



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 above-mentioned 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nate Brady', written over a white background.

Nate Brady
Division Chief/Fire Marshal

A handwritten signature in black ink, appearing to read 'Thanh Nguyen', written over a white background.

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 #	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 8001.3.1	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.Insp_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
13.Occ Load : 17.FDC loc : 21.Clear date :04-17-00
14.No of Ext :2.2 18.Haz Mat'l :Y 22.InspectorId:5190
15.Sprinklers:N 19.ReInsp date:05-01-00 LUKAS JR, EDWARD F

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Violation Code Violation description
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1 NO VIOLATIONS
2

Inspection # :012836 1.Insp_Date:04-23-01
2. Permit # :010135
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
13.Occ Load : 17.FDC loc : 21.Clear date :04-23-01
14.No of Ext :2.2 18.Haz Mat'l :Y 22.InspectorId:5190
15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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Violation Code Violation description
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1 NO VIOLATIONS
2 MOUNT THE FIRE EXTINGUISHER
3

Inspection # :022807 1.Insp_Date:04-10-02
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

12.Occ Group :S3 16.5yr Cert. : 20.MBCC :Y
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.ReInsp date:04-24-02 COLLINS, PATRICK S

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Violation Code Violation description
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1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.
3

Inspection # :933913 1.Insp_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

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

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Violation Code Violation description
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1
2

Inspection # :943750 1.Insp_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

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Violation Code Violation description
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1 UFC 10.504 SERVICE FIRE EXTINGUISHER
2

Inspection # :953547 1.Insp_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

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Violation Code Violation description
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1 NO VIOLATIONS NOTED
2

Inspection # :963226 1.Insp_Date:04-22-96
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
15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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Violation Code Violation description
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1 NO VIOLATIONS
2

Inspection # :972979 1.Insp_Date:04-07-97
2. Permit # :970124
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 :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 :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.ReInsp date:04-21-97 LUKAS JR, EDWARD F

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Violation Code Violation description
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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.
4 UFC 8507 MULTI-PLUG ADAPTERS THAT DO NOT COMPLY WITH THE
5 ELECTRICAL CODE ARE PROHIBITED.
6 LAST TIME EXTINGUISHERS WERE DONE WAS '95.
7 REMOVE MULTI-PLUG ADAPTER IN CASHIER AREA.(FIXED WHILE I WAS
8 THERE.)

Inspection # :982914 1.Insp_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

12.Occ Group :S3 16.5yr Cert. : 20.MBCC :Y
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

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Violation Code Violation description
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1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.
3

Inspection # :992895 1.Insp_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 Phone530-3850
9. Business CityStZip:GARDEN GROVE, CA 92843 11.EmerPhone832-2029

12.Occ Group :S3 16.5yr Cert. : 20.MBCC :N
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

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Violation Code Violation description
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1 NO VIOLATIONS
2

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

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID# 367	BEGINNING DATE 01/01/2002	ENDING DATE 12/31/2002
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) SHELL 135328 - HOVNIANIAN VAHE HOVNAN		BUSINESS PHONE 714-530-3850
BUSINESS SITE ADDRESS 13642 EUCLID St		BUSINESS FAX
CITY GARDEN GROVE	STATE CA	ZIP CODE 92843
DUN & BRADSTREET 00-429-4737		PRIMARY NAICS 5541
BUSINESS MAILING ADDRESS SHELL 135328 VAHE HOVNIANIAN 13642EUCLID ST GARDEN GROVE, CA 92843		
BUSINESS OPERATOR NAME		BUSINESS OPERATOR PHONE

II. BUSINESS OWNER

OWNER NAME VAHE HOVNIANIAN
ADDRESS 13642 EUCLID St GARDEN GROVE, CA 92843-3542
PHONES Home 7145303850

III. ENVIRONMENTAL CONTACT

CONTACT NAME FERYAL SARRAFIAN
ADDRESS 20945 S WILMINGTON Ave CARSON, CA 90870
PHONES Office 3104896296

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME VAHE HOVNIANIAN	NAME FERYAL SARRAFIAN
TITLE Dealer	TITLE HS&E COORDINATOR
Phone 1 Office 7145303850	Office 3108162216
Phone 2 Mobile 7143194664	Emergency 3104896296
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 penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	

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

NORTHWEST AREA OF LOT -UNDERGROUND TANKS

CHEMICAL LOCATION CONFIDENTIAL EPCRA

FACILITY ID#

367

MAP#

GRID#

II. CHEMICAL INFORMATION

CHEMICAL NAME

GASOLINE

TRADE SECRET

COMMON NAME

EHS

CAS #

8006-61-9

If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

I - B

HAZARDOUS MATERIAL

TYPE (Check one item only) **B Mixture**

RADIOACTIVE

CURIES

0

PHYSICAL STATE

B Liquid

LARGEST CONTAINER

12000

FEDERAL HAZARD CATEGORIES

a. FIRE **Y**

b. REACTIVE

c. PRESSURE RELEASE

d. ACUTE HEALTH **Y**

e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

18000

MAXIMUM DAILY AMOUNT

36000

ANNUAL WASTE AMOUNT

0

STATE WASTE CODE

UNITS

A Gallons

DAYS ON SITE :

365

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 carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

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#

367

MAP#

GRID#

II. CHEMICAL INFORMATION

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**

RADIOACTIVE

CURIES

0

PHYSICAL STATE

B Liquid

LARGEST CONTAINER

550

FEDERAL HAZARD CATEGORIES

a. FIRE **Y**

b. REACTIVE

c. PRESSURE RELEASE

d. ACUTE HEALTH

e. CHRONIC HEALTH **Y**

AVERAGE DAILY AMOUNT

5

MAXIMUM DAILY AMOUNT

550

ANNUAL WASTE AMOUNT

1800

STATE WASTE CODE

221

UNITS

A Gallons

DAYS ON SITE :

365

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 carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

367 SHELL 135328 - HOVNANIAN VAHE HOVNAN

13642 EUCLID St

Max Daily Amount

Not Used/Used

Common Name

36000 Gallons

Chemical Name GASOLINE

Map

Grid

Delete

Modify

Cas # 8006-61-9

Location NORTHWEST AREA OF LOT -UNDERGROUND TANKS

Common Name

550 Gallons

Chemical Name WASTE OIL

Map

Grid

Delete

Modify

Cas #

Location EAST CENTRAL AREA OF LOT

0. PERMIT# : 000182
 1. 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 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	105.00
2	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	55.00
3	791201	FLAM/COMB +120 HAND/TRANS STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.	105.00
4	801031	HAZARDOUS MATERIALS USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	00.00
5	821021	LIQUEFIED PETROLEUM GASES 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.	55.00

0. PERMIT# : 010135
 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 :04-23-01
 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

NO.	CODE	DESCRIPTION / CONDITION	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	105.00
2	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	55.00
3	791201	FLAM/COMB +120 HAND/TRANS STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.	105.00
4	821021	LIQUEFIED PETROLEUM GASES 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.	55.00
5	801031	HAZARDOUS MATERIALS USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	00.00

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	FEE
1	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER-GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	60.00
2	821021	LIQUEFIED PETROLEUM GASES 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.	60.00
3	791201	FLAM/COMB +120 HAND/TRANS STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.	110.00
4	801031	HAZARDOUS MATERIALS	0.00

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 UNDERGROUND FLAM/COMB STORAGE TANKS SHALL BE REMOVED IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL CODES.	440.00

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 PROVIDE 1 2A-10BC FIRE EXTINGUISHER, FENCING TO BARRICADE THE AREA, NO SMOKING SIGNS. CALL FOR APPT. WITH FIRE DEPT.	85.00

0. 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

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NO. CODE DESCRIPTION / CONDITION FEE
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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.
  
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0. 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 10. OCC CLASS :S3
 5. BILL-TO-NAME : HOVNANIAN VAHE HOUVAN-SHELL 11. ISSUE DATE :04-30-02
 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 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	105.00
2	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	55.00
3	791201	FLAM/COMB +120 HAND/TRANS STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.	105.00
4	821021	LIQUEFIED PETROLEUM GASES 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.	55.00
5	801031	HAZARDOUS MATERIALS USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	00.00

0. PERMIT# : 900053

1. INSPECTION# : 904974

2. PERMIT LOC : 13642 EUCLID ST

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

4. PHONE: 10. OCC CLASS :B1

5. BILL-TO-NAME : VAHE HOVNIANIAN 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 OPERATION OF (18) DISPENSING NOZZLES	250.00
2	791201	FLAM/COMB +120 HAND/TRANS OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS	100.00
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 HOVNIANIAN SHELL STATION 9. BUS LICENSE:131065
 4. PHONE: 530-3850 10. OCC CLASS :B1
 5. BILL-TO-NAME : VAHE HOVNIANIAN 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

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NO.	CODE	DESCRIPTION / CONDITION	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF (18) GASOLINE DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	250.00
2	791201	FLAM/COMB +120 HAND/TRANS OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	100.00
3	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	50.00

0. PERMIT# : 920186
 1. INSPECTION# : 924145
 2. PERMIT LOC : 13642 EUCLID ST

 3. BUSINESS NAME: HOVNIANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065
 4. PHONE: 530-3850 10. OCC CLASS :B1
 5. BILL-TO-NAME : VAHE HOVNIANIAN SHELL STATION 11. ISSUE DATE :04-27-92
 6. BILL-TO-ADDR : 13642 EUCLID STRÉEET 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

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NO.	CODE	DESCRIPTION / CONDITION	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF (18) GASOLINE DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	250.00
2	791201	FLAM/COMB +120 HAND/TRANS OPERATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANKS SHALL COMPLY WITH ALL APPLICABLE STATE	100.00

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

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NO. CODE DESCRIPTION / CONDITION FEE
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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.

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

8. REMARKS : 14. INSPECTOR :3055

GAMBA, TERESA K

NO.	CODE	DESCRIPTION / CONDITION	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF (18) FLAMMABLE/COMBUSTIBLE LIQUID DISPENSING NOZZLES SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	250.00
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.	100.00
3	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	50.00

0. PERMIT# : 950183

1. INSPECTION# : 953547

2. PERMIT LOC : 13642 EUCLID ST

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

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

5. BILL-TO-NAME : VAHE HOVNIANIAN 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 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. (18 NOZZLES)	250.00
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.	100.00
3	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER- GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	50.00

0. PERMIT# : 960132
 1. INSPECTION# : 963226
 2. PERMIT LOC : 13642 EUCLID ST

3. BUSINESS NAME: HOVNIANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065
 4. PHONE: 530-3850 10. OCC CLASS :S3
 5. BILL-TO-NAME : VAHE HOVNIANIAN 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	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. 18 NOZZLES	250.00
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.	100.00
3	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDERGROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	50.00

0. PERMIT# : 970124
 1. INSPECTION# : 972979
 2. PERMIT LOC : 13642 EUCLID ST

3. BUSINESS NAME: HOVNIANIAN VAHE HOUVAN-SHELL 9. BUS LICENSE:131065
 4. PHONE: 530-3850 10. OCC CLASS :S3
 5. BILL-TO-NAME : HOVNIANIAN 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	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. 18 NOZZLES	250.00
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.	100.00

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 INSTALLATION OF UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK, PIPING AND VAPOR RECOVERY SYSTEM SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	100.00

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
 LUKAS JR, EDWARD F

NO.	CODE	DESCRIPTION / CONDITION	FEE
1	791038	DISPENSING OF FLAM/COMB OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. 18 NOZZLES	250.00
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.	100.00

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 OPERATION OF A FUEL DISPENSING STATION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	105.00
2	791032	FLAM/COMB MONITOR(S) OPERATION OF LEAK DETECTION MONITORING SYSTEM FOR UNDER- GROUND STORAGE OF FLAMMABLE/COMBUSTIBLE LIQUIDS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	55.00
3	791201	FLAM/COMB +120 HAND/TRANS STORAGE, HANDLING, AND/OR TRANSPORTATION OF MORE THAN 120 GALLONS OF A FLAMMABLE/COMBUSTIBLE LIQUID IN A CONTAINER, TANK OR TANK VEHICLE.	105.00

GARDEN GROVE FIRE DEPARTMENT PERMIT

11301 Acacia Parkway, 638-6721

13642 EUCLID
TANK REMOVAL

In accordance with the Uniform Fire Code
Permission is hereby granted to:

Name of Business SHELL OIL Co. Date 8-2-88

Address 13642 EUCLID Bus. Ph. 520-2486

For the purpose of installing using maintaining operate TANK REMOVAL
 Flammable Liquids Candles Public Assembly Other
 Hazardous Materials Gases/LPG High-Pile Storage

Safety Requirements: REMOVAL OF (1) UNDERGROUND FLAMMABLE LIQUID STORAGE TANKS. TANKS SHALL BE REMOVED IN ACCORDANCE WITH THE GARDEN GROVE FIRE DEPARTMENT REQUIREMENTS AND SPECIFICATIONS.

Time issued for: 8/2/88 Signed _____

Subject to revocation for proper cause or when necessary for public safety. Noncompliance with any provisions stipulated herein constitutes a violation of above code. [Signature] [Signature]
INSPECTOR RANK

PLEASE POST IN A CONSPICUOUS PLACE
F5-4401.2 WHITE: PERMITTEE, BLUE: INSP. FILE, ORANGE: FPB

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 SHELL OIL Date 6-3-86

Address 13642 EUCLID Bus. Ph. _____

For the purpose of installing using maintaining operate
 Flammable Liquids Candles Public Assembly Other
 Hazardous Materials Gases/LPG High-Pile Storage

Safety Requirements: TO REMOVE 4 IN-TERR (5) 50 GAL WASTE OIL TANKS IN ACCORDANCE WITH IFC ARTICLE 15.20 15.210

Time issued for: THUR JUN 22 1986 Signed _____

Subject to revocation for proper cause or when necessary for public safety. Noncompliance with any provisions stipulated herein constitutes a violation of above code. [Signature] [Signature]
INSPECTOR RANK

PLEASE POST IN A CONSPICUOUS PLACE
F5-4401.2 WHITE: PERMITTEE, BLUE: INSP. FILE, ORANGE: FPB

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

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

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

S & J SHELL

Experience the Difference



GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>367</u>
BUSINESS NAME	<u>SJ Shell</u>
BUSINESS ADDRESS	<u>13642 Euclid St</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
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 2 of 3

BUSINESS INFORMATION

Facility # 30035, Beginning Date 3/1/08, Ending Date 3/1/09, Business Name SJ SHELL, Business Site Address 13642 EUCLID ST., City GARDEN GROVE, State CA, ZIP 92843-3542, Dun & Bradstreet 00-429-4737, SIC Code 5541, Fire Distric 2622, County ORANGE, Business Operator Name Vahe Hovnanian, Operator's Phone 714-530-3850

BUSINESS OWNER

Owner Name Vahe Hovnanian, Owner Phone 714-530-3850, Owner Mailing Address 13642 Euclid Street, City Garden Grove, State CA, ZIP 92843-3542

ENVIRONMENTAL CONTACT

Contact Name Feryal Sarrafian, Contact Phone 310-489-6296, Contact Mailing Address 20945 S. Wilmington Ave, City Carson, State CA, ZIP 90870

PRIMARY

EMERGENCY CONTACTS

SECONDARY

Primary: Vahe Hovnanian, Dealer, 714-530-3850, 714-319-4664. Secondary: Feryal Sarrafian, HS&E Coordinator, 310-816-2216, 310-489-6296, 310-489-6296.

ADDITIONAL LOCALLY COLLECTED INFORMATION

Describe the type of business operation: GASOLINE FUELING STATION, Total # of employees 5, Billing Address: Gilbarco, Inc. 7300 West Friendly Ave., P.O. Box 22087 Greensboro, NC 27420, Property Owner Name: Shell Oil Products, Address: 20945 S. Wilmington Ave. Carson, CA 90810, Phone: 310-816-2207

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

Signature of Owner/Operator: Vahe Hovnanian, Date: 202-25-08, Name of Signer: Vahe Hovnanian, Title of Signer: Owner, Name of Document Preparer: RHL Design Group, Inc., Title of Document Preparer: Project Manager



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GFCD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2		
BUSINESS NAME								4	BUSINESS PHONE	5	
BUSINESS SITE ADDRESS										6	
CITY	GARDEN GROVE						7	STATE	8	CA	9
DUN & BRADSTREET	10				SIC CODE (4 DIGIT #)	11		FIRE DISTRICT	12		
COUNTY	ORANGE									13	
BUSINESS OPERATOR NAME	14							OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	16							OWNER PHONE	17	
OWNER MAILING ADDRESS										18
CITY	19						STATE	20	ZIP	21

ENVIRONMENTAL CONTACT

CONTACT NAME	22							CONTACT PHONE	23	
CONTACT MAILING ADDRESS										24
CITY	25						STATE	26	ZIP	27

EMERGENCY CONTACTS

PRIMARY		EMERGENCY CONTACTS		SECONDARY	
NAME	28	NAME	33		
TITLE	29	TITLE	34		
BUSINESS PHONE	30	BUSINESS PHONE	35		
24-HR. PHONE	31	24-HR. PHONE	36		
PAGER #	32	PAGER #	37		

ADDITIONAL LOCALLY COLLECTED INFORMATION

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50



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

FACILITY INFORMATION

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3 0 0 3 5	EPA ID # (Hazardous Waste Only)	2
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BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3
SJ SHELL	135328

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion—one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<input checked="" type="checkbox"/> EPA ID NUMBER---provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> 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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> 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

Hazardous Materials Business Information Form

Page 2 of 9 3

BUSINESS INFORMATION													
FACILITY # (Supplied by CGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2				
						1/1/06		1/31/06					
BUSINESS NAME							4	BUSINESS PHONE					5
SJ SHELL							- 714-530-3850						
BUSINESS SITE ADDRESS													
13642 EUCLID													
CITY							7	STATE	8	ZIP		9	
GARDEN GROVE								CA		92843-3542			
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)			11	FIRE DISTRICT		12	
00-429-4737					5541								
COUNTY													
ORANGE													
BUSINESS OPERATOR NAME							14	OPERATOR'S PHONE					15
Vahe Hovnanian							714-530-3850						

BUSINESS OWNER													
OWNER NAME							16	OWNER PHONE					17
Vahe Hovnanian							714-530-3850						
OWNER MAILING ADDRESS													
13642 Euclid Street													
CITY							19	STATE	20	ZIP		21	
Garden Grove								CA		92843-3542			

ENVIRONMENTAL CONTACT													
CONTACT NAME							22	CONTACT PHONE					23
Paul Vidakovich							760-720-4236						
CONTACT MAILING ADDRESS													
2604B El Camino Real #384													
CITY							25	STATE	26	ZIP		27	
Carlsbad								CA		92704			

PRIMARY				EMERGENCY CONTACTS				SECONDARY			
NAME		28	NAME		33	Vahe Hovnanian		Allen Baky			
TITLE		29	TITLE		34	Dealer		Tech			
BUSINESS PHONE		30	BUSINESS PHONE		35	714-530-3850		714-530-3850			
24-HR. PHONE		31	24-HR. PHONE		36	714-319-4664		714-315-1741			
PAGER #		32	PAGER #		37						

ADDITIONAL LOCALLY COLLECTED INFORMATION													
DESCRIBE THE TYPE OF BUSINESS OPERATION:							38	TOTAL # OF EMPLOYEES					39
GASOLINE FUELING STATION							5						
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)							40	ATTENTION					41
Shell Oil Products 20945 S. Willmington Ave. , Carson, CA 90810							Michelle Ponce						
PROPERTY OWNER NAME				42	ADDRESS			43	PHONE			44	
Shell Oil Products				20945 S. Willmington Ave. Carson, CA 90810			310-816-2207						

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE							45	DATE					46
<i>[Signature]</i>							X 2-20-06						
NAME OF SIGNER (print)				47	NAME OF DOCUMENT PREPARER (print)				49				
X VAHE HOVNANIAN				RHL Design Group, Inc.									
TITLE OF SIGNER				48	TITLE OF DOCUMENT PREPARER				50				
X MANAGER - DEALER													



HAZARDOUS MATERIALS INVENTORY FORM

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Page 3 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328
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I. FACILITY INFORMATION

CHEMICAL LOCATION				4
NW SIDE OF SITE				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # D6	7

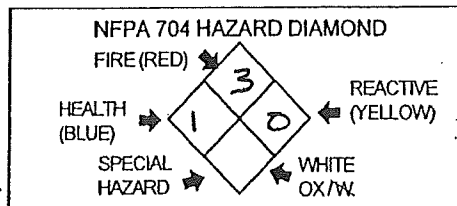
II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
PETROLEUM HYDROCARBON		* If EPCRA see instructions				
COMMON NAME		An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
REGULAR UNLEADED GASOLINE		*If EHS is "Yes", all amounts must be LBS				
CAS #	8006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)			13	
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18		
			<input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	6000.00	MAXIMUM DAILY AMOUNT	12000.00	ANNUAL WASTE AMOUNT	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER		25
*If EHS, amount must be in pounds.						
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON	<input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> t. OTHER	26	
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28				

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	#
1	100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9	32
2	0-25	XYLENE, MIXED ISOMERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7	32
3	5-9.99	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5	32
4	0-25	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3	32
5	0-5	1, 2, 4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6	32

PLACARDING INFORMATION

UNDOT #	1203	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	FL	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



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HAZARDOUS MATERIALS INVENTORY FORM

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Page 4 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328
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I. FACILITY INFORMATION

CHEMICAL LOCATION	NW SIDE OF SITE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # D6

II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM HYDROCARBON	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	PLUS UNLEADED GASOLINE	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS #	8006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)		8006-61-9	

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		

AVERAGE DAILY AMOUNT	6000.00	MAXIMUM DAILY AMOUNT	12000.00	ANNUAL WASTE AMOUNT	STATE WASTE CODE
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	12000

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> t. OTHER				
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 0-25	XYLENE, MIXED ISOMERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
3 5-9.99	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4 0-25	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
5 0-5	1, 2, 4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6

PLACARDING INFORMATION

UNDOT # 1203

Refer to shipping papers or MSDS

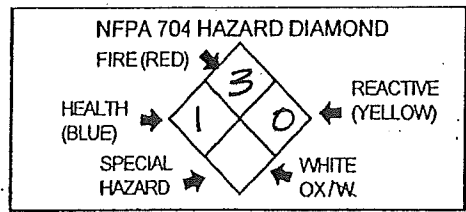
DOT HAZARD CLASS FL

Refer to shipping papers or MSDS

EPCRA YES NO

X _____

If EPCRA, Please Sign Here



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HAZARDOUS MATERIALS INVENTORY FORM

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Page 5 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	NW SIDE OF SITE	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # D6	7
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II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM HYDROCARBON	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	PREMIUM UNLEADED GASOLINE	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	8006-61-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	6000.00	19	MAXIMUM DAILY AMOUNT	12000.00	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	12000	25
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 0-25	XYLENE, MIXED ISOMERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
3 5-9.99	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4 0-25	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
5 0-5	1, 2, 4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6

PLACARDING INFORMATION

UNDOT #	1203	33	
Refer to shipping papers or MSDS			
DOT HAZARD CLASS	FL	34	
Refer to shipping papers or MSDS		35	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
X		36	

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HAZARDOUS MATERIALS INVENTORY FORM

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Page 6 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	SERVICE BAY	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # G6	7
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II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM HYDROCARBON	8	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	MOTOR OIL	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	64742-65-0	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	30.00	19	MAXIMUM DAILY AMOUNT	60.00	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	.25	25
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input checked="" type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 75%	LUBRICATING BASE OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-65-0
2 1.5%	ZINC ALKYL DITHIOPHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6864-94-23
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

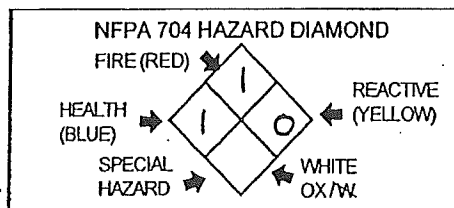
PLACARDING INFORMATION

UNDOT # 1270 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS CL 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X 36
If EPCRA, Please Sign Here



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HAZARDOUS MATERIALS INVENTORY FORM

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FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328
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I. FACILITY INFORMATION

CHEMICAL LOCATION	NORTH WALL OF SERVICE BAY IN LOT		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # H5

II. CHEMICAL INFORMATION

CHEMICAL NAME	Liquified Petroleum Gas	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME	PROPANE	* If EPCRA see instructions				
CAS #	74-98-6	FIRE CODE HAZARD CLASSES (supplied by GGFD)				
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES		<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE		
				<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	200.00	MAXIMUM DAILY AMOUNT	400.00	ANNUAL WASTE AMOUNT	STATE WASTE CODE	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER		
				400		
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY		<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	
				<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 95-100	PROPANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-98-6
2 0-10	Propylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	115-07-1
3 0-5	BUTANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	106-97-8
4 0-0.5	Butene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25167-67-3
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PLACARDING INFORMATION

UNDOT # 1075

Refer to shipping papers or MSDS

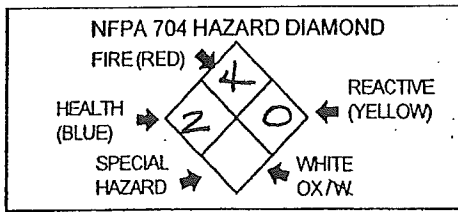
DOT HAZARD CLASS FL

Refer to shipping papers or MSDS

EPCRA YES NO

X _____

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1

Page 8 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	SJ SHELL 135328
--------------	-----------	---------------	-----------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	EAST SIDE SITE BEHIND SERVICE BAY		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM HYDROCARBON	WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	USED MOTOR OIL	* If EPCRA see instructions			
CAS #	8002-05-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)			
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	225.00	MAXIMUM DAILY AMOUNT	550.00	ANNUAL WASTE AMOUNT	1100.00
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	550
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100%	MOTOR OIL, USED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PLACARDING INFORMATION

UNDOT #	9189	Refer to shipping papers or MSDS
DOT HAZARD CLASS	FL	Refer to shipping papers or MSDS
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X		If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND

HEALTH (BLUE) 1

FIRE (RED) 1

REACTIVE (YELLOW) 0

SPECIAL HAZARD 0

WHITE OX/W 0

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

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Page 9 of 9 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	3
		SJ SHELL 135328	

I. FACILITY INFORMATION

CHEMICAL LOCATION				4
SERVICE BAY				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # G7	7

II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
LEAD ACID BATTERY		* If EPCRA see instructions				
COMMON NAME		An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
WASTE BATTERIES		*If EHS is "Yes", all amounts must be LBS				
CAS #	7664-93-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)			13	
TYPE (Check one item only)		<input type="checkbox"/> a. PURE	<input checked="" type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	
RADIOACTIVE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		16	
FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE	<input checked="" type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18	
		<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	2.00	MAXIMUM DAILY AMOUNT	4.00	ANNUAL WASTE AMOUNT	STATE WASTE CODE	22
					162	
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	DAYS ON SITE		25	
		<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	365	LARGEST CONTAINER	
				1		
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON
		<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR
		<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN
		<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT		27
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT		<input type="checkbox"/> d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 35%	SULFURIC ACID (35%)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-93-9
2 34%	LEAD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7439-92-1
3 31%	LEAD DIOXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1309-60-0
4 1%	LEAD SULFATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7446-14-2
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PLACARDING INFORMATION

UNDOT # 2794

Refer to shipping papers or MSDS

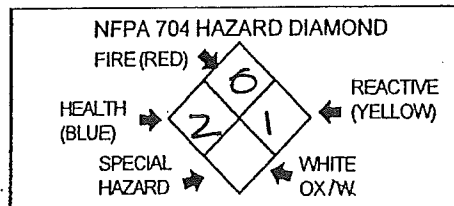
DOT HAZARD CLASS COR

Refer to shipping papers or MSDS

EPCRA YES NO

X

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

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

Garden Grove Fire department,
Police and Paramedics
Office of Emergency Services (OES)
National Response Center

Phone Numbers

714-741-5600
911 or 714-741-5704
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

All material are stored used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release of a hazardous material. In the spaces provided, place a checkmark by the preventative actions which have been initiated by your business to abate the hazards relating to hazardous materials handling, use of storage.

Consideration shall include:

1. Drum storage 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 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.

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PROGRAM

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 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: ✓

VATE HOWARDIAN

TITLE: ✓

DRIVER

DATE: ✓

2-20-06

UNDERGROUND STORAGE TANKS



FACILITY NAME: 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

FACILITY DESCRIPTION

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	<u>12000</u>	<u>D/W</u>	<u>Fiberglass</u>	<u> </u>
2. Plus	<u>12000</u>	<u>D/W</u>	<u>Fiberglass</u>	<u> </u>
3. Premium	<u>12000</u>	<u>D/W</u>	<u>Fiberglass</u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. Waste Oil	<u>550</u>	<u>D/W</u>	<u>Fiberglass</u>	<u> </u>

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 Day 714-530-3850

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: 911

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

135328

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. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATION: If there is any immediate danger, ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately."
3. CALL FOR HELP in case of an emergency by dialing 9-1-1 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. LOOK AROUND 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. ATTEMPT TO EXTINGUISH 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 unless the situation requires urgent immediate response by the agencies, in which case the DEALER 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. RE-ENTRY: 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 and 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 must be given this training before starting work, and refresher courses must be provided annually. Records must 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.

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
6. PROPANE/LPG: 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
8. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 2-SERVICE BAY
9. 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 than 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
10. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.
Location: ON EUCLID STREET NEAR MINI MART
11. HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) & MATERIAL SAFETY DATA SHEET (MSDS):
Location: CASHIER
12. 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. DESIGNATED TRAUMA CENTER:
NAME: UC IRVINE MEDICAL CENTER
ADDRESS: 101 CITY DRIVE SOUTH, ORANGE
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. SKIN CONTACT: 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. INHALATION (Breathing): 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

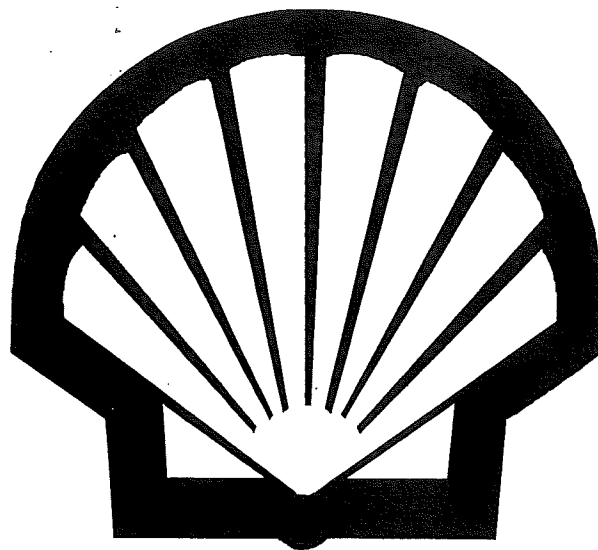
Employee Name: _____

Acknowledgment: By signing this form, I hereby acknowledge that I have attended the training sessions listed, and I understand the content and my responsibility in these areas.

Date	Training Topic	Employee Signature	Trainer's Name
	Required	THESE ISSUES ARE COVERED BY THE UST DESIGNATED OPERATOR TRAINING PROGRAM	
	HAZCOM (Hazard Communication)		
	HAZWOPER (Hazardous Waste Operations and 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		
	Natural Disaster Response (earthquake, flood, hurricane, tornado, etc.)		
	Use of Fire Extinguishers		

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

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2007**

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: SJ SHELL

Facility Street Address 13642 EUCLID City: GARDEN GROVE Zip: 92843-3542

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 2/10/2006 and certify that: (Check one.)

The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* (See below for details); or

Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:

- Business Activities form
 Business Owner/Operator Identification form
 Hazardous Materials Inventory form(s)
 Site Map form
 Emergency Response Plans and Procedures
 Employee Training Program

*By checking the top box on this form, you are certifying that:

- a) The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; and
- b) There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; and
- c) No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; and
- d) There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; and
- e) The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Signature of Owner/Operator: X  Title: X OWNER/OPERATOR

Name of Owner/Operator (print) X V. H. HAWAIIAN Date: X 5-29-09

Return all forms to:

Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove CA 92640
714-741-5636



CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3	0	0	3	5														1	EPA ID # (Hazardous Waste Only)	2
---------------	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---------------------------------	---

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3
SJ SHELL	135328

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page

Does your facility...

If Yes, please complete these pages of the UPCF...

A. HAZARDOUS MATERIALS

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

YES NO ⁴

✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

YES NO ⁵

✓ 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 NO ⁶

✓ 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 NO ⁷

✓ UST TANK (closure portion--one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:
---any tank capacity is greater than 660 gallons, or
---the total capacity for the facility is greater than 1,320 gallons?

YES NO ⁸

NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

1. Generate hazardous waste?

YES NO ⁹

✓ EPA ID NUMBER---provide at the top of this page

2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?

YES NO ¹⁰

✓ RECYCLABLE MATERIALS REPORT (one per recycler)

3. Treat hazardous waste on site?

YES NO ¹¹

✓ 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 NO ¹²

✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

5. Consolidate hazardous waste generated at a remote site?

YES NO ¹³

✓ 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 NO ¹⁴

✓ 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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

Facility # 30035, Beginning Date 3/1/2007, Ending Date 3/1/2008, Business Name SJ SHELL, Business Site Address 13642 Euclid St., City GARDEN GROVE, State CA, ZIP 92843-3542, Dun & Bradstreet 00-429-4737, SIC Code 5541, Fire Distric, County ORANGE, Business Operator Name Vahe Hovnanian, Operator's Phone 714-530-3850

BUSINESS OWNER

Owner Name Vahe Hovnanian, Owner Phone 714-530-3850, Owner Mailing Address 13642 Euclid Street, City Garden Grove, State CA, ZIP 92843-3542

ENVIRONMENTAL CONTACT

Contact Name Feryal Sarrafian, Contact Phone 310-489-6296, Contact Mailing Address 20945 S. Wilmington Ave, City Carson, State CA, ZIP 92704

PRIMARY EMERGENCY CONTACTS SECONDARY

Primary: Vahe Hovnanian, Dealer, 714-530-3850, 714-319-4664, 310-489-6296. Secondary: Feryal Sarrafian, HS&E Coordinator, 310-816-2216, 310-489-6296, 310-489-6296

ADDITIONAL LOCALLY COLLECTED INFORMATION

Describe the type of business operation: GASOLINE FUELING STATION, Total # of employees 5, Billing Address Gilbarco, Inc. 7300 West Friendly Ave., P.O. Box 22087 Greensboro, NC 27420, Attention Compliance Mgmt. Svcs., Property Owner Name Shell Oil Products, Address 20945 S. Willmington Ave. Carson, CA 90810, Phone 310-816-2207

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

Signature of Owner/Operator or Designated Representative, Date 12-6-07

Name of Signer Feryal Sarrafian, Name of Document Preparer RHL Design Group, Inc.

Title of Signer Compliance Coordinator, Title of Document Preparer Project Manager



Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		3/1/07		3/1/08	
BUSINESS NAME	SJ SHELL			BUSINESS PHONE	5
		714-530-3850			
BUSINESS SITE ADDRESS	13642 EUCLID				6
CITY	GARDEN GROVE	7	STATE CA	8	ZIP 92843-3542
DUN & BRADSTREET	00-429-4737	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT 2002
		5541			
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Vahe Hovnanian			OPERATOR'S PHONE	15
		714-530-3850			

BUSINESS OWNER

OWNER NAME	Vahe Hovnanian			OWNER PHONE	17
		714-530-3850			
OWNER MAILING ADDRESS	13642 Euclid Street				18
CITY	Garden Grove	19	STATE CA	20	ZIP 92843-3542

ENVIRONMENTAL CONTACT

CONTACT NAME	Burke Albelda			CONTACT PHONE	23
		310-869-4096			
CONTACT MAILING ADDRESS	20945 S. Wilmington Ave.				24
CITY	Carson	25	STATE CA	26	ZIP 92704

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY	EMERGENCY CONTACTS	SECONDARY	
NAME	Vahe Hovnanian	NAME	Allen Baky
TITLE	Dealer	TITLE	Tech
BUSINESS PHONE	714-530-3850	BUSINESS PHONE	714-530-3850
24-HR. PHONE	714-319-4664	24-HR. PHONE	714-315-1741
PAGER #		PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
GASOLINE FUELING STATION		5	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
Gilbarco, Inc. 7300 West Friendly Ave., P.O. Box 22087 Greensboro, NC 27420		Compliance Mgmt. Svcs.	
PROPERTY OWNER NAME	42	ADDRESS	43
Shell Oil Products		20945 S. Willmington Ave. Carson, CA 90810	44
		PHONE	44
		310-816-2207	

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
<i>[Signature]</i>		3-5-29-07	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Vahe Hovnanian		RHL Design Group, Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
owner		ENV. DEPT.	



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

Address: 13642 EUCLID

Date: 4/27/05

Occupant or DBA: SHELL 135328

File No: 367

Owner/Manager: HOVNIANIAN VAHE HOVNIAN

Phone: (714) 530-3850

- California Health and Safety code, section 6.95, you are required to properly complete the Business Emergency Plan(BMP) packet. You are required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety data sheets within fifteen (15) days to the Garden Grove Fire Department. HazMat Coord. (714) 741-5636

An inspection at the above location/occupancy revealed the following violation(s):

Violations(s): CA Health and Safety Code Chapter 6.95, Article 1 and Title 19, §2729 et seq, California Code of Regulations (CCR)

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)], CFC 8001.3.2
- Failure to review and/ or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]

Violations(s): California Fire Code 2001, Articles 79 & 80, Title 19 Part 9, California Code of Regulations(CCR).

- Provide for secondary containment for hazardous materials liquids and solids (CFC 8003.1.3.3)
- Provide spill control for hazardous materials liquids (CFC 8003.1.3.2)
- Provide approved cabinet if more than 10 gallons of flammable liquids (CFC 7902.5)
- Provide placarding and signs (NFPA 704, CFC Article 79 §7901.9, Article 80 §8001.7-8)
- No Violations Found**

Additional Violations and/ or Notes: _____

Responsible party: HOVNIANIAN VAHE HOVNIAN Re-inspection date: 5/11/05

The above are violations of California law and require immediate correction. Failure to correct violations is subject to civil penalties.

Fire Dept. Inspector: _____ ID#: _____

Condition upon re-inspection: _____ Date: _____



AGENCY

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
Fax (760) 720-4239
Email psvidakovich@shellopus.com
Internet <http://www.shell.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.

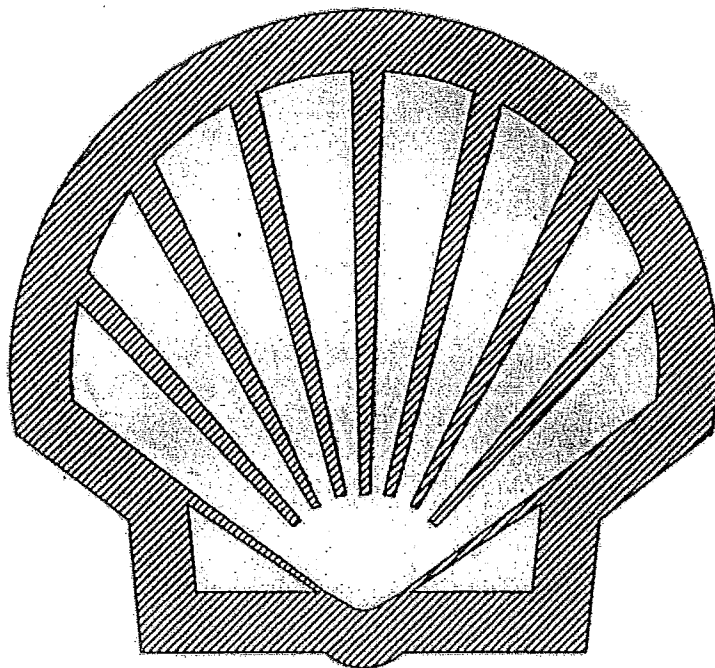
Very truly yours,
Shell Oil Products US

A handwritten signature in cursive script that reads "Paul S. Vidakovich".

Paul Vidakovich
HS&E Compliance Coordinator

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.

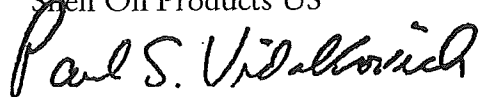
(a) Any operator of an underground tank system shall be liable for a civil penalty of not less than five hundred dollars (\$500) or more than five thousand dollars (\$5,000) for each underground tank for each day of violation for any of the following violations:

- (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

A handwritten signature in black ink that reads "Paul S. Vidakovich". The signature is written in a cursive style with a large initial "P".

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.

SIGNATURE:

 **DATE:** 11-25-02

OPERATOR NAME: VAHE HOVNANIAN

BUSINESS NAME: S J SHELL

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.

SIGNATURE:

 **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**

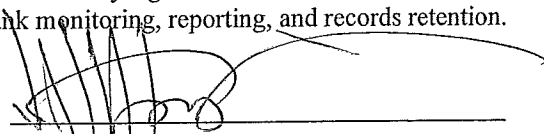
Facility Address: **13642 EUCLID @ GARDEN GROVE FWY
GARDEN GROVE, CA 92640**

Facility Telephone Number: **(714) 530-3850**

Tank Owner: **EQUILON 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: **Double Wall**
 Tank Material: **Fiberglass**
 Monitoring Type: **(X) Interstitial (X) Wet () Dry () Electronic Tank Monitor**
 Tank Monitor Mgr: **Veeder Root** Model Nbr: **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 panel 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 electronic 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 Tanks

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 devices 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 plus 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.

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

<u>Product Information</u>	<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 HOVNIANIAN, 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 Continuous 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

11.25.02

 Date

VAHE HOVNANIAN

 Print Name of Operator/Dealer

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. VIDA KOVICH
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

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 1 2 OF 10
(two pages per tank) Page of

TYPE OF ACTION 1. NEW SITE PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION 7. PERMANENTLY CLOSED SITE
(Check one item only) 2. INTERIM PERMIT 4. AMENDED PERMIT 6. TEMPORARY SITE CLOSURE 8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA) 3 FACILITY ID: _____
S J SHELL #135328

LOCATION WITHIN SITE (optional) 431

I. TANK DESCRIPTION

(A scaled plot plan with location(s) of LIST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK Yes No 434
001 **OWENS CORNING**
If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437
1988/09 **12,000** **N/A**

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

<p>TANK USE 439</p> <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL <small>(If marked complete Petroleum Type)</small> <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	<p>PETROLEUM TYPE 440</p> <input checked="" type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 99. OTHER: _____
	<p>COMMONNAME 441 CAS# 442 <small>(from Hazardous Materials Inventory page)</small> <small>(from Hazardous Materials inventory page)</small></p> <p align="center">UNLEADED GASOLINE 800-61-9</p>

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER 95. UNKNOWN 443
(Check one item only) 2. DOUBLE WALL 4. SINGLE WALLED VAULT 99. OTHER _____

TANK MATERIAL - primary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
(Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____

TANK MATERIAL - secondary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
(Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____

TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
(Check one item only) 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99. OTHER _____ (For local use only)

OTHER CORROSION PROTECTION 1. MANUFACTURED CATHODIC 3. FIBERGLASS REINFORCED PLASTIC 95. UNKNOWN 448 DATE INSTALLED 448
(Check one item only) 2. SACRIFICIAL ANODE 4. IMPRESSED CURRENT 99. OTHER _____ (For local use only)

SPILL AND OVERFILL (Check all that apply)

<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <input checked="" type="checkbox"/> 2 DROP TUBE <input checked="" type="checkbox"/> 3 STRIKER PLATE	YEAR INSTALLED 450 2002 1988 1988	TYPE (local use only) 451 _____ _____ _____	OVERFILL PROTECTION EQUIPMENT. 452 <input type="checkbox"/> 1 ALARM <input checked="" type="checkbox"/> 2 BALL FLOAT <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 4 EXEMPT
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IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

<p>IF SINGLE WALL TANK (Check all that apply) 453</p> <input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING <input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER	<p>IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454</p> <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING
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V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 <input type="checkbox"/> Yes <input type="checkbox"/> No	TANK FILLED WITH INERT MATERIAL? 457 <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

VI. PIPING CONSTRUCTION (Check all that apply)

Page 3 of 10

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE <input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458
CONSTRUCTION <input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460
MANUFACTURER <input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN		
MANUFACTURER <u>SMITH</u>		MANUFACTURER _____	
MATERIALS AND CORROSION PROTECTION		MATERIALS AND CORROSION PROTECTION	
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 7. GALVANIZED STEEL
<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 5. STEEL W/COATING
<input type="checkbox"/> 99. OTHER _____	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 99. OTHER _____	464
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/CONTENTS	<input type="checkbox"/> 4. FIBERGLASS
<input type="checkbox"/> 6. FRP COMPATIBLE W/ 100% METHANOL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 8. FLEXIBLE (HOPE)	<input type="checkbox"/> 9. CATHODIC PROTECTION
<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER _____	<input type="checkbox"/> 99. OTHER _____	465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST W/ J-T-H AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.11 GPH)	<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
<input type="checkbox"/> 7 SELF MONITORING	<input type="checkbox"/> 7. SELF MONITORING
GRAVITY FLOW	GRAVITY FLOW (Check all that apply):
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
<p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBLE AND VISUAL ALARMS AND (Check one)	<p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR ~8M AUDIBLE AND VISUAL ALARMS AND (Check one)
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input checked="" type="checkbox"/> 1. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF	<input type="checkbox"/> 1. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	EMERGENCY GENERATORS ONLY (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOU AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOU AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITH OUT FLOW SHUT OFF	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
2002 FIBERLITE	<input checked="" type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided here is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR <i>Paul S. Vidakovich</i>	DATE 11/20/02 470
NAME OF OWNER/OPRATOR (print) PAUL VIDAKOVICH	TITLE OF OWNER/OPERATOR HS&E COMPLIANCE COORDINATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 1** 4 OF 10
(two pages per tank) Page of

TYPE OF ACTION 1. NEW SITE PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION 7. PERMANENTLY CLOSED SITE
(Check one item only) 2. INTERIM PERMIT 4. AMENDED PERMIT 6. TEMPORARY SITE CLOSURE 8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA) S J SHELL #135328 3 FACILITY ID: _____

LOCATION WITHIN SITE (optional) _____ 431

I. TANK DESCRIPTION

(A scaled plot plan with location(s) of LIST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 002 432 TANK MANUFACTURER OWENS CORNING 433 COMPARTMENTALIZED TANK Yes No 434
If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 1988/09 435 TANK CAPACITY IN GALLONS 12,000 436 NUMBER OF COMPARTMENTS N/A 437

ADDITIONAL DESCRIPTION (For local use only) _____ 438

II. TANK CONTENTS

<p>TANK USE 439</p> <p><input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (if marked complete Petroleum Type)</p> <p><input type="checkbox"/> 2. NON-FUEL PETROLEUM</p> <p><input type="checkbox"/> 3. CHEMICAL PRODUCT</p> <p><input type="checkbox"/> 4. HAZARDOUS WASTE (includes Used Oil)</p> <p><input type="checkbox"/> 95. UNKNOWN</p>	<p>PETROLEUM TYPE 440</p> <p><input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL</p> <p><input checked="" type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL</p> <p><input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 99. OTHER: _____</p>
	<p>COMMONNAME 441 CAS# 442 (from Hazardous Materials Inventory page) (from Hazardous Materials inventory page)</p> <p align="center"><u>UNLEADED GASOLINE</u> <u>800-61-9</u></p>

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER 95. UNKNOWN 443
(Check one item only) 2. DOUBLE WALL 4. SINGLE WALLED VAULT 99. OTHER _____

TANK MATERIAL - primary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
(Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____
REINFORCED PLASTIC (FRP)

TANK MATERIAL - secondary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
(Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____
REINFORCED PLASTIC (FRP) 10. COATED STEEL

TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 447
(Check one item only) 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99. OTHER _____ 446
OR COATING (For local use only)

OTHER CORROSION PROTECTION (IF APPLICABLE) 1. MANUFACTURED CATHODIC 3. FIBERGLASS REINFORCED PLASTIC 95. UNKNOWN 448
(Check one item only) 2. SACRIFICIAL ANODE 4. IMPRESSED CURRENT 99. OTHER _____ 448
(For local use only)

SPILL AND OVERFILL (Check all that apply)

<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT	YEAR INSTALLED <u>2002</u> 450	TYPE (local use only) _____ 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED _____ 452
<input checked="" type="checkbox"/> 2 DROP TUBE	<u>1988</u>	_____	<input type="checkbox"/> 1 ALARM	<u>2002</u>
<input checked="" type="checkbox"/> 3 STRIKER PLATE	<u>1988</u>	_____	<input checked="" type="checkbox"/> 2 BALL FLOAT	_____
			<input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE	<input type="checkbox"/> 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

<p>IF SINGLE WALL TANK (Check all that apply) 453</p> <p><input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY)</p> <p><input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG)</p> <p><input type="checkbox"/> 3 CONTINUOUS ATG</p> <p><input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING</p> <p><input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG)</p> <p><input type="checkbox"/> 6 VADOSE ZONE</p> <p><input type="checkbox"/> 7 GROUNDWATER</p> <p><input type="checkbox"/> 8 TANK TESTING</p> <p><input type="checkbox"/> 99 OTHER</p>	<p>IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454</p> <p><input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY)</p> <p><input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING</p> <p><input type="checkbox"/> 3 MANUAL MONITORING</p>
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V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

VI. PIPING CONSTRUCTION (Check all that apply)

Page 5 of 10

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		
	MANUFACTURER <u>SMITH</u>			461	MANUFACTURER _____			463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		
	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		
	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HOPE)			<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HOPE)	<input type="checkbox"/> 95. UNKNOWN	
	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION		
	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 99. OTHER		464	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 99. OTHER		465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING 466		SINGLE WALL PIPING 467	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.		<input type="checkbox"/> 1. 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.	
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK	
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.11 GPH)		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 7 SELF MONITORING		<input type="checkbox"/> 7. SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply):	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR ~8M AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS. SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c NO AUTO PUMP SHUT OFF	
<input checked="" type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITH OUT FLOW SHUT OFF		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
2002 FIBERLITE	<input checked="" type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>Paul S. Vidakovich</i>	DATE 11/20/02 470
NAME OF OWNER/OPERATOR (print) PAUL VIDAKOVICH	TITLE OF OWNER/OPERATOR HS&E COMPLIANCE COORDINATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 1** 6 OF 10

(two pages per tank) Page of

TYPE OF ACTION	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
(Check one item only)	<input type="checkbox"/> 2. INTERIM PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 8. TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA) S J SHELL #135328	3	FACILITY 10:
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LOCATION WITHIN SITE (optional)	431
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I. TANK DESCRIPTION

(A scaled plot plan with location(s) of LIST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 003	TANK MANUFACTURER OWENS CORNING	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE INSTALLED (YEAR/MO) 1988/09	TANK CAPACITY IN GALLONS 12,000	NUMBER OF COMPARTMENTS N/A

ADDITIONAL DESCRIPTION (For local use only)	438
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II. TANK CONTENTS

TANK USE	PETROLEUM TYPE
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (if marked complete Petroleum Type)	<input type="checkbox"/> 1a. REGULAR UNLEADED
<input type="checkbox"/> 2. NON-FUEL PETROLEUM	<input type="checkbox"/> 2. LEADED
<input type="checkbox"/> 3. CHEMICAL PRODUCT	<input type="checkbox"/> 3. DIESEL
<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input checked="" type="checkbox"/> 1c. MIDGRADE UNLEADED
<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 4. GASOHOL
	<input type="checkbox"/> 5. JET FUEL
	<input type="checkbox"/> 6. AVIATION FUEL
	<input type="checkbox"/> 99. OTHER: _____
	COMMONNAME 441
	CAS# 442
	UNLEADED GASOLINE
	800-61-9

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLAD ER	443
	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALLED VAULT	<input type="checkbox"/> 95. UNKNOWN	
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	95. UNKNOWN
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS	<input type="checkbox"/> 8. FRP COMPTIBLE W/1 00% METHANOL	99. OTHER 444
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	95. UNKNOWN
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS	<input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL	99. OTHER 445
TANK INTERIOR LINING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	95. UNKNOWN
OR COATING	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	99 OTHER 446
OTHER CORROSION (Check one item Only)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448
PROTECTION (IF APPLICABLE) PROTECTION (Check one item Only)	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99 OTHER	448

SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 452
<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT	2002	_____	<input type="checkbox"/> 1 ALARM	2002
<input checked="" type="checkbox"/> 2 DROP TUBE	1988	_____	<input checked="" type="checkbox"/> 2 BALL FLOAT	_____
<input checked="" type="checkbox"/> 3 STRIKER PLATE	1988	_____	<input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE	<input type="checkbox"/> 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
<input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY)	<input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY)
<input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG)	<input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING
<input type="checkbox"/> 3 CONTINUOUS ATG	<input type="checkbox"/> 3 MANUAL MONITORING
<input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG)
	<input type="checkbox"/> 6 VADOSE ZONE
	<input type="checkbox"/> 7 GROUNDWATER
	<input type="checkbox"/> 8 TANK TESTING
	<input type="checkbox"/> 99 OTHER

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

VI. PIPING CONSTRUCTION (Check all that apply)

Page 7 of 10

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
MANUFACTURER <u>SMITH</u>					MANUFACTURER _____			
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		
	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		
	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HOPE)			<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HOPE)	<input type="checkbox"/> 95. UNKNOWN	
	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION		
	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 99. OTHER	464		<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 99. OTHER	465	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING 466		SINGLE WALL PIPING 467	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.		<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST W/ J-T-H AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 4. DAILY VISUAL CHECK
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.11 GPH)		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 7 SELF MONITORING		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
GRAVITY FLOW		<input type="checkbox"/> 7. SELF MONITORING	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		GRAVITY FLOW (Check all that apply):	
		<input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR ~8M AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input checked="" type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITH AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITH AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITH OUT FLOW SHUT OFF		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
2002 FIBERLITE	<input checked="" type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>Paul S. Vidakovich</i>	DATE 11/20/02	470
NAME OF OWNER/OPERATOR (print) PAUL VIDAKOVICH	TITLE OF OWNER/OPERATOR HS&E COMPLIANCE COORDINATOR	472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475
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**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

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(two pages per tank) Page of

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2. INTERIM PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 8. TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA) S J SHELL #135328	3	FACILITY 10: .
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LOCATION WITHIN SITE (optional) 431

I. TANK DESCRIPTION
(A scaled plot plan with location(s) of LIST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 04	TANK MANUFACTURER OWENS CORNING	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE INSTALLED (YEAR/MO) 1986/01	TANK CAPACITY IN GALLONS 550	NUMBER OF COMPARTMENTS N/A

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (if marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER: <u>WASTE OIL</u>	COMMONNAME (from Hazardous Materials Inventory page) <u>WASTE OIL</u>
	CAS# (from Hazardous Materials inventory page) <u>8002-05-9</u>	

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER	<input type="checkbox"/> 95. UNKNOWN
	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SIGNILE WALLIN VAULT	<input type="checkbox"/> 99. OTHER	
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS /PLASTIC	<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 95. UNKNOWN
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPTIBLE W/1 00% METHANOL	<input type="checkbox"/> 99. OTHER
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 95. UNKNOWN
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL	<input type="checkbox"/> 99. OTHER
TANK INTERIOR LINING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	<input type="checkbox"/> 95. UNKNOWN
OR COATING	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 4 PHENOLIC LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 99 OTHER
OTHER CORROSION PROTECTION (IF APPLICABLE) (Check one item Only)	<input type="checkbox"/> 1 MANUFACTURED CATHODIC	<input type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95 UNKNOWN	
	<input type="checkbox"/> 2 SACRIFICIAL ANODE	<input type="checkbox"/> 4 IMPRESSED CURRENT	<input type="checkbox"/> 99 OTHER	

SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 1986	TYPE (local use only)	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 1990
<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT			<input checked="" type="checkbox"/> 1 ALARM	
<input type="checkbox"/> 2 DROP TUBE			<input type="checkbox"/> 2 BALL FLOAT	
<input type="checkbox"/> 3 STRIKER PLATE			<input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE	<input type="checkbox"/> 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply)	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)
<input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY)	<input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY)
<input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG)	<input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING
<input type="checkbox"/> 3 CONTINUOUS ATG	<input type="checkbox"/> 3 MANUAL MONITORING
<input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	
<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG)	
<input type="checkbox"/> 6 VADOSE ZONE	
<input type="checkbox"/> 7 GROUNDWATER	
<input type="checkbox"/> 8 TANK TESTING	
<input type="checkbox"/> 99 OTHER	

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY)	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	TANK FILLED WITH INERT MATERIAL?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR
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UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 9 of 10

UNDERGROUND PIPING	ABOVEGROUND PIPING
SYSTEM TYPE <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input checked="" type="checkbox"/> 3. GRAVITY 458	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY 459
CONSTRUCTION <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER 460	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN 462
MANUFACTURER <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN _____	<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER _____
MANUFACTURER _____ 461	MANUFACTURER _____ 463
MATERIALS AND CORROSION PROTECTION <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HOPE) <input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 99. OTHER _____ 464	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HOPE) <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 99. OTHER _____ 465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH) <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.11 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW</p> <input checked="" type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR WM AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST W/JT-H AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW (Check all that apply):</p> <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR ~8M AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input checked="" type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>Paul S. Vidakovich</i>	DATE 11/20/02 470
NAME OF OWNER/OPERATOR (print) PAUL VIDAKOVICH	TITLE OF OWNER/OPERATOR HS&E COMPLIANCE COORDINATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475
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Named Insured Equilon Enterprises LLC			Endorsement Number
Policy Symbol PLY	Policy Number G2 029834 0	Policy Period 01/01/2002 to 01/01/2003	Effective Date of Endorsement 01/01/2002
Issued by (Name of Insurance Company) Insurance Company of North America			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation 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 injury 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: PLY G2 029834 0

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 (e).
 - 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.

- 1022
- 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**

Business Name: SA J SHELL #135028 Telephone: 714-530-3850
Site Address: 13642 Eucalia @ 22 Fwy Zip Code: 92640

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. 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.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes):

- 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.
- 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.

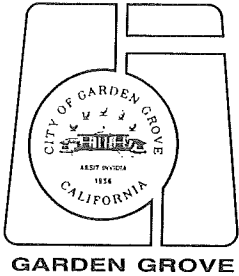
AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name CHARLES T. HART

Signature Charles T. Hart

Job Title SA & E COMPLIANCE REP

Date 3-27-01



CITY OF GARDEN GROVE FIRE DEPARTMENT

Bruce A. Broadwater
Mayor

Mark Rosen
Mayor Pro Tem

William J. Dalton
Councilman

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

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:

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>	<u> </u>
2. Is trade secret protection requested for any of the information included in this disclosure?	<u> </u>	<u> X </u>
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>	<u> </u>
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	<u> </u>	<u> X </u>

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

Signature of Owner/Operator: _____ Date: _____

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

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:

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>	<u> </u>
2. Is trade secret protection requested for any of the information included in this disclosure?	<u> </u>	<u> X </u>
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>	<u> </u>
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	<u> </u>	<u> X </u>

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 Hovmanian

Print Name of Document Preparer: Service Station Services

Signature of Owner/Operator: *[Signature]* Date: 2-6-95

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

BUSINESS NAME: S. J. Shell
 ADDRESS: 13642 Euclid, Gardena Grove, CA 92640
 MLI # _____ (office use only)

HAZARDOUS MATERIALS
 THIS FORM 1

1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO.	4. SARA Hazard Class Table 1	5. Physical State Table 2	MAX. DAILY AMOUNT Table 3
1. Formula Shell Regular	Alkanes, Cycloalkanes, Alkenes Toluene Xylene	Mixture 108-88-3 1330-20-7	1-5	M/L	06
2. Formula Shell Plus	Alkanes, Cycloalkanes, Alkenes Toluene Xylene	Mixture 108-88-3 1330-20-7	1-5	M/L	06
3. Formula Shell Premium	Alkanes, Cycloalkanes, Alkenes Toluene Xylene	Mixture 108-88-3 1330-20-7	1-5	M/L	06
4. Waste Oil	Gasoline Used Lubricating Oil Inert Filters	Mixture Mixture Mixture	1-5	M/L	02
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Table#1 SARA Hazard

Physical	Health
1-Fire	4-Immediate
2-Sudden Release of Pressure	(Acute)
3-Reactivity	5-Delayed (Chronic)

Table#2

Physical State
P-Pure
M-Mixture
S-Solid (Report pounds)
L-Liquid (Report gallons)
G-Gas (Report cubic feet)

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

Table#4 Container Type

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

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:

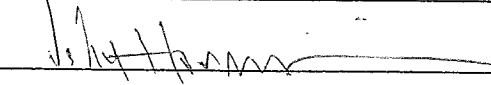
1. Change of business address.
2. Change of business ownership.
3. Change of business name.
4. Cessation of business.
5. Use of a previously undisclosed hazardous material.
6. A 100% increase in the quantity of a previously disclosed material.

	YES	NO
1. Are there any underground storage containers located on the business property?	<u>X</u>	<u> </u>
2. Is trade secret protection requested for any of the information included in this disclosure?	<u> </u>	<u>X</u>
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>	<u> </u>
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	<u> </u>	<u>X</u>

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

Signature of Owner/Operator:  Date: 2-23-94

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