disclosure Forms, and all material safety data azMat Coord. (714) 741-5636
An inspection at the above location/occupand	cy revealed the following	g violation(s):
Violations(s): CA Health sn Safety Code Chapter 6.95	5, Article 1 and Title 19, §272	29 et seq, California Code of Requlations (CCR)
Complete Hazardous Materials Disclosure particles Failure to submit a Business Emergency Plar Failure to review and/ or revise the Business	n. [HSC 25505(a)(1)], CFC 80	001.3.2
Violations(s): California Fire Code 2001, Articles 79 &	& 80, Title 19 Part 9, Californ	nia Code of Regulations(CCR).
Provide for secondary containment for hazard Provide spill control for hazardous materials Provide approved cabinet if more than 10 gal Provide placarding and signs (NFPA 704, Color No Violations Found Additional Violations and/ or Notes:	liquids (CFC 8003.1.3.2) llons of flammable liquids (C	FC 7902.5)
Responsible party: HOVANIAN VAHE HO	oU√A~ Re-inspection	on date:
The above are violations of California law and requipenalties.	re immediate correction. Fail	ure to correct violations is subject to civil
Fire Dept. Inspector:	ID#:	·
Condition upon re-inspection:		Date:





City of Garden Grove Fire Department Hazardous Materials Section Attn: Tim Hughes 11301 Acacia Parkway Garden Grove, CA 92842 Shell Oil Products US

Health, Safety & Environmental 2604B El Camino Real #2741 Carlsbad, CA 92008 Tel (760) 720-4236

Internet http://www.shell.com

Fax (760) 720-4239 Email psvidakovich@shellopus.com

November 20, 2002

Re:

S J Shell #135328

13642 Euclid @ Garden Grove Fwy

Garden Grove, CA 92640

Dear Tim:

Enclosed please find an updated Owner/Operator agreement including Tank Monitoring and Leak Response Plans plus updated UP (State) forms for this site. Equilon Enterprises LLC dba Shell Oil Products US just completed upgrading the UST system to comply with requirements of SB 989.

Should you have any questions, please don't hesitate to call either Bob Watson, West Coast Compliance Services, 714-602-2005 or myself.

Very truly yours, Shell Oil Products US

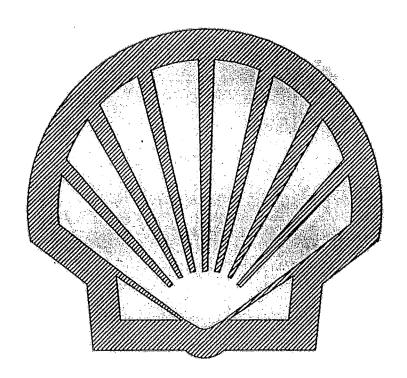
Paul Vidakovich

HS&E Compliance Coordinator

and S. Vidallorical

Cc: Orange County Health Care Agency

OWNER/OPERATOR AGREEMENT TANK MONITORING AND LEAK RESPONSE PLANS



S J SHELL
VAHE HOVNANIAN
13642 EUCLID @ GARDEN GROVE FWY
GARDEN GROVE, CA 92640
PHONE 714-530-3850
COST CENTER NBR 135328



S J Shell #135328 Attn: Vahe Hovnanian, Dealer 13642 Euclid @ Garden Grove Fwy. Garden Grove, CA 92640 Shell Oil Products US
Health, Safety & Environmental
2604B El Camino Real #2741
Carlsbad, CA 92008
Tel (760) 720-4236
Fax (760) 720-4239
Email psvidakovich@shellopus.com
Internet http://www.shell.com

November 20, 2002

Dear Vahe:

The underground storage tanks located at your facility must be monitored in accordance with the Permit to Operate issued by the local agency and article/s of your Motor Fuel Station lease.

The following excerpt from the California Health and Safety Code, Division 20, Chapter 6.7 defines the penalties for violating the Permit to Operate or other applicable regulations.

Section 25299. Violations; civil and criminal penalties; operative date.

(a) Any operator of an underground tank system shall be liable for a civil penalty of not less than five hundred dollars (\$500) or more than five thousand dollars (\$5,000) for each underground tank for each day of violation for any of the following violations:

(1) Operating an underground tank, which has not been issued a permit, in violation of this chapter.

(2) Violation of any of the applicable requirements of the permit issued for the operation of the underground tank system.

(3) Failure to maintain records, as required by this chapter.

(4) Failure to report an unauthorized release, as required by Sections 25294 and 25295. (5) Failure to properly close an underground tank system, as required by section 25298. (6) Violation of any applicable requirement of this chapter or any requirement of this chapter or any regulation adopted by the board pursuant to Section 25299.3.

(7) Failure to permit inspection or to perform any monitoring, testing, or reporting required

pursuant to Section 25288 or 25289.

- (8) Making any false statement, representation, or certification in any application, record, report, or other document submitted or required to be maintained pursuant to this chapter.
- (d) Any person who falsifies any monitoring records required by this chapter, or knowingly fails to report an unauthorized release, shall upon conviction, be punished by a fine or not less than five thousand dollars (\$5,000) or more than ten thousand dollars (\$10,000), by imprisonment in the county jail for not to exceed one year, or by both that fine and imprisonment.

Please contact your Retail Marketing Consultant if you have any questions regarding this Section of the California Health and Safety Code or article/s of your Motor Fuel Station Lease agreement.

Very truly yours, Shell Oil Products US

Paul S. Vilallorica Paul Vidakovich

HS&E Compliance Coordinator

BUSINESS PLANS

AS A SERVICE TO YOU, THIS BUSINESS PLAN WAS PREPARED BY WEST COAST COMPLIANCE SERVICES, INC. IN ORDER TO COMPLY WITH THE CALIFORNIA HEALTH AND SAFETY CODE (CHAPTER 6.95, ARTICLE I, SECTION 25503.5). BY ACCEPTING THIS PLAN, YOU ARE ACKNOWLEDGING THAT THERE ARE NO REPRESENTATIONS OR WARRANTIES THAT THE INFORMATION CONTAINED IN THIS BUSINESS PLAN WILL PRODUCE ANY PARTICULAR RESULT WITH REGARD TO THE SUBJECT MATTER.

OWNER/OPERATOR AGREEMENT

OPERATOR:

As operator of the underground storage tanks, I hereby certify that I understand the monitoring and reporting requirements contained in Title 23, of the California Code of Regulations and I have received a copy of Section 25299, chapter 6.7, California Health and Safety Code.

OPERATOR NAME:

VAHE HOVNANIAN

BUSINESS NAME:

SJSHELL

LOCATION #:

135328

OWNER:

As the owner of the underground storage tanks, EQUILON ENTERPRISES LLC dba SHELL OIL PRODUCTS US certifies that we have provided the operator a copy of the monitoring and reporting requirements contained in Title 23, of the California Code of Regulations. Equilon certifies that we have provided the operator with a copy of the penalties of noncompliance as specified in Section 25299, chapter 6.7 of the California Health and Safety Code.

and S. Vidollovich DATE: 11-20-02

Shell Oil Products US

SERVICE STATION MONITORING PROCEDURE

Title 23 of the California Code of Regulations (CCR) requires that a written monitoring procedure be established for all underground storage tanks. This form is used to satisfy the information required in Section 2632 & 2641, Title 23, CCR. A Copy of this form will be maintained on-site (located inside the Equilon's Marketing Service Station Health, Safety and Environmental Manual also known as the Red Book) and a copy will be submitted to the local administering agency (inside of the Business Plan and inventory disclosure).

Facility Name

S J SHELL

Facility Address:

13642 EUCLID @ GARDEN GROVE FWY

GARDEN GROVE, CA 92640

Facility Telephone Number: (714) 530-3850

Tank Owner:

EOUILON ENTERPRISES LLC dba

SHELL OIL PRODUCTS US ATTN: HS&E DEPARTMENT 20945 S. WILMINGTON AVE.

CARSON, CA 90810

Telephone Numbers:

(760) 720-4236 or (714) 731-8337

As Operator, I am responsible for monitoring the underground storage tank system in accordance with Title 23, CCR. The following pages outline the specific monitoring procedures as required in Section 2632 or 2641. My signature below confirms that I have read and understand my responsibilities as they pertain to tank monitoring, reporting, and records retention.

Operator Signature

Underground Storage Tank/Line and Monitoring Information

Tank Type: Tank Material: Double Wall **Fiberglass**

Monitoring Type:

(X) Interstitial (X) Wet () Dry () Electronic Tank Monitor

Tank Monitor Mgr:

Model Nbr: Veeder Root

TLS-350R

Overfill Setting

95%

Line Type:

Double Wall

Line Material:

Fiberglass

Monitoring Type:

(X) Interstitial () Electronic Line Pressure () Mechanical

Line Monitor Mgr:

Veeder Root

Model Nbr:

TLS-350R

Dispenser Information:	
Containment Box Mgr:	FIBERLITE
Containment Sump Type:	(X) Deep () Shallow () None
Sump Liquid Sensor Type:	(X) Electronic () Mechanical () None
Positive Shut Down:	(X) Yes () No
Fail Safe	(X) Yes
Fire Extinguishers	(X) Yes

REPORTING REQUIREMENT

Any monitor that is discovered in Alarm (RED Lights On) or audible alarm is sounding or any monitoring that cannot pass the daily inspection test must be reported immediately to:

1. Equilon Enterprises LCC

HS&E Compliance Coordinator (760) 720-4236
Facilities Engineer (714) 731-8337

Training by Company Personnel

Per manufacturer guidelines, the authorized installation contractor performs the training necessary to operate the tank and line monitoring system. The location is also responsible for daily inspections of the monitoring panel, alarm Panel Test Log and corrective actions.

Operator/Manager

- 1. Each Individual alarm system is determined and located at the service station premises.
- 2. Visually inspecting the alarm panel lights and pushing the appropriate audible alarm button activate each Individual alarm system.
- 3. No impromptu repairs, changes, adjustments, etc. will be made to the monitoring equipment at the station.

Designee

_	
	It shall be the responsibility of the operator/manager to train the designee to perform alarm pane tests.
	It shall be the responsibility of the operator/manager to train the designee to perform physical inventories.

Additional Releases Safety Features at the Service Station

- Inventory reconciliation as defined by Article 6.3 of the Equilon Motor Fuel Lease and Title 23, CCR. Equilon must be notified if the absolute value of the monthly variations exceeds a variation of 1.0 percent of the total monthly input to or withdrawals from the tank plus 130 gallons, the variation shall be investigated in accordance with subsection (e) of Paragraph 2646
- Electronic Monitoring systems described above
- ☐ Annual Tightness Testing of Single Wall Lines (If required by the Local Implementing Agency)
- ☐ Physical Inventory
- Annual UST Equipment Certifications
- Double wall tanks are *equipped with a continuous monitoring system of the annular interstice* space in each tank. A monthly status report of the annular space condition in each tank is submitted to the station at the end of each month. Hard copies of all test data will be maintained on-site in the ETM Results binder.

	Single wall tanks with Electronic Tank Monitors (ETM) will at a minimum comply with Section 2643, CCR: Electronically test each tank at least once per month after product delivery or when tank is filled to within 10% of highest operating level during previous month. The system is capable of detecting a release of 0.2 GHP. A Hard copy of all test data will be maintained on-site in the ETM Results binder.
	Single wall tanks with no eletronic monitoring equipment will be tested annually using the volumetric testing guidelines specified in Section 2643, CCR.
Lines	
	Some Double Wall lines are also monitored with either interstitial or sump sensors.
	Double wall fiberglass lines have a continuous monitoring system, which shuts down the pump in addition to either activating an audible and visual alarm or stopping the flow of product at the dispenser when it detects a leak. These will be certified annually.
	Single wall lines: All single wall lines will be pressure tested annually according to Section 2643, CCR. And will be monitored with a line pressure device (mechanical or electronic) that is certified annually
Tank.	Line Testing or Certification Results:
	The Simplicity System Installed at this location provides continuous electronic leak detection of the product tanks and pressurized product lines. The system provides audible and visual alarms along with automatic notification through the Veeder-Root system in the event that a leak is detected. Hard copies of the UST System test results are to be mailed to the station the first week of each month.
	These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certification results will also be sent to the local agency as required.
	Tank and line testing will be conducted by a qualified contractor and results of these tests will be maintained on-site and available for inspection.
Fuel T	anks
	Veeder-Root TLS-350R
	The Simplicity System Installed at this location provides continuous electronic leak detection of the product tanks. The system provides audible and visual alarms along with automatic notification through the Veeder-Root system in the event that a leak is detected. Hard copies of the UST System test results are to be mailed to the station the first week of each month.
	These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certification results will also be sent to the local agency by certified mail as required.
	Veeder-Root TLS-350
	On a daily basis the operator / manager / designee will push the RED alarm test button which will indicate that the remote sensor and the monitor control panel are working as well as the condition of the alarm and that ALL FUNCTIONS ARE NORMAL. The RED and YELLOW lights will be observed to be OFF. These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certifications results will also be sent to the local agency by certified mail as required.

Dealer Inventory Rec.

Inventory reconciliation as defined by Article 6.3 of the Equilon Motor Fuel Lease and Title 23,
CCR. Equilon must be notified if the absolute value of the monthly variations exceeds a variation
of 1.0 percent of the total monthly input to or withdrawals from the tank plus 130 gallons, the
variation shall be investigated in accordance with subsection (e) of Paragraph 2646

Fuel Lines

Veeder-Root TLS-350R

The Simplicity System Installed at this location provides continuous electronic leak detection of the pressurized product lines. The system provides audible and visual alarms along with automatic notification through the Veeder-Root system in the event that a leak is detected. Hard copies of the UST System test results are to be mailed to the station the first week of each month. These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certification results will also be sent to the local agency by certified mail as required.

Veeder-Root TLS-350

On a daily basis the operator / manager / designee will push the RED alarm test button which will indicate that the remote sensor and the monitor control panel are working as well as the condition of the alarm and that ALL FUNCTIONS ARE NORMAL. The RED and YELLOW lights will be observed to be OFF. These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certifications results will also be sent to the local agency by certified mail as required.

Red Jacket

All electronic monitoring devises will be inspected for operation in accordance with section 2632, CCR. A log will be maintained on-site showing daily documentation of inspections and maintenance requirements. The monitoring will be tested daily in accordance of manufacturer instructions. Copies of the UST Testing and certifications will be maintained on-site at the station and available for inspection. UST Test/Certifications will also be sent to the local agency

Dispenser Containment

Dispensers are contained with: FIBERLITE WITH BUILT IN FIRE SUPPRESSION

- Bravo containment boxes. Bravo boxes are equipped with float switches to detect liquid under the dispenser. When liquid is detected the float switch engages the shear valve shutting down product flow to the dispenser.
- Beaudreau equipped containment boxes. These boxes are equipped with a mirror liquid sensor system, which detects liquid by light refraction. When liquid reaches are set level the mercury sensor switch is activated which engages the shear valve and shuts down product flow to the dispenser.
- The Simplicity System Installed at this location provides continuous electronic leak detection of the product tanks and pressurized product lines. The system provides audible and visual alarms along with automatic notification through the Veeder-Root system in the event that a leak is detected.

- A sump liquid sensor will cause the fuel supply to the dispenser to be shut off in the event the liquid level reaches a prescribed height. In all cases an audible and visible alarm will sound and the turbine will shut down. In the event of a shut down or an alarm is activated, it will be the Operator's responsibility to investigate the cause and to notify an Equilon Representative if any further action is required
- If an under dispenser leak occurs, the fuel supply to the *turbines* will be shut off. It shall be the responsibility of the dealer or designee to remove the dispenser cover and visually check to determine source of leakage. The environmental contact and/or facility engineer <u>plus</u> the designated maintenance contractor shall be called to make repairs as needed and before returning dispenser to service.

Waste Oil Tank

Veeder-Root TLS-350R

The Simplicity System Installed at this location provides continuous electronic leak detection. The system provides audible and visual alarms along with automatic notification through the Veeder-Root system in the event that a leak is detected. Hard copies of the UST System test results are to be mailed to the station the first week of each month. These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certification results will also be sent to the local agency by certified mail as required.

Veeder-Root TLS-350

On a daily basis the operator / manager / designee will push the RED alarm test button which will indicate that the remote sensor and the monitor control panel are working as well as the condition of the alarm and that ALL FUNCTIONS ARE NORMAL. The RED and YELLOW lights will be observed to be OFF. These copies of the UST Testing and Certifications will be maintained on-site at the station and available for inspection. UST Test/Certifications results will also be sent to the local agency by certified mail as required

Dealer Inventory Rec.

Inventory reconciliation as defined by Article 6.3 of the Equilon Motor Fuel Lease and Title 23, CCR. Equilon must be notified if the absolute value of the monthly variations exceeds a variation

of 1.0 percent of the total monthly input to or withdrawals from the tank plus 130 gallons, the variation shall be investigated in accordance with subsection (e) of Paragraph 2646

On a daily basis the dealer takes a physical inventory (stick reading) of the levels of the tank. Each day he subtracted sales from and added deliveries to the book inventory. His daily inventories are compared to the "book" inventory to give the dealer a cumulative reading. At the end of each month the dealer will compare his daily inventories to net his overage or shortage for the month-to-date and make a monthly report. These reports will be maintained on-site at the station and available for review during inspection. A copy of the report will be sent to the local agency by certified mail as required.

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UNDERGROUND STORAGE TANK LEAK RESPONSE PLAN

Tank Owner:

EQUILON ENTERPRISES LLC ATTN: HS & E DEPARTMENT 20945 S. WILMINGTON AVE. CARSON, CA 90810

Telephone Numbers:

(760) 720-4236 or (714) 731-8337

If a Leak Detection Alarm or System is Activated:

- 1. Determine which tank system is involved.
- 2. Shut off pump and discontinue operations.

3. Call the Tank Owner Immediately.

4. Persons responsible for contacting the leak response unit / company and authorizing any work necessary.

HS&E Compliance Coordinator (760) 720-4236 Facilities Engineer (714) 731-8337

5. Notify the local agency:

CITY OF GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS SECTION

Phone:

(714) 741-5636

ORANGE COUNTY HEALTH CARE AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

Phone:

(714) 667-3771

Fax:

(714) 972-0749

Call 911 (if necessary):

The Methods and Type of Equipment Used for Removing Hazardous Substances.

All unauthorized releases will be removed from the secondary containment by vacuum truck.

A licensed hazardous waste contractor will be called to perform the clean up and removal of hazardous substances.

The location and Availability of Cleanup Equipment:

Major Spills:

A local licensed hazardous waste contractor.

Minor Spills:

A spill kit with absorbent is to be maintained and supplied by the operator. To dispose of small generated hazardous waste, the operator / dealer will call Equilon's Contractor for proper disposal

A copy of this response plan should be maintained near the electronic monitoring system. A copy is also sent to the local agency.

SERVICE STATION MONITORING PROCEDURES

Product Information	<u>Volume</u>
Regular Unleaded	12,000
Regular Unleaded	12,000
Premium Unleaded	12,000
Diesel	
M-85	
Waste Oil Tank	550
Total Number of Tanks on Site:	4

Persons Responsible for Performing Monitoring:

VAHE HOVNANIAN, DEALER OR ALAN ABDELBAKY, MANAGER

Preventive Maintenance Schedule

- Daily Operator / Manager / Designee will perform equipment checks to ensure that monitors are operational. The Alarm Panel Test Log must be initialed by the person performing the daily equipment check (sample attached).
- Annual (A) All monitoring equipment will be inspected and certified operational, according to manufacturer's specifications, by a licensed tank tester who is authorized and trained by the manufacturer.
 - (B) Operational status will be reviewed on site by the Equilon SH&E Representative using the Equilon Service Station Audit Check List once a year.

Records Retention

All records associated with inspecting, certifying, testing, monitoring, and maintaining the UST system must be on site and available to Equilon / Agency auditors for a period of not less than three (3) years.

- Operating status of the monitors will be recorded DAILY on the Alarm Panel Test Log (as mentioned above.)
- Physical Inventory will be recorded daily on the Inventory log.

Tank and Line Testing Guidelines:

All Simplicity monitors are continuously being monitored at a central office In Connecticut. Simplicity operators will notify each dealer and Equilon in the event that an alarm goes on at a station. They will also dispatch a service contractor to investigate those alarms and notify an Equilon Representative if any further action is required. Gas tanks are monitored by in-tank gauging probes. These probes are capable of testing at 0.1 and 0.2 leak rate. TLS-350R controller is programmed for Continuos Statistical Leak Detection CSLD which tests the tanks at 0.2 GPH leak rate. Hard copies of all test data will be maintained on-site in the ETM Results binder.

These are not part of the leak detection system and will not be a part of the annual certification.

In the event that an alarm is activated it will be the Operator's responsibility to investigate the cause and to notify an Equilon Representative if any further action is required. Gas tanks are monitored by in-tank gauging probes. These probes are capable of testing at a 0.1 to 0.2 GPH leak rate. Hard copies of all test data will be maintained on-site in the ETM Results binder.

In the event that the Operator finds a reconciliation variance during physical inventories greater then the allowable variation, the Operator will begin the inventory discrepancy investigation procedures. The Operator will be responsible to notify an Equilon Representative if any further action is required.

Inventory is taken on daily basis. Each month will have a monthly report which will be maintained on-site.

As Operator, I am responsible for monitoring the underground storage tank system in accordance with Title 23, California Code of Regulations. My signature below confirms that I have read and understand my responsibilities as they pertain to leak response, reporting, and records retention.

Signature

VAHE HOVNANIAN

Print Name of Operator/Dealer

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ALTERNATE CONTACTS

JEFF OSBORN 12922 FAIRHAVEN EXT SANTA ANA, CA 92705 714-602-2137 (CELL) 526-889-2011

FERYAL SARRAFIAN PO BOX 7869, #208-A BURBANK, CA 91510-7869 818-736-5078 (CELL) 310-489-6296

PAUL S. VIDAKOVICH 2604B EL CAMINO REAL #2741 CARLSBAD, CA 92008 760-720-4236 (CELL) 858-204-8801

BILL RUPE 1000 W. 4TH STREET, #100 ONTARIO, CA 91762 909-868-7842 (CELL) 909-237-737

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AME OF OWNER/OPRATOR (prin AUL VIDAKOVICH		-		TITLE (DF OWNER/OPERATO COMPLIANCE		DINATOR		472				
FFICIAL USE ONLY	Permit Number	·····	473 Per	mit Apr	roved	474	Permit Expira	bon Date	475				

		UNE	U ERGR				I (UP) F			T/	NK	PAG	E 1	20 22 vii-lai-oksoo			OF	10	
		OIVE	LICOLO	OUN		0000		on decourse	middels (minut (1))				о ра			tank) Pa	ge or	
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(Check one item only) 2 II BUSINESS NAME (Same as	and the second of the second o	and the second				ITY 10:	FIVECIRAL	X1	71157	1 (2)				TAIL	7.52	71.7			700
S J SHELL #135328				3														L	
LOCATION WITHIN SITE	(optional)																		431
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TANK ID#	. 432		MANUFAC NS CORN		(400					page for				50 KZ	1110		434
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1988/09	wio)	12,000		111 07 11				- 1	√A		0. 0.								
ADDITIONAL DESCRIPTION	ON (For local u																		438
11. TANK CONTENTS																			
												440							
☑ 1. MOTOR VEHICLE FUEL	☐ 2.LE	ADE	ED.] 5. JET	FUE	L											
(if marked complete Petroleum Type))		⊠ 1b. PRE	EMIUM U	INLEADE	D	3. DIE	SEI	L			6. AVIA	AOITA	FUE	L·				
2. NON-FUEL PETROLEUN	1		1c. MID	GRADE	UNLEAD	ED	☐ 4.GA	SOF	HOL			99. OT							
3. CHEMICAL PRODUCT			COMMON (from Hazardo		als invento	lanen un				44	1	CAS#		us Mat	erials	invente	ory paq		42
4. HAZARDOUS WASTE (in	ncludes Used Oil	1)	•									,					,,,	·	
95. UNKNOWN			UN	LEAD)	ED GA	SOLIN	<u>1E</u>						800)-61-	9				
III. TANK CONSTRUCTION																			
TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH 5. SINGLE WALL WITH INTERNAL BLAD ER																			
((Check one item only) EXTERIOR MEMBRANE LINER 95. UNKNOWN 443																			
Image: A company tank																			
TANK WATERIAL - Diminary talk I. BANCE OF LEE																			
((Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD WIFIBERGLASS 8. FRP COMPTIBLE W/1 00% METHANOL 99. OTHER 444 REINFORCED PLASTIC (FRP)																			
TANK MATERIAL - secondary tan	k 1 BARE	STEEL	X 3.		LASS / PI			5. C	CON	CRETI	Ξ					95. L	INKN	NWC	-
((Check one item only)			TEEL 🔲 4. :				ass 🗍	8. F	FRP (COMP	TIBLE	W/100%	MET	HANC	L 🗆	99. (этн	ER 44	5
				REINFO	ORCED P	LASTIC ((FRP)	10.	COA	TED S	TEEL								
TANK INTERIOR LINING	1. RUBBER	LINED	3. EPC	XY LINII	NG	5. G	LASS LIN	ING	C	95.	UNKNO	NVN		DA	TE II	ISTAI	LED	447	7
OR COATING	2 ALKYD LIN	IING	☐4 PHE	NOLIC L	INING	□ 6 UI	NLINED		[99 (OTHER		446	(Fo	r local	use or	ıly)		
(Check one item only)	MANUFACTUR		uopio I la	FIDEDO	NACC DE	INFORC	ED DI VE.	TIC		V 05 I	JNKNO	10/01		I DA	TE IN	ISTAL	LED	44	8
OTHER CORROSION			_		SSED CU		EDFLAS	IIC			OTHER		448			use or			
(Check one item Only) 2 S	ACRIFICIAL			710771															\dashv
SPILL AND OVERFILL			450 TY	OF "		451	OVERF	11 1 1	מפס	CCTIO	ON FOI	HOMEN	- 1	YEAR	INICT	ALLE	<u> </u>	452	
(Check all that apply)	YEAR INSTA	ALLED	450 1 1	PE (local	use only)	431				ECIIC	JN EQI	JIF WIEIN	'	LAN	. 11401	ALLL			
I SPILL CONTAINMENT 2 DROP TUBE	1988	-								7.1			-	2002					100.00
3 STRIKER PLATE	1988	-					☐3FIL				OFF V	ALVE				ΙĒ	4EX	EMPT	一
M 35TRIKER PLATE			<u></u> IV. TAI	NK I E	AK DI	TEC							n shali l	ne subn	nitted t				一
IF SINGLE WALL TANK (Che	eck all that apply)		17. 171	VIV EL	.AIX DE	453						ORT						454	4
	= I p.p.y,						(Chec	k one	e item	only)									
1 VISUAL (EXPOSED PORTIO	ON ONLY)		☐ 5 MANU	IAL TANK	C GAUGIN	IG (MTG) 🛮 🗆 11	vist	UAL (SINGL	E WAL	L IN VA	ULT O	NLY)					- 1
			6VADO	SEZONE	Ξ		⊠2	COV	JUITA	Jous	INTER	STITIAL	мон	TORIN	١G				
☐ 3 CONTINUOUS ATG			☐7 GROU	NDWATE	ER		31	MAN	NUAL	MONI	TORIN	G							1
4 STATISTICAL INVENTORY	RECONCILIA	ATION	B TANK	TESTING	9														
(SIR) + BIENNIAL TANK TES	TING		☐ 99 OTHE													٠			
			V. TAN														_		\perp
ESTIMATED DATE LAST USED	YR/MO/DA	Y) 455	ESTIMAT	ED QUA				MA	MINI	3 456	1AT	NK FILL					ERIA	_? 457	
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OFFICIAL USE ONLY	DATE RE	CEIVE	J	CUPA	١.			PA						יוס ו רוי	.iO 1/	11 NOP		<i>-</i> 11	

	UNIFIED PROG	SRAM	(UP) FORM		•				
UNDERGROU			NKS - TANK P	AGE 2					
	ISTRUCTION (CI	0/400/544430			Pa	ige 5 of 10			
UNDERGROUND PIPING		ICCK 2		OVEGROL	JND PIPING				
SYSTEM TYPE 1.PRESSURE 2. SUCTION	3. GRAVITY	458	☐ I.PRESSURE ☐ 2	SUCTION	3. GRAV	TY 459			
CONSTRUCTION 1. SINGLE WALL 3. LINED TREM		460	1. SINGLE WALL		95. UNKNOWN	462			
MANUFACTURER 2. DOUBLE WALL 95. UNKNOWN			2. DOUBLE WALL		99. OTHER				
MANUFACTURER SMITH	RP COMPATIBLE w/100	461	MANUFACTURE			463			
CORROSION 1. BARE STEEL METHAL	NOL	1%	1. BARE STEEL	_	RP COMPATIBLE V				
95. UNKNOWN 2. STAINLESS STEEL 7. G	ALVANIZED STEEL		2. STAINLESS STEEL 13. PLASTIC COMPATIBL	_	ALVANIZED STEEL				
3. PLASTIC COMPATIBLE W/ CONTENTS 8. F	LEXIBLE (HOPE)		95. UNKNOWN						
	ATHODIC PROTECTION	1	4. FIBERGLASS		ATHODIC PROTEC				
5. STEEL W/COATING 99. OTHER	The second secon	464	5. STEEL W/COATING	Zhkov o merenne — — — — — — — — — — — — — — — — — —	OTHER	465			
	that apply) (A des	description of the monitoring program shall be submitted to the local age ABOVEGROUND PIPING							
UNDERGROUND PIPING		-				467			
SINGLE WALL PIPING	466	l ppr	SINGLE SSURIZED PIPING (Check all	E WALL PIF	TING	407			
PRESSURIZED PIPING (check all that apply): 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST SHUT OFF FOR LEAK, SYSTEM FAILURE. AND SYST DISCONNECTION + AUDIBLE AND VISUAL ALARMS. 1. MONTHLY 0.2 GPH TEST	<u>WITH</u> AUTO PUMP FEM	1.	ELECTRONIC LINE LEAK DI SHUT OFF FOR LEAK, SY DISCONNECTION + AUDII MONTHLY 0.2 GPH TEST	ETECTOR 3.0 STEM FAILU	IRE, AND SYSTEM	Ì AUTO PUMP			
3. ANNUAL INTEGRITY TEST (O.1 GPH)		☐ 3.	ANNUAL INTEGRITY TEST	(0.1GPH)	4. DAILY VISU	JAL CHECK			
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)		CON	VENTIONAL SUCTION SYS	TEMS (Check	all that apply)				
5. DAILY VISUAL MONITORING OF PUMPING SYSTEM	+ TRIENNIAL PIPING	□ 5.	5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM						
INTEGRITY TEST (0.11 GPH)		6. TRIENNIAL INTEGRITY TEST (0.1 GPH)							
SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUN	ID PIPING):	SAFE	SUCTION SYSTEMS (NO \	ALVES IN B	ELOW GROUND PI	PING):			
7 SELF MONITORING		7.	SELF MONITORING						
GRAVITY FLOW		GRAN	/ITY FLOW (Check all that apply	·):					
9. BIENNIAL INTEGRITY TEST (0.1 GPH)		☐8. DAILY VISUAL MONITORING ☐9. BIENNIAL INTEGRITY TEST (0.1 GP							
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING							
PRESSURIZED PIPING (check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBL ALARMS AND (check one) a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FA SYSTEM DISCONNECTION c. NO AUTO PUMP SHUT OFF	.	10. Cc	SURIZED PIPING (Check all t ONTINUOUS TURBINE SUN LARMS AND (Check one)	MP SENSOR WHEN A LE FOR LEAKS	AK OCCURS				
□ 1 1. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH	FLOW SHUT OFF	□ 1 1	. AUTOMATIC LEAK DETEC	TOR					
12. ANNUAL INTEGRITY TEST (0.1 GPH)		l	ANNUAL INTEGRITY TEST						
SUCTION/GRAVITY SYSTEM		SUCT	ION/GRAVITY SYSTEM			2			
13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISU	JAL ALARMS	13.	CONTINUOUS SUMP SEN	SOR + AUDII	BLE AND VISUAL A	LARMS			
EMERGENCY GENERATORS ONLY (Check all th 14: CONTINUOUS SUMP SENSOR <u>WITHOU</u> AUTO PUM AUDIBLE AND VISUAL ALARMS		14.	EMERGENCY GENE CONTINUOUS SUMP SEN AUDIBLE AND VISUAL AL	SOR <u>WITHO</u>					
15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITH OUT			AUTOMATIC LINE LEAK DI						
	Y VISUAL CHECK		ANNUAL INTEGRITY TEST	(0.1 GPH)	17. DAILY VIS	UAL CHECK			
	/III. DISPENSER			— H . :	DAILY VISUAL CHE	· ·			
DISPENSER CONTAINMENT 1. FLOAT MECHANISM									
2002 XI 3 CONTINUOUS DISPE		DR + AUDIBLE AND VISUAL ALARMS 5. TRENCH LINER / MONITORINDR WITH AUTO SHUT OFF FOR 6. NONE							
FIBERLITE DISPENSER + AUDIB	LE AND VISUAL ALARM	//S		L1 0. N	TOTAL	469			
	OWNER/OPERA	AIUK	SIGNATUKE						
I certity that the information provided herein is true and accurate to the bes		DATE 11/20/	·02			470			
NAME OF OWNER/OPRATOR (print)	1		OF OWNER/OPERATOR			472			
PAUL VIDAKOVICH	· j		COMPLIANCE CO	ORDINAT	ГOR				
OFFICIAL USE ONLY Permit Number	⁴⁷³ Pei	rmit Ap	proved	Permi	it Expirabon Date	475			

		UND	UN ERGRO	IIFIEI UNI	O PRO	ORA ORA	м (L GE	JP) F	ORN IKS	И	TA	NK	PAG	E 1	7.000/			6 OF		
	IEM CITE DE	DAIT	☐ 3. RENEV	VAL PE	RMIT	X 15	CHAI	NGE OI	= INFC	ORM	ATIO	N	(two				tank ENTL			
TYPE OF ACTION 1. N (Check one item only) 2. IN	IEW SITE PE NTERIM PER		4 AMENI					PORAR						□ 8	TA	NKR	ΜΟΛΙ	D_		430
BUSINESS NAME (Same as				3	FACI	LITY 10):													
S J SHELL #135328	(ontional)			<u>-</u>	L						<u>.</u>			<u> </u>	-					431
LOCATION WITHIN GITE	(орволат)			1	T	ANK I	DES	CRIF	TIO	N										
(A scaled plot plan with loca	ation(s) of L	IST syst	tem(s) includ	ing bu				ks sha	ll be	subi	mitte	d to th	e CUP	A or l	PA.) <u> </u>				
TANK ID#	432	TANK	(MANUFAC	TUREF	₹			433	100	JIVIF	AKI	IVIEIN	MLIZE	אוט	11417	ш.		1 1/0		434
003			NS CORNING If 'Yes''. complete one page for each compartment. ADACITY IN GALLONS 436 NUMBER OF COMPARTMENTS													437				
DATE INSTALLED (YEAR/I	MO) 435		CALACIT IN CALEGOR												-101					
1988/09	DN	12,000	N/A												438					
ADDITIONAL DESCRIPTION	JIN (For local u	se only)		44	т	ANK (<u></u>	ITEN	TC											
TANK USE		439	PETROLE	11. UM TY		ANT	CON	11111	10											440
1. MOTOR VEHICLE FUEL			la. REGI			ED	П	2.LEA	DED				5. JET	FUE	L					
(if marked complete Petroleum Type)	•		1b. PRE					3. DIE	SEL				6. AVIA	AOITA	l FU	EL				
2. NON-FUEL PETROLEUM	1		1c. MIDO	RADE	UNLEA	DED		4.GAS	ОНО	L			99. OT	HER:						
3. CHEMICAL PRODUCT			COMMON								441		CAS		ous N	taterial	s invent	orv pa	ge)	442
4. HAZARDOUS WASTE (in	ıcludes Used Oi	ii)		(from Hazardous Materials Inventory page)									(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						. ,	
95. UNKNOWN			UNI	UNLEADED GASOLINE 800-61-9																
			III. TANK CONSTRUCTION																	
TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH 5. SINGLE WALL WITH INTERNAL BLAD ER														440						
((Check one item only)					OR MEM			_												443
	🛛 2. DOUB				WALLE				99. O								95.	HINK	10W	N
TANK MATERIAL - primary tank					SLASS /F			_	5. CO				N/1 00%	MET	1AH		_			
((Check one item only)	2. STAIN	LESS ST			CLAD W. ORCED I				0.11	., 00	01711	, DLL								
TANK MATERIAL - secondary tan	I A BAR	STEEL			LASS / I				5. CC	ONC	RETE	Ξ				Ι	95.	UNKN	OWN	1
((Check one item only)	∏2. STAII	VLESS S	TEEL 4.8					s 🔲	8. FR	RP C	OMP	TIBLE	W/100%	MET	ГНАІ	VOL [] 99.	отн	ER 4	445
House our war and			_	REINF	ORCED	PLASTI	IC (FR	P) 🔲	10. C	OAT	ED S	TEEL								
TANK INTERIOR LINING	1. RUBBER	LINED	3. EPO	XY LINI	ING	5	. GLA	SS LIN	ING	X	95. l	JNKNO	NWC			DATE	INSTA	LLED		447
OR COATING	2 ALKYD LII	NING	4 PHE	OLIC I	LINING	□ 6	UNLI	NED			99 C	THER		(For local use only)						
(Check one item only) OTHER CORROSION 1 1 M	MANUFACTU	RED CA	THODIC 3	FIBER	GLASS F	REINFO	RCEC	O PLASTIC							7	DATE	INSTA	LLED		448
PROTECTION (IF APPLICABLE			ATHODIC 3 FIBERGLASS REINFORCED 3 HIMPRESSED CURRENT						99 OTHER							(For loc	al use o	nly)		
(Check one item Only) 2.5 SPILL AND OVERFILL	SACRIFICIAL	ANODE												L						
(Check all that apply)	YEAR INST	ALLED	450 TY	PE (loca	a) use only) 45	1 (OVERF	LL PR	ROTE	ECTIO	ON EQ	UIPMEN	IT	ΥE	AR IN	STALL	ED		452
X I SPILL CONTAINMENT	2002	_					١r] 1 AL	ARM						-87		_			
∠ DROP TUBE	1988							2 BA		LOA	T				20	02				
☑ 3 STRIKER PLATE	1988	_					1 -	3 FIL							_			4E>		
			IV. TAI	VK LI	EAK [ON (A	descri	iption	of the	monitori	ng progra	n shall	be s	ubmitte	to the	local ag	ency.)	454
IF SINGLE WALL TANK (Che	eck all that apply	7)				45	i3		OUBL k one it			. TAN	KORT	ANK	VVI	HBL	ADDI	=K		
1 VISUAL (EXPOSED PORTI	ION ONLY)		☐ 5 MANU	AL TAN	IK GAUG	SING (M	TG)	□1	VISUA	AL (S	SINGL	E WA!	L IN VA	ULT (ONL	Y)				
2 AUTOMATIC TANK GAUGI			GVADOS					⊠ 29	CONT	INU	ous	INTER	STITIAL	MON	IITO	RING				
3 CONTINUOUS ATG								3 MANUAL MONITORING												
4 STATISTICAL INVENTORY	RECONCILI	ATION	☐ 8 TANK	TESTIN	IG															
(SIR) + BIENNIAL TANK TES			□ 99 OTHE													==				
			V. TAN									MAN	ENT (CLO	SU	RE	N PI	AC	<u> </u>	167
ESTIMATED DATE LAST USE	D (YR/MO/D	AY) 455	ESTIMAT	ED QU			_	NCERE	MAIN	IING	456	TA	NK FILL			INEF es [_	ı EKI/	-L! 4	107
						Yes [] No								ע יי	es L	1 140			
	·			I 0					D.A.						Die	TRIC	T/INS	PECT	OR	
OFFICIAL USE ONLY	DATE RI	ECEIVE	:D	CUP	'A				PA						010	,,,,	.,,,,		0,1	

UNIF	IED PROG	RAM (UP) FORM						
UNDERGROUND S	STORAGE	TANKS - TANK PAGE 2						
· VI. PIPING CONSTRU	ICTION (Che	neck all that apply) Page 7 of 10						
UNDERGROUND PIPING		ABOVEGROUND PIPING						
	3. GRAVITY	458 LPRESSURE 2. SUCTION 3. GRAVITY 459						
	99. OTHER	460 1. SINGLE WALL 95. UNKNOWN 462						
MANUFACTURER 2. DOUBLE WALL 95. UNKNOWN	-	2. DOUBLE WALL 99. OTHER						
MANUFACTURER SMITH		461 MANUFACTURER 463						
I 11 BARESTEEL -	PATIBLE w/100%	0 1. BARE STEEL						
CORROSION METHANOL PROTECTION 2. STAINLESS STEEL 7. GALVANIZ	ZED STEEL	☐2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL						
3. PLASTIC COMPATIBLE W/ CONTENTS 8. FLEXIBLE	(HOPE)	3. PLASTIC COMPATIBLE 8. FLEXIBLE (HOPE) 95. UNKNOWN						
		W/CONTENTS						
	C PROTECTION							
5. STEEL W/COATING 99. OTHER		cription of the monitoring program shall be submitted to the local agency.)						
UNDERGROUND PIPING	ippry) (A desc	ABOVEGROUND PIPING						
	466	SINGLE WALL PIPING 467						
SINGLE WALL PIPING	400	PRESSURIZED PIPING (Check all that apply):						
PRESSURIZED PIPING (check all that apply): 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AU SHUT OFF FOR LEAK, SYSTEM FAILURE. AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. 1. MONTHLY 0.2 GPH TEST	ITO PUMP	I. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WJT-H AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. 12. MONTHLY 0.2 GPH TEST						
3. ANNUAL INTEGRITY TEST (0.1 GPH)		☐ 3. ANNUAL INTEGRITY TEST (0.1GPH) ☐ 4. DAILY VISUAL CHECK						
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)						
5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENI	VIAL PIPING	5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM						
INTEGRITY TEST (0.11 GPH)		6. TRIENNIAL INTEGRITY TEST (0.1 GPH)						
SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUND PIPING	3):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):						
☐7 SELF MONITORING		☐ 7. SELF MONITORING						
GRAVITY FLOW	1	GRAVITY FLOW (Check all that apply):						
9. BIENNIAL INTEGRITY TEST (0.1 GPH)	-	☐8. DAILY VISUAL MONITORING ☐9. BIENNIAL INTEGRITY TEST (0.1 GPH)						
SECONDARILY CONTAINED PIPING	ŀ	SECONDARILY CONTAINED PIPING						
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):						
10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBLE AND V ALARMS AND (check one) a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE A SYSTEM DISCONNECTION c. NO AUTO PUMP SHUT OFF	ISUAL	10. CONTINUOUS TURBINE SUMP SENSOR ~8M AUDIBLE AND VISUAL ALARMS AND (Check one) a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS b AUTO PUMP SHUT OFF FOR LEAKS. SYSTEM FAILURE AND SYSTEM DISCONNECTION c NO AUTO PUMP SHUT OFF						
☐ 1 1. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW:	SHUT OFF	1 1. AUTOMATIC LEAK DETECTOR						
12. ANNUAL INTEGRITY TEST (0.1 GPH)	1.	12. ANNUAL INTEGRITY TEST (0.1 GPH)						
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM						
13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALAF	RMS I	13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS						
EMERGENCY GENERATORS ONLY (check all that apply) 14. CONTINUOUS SUMP SENSOR WITHOU AUTO PUMP SHUT AUDIBLE AND VISUAL ALARMS		EMERGENCY GENERATORS ONLY (Check all that apply) 14. CONTINUOUS SUMP SENSOR <u>WITHOU</u> AUTO PUMP SHUT <i>OFF</i> * AUDIBLE AND VISUAL ALARMS						
15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITH OUT FLOW SI	HUT OFF .	15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)						
16. ANNUAL INTEGRITY TEST (0.1 GPH) 17. DAILY VISUA	L CHECK	☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK						
VIII. DI	SPENSER (CONTAINMENT						
DISPENSER CONTAINMENT 1. FLOAT MECHANISM THAT SE								
DATE INSTALLED 468 2. CONTINUOUS DISPENSER P.		THE ALTO DELLE OF FOR						
2002 FIBERLITE S 3. CONTINUOUS DISPENSER P. DISPENSER + AUDIBLE AND		LARMS 0. NONE						
		TOR SIGNATURE						
l certity that me information provided herein is true and accurate to the best of my kn								
SIGNATURE OF OWNER OPERATOR DALLONGER		DATE 470 1/20/02						
NAME OF OWNER/OPRATOR (print) PAUL VIDAKOVICH		TITLE OF OWNER/OPERATOR 472 IS&E COMPLIANCE COORDINATOR						
OFFICIAL USE ONLY Permit Number	⁴⁷³ Pern	mit Approved 474 Permit Expirabon Date 475						

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			UND	ERGRO	INUC	O ST	ORAC	3E T	ΓΑΝ	KS .	_ TAI	NK F	PAG two	E 1 o pag	es pe		8 OF	
TYPE OF ACTION] 1. NEV	N SITE PE	RMIT	3. RENE	WAL PE	RMIT					OITAM			☐ TF	PERMA	NENTL	Y CLOS	ED SITE
(Check one item only)	2. INTE	ERIM PERI	MIT	4. AMEN	DED PE	RMIT	&T	EMPO	RARY	SITE	CLOSUF	RE		<u> 8.</u>	TANK	REMOV	ED	430
BUSINESS NAME (S S J SHELL #135328		ACILITY NAM	IE or DBA)		3	FACI	LITY 10:											
LOCATION WITHIN S	SITE (op	tional)																431
	-				1.		ANK E											
(A scaled plot plan wit	h location	on(s) of Ll 432					and land	lmarks	s shall	be su	Ibmitted	d to the	AL 175	A or F	'A.) JK 1	Yes	XI No	434
TANK ID#		432		MANUFAC NS CORN	433 COMPARTMENTALIZED TANK Yes No If 'Yes'', complete one page for each compartment.									401				
DATE INSTALLED (YE	FAR/MC)) 435												437				
1986/01	L/ (1 0/1/1C	-,	550		CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS N/A													
ADDITIONAL DESCR	RIPTION	(For local u														438		
					11.	T.	ANK C	TNO	ΓEΝΤ	S								
TANK USE			439	PETROLE	UM TY													440
1. MOTOR VEHICLE	FUEL			🔲 la. REG	ULAR L	JNLEAD	DED	□ 2	LEAD	ED			5. JET	FUEL				
(if marked complete Petroleuπ	п Туре)			1b. PRE	MUM I	JNLEAD	ED	□ з.	. DIES	EL				MOITA		TE OIL		
2. NON-FUEL PETRO				1c. MID	GRADE	UNLEA	DED	4	.GASC	OHOL					WASI	E OIL	<u> </u>	442
3. CHEMICAL PRODU	JCT			COMMON (from Hazardo			(eppg viot				441		CAS#		ıs Materi	als inver	ntory pag	
☐ 4. HAZARDOUS WAS	STE (inclu	des Used Oi)	•			,,					ı						
☐ 95. UNKNOWN				WASTE OIL										800	2-05-	9		
					111.		ANK C	ONS	TRU	CTIC	ON							
TYPE OF TANK													443					
((Check one item only)	K-26	1					IBRANE I N VAULT			5. UNK 9. OTH								770
TANK MATERIAL - primary	_	2. DOUB					PLASTIC				CRETE	 .				95	. UNKN	OWN
((Check one item only)		2. STAINI					/FIBERG					IBLE W	//1 00%	METH	IANOL	99	. OTH	ER 444
((Check one item only)	ш	, 2. O 17 (11 to					PLASTIC		_									
TANK MATERIAL - second	lary tank	1. BARE	STEEL	X 3.	FIBERG	LASS / I	PLASTIC				CRETE						UNKNO	
((Check one item only)				TEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPTIBLE W/100% METHANOL 99. OTHER REINFORCED PLASTIC (FRP) 10. COATED STEEL									ER 445					
TANK WITTERIOR LINUX	- 114	RUBBER	UNED	3, EPC	SS LINING 95. UNKNOWN						DATE INSTALLED 44							
TANK INTERIOR LINING				_			_							446				
OR COATING (Check one item only)	2;	ALKYD LIN	IING	4 PHE			_	JNLINE			99 O			440				448
OTHER CORROSION									D PLASTIC						ì	E INSTA		440
PROTECTION (IF APPLIC (Check one item Only)	CABLE) I	PROTECT CRIFICIAL	ION ANODE	□ 4	IMPRE	SSED C	URRENT			ı	□ 99 C	HER		448	(1 01 10	JCBI 030		
SPILL AND OVERFILL																		
(Check all that apply)	1	EAR INST	ALLED	450 TY	PE (loca	l use only	451	OV	/ERFIL	L PRO	TECTIO	N EQU	IPMEN	- 1		NSTALL	.ED	452
I SPILL CONTAINME	NT $\frac{19}{2}$	986		_					1 ALA					-	1990			
2 DROP TUBE	-							1 -	2 BAL			·		-		П	4EXI	EMPT
3 STRIKER PLATE					<u></u>	~ ^ 1 / 5					SHUT C			<u></u>				
	1.4			IV. TAI	NK LI	=AK L	<u> 453</u>		IF DO	escriptio	n of the π	nonitoring TANK	OR T	n shall b	e submit VITH E	l ADD	ER	154 454
IF SINGLE WALL TAN	K (Check	ali that apply)	•						IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)									
1 VISUAL (EXPOSED P	PORTION	ONLY)		☐ 5 MANU	AL TAN	K GAUG	SING (MT	G) [☐ 1 VI	SUAL ((SINGLE	E WALL	_IN VA	ULT O	NLY)			
2 AUTOMATIC TANK G				☐ 6VADO	SEZON	E					uous II			MONI	FORING	6		
3 CONTINUOUS ATG				7 GROUNDWATER					3 MANUAL MONITORING									
4 STATISTICAL INVENT	TORY RE	ECONCILIA	NOITA	☐ 8 TANK		G		ĺ										
(SIR) + BIENNIAL TAN	K TESTI	NG		☐ 99 OTHE														
				V. TAN														
ESTIMATED DATE LAST	USED (YR/MO/DA	Y) 455	ESTIMAT	ED QUA				CEREM	NINIA	G 456	TAN	K FILL		TH INE		TERIA	_(45/
						Ц	Yes 📙	No							1 162	☐ 140		
	 1				CUE	^			1 -					r	ISTRI	CT/INIC	PECTO	OR I
OFFICIAL USE ONLY	. []	DATE RE	:CEIVEI	D CUPA					PA DISTRICT/INSF							010		

			NIFIED PROG						
	UNDE	RGROUND	STORAGE	TP	NKS - TANK	PAG	E 2		4-10-5-10-5-10-5-10-5-10-5-10-5-10-5-10-
	VI PIPIN	IG CONSTI	RUCTION (C	neck	all that apply)			Pa	ge 9 of 10
U	NDERGROUN					ABOVE	EGROUND F	PIPING	
SYSTEM TYPE 1.PRES		JCTION	☐3. GRAVITY	458	.PRESSURE	☐ 2. SU	CTION	3. GRAVI	TY . 459
CONSTRUCTION 1. SINGLE V	VALL 3. LI	NED TRENCH	☐99. OTHER	460	1. SINGLE WALL		☐ 95. UI	NKNOWN	462
MANUFACTURER 2. DOUBLE	WALL 🔲 95. l	JNKNOWN			2. DOUBLE WALL		☐ 99. O	THER	
MANUFACTURER _				461	MANUFACT	URER			463
MATERIALS AND 1. BAI	RE STEEL	☐ 6. FRP C METHANOL	OMPATIBLE w/100	%	☐1. BARE STEEL		6. FRP CC	MPATIBLE W	71 00% METHANOL
PROTECTION 2. STA	AINLESS STEEL	7. GALVA	NIZED STEEL		2. STAINLESS STEI	TIDLE	_	NIZED STEEL	
3. PLASTIC COMPATIBLE V	// CONTENTS	8. FLEXIE	BLE (HOPE)		☐3. PLASTIC COMPA W/CONTENTS	HBLE	8. FLEXIBI	LE (HOPE) 🗌	95. UNKNOWN
☐ 4. FIBERGLASS		9. CATHO	DDIC PROTECTION		4. FIBERGLASS			DIC PROTECT	
	99. OTHER			464	5. STEEL W/COAT		99. OTHE	The second secon	465
VII. PIPING LEAK DE	Account of the Control of the second of the		it apply) (A des	scriptio					ocal agency.)
UND	ERGROUND P	IPING		 			ROUND PIPI	ING	467
SINGLI	E WALL PIPING	3	466				ALL PIPING		407
PRESSURIZED PIPING (Check a PRESSURIZED PIPING (Check a SHUT OFF FOR LEAK, SY DISCONNECTION + AUDI 2. MONTHLY 0.2 GPH TEST	DETECTOR 3.0 C	AND SYSTEM	_AUTO PUMP		SSURIZED PIPING (ch., ELECTRONIC LINE LE., SHUT OFF FOR LEAF DISCONNECTION + A., MONTHLY 0.2 GPH TE	AK DETEC K, SYSTE! NUDIBLE /	TOR 3.0 GPH M FAILURE, A	ND SYSTEM	AUTO PUMP
3. ANNUAL INTEGRITY TEST	(O.1 GPH)			□ 3	. ANNUAL INTEGRITY T	EST (0.10	SPH) 🔲	4. DAILY VISU	AL CHECK
CONVENTIONAL SUCTION SY		hat apply)		CON	IVENTIONAL SUCTION	SYSTEM	S (Check all that	apply)	
5. DAILY VISUAL MONITORII INTEGRITY TEST (0.11 GPI	NG OF PUMPING		ENNIAL PIPING	5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM					
INTEGRATI TEGI (G.11 G.1	"		-	☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)					
SAFE SUCTION SYSTEMS (NO	VALUES IN BELC	W GROUND PIF	PING):	SAF	E SUCTION SYSTEMS	(NO VALV	ES IN BELOW	GROUND PI	PING):
7 SELF MONITORING				7.	SELF MONITORING				
GRAVITY FLOW				GRA	VITY FLOW (Check all tha	t apply):			
■ 9. BIENNIAL INTEGRITY TES	T (0.1 GPH)			☐8. DAILY VISUAL MONITORING ☐9. BIENNIAL INTEGRITY TEST (0.1 GP					
SECONDA	RILY CONTAINE	D PIPING		SECONDARILY CONTAINED PIPING					
PRESSURIZED PIPING (Check all 10. CONTINUOUS TURBINE SU ALARMS AND (Check one) a. AUTO PUMP SHUT OF b. AUTO PUMP SHUT OF SYSTEM DISCONNEC	MP SENSOR W FF WHEN A LEAI FF FOR LEAKS, S CTION	K OCCURS		10. C	SSURIZED PIPING (choi CONTINUOUS TURBINE ALARMS AND (chock ond A AUTO PUMP SHUT DISCONNECTION CNO AUTO PUMP SH CONNECTION	SUMP SI) OFF WHI OFF FOR	ENSOR ~8M EN A LEAK O	CCURS	
1 1. AUTOMATIC LEAK DETE		EST) WITH FLC	<u>w</u> shut <i>OFF</i>	□1	1. AUTOMATIC LEAK DI	ETECTOR	1		
12. ANNUAL INTEGRITY TES				12	2. ANNUAL INTEGRITY	TEST (0.1	GPH)		
SUCTION/GRAVITY SYSTEM				SUC	TION/GRAVITY SYSTEM	1			
13. CONTINUOUS SUMP SE	SOR + AUDIBLE	AND VISUAL A	LARMS	□ 13	. CONTINUOUS SUMP	SENSOR	+ AUDIBLE A	ND VISUAL A	LARMS
EMERGENCY GEN 14. CONTINUOUS SUMP SEI AUDIBLE AND VISUAL A	ERATORS ONLY NSOR <u>WITHOU</u> A	(Check all that app	oly)	☐ 14	EMERGENCY OF B. CONTINUOUS SUMP AUDIBLE AND VISUA	SENSOR	WITHOU AU	heck all that appl TO PUMP SHU	y) JT <i>OFF</i> *
15. AUTOMATIC LEAK DETEC	CTOR (3.0 GPH) <u>\</u>	<u>VITH OUT</u> FLOV	V SHUT OFF		. AUTOMATIC LINE LEA	AK DETEC	CTOR (3.0 GP		
16. ANNUAL INTEGRITY TES	_] 17. DAILY VIS	UAL CHECK		. ANNUAL INTEGRITY	TEST (0.1	GPH)	17. DAILY VIS	JAL CHECK
			DISPENSER	and the second second			F		
DISPENSER CONTAINMENT	_		SHUTS OFF SHE				_	VISUAL CHEC	
DATE INSTALLED 468					LE AND VISUAL ALARM JTO SHUT OFF FOR	เร	_	CH LINER / MC	
		R + AUDIBLE A	ND VISUAL ALARM	/IS			☐ 6. NONE		469
		IX. OV	VNER/OPERA	TOF	SIGNATURE				
I certity nay the information provided he	Company of the Compan	ate to the best of m	y knovAedge.						470
SIGNATURE OF OWNER/OFFRA	Dellor	uel		DATE 11/20					
NAME OF OWNER/OPRATOR (pr					OF OWNER/OPERATO		DIL MOD		472
PAUL VIDAKOVICH]	HS&l	E COMPLIANCE	COORI	JINA TOR		
OFFICIAL USE ONLY	Permit Numb	per	473 Pe	rmit Aj	oproved	474	Permit Exp	irabon Date	475

OFFICIAL USE ONLY

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

TOTAL MANUAL AND				UN	IDE	RGI	ROU			TORAGE TANKS - INSTALLATION TIFICATE OF COMPLIANCE	
											Page of
								I.]	FAC	ILITY IDENTIFICATION $\frac{1}{2}$	0 OF 10
	NESS NAME			CILITY	NAME o	r DBA - D	oing Busi	ness As)	Transmitt cares (Inth 50 ptm)		3
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	RESS (For loca 642 FUCL			RDF	EN GE	ROVE	FWY	. GAI	RDEN	N GROVE 92640	
	LITY ID#	Ī						ÍΠ		TANK ID#	477
										001, 002, 003	<u> </u>
		~~c>====	•								
1		E00300-000-00-	<u> </u>	- Soldings conserved					www.compydialecom	(Check all that apply)	
											• 78
\boxtimes	The insta	ller i	has be	een fr	ained	and co	ertifie	d by tl	he tar	nk and piping manufacturers.	* 78
											479
The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations.											490
The installation has been inspected and approved by the Unified Program Agency.											490
											491
All work listed on the manufacturer's installation checklist has been completed.											482
	The insta	ller	has be	een c	ertifie	d or li	cense	d by tl	he Co	ontractors' State License Board.	482
	The unde	rgro	ound s	torag us sta	ge tank andard	c, any j Is and	prima writte	ry pip n mar	ing, a rufact	and secondary containment was installed according to applicable turer's installation procedures.	483
•	Descripti	on o	of wor	k bei	ing ce	rtified					
					J						
1											
!	ALL WO	ORK	CHAS	S BEI	EN D	ONE I	N CO	MPLI	ANC	CE WITH SB989 STANDARDS, SHELL'S AND AGENCY'S.	
	INSTAL	LA'	TION	INC	LUDI	ES NE	W SP	ILL C	CONT	TAINMENT, NEW OVERFILL BALL VALVE W/AUDIO	
	VISUAL BOXES	. AI	ARM	1, NE	EW FL	EX IN	ISTA	LLAT	TON,	, NEW DWF A.O. SMITH PIPING, FIBERLITE CONTAINMENT	
	DOALD	VV I .		ICD C	70111	d)	01110	1012			
				•							
										THE COLUMN	
							III	.TAI	NK C	OWNER/AGENT SIGNATURE	
I certi	fy that the int	form	ation pr	ovíde	d hereir	ı is true	and acc	curate t	o the b	pest of my knowledge.	484
SIGN	ATTE OF	FAN	K QWI	VER#			e	0		DATE 11/19/02	100
NAM	E OF TANK	OW) NER/A	J GEN	T (print	lor)	ue	<u> </u>		485 TITLE OF TANK OWNER/AGENT	496
	VIDAKO				•					HS&E COMPLIANCE COORDINATOR	

Noned Interest EC	pullon Enterprises LLC	Endorsewent Number	
Palicy Symbol	Policy Number	rollicy Pariod	Estopine Data of Carlocaccontal
Dr V	G2 020924 0	01/01/2002 to 01/01/2003	01/01/2002

4.5

listed by (Name of Insurance Company)

Insurance Company of North America

Describe policy member. The remainder of the information is no be completed only when this endorcement is instead to interpretation of the profession of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

1. This endorsement certifies that the Policy to which the endorsement is attached provides liability insurance covering the following Underground Storage Tanks

All underground storage tanks as scheduled on file with the company; this schedule represents all tanks owned and operated by the Named Insured;

for taking corrective active and/or compensating third parties for bodily in jury and property damage caused by either sudden accidental release or non-sudden accidental releases or accidental releases in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; if coverage is different for different tanks or locations, indicate the type of coverage applicable to each tank or location arising from operating the underground storage tank(s) identified above.

The limits of liability are:

\$1,000,000. each occurrence \$2,000,000. annual aggregate exclusion of legal defense costs

This coverage is provided under Policy Number: PLI G2 0298340

The effective date of said Policy is: January 1, 2002.

- 2. The insurance afforded with respect to such occurrence is subject to all of the terms and 'conditions of the Policy, provided however, that any provisions inconsistent with subsections (a) through (e) of this Paragraph are hereby amended to conform with subsections (a) through (c).
 - a. Bankruptcy of insolvency of the Insured shall not relieve the Insurance Company of North America of its obligations under the Policy to which this endorsement is attached.
 - b. Insurance Company of North America is liable for the payment of amounts within any deductible applicable to the Policy to the provider of corrective action or damaged third party, with a right of reimbursement by the Insured for any such payment made by Insurance Company of North America. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.

CC-1E15 Ptd. In U.S.A.

- c. Whenever requested by, a Director of an implementing agency, the Illinois Union Insurance Company agrees to furnish to (the Director) a signed duplicate original of the Policy and all endorsements.
- d. Cancellation or any other termination of the insurance by Insurance Company of North America, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurance Company of North America within six months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(1) and that the Insurance Company of North America is licensed to transact the business of insurance or eligible to provide insurance as an excess of surplus lines insurer in one or more states.

Authorized Representative
Allan R. Sturdivant

Casualty Account Manager

ACE USA

Two Riverway, Suite 1100 Houston, TX 77056-1975



GARDEN GROVE FIRE DEPARTMENT ENVIRONMENTAL PROTECTION SECTION

11301 Acacia Parkway Garden Grove, CA 92840 Business: 714 741-5600 Haz Mat: 714 741-5636

Hazardous Materials Business Emergency Plan And Inventory Certification Statement

Bu	siness Name: 54 J 5HELL #135328 Telephone: 714-530-3850
Site	Address: 13642 EUCLIO @ 22 FULL Zip Code: 92640
the A Em Dep cer the Act	California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide following: business that handles hazardous materials shall review AND certify their Hazardous Materials Business ergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire partment. A business may comply with the annual chemical inventory reporting requirement by submitting a diffication statement to the Garden Grove Fire Department. A business may not utilize this certification to meet annual inventory submission requirements of the Emergency Planning and Community Right to Know (Section 11022, Title 42, United States Code).
	e: A business may comply with the annual inventory reporting requirements using this certification statement if a of the following apply:
1.	 The business has previously filed an inventory reporting form and; The business attests to the following: The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date. There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form. No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.
	IS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED. ase check applicable boxes):
Ø	No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
	All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
X	No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
	All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.
PEI BEI	AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE RSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND LIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.
	at Name CHARLES T. HART Signature Must. / Van/
Job	Title SHEE QUIDLIANCE REP Date 3-27-01

UNIFIED PROGRAM CONSOLIDATED FORM

PACILITY INFORMATION

BUSINESS ACTIVITIES

or local agency.)	Aqu	ou ph your Cl	oitemnotni	(You may also be required to provide additional
.81				E. LOCAL REQUIREMENTS
CERTIFICATION (Formerly DTSC Form 1249)		je zr	_	waste and cleaned onsite?
. HAZARDOUS WASTE TANK CLOSURE	^ '	pi ON 🔀	SBY [6. Need to report the closure/removal of a tank that was classified
Form 1196)				
REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC	. ام	M NO 13	☐ LE 2	5. Consolidate hazardous waste generated at a remove site?
ASSURANCE (Formerly DTSC Form 1232)	, '	er ON CLI	33A L	Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site?
CERTIFICATION OF FINANCIAL	٠ م	NO 13	☐ XES	
(Formetly DTSC Forms 1772A,B,C,D and L)		•		
TREATMENT - UNIT (one page per unit)				
TEAW SUODAAZAH ETISNO	^			
(Formerly DTSC Forms 1772)				
TREATMENT - FACILITY		. ०० जि	۵=.	
TOUSITE HAZARDOUS WASTE	,	I ON X	☐ YES	3. Treat hazardous waste on site?
(one per recycler)				materials (per HSC §25143.2)?
RECYCLABLE MATERIALS REPORT	D. 🖣		☐ XES	2. Recycle more than 100 kg/month of excluded or exempted recyclable
EPA ID NUMBER - provide at the top of this page	9.	ои 🔀	□ keg	1. Generate hazardous waste?
	-			portable containers) greater than 1,320 gallons? D. HAZARDOUS WASTE
				- the total aggregate capacity for the entire facility (ASTs, drums and
NO FORM REQUIRED TO CUPAS	.8	🔀 ио	☐ keg	- any tank capacity is greater than 660 gallons, or
				Own or operate ASTs above these thresholds:
(was a defended as a few decisions)	_			C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)
Form C) LOST TANK (closure portion-one page per tank)	.7	ON 🔀	□ YES	3. Meed to report closing a UST?
COMPLIANCE (one page per tank) (Formerly				
V UST INSTALLATION - CERTIFICATE OF				
NOT TANK (one per tank)		ov [2]	a=. []	
✓ UST TANK (one page per tank) (Formerly Form B) ✓ UST FACILITY		ои 🔀	☐ YES	Setall wen Ilstani or install new USTs?
UST FACILITY (Formerly SWRCB Form A)	·	ои 🗌	X LES	1. Own or operate underground storage tanks?
, , , , , , , , , , , , , , , , , , , ,		о., <u> </u>		B. UNDERGROUND STORAGE TANKS (USTs)
				required pursuant to 10 CFR Parts 30, 40 or 70?
				substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is
				applicable Federal threshold quantity for an extremely hazardous
(1017.070) 11011 11110.077 71101117110				compressed gases (include liquids in ASTs and USTs); or the
▼ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)	4.	ON 🗌	M LES	Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for
Adounds the fired the offoce there y	′	O	ON Par	A. HAZARDOUS MATERIALS
omplete these pages of the UPCF	၁ ခုန	If Yes, plea		Does your facility
page (OES Form 2730)	uo	itsoititne	ator Id	rago\range sanisuB att timdus assalq
a list,	143	y part of	ns of 2	MOTE: If you check YE
		NOITA?	DECLAF	II. ACTIVITIES
				Sad Succe (#125222
ε			(sA	BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business
The Control of the Co				
ste Only)	s Wa	# (Hazardous		FACILITY ID# 1.
		NOITA:	<u>ENTIFIC</u>	I. FACILITY ID
Page 1 of				



CITY OF GARDEN GROVE FIRE DEPARTMENT

Bruce A. Broadwater

Mark Rosen
Mayor Pro Tem

William J. Dalton

Mark Leyes Councilman

Van T. Tran *Councilman*

March 1, 2001

S&J SHELL TAMI FAHEY 3333 CAMELBACK #170 PHOENIX, AZ 85018

Dear Business Owner:

SUBJECT: BUSINESS EMERGENCY PLANS - HAZARDOUS MATERIALS DISCLOSURE

Your business in our city is very important to us, and the City of Garden Grove appreciates the opportunity to once again serve you. The proper handling of hazardous materials is a serious concern of the community. Your cooperation and prompt response to your Business Emergency Plan renewal form is a method by which your business and the community can be protected.

Proper handling of hazardous materials is a high priority of the Garden Grove Fire Prevention Bureau. To comply with the annual requirement for submittal of business Emergency Plans, please fill out the attached forms. By completing and signing the following areas, you will be attesting that your business has not had any significant changes in the last year.

If you have any questions on completing the forms, please contact the Hazardous Materials Coordinator, Captain Steve Shirley at (74) 741-5636. Please return the forms within 30 days. A self-addressed stamped envelope is included for your convenience.

Sincerely,

Jerry Halberstadt

Administration Division Chief/Fire Marshal

By: Steve Shirley

Hazardous Materials Coordinator/Fire Captain



CITY OF GARDEN GROVE, CALIFORNIA MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

714-741-5600

BUSINESS EMERGENCY PLAN

Business Name S.J. Shell	
Business Address 13642 Euclid St.	Garden City Grove State CA Zip 92640
Mailing Address P.O. Box 4848	City Anaheim State CA Zip 92803
Business Phone (714) 530-3850 Business Fax Number ()	License # 131065
Owner/Operator: Name Vahe Hovnanian	Phone Number (714) 832-2029
Address 10001 Mira Mar Circle	_City <u>Santa Ana</u> State <u>CA</u> Zip <u>92705</u>
Type of Business Operation Retail Gasoline Sales.	
EPA #	SIC Code5541
Emergency Contacts: Name Alan Abdelbaky	
Address 9946 Camrose Circle	Fountain _City Valley State CA Zip 92728
24 Hour Phone Number (714) 839-1916	Phone Number (714) 530-3850
Property Owner: Name Shell Oil Company	_ Phone Number (714) 530-3321
Address P.O. Box 4848	_City_Anaheim_StateCA_Zip_92803
Total Number of Employees3 Dun and Brad	Street Numbers
Office Use Only	
MII# Short Long	

SINESS	NAME: S.J. Shell	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ch 02640	
70 CCC.	13642 Euclid St., Garden Grove, CA 92640	

HAZARDOUS MATER

THIS FORM IS

O- Tank inside buildi

P- Underground Tan

Q- Other

#		(office u	se only)				•					
		- Commence of the Commence of	2.	And the second s			3.		4.	5.	6.	7
TRA	ADE NAME			IN PRO	SUBSTANCE DDUCT weight on MS			CAS NO.	SARA Hazard Class	Physical State	MAX. DAILY AMOUN	1
									Table 1	Table 2	Table 3	
rmulaShel	l Regular		Alkanes, Toluene Xylene		4		108-88 1330-2	-3 0-7	1.5	M/L	06	
rmulaShel	l Plus		Alkanes, Toluene Xylene	Cycloal	kanes, A	Ikenes	Mixtur 108-88 1330-2	<u>e</u> –3	1 .5	M/L	06	
rmulaShel	l Premium		Alkanes, Toluene Xylene	Cycloal	kanes, A	lkenes	108-88 1330-2	-3 0-7	1 .5	M/L	06	
ste Oil		•	Gasoline	ricating	Oil		Mixtur Mixtur Mixtur	e e	1 5	M/L	02	
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talimining days and the state of												H
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re dden Release	Health 4-Immediate	M-Mixture S-Solid (Repor	State	TABLE # Value 00 01 02 03	# 3 Amount 0 100 300 600		A- Abo B- Bag C- Box D- Car E- Dru	(s)		- Insula I- Metal K- Movab Plastic M- Rail C	Containe le Press Contain	ers uri

04

05

06

07

G-Gas (Report cubic feet)

1000

6000

10000

20000

5999

9999

19999

49999

G- Glass Containers

H- In Machinery or Equip.

HAZARDOUS MATERIALS DISCLOSURE

Garden Grove, CA 92640

THIS FORM IS TO BE TYPEWRITTEN.

2.	3.	4.	5.	6	7.	8.	9.	10
HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	CAS NO.	SARA Hazard Class	Physical State	MAX. DAILY AMOUN	,DVA, DAILY NUCMA	DAYS ON SITE	CONTAINER TYPE	STORAGE C PRESSUR TEMP.
		Table 1	Table 2	Table 3	Table 3		Table 4	Tablo 5
Alkanes, Cycloalkanes, Alkenes Toluene	Mixture 108-88-3 1330-20-7	1 5	M/L	06	05	365	Р	1.1
Xylene Alkanes, Cycloalkanes, Alkenes Toluene	Mixture 108-88-3 1330-20-7	1 5	M/L	06	05	365:	P	1.1
Xylene Alkanes, Cycloalkanes, Alkenes Toluene	Mixture 108-88-3	1 5	M/L	06	05	365	Р	1.1
Xylene Gasoline Used Lubricating Oil	1330-20-7 Mixture Mixture	1 5	M/L	02	01	365	P	1·1
Inert Filters	Mixture							
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] -			<u></u>			<u></u>
TABLE # 3 Amount Chart	Table#4 Container T	уре					Iable#	Storage

ie#2	TABLE	# 3 Amoun	Chart
ical State	Value	Amount	Range
	00	0	99
'e	01	100	299
Report pounds)	02	300	599
Report gallons)	03	600	999
leport cubic feet)	04	1000	5999
icport dubid tuti,	05	6000	9999
	06	10000	19999
	07	20000	49999
	J L		

Tab	le#4	Container	Туре

- A- Aboveground Tank
- B- Bag(s)
- C- Box(s)
- D- Carboy(s)
- E- Drum(s) or Barrel(s)
- F- Fixed Pressurized Cylinders N- Silo
- G- Glass Containers
- H- In Machinery or Equip.
- I- Insulated Tank(Cryogenics)
- J- Metal Containers
- K- Movable Pressurized Cylinders
- L- Plastic Containers
- M- Rail Car
- O- Tank inside building
- P- Underground Tank
- Q- Other

Pressure

1- Ambient

- 2 Less than ambient
- 3 Greater than ambier
 - * Ambient = room

_S DISCLOSURE FORM

3E TYPEWRITTEN.

DATE: 1/9/96 PAGE #_

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SYORO MOONE

					GANDER	OROVE
B. DAYS ON SITE	9. CONTAINER TYPE Table	1 0 . STORAGE CODE PRESSURE/ TEMP. Tablo 5	1 1 LOCATION (NOTE BY QUURANT AND DESCRIBE AREA)	1 2 STATE WASTE NUMBER (3 DIGIT CODE)	DOT/ UN/NA NUMBER	HAZAR CLASS Table
365	P	1·1	Northwest area of the lot.		1203	11
365:	P	1·1	Northwest area of the lot.		1203	11
365	P	1:1	Northwest area of the lot.		1203	11
365	P	1-1	East central area of the lot.	221	1993	4
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		_				
	Table#5	Storage Code	Table#6 Hazard Class (see MSDS sheets	for info)		

cs)

Pressure

Temperature

1- Ambient linders

1-Ambient

2 - Less than ambient 3 - Greater than ambient 2-Less than ambient, but not cryogenic.

3-Greater than ambient

4-Cryogenic

* Ambient = room pressure or temperature

1- Blasting Agent 9- Explosive C

10- Flammable Compressed Gas 18- Pesticide 2- Carcinogen

3- Combustible 11- Flammable Liquid

Liquids 12- Flammable Solid

4- Corrosive 13- Hypergolic

5- Cryogenics 14- Irritant 6- Etiologic Agents 15- Non Flammable

Compressed Gas 7- Explosive A

8- Explosive B 16- Organic Peroxide 17- Oxidizer

19- Poison A

(Compressed Poisonous I

20- Poison B (Solid/Liquid)

21- Pyrophic or Spontaneousl-Combustible

22- Radioactive

•		
1. Change of business address.		
2. Change of business ownership.		
3. Change of business name.		
4. Cessation of business.		•
5. Use of a previously undisclosed hazardous material.		
6. A 100% increase in the quantity of a previously disclosed material.		
	YES	NO
1. Are there any underground storage containers located on the business property?	<u>X</u>	
2. Is trade secret protection requested for any of the information included in this disclosure?	guarra commitmental	X
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property?	<u>x</u>	
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?		<u> </u>
I certify, under penalty of law that I have personally examined and am formation submitted and believe the submitted information is true and complete.	amiliar with e, accurate,	
Print Name of Owner: Vahe Hovnanian		mache W
Print Name of Document Preparer: Service Station Services		
Signature of Owner/Operator:Date	•	
NOTE: Keep a copy of entire disclosure packet for your records.		

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 days of any of the following events:

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT



CITY OF GARDEN GROVE, CALIFORNIA MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642 714-741-5600

BUSINESS EMERGENCY PLAN

Business Name S.J. Shell	
Business Address 13642 Euclid St.	Garden City Grove State CA Zip 92640
Mailing Address P.O. Box 4848	City Anaheim State CA Zip 92803
Business Phone (714) 530-3850 Business Fax Number ()	License #131065
Owner/Operator: Name Vahe Hovnanian	. Phone Number (714) 832-2029
Address 10001 Mira Mar Circle	·
Type of Business Operation Retail Gasoline Sales.	
EPA #	SIC Code5541
Emergency Contacts: Name <u>Alan Abdelbaky</u>	
Address 9946 Camrose Circle	Fountain _City Valley State CA Zip 92728
24 Hour Phone Number (714) 839-1916	_ Phone Number (714) 530-3850
	_ Phone Number (<u>714</u>) <u>530–3321</u>
The state of the s	City Anaheim State CA Zip 92803
Total Number of Employees3 Dun and Brad	Street Numbers
Office Use Only MLI# Short Long 2	-13-25
IVILIA JIIUII LUIIX V	

USINESS	ALA RAE.	S.J.	Shell
	145-81AI P "		

USINESS	NAME	5.0.	PHETT					
00114200	4 4 4 4 1 A 1 A 1 A 1							
DDRESS:	136/12 1	Firelid	St.	Garden	Grove.	CA	92640	
1111141-22:	10042 1		,	Carra				

HAZARDOUS MATER

THIS FORM IS

	fice use only)	3.	4.	5.	6.
TRADE NAME	HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	CAS NO.		Physical State	MÂX. ' DAILY AMOUN
			Table 1	Table 2	Table 3
ormulaShell Regular	Alkanes, Cycloalkanes, Alkene Toluene Xylene	s Mixture 108-88-3 1330-20-7	1 5	M/L	06
ormulaShell Plus	Alkanes, Cycloalkanes, Alkene Toluene Xylene	s Mixture 108-88-3 1330-20-7	1 5	M/L	06
ormulaShell Premium	Alkanes, Cycloalkanes, Alkene Toluene Xylene	108-88-3 1330-20-7	1 5	M/L	06
aste Oil	Gasoline Used Lubricating Oil Inert Filters	Mixture Mixture Mixture	1 5	M/L	02
-			-		
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			-		
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Table#1 SARA Hazard				
hysical -Fire -Sudden Release of Pressure -Reactivity	Health 4-Immediate (Acute) 5-Delayed (Chronic)	P -M S L G		

TABLE	TABLE # 3 Amount Chart								
Value	Amount	Range							
00	0	99							
01	100	299							
02	300	599							
03	600	999							
04	1000	5999							
05	6000	9999							
06	10000	19999							
07	20000	49999							

I- Insulated Tank((
J- Metal Containers
K- Movable Pressul
L- Plastic Containe
M- Rail Car
N- Silo
O- Tank inside builc
P- Underground Tar

Q- Other

HAZARDOUS MATERIALS DISCLOSURE FOF

n Grove, CA 92640

THIS FORM IS TO BE TYPEWRITTEN.

nly)	3.	4.	5.	6.	7.	8.	9.	10	11
HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	CAS NO.	SARA Hazard Class	Physical State	MÂX. (DAILY AMOUN	AVG. BAILY AMOUN	DAYS ON SITE	CONTAINER TYPE	STORAGE CODE PRESSURE/ TEMP.	•
		Table 1	Table 2	Table 3	lable 3		Table 4	Table 5	
nes, Cycloalkanes, Alkenes mene	Mixture 108-88-3 1330-20-7	1 5	M/L	06	05	365	P	1 · 1	Northw
ines, Cycloalkanes, Alkenes iene ene	Mixture 108-88-3 1330-20-7	1 5	M/L	06	05	365	P	1.1	Northw
anes, Cycloalkanes, Alkenes mene		1 .5	M/L	06	05	365	Р	1.1	Northw
ene Dine Lubricating Oil	Mixture Mixture Mixture	1 5	M/L	02	01	365	P	1.1	East c
rt Filters	Mixcare								
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		1		<u></u>	<u></u>				
TABLE # 3 Amount Chart Value Amount Bange	Table#4 Container Ty A- Aboveground Tank		- Insula	ted Tank		nics)	Table#5	Storage Code	Temper

	TABLE	# 3 Amoun	Chart	
te	Value	Amount	Range	
	00	0	99	
	01	100	299	
unds)	02	300	599	
illons)	03	600	999	
ic feet)	04	1000	5999	
10 1001,	05	6000	9999	
	06	10000	19999	
	07	20000	49999	
	L			_

- B- Bag(s)
- C- Box(s)
- D- Carboy(s)
- E- Drum(s) or Barrel(s) F- Fixed Pressurized Cylinders N- Silo
- G- Glass Containers
- H- In Machinery or Equip.
- J- Metal Containers
- K- Movable Pressurized Cylinders
- L- Plastic Containers
- M- Rail Car
- O- Tank inside building
- P- Underground Tank
- Q- Other

1- Ambient 1-Ambi

- 2 Less than ambient
- 3 Greater than ambient
 - not 3-Great
 - 4-Cryo

2-Less

* Ambient = room pressure or

LS DISCLOSURE FORM

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GARDEN GROVE

T8.	9.	10	11	1 2	13.	14.
DAYS ON SITE	CONTAINER TYPE	STORAGE CODE PRESSURE/ TEMP. Table	LOCATION (NOTE BY QUORANT AND DESCRIBE AREA)	STATE WASTE NUMBER (3 DIGIT CODE)	DOT/ UN/NA NUMBER	HAZAR CLASS
 	4	5		<u></u>		6
365	P	1 · 1	Northwest area of the lot.		1203	11
365	P	1-1	Northwest area of the lot.		1203	11
365	P	1.1	Northwest area of the lot.		1203	11
365	P	1·1	East central area of the lot.	221	1993	4
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	Table#5	Storage Code	Table#S Hazard Class (see MSDS shoots			

111	CS)	

Table#5 Storage Code

Pressure

Temperature

1- Ambient ylinders

- 2 Less than ambient 3 - Greater than ambient
- 1-Ambient 2-Less than ambient, but
 - 3-Greater than ambient
 - 4-Cryogenic
 - * Ambient = room pressure or temperature

Table#6 Hazard Class (see MSDS sheets for info)

- 1- Blasting Agent
- 9- Explosive C
- 17- Oxidizer

- 2- Carcinogen 3- Combustible
- 11- Flammable Liquid
- 10- Flammable Compressed Gas 18- Pesticide
- Liquids
- 12- Flammable Solid
- 19- Poison A

- 13- Hypergolic
- (Compressed Poisonous (

- 4- Corrosive not cryogenic.
 - 5- Cryogenics 14- Irritant

6- Etiologic Agents 15- Non Flammable

20- Poison B (Solid/Liquid) 21- Pyrophic or Spontaneously Combustible

- 7- Explosive A
- Compressed Gas
- 22- Radioactive

- 8- Explosive B
- 16- Organic Peroxide

1. Change of business address.		
2. Change of business ownership.		•
3. Change of business name.		
4. Cessation of business.		
5. Use of a previously undisclosed hazardous material.		
6. A 100% increase in the quantity of a previously disclosed material.		
1 And the area and an area and atomore a containors located on the	YES	NO
1. Are there any underground storage containers located on the business property?	<u>X</u>	6. 5.
2. Is trade secret protection requested for any of the information included in this disclosure?		X
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property?	<u> </u>	
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?		X
I certify, under penalty of law that I have personally examined and am the information submitted and believe the submitted information is true and complete. Print Name of Owner: Vahe Hovnanian		h
Print Name of Document Preparer: Service Station Services		
, Time Ivanie of Bocument Treparet	2.6.	15

A Hazardous Materials Disclosure Business is required by law to notify the Garden

Grove Fire Department within 15 days of any of the following events:

NOTE: Keep a copy of entire disclosure packet for your records.

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT



CITY OF GARDEN GROVE, CALIFORNIA
MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642
714-741-5600

BUSINESS EMERGENCY PLAN

Business Name S. J. Shell	
Business Address <u>13642 Euclid</u> / Garden Grove Fwy.	Gardon
Mailing Address P.O. Box 4848	City Anaheim State CA Zip 92803
Business Phone (714) 530–3850 Business Fax Number ()	License #
Owner/Operator: Name Vahe Hovnanian	Phone Number (714) 832-2029
Address10001 Mira Mar Circle	_City <u>Santa Ana</u> State <u>CA</u> Zip <u>92705</u>
Type of Business Operation Retail gasoline sales.	
EPA#	SIC Code5541
Emergency Contacts: Name Alan Abdelbaky	
Address 9946 Camrose Circle	CityStateCAZip 92728
24 Hour Phone Number (714) 839-1916	Phone Number (714) 530-3850
Property Owner: Name Shell Oil Company	_ Phone Number (<u>714) 530-3321</u>
Address P.O. Box 4848	_ City <u>Anaheim</u> State <u>CA</u> Zip <u>92803</u>
Total Number of Employees3 Dun and Brace	Street Numbers
Office Use Only MLI#/835 Short Long	3-1-94

BUSINESS NAME: S. J. Shell

ADDRESS: 13642 Euclid, Garden Grove, CA 92640

HAZARDOUS MATE THIS FORM I

MLI # _____ (office use only)

1.	2.	3.	4.	5.	
TRADE NAME	HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	CAS NO.	SARA Hazard Class	Physical State	MAX. DAILY AMOU
			Table 1	Table 2	Tablo 3
Formula Shell Regular	Alkanes, Cycloalkanes, Alkenes Toluene Xylene	Mixture 108-88-3 1330-20-7	1.5	M/L	06
Formula Shell Plus	Alkanes, Cycloalkanes, Alkenes Toluene	Mixture 108-88-3	1.5	M/L	06
Formula Shell Premium	Xylene Alkanes, Cycloalkanes, Alkenes Toluene Xylene	Mixture 108-88-3 1330-20-7	1.5	M/L	06
Waste Oil	Gasoline Used Lubricating Oil Inert Filters	Mixture Mixture Mixture Mixture	1.5	M/L	02
	THEIT TITLETS	saud Clia C	-		
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3			-		
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4			-		
Table#1 SARA Hazard Tab	Ie#2 TABLE # 3 Amount Chart	Table#4 Container Typ	е	1	

7.5							
Table#1 SARA	Hazard_	Table#2	TABLE #	3 Amoun	t Chart	Table#4 Container Type	
Physical 1-Fire 2-Sudden Release	Health 4-Immediate	Physical State P-Pure M-Mixture S-Solid (Report pounds) L-Liquid (Report gallons) G-Gas (Report cubic feet)	Value 00 01 02 03 04 05 06 07	Amount 0 100 300 600 1000 6000	Range 99 299 599 999 1999 4999	A- Aboveground Tank B- Bag(s) C- Box(s) D- Carboy(s) E- Drum(s) or Barrel(s) F- Fixed Pressurized Cylinders G- Glass Containers H- In Machinery or Equip.	I- Insulated Tank(J- Metal Container K- Movable Presst L- Plastic C 'ainc M- Rail Ca. N- Silo O- Tank inside built P- Underground Ta Q- Other

HAZARDOUS MATERIALS DISCLOSURE FORN

THIS FORM IS TO BE TYPEWRITTEN.

re; CA 92640

	3.	4.	5.		7.		9.	10	11
HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	CAS NO.	SARA Hazard Class	Physical State	MAX. DAILY AMOUN	AVG. DAILY AMOUN	DAYS ON SITE	CONTAINER TYPE	STORAGE CODE PRESSURE/ TEMP.	•
(top 3 as par w weight on mose)		Table 1	Tablo 2	Table 3	lable 3		Table 4	Table 5	,
nes, Cycloälkanes, Alkenes ene	108-88-3	1.5	M/L	06	05	365	P	1 · 1	Northwest
ne nes, Cycloalkanes, Alkenes	1330-20-7 Mixture 108-88-3	1.5	M/L	06	05	365	Р	1.1	Northwest
ene ne nes, Cycloalkanes, Alkenes	1330-20-7	-			0.5	265		1.1	Northwest
ene ne	108-88-3 1330-20-7	1.5	M/L	06	05	365	P	1.1	NOT CITACO
line Lubricating Oil t Filters	Mixture Mixture Mixture	1.5	M/L	02	01	365	P	1.1	East cen
t Filters	MIXLUIE	1.							
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TABLE # 3 Amount Chart	Table#4 Container 1	vne					Table#	5 Storage Code	ĝ

1	TABLE # 3 Amount Chart		
te	Value	Amount	Range
	00	0 .	99
	01	100	299
Jnds)	02	300	599
allons)	03	600	999
	04	1000	5999
10 10017	05	6000	9999
	06	10000	19999
	07	20000	49999
	l L		

B- Bag(s)

C- Box(s)

D- Carboy(s)

E- Drum(s) or Barrel(s)

F- Fixed Pressurized Cylinders N- Silo

G- Glass Containers

H- In Machinery or Equip.

J- Metal Containers

K- Movable Pressurized Cylinders

L- Plastic C 'ainers

M- Rail Ca.

O- Tank inside building

P- Underground Tank

Q- Other

1-Ambien

1- Ambient

2 - Less than ambient

2-Less th 3 - Greater than ambient not cry

> 3-Greater 4-Cryoge

Ambient = room pressure or to

ALS DISCLOSURE FORM

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		·			GAROF	N GROVE
	9.	10	11	1 2	13.	14.
ON TYPE SITE		PRESSURE/ TEMP.	LOCATION (NOTE BY QUDRANT AND DESCRIBE AREA)	STATE WASTE NUMBER	DOT/ UN/NA NUMBER	HAZAR CLASS
	4	Table 5	,	(3 DIGIT CODE)		Table 6
365	P	1 · 1	Northwest area of the lot.		1203	11
365	Р	1.1	Northwest area of the lot.		1203	11
365	P	1.1	Northwest area of the lot.		1203	11
365	Р	1.1	East central area of the lot.		1993	4
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	·	•				
				·		-
		٠.				12-4-0-12
		-				
		-	·			
						7H-7
	Table#5 Sto	orage Code	Table#6 Hazard Class (see MSDS sheets	for info)		

inics)

Dylinders

Pressure

1- Ambient

1-Ambient 2 - Less than ambient 2-Less than ambient,but

3 - Greater than ambient not cryogenic.

3-Greater than ambient

Temperature

4-Cryogenic

* Ambient = room pressure or temperature

Table#6 Hazard Class (see MSDS sheets for info)

1- Blasting Agent

9- Explosive C

10- Flammable Compressed Gas 18- Pesticide

2- Carcinogen 3- Combustible

11- Flammable Liquid

Liquids 12- Flammable Solid

4- Corrosive

13- Hypergolic

5- Cryogenics 14- Irritant

6- Etiologic Agents 15- Non Flammable 7- Explosive A

8- Explosive B

Compressed Gas 16- Organic Peroxide

17- Oxidizer

19- Poison A

(Compressed Poisonous G:

20- Poison B (Solid/Liquid) 21- Pyrophic or Spontaneously

Combustible

22- Radioactive

1. Change of business address. 2. Change of business ownership. 3. Change of business name. 4. Cessation of business. 5. Use of a previously undisclosed hazardous material. 6. A 100% increase in the quantity of a previously disclosed material. 1. Are there any underground storage containers located on the business property? 2. Is trade secret protection requested for any of the information included in this disclosure? 3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property? 4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)? I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. Print Name of Owner: Vahe Hovnanian Print Name of Document Preparar: Service Station Services Signature of Owner/Operator:				
3. Change of business name. 4. Cessation of business. 5. Use of a previously undisclosed hazardous material. 6. A 100% increase in the quantity of a previously disclosed material. 7ES NO 1. Are there any underground storage containers located on the business property? 2. Is trade secret protection requested for any of the information included in this disclosure? 3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property? 4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)? I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. Print Name of Owner: Vahe Hovnanian Print Name of Document Preparer: Service Station Services		1. Change of business address.		-
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A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within <u>15 days</u> of any of the following events:

NOTE: Keep a copy of entire disclosure packet for your records.

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT