



CITY OF GARDEN GROVE
FIRE DEPARTMENT

Tel: (714) 741-5600
Fax: (714) 741-5640

3/11/2016

Jennifer Woods
Bureau Veritas
(714) 642-0405

RE: Records Search for 9210 Katella Avenue, Garden Grove CA 92843

Dear Ms. Woods:

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 blue ink, appearing to read 'Thanh Nguyen', with a long horizontal flourish extending to the right.

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

**Violation List for
AT&T WIRELESS (Cell Site)
9210 KATELLA Ave Unit B**

Date Issued	Date Cleared	Code #	Violation Description
03/24/2014	05/14/2014	CFC 904.11.6	Service auto-extinguishing system semi-annually.
03/24/2014	05/14/2014	CFC 2701.5.	Complete Haz Mat Disclosure packet

File No	Permit No	DBA / Address/Permit description	Date Expires
31	801031	AT&T WIRELESS (Cell Site) 9210 KATELLA Ave Unit B HAZARDOUS MATERIALS - use, handling or storage	<u>1</u> 2017



Stantec Consulting Inc.
1137 North McDowell Boulevard
Petaluma CA 94954
Tel: (707) 765-1660
Fax: (707) 765-9908

Stantec

6/23/2009

Michael Janovick
Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove, CA 92040

Reference: Hazardous Material Plan for AT&T Mobility

Dear Mr. Janovick:

Enclosed is the Hazardous Material Business Plan for the AT&T Mobility facility located at 9210 Katella Avenue in Garden Grove, USID # 11673.

AT&T would like to bring attention to the fact that this site was mistakenly reported to the Fire Department last year as a T-Mobile facility but in fact it is an AT&T facility.

If there are any further correspondences related to this submission, please direct them to:

AT&T Mobility
Attn: Robert Fields
Environment Health and Safety
12900 Park Plaza Drive. 339C
Cerritos, CA 90703
Ph: (562) 468-6161

Respectfully,

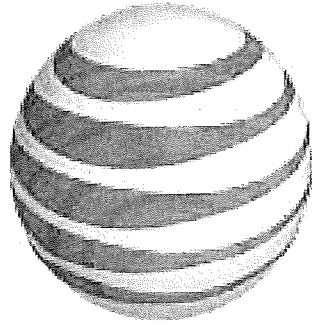
STANTEC CONSULTING INC.

Steve Skanderson
Sr. Project Manager

cc: AT&T File

AT&T Site ID#: LAC051
Ops District: 3
Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

Hazardous Materials Business Plan

YEAR 2009

AT&T Mobility - KATELLA / BROOKHURST (13372/11673)

(Facility Name and ID)

9210 KATELLA AVENUE

(Facility Address)

Garden Grove

(Facility City)

ORANGE

(Facility County)

Garden Grove Fire Department FA0036108

(Administering Agency / CUPA ID#)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.



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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

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

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) ³
AT&T Mobility - KATELLA / BROOKHURST (13372/ 11673)

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 type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" 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 4 3

BUSINESS INFORMATION													
FACILITY # (Supplied by GGFD)	3	0	0	3	5					BEGINNING DATE 01/01/2009	1	ENDING DATE 12/31/2009	2
BUSINESS NAME AT&T Mobility - KATELLA / BROOKHURST (11673)											4	BUSINESS PHONE 800-638-2822 *2	5
BUSINESS SITE ADDRESS 9210 KATELLA AVENUE	6												
CITY GARDEN GROVE	7						STATE CA	8	ZIP 92804	9			
DUN & BRADSTREET 10-202-6754	10	SIC CODE (4 DIGIT #) 4812					11	FIRE DISTRICT					12
COUNTY ORANGE	13												
BUSINESS OPERATOR NAME AT&T Mobility	14										OPERATOR'S PHONE 562-468-6161		15
BUSINESS OWNER													
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility	16										OWNER PHONE 562-468-6161		17
OWNER MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C	18												
CITY Cerritos	19						STATE CA	20	ZIP 90703	21			
ENVIRONMENTAL CONTACT													
CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields	22										CONTACT PHONE 562-468-6161		23
CONTACT MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C	24												
CITY Cerritos	25					STATE CA	26	ZIP 90703	27				
PRIMARY				EMERGENCY CONTACTS				SECONDARY					
NAME Wireless Network Control Center	28			NAME Robert Fields	33								
TITLE Call Center	29			TITLE Regulatory Affairs Analyst	34								
BUSINESS PHONE 800-638-2822 *2	30			BUSINESS PHONE 562-468-6161	35								
24-HR. PHONE 866-HELP-EHS (866-435-7347)	31			24-HR. PHONE 562-274-3282	36								
PAGER #	32			Email: RF0886@att.com	37								
ADDITIONAL LOCALLY COLLECTED INFORMATION													
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications	38										TOTAL # OF EMPLOYEES 0		39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703	40										ATTENTION Robert Fields		41
PROPERTY OWNER NAME	42			ADDRESS	43			PHONE 562-468-6161		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 6/23/2009	46	
NAME OF SIGNER (print) Steve Skanderson	47			NAME OF DOCUMENT PREPARER (print) Stantec Consulting Inc.	49								
TITLE OF SIGNER Sr. Project Manager	48			TITLE OF DOCUMENT PREPARER Sr. Project Manager	50								

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - KATELLA / BROOKHURST (11673)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6
			GRID # E-6	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11						
COMMON NAME Lead-Acid Battery		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			12						
CAS # 7439-92-1		FIRE CODE HAZARD CLASSES (supplied by GGFD)			13						
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16					
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT	3297	19	MAXIMUM DAILY AMOUNT	3297	20	ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE	n/a	22
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER		138	25		
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 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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	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	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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.

PLACARDING INFORMATION

UNDOT # <u>3796</u> Refer to shipping papers or MSDS	
DOT HAZARD CLASS _____ Refer to shipping papers or MSDS	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
AT&T Mobility - KATELLA / BROOKHURST (11673)				

I. FACILITY INFORMATION

CHEMICAL LOCATION			4
INSIDE CELL SITE			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	7
		GRID # E-6	6

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
Battery Electrolyte		* If EPCRA see instructions				
COMMON NAME		An EHS Chemical				12
Lead-Acid Battery		*If EHS is "Yes", all amounts must be LBS				
CAS #	FIRE CODE HAZARD CLASSES (supplied by GGFD)					13
7664-93-9						
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	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 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	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE			
108	108	0	n/a			
UNITS	DAYS ON SITE		LARGEST CONTAINER			25
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> c. POUNDS	<input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS	365	5			
STORAGE CONTAINER (Check all that apply)		<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"/> a. ABOVEGROUND 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"/> b. UNDERGROUND TANK		<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"/> c. TANK INSIDE BLDG		<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 <u>Battery</u>	
<input type="checkbox"/> d. STEEL DRUM						
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	41	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

PLACARDING INFORMATION

UNDOT # 2796

Refer to shipping papers or MSDS

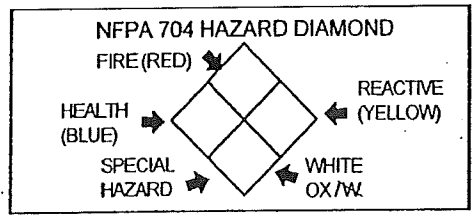
DOT HAZARD CLASS Corrosive

Refer to shipping papers or MSDS

EPCRA YES NO

X *[Signature]*

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.

Away from equipment/building.

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.)

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

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

Phone Numbers

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

911
(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 materials 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.

Within the cell site.

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: Steve Skanderson

TITLE: Agent for AT&T

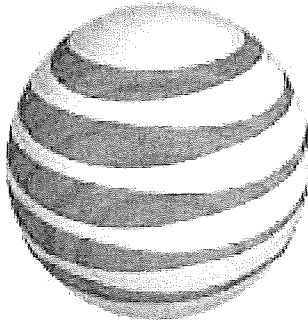
DATE: June 23, 2009

AT&T Site ID#: LAC051

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

Hazardous Materials Annual Inventory Certification

YEAR 2010

AT&T Mobility - KATELLA / BROOKHURST (11673)

(Facility Name and ID)

9210 KATELLA AVENUE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FIRE DEPARTMENT / FA0036108

(Administering Agency / CUPA ID#)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2010**

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

Facility Name: AT&T Mobility - KATELLA / BROOKHURST (11673) FA0036108

Facility Street Address: 9210 KATELLA AVENUE City: GARDEN GROVE Zip: 92804

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 6/24/2009 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:

- ✓ The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; **and**
- ✓ There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; **and**
- ✓ No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; **and**
- ✓ There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; **and**
- ✓ 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:  Title: Agent for AT&T

Name of Owner/Operator (Print): Steve Skanderson Date: 02/25/10

Return all forms to:
GARDEN GROVE FIRE DEPARTMENT
11301 ACACIA PARKWAY
GARDEN GROVE, CA. 92840
714-741-5636



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 1 of 3 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	FA0036108	BEGINNING DATE	1	ENDING DATE	2
		01/01/2010		12/31/2010	
BUSINESS NAME				BUSINESS PHONE	
AT&T Mobility - KATELLA / BROOKHURST (11673)				800-638-2822 *2	
BUSINESS SITE ADDRESS					
9210 KATELLA AVENUE					
CITY			7	STATE	8
GARDEN GROVE				CA	
DUN & BRADSTREET			10	SIC CODE (4 DIGIT #)	11
10-202-6754				4812	
FIRE DISTRICT					
12					
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME				OPERATOR'S PHONE	
AT&T Mobility				562-468-6161	

BUSINESS OWNER

OWNER NAME				OWNER PHONE	
New Cingular Wireless PCS, LLC dba AT&T Mobility				562-468-6161	
OWNER MAILING ADDRESS					
EH&S, 12900 Park Plaza Dr, 339C					
CITY			19	STATE	20
Cerritos				CA	
ZIP			21		
90703					

ENVIRONMENTAL CONTACT

CONTACT NAME				CONTACT PHONE	
Environmental Health & Safety Department, attn: Robert Fields				562-468-6161	
CONTACT MAILING ADDRESS					
EH&S, 12900 Park Plaza Dr, 339C					
CITY			25	STATE	2
Cerritos				CA	6
ZIP			27		
90703					

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME		28	NAME		33
Robert Fields			Wireless Network Control Center		
TITLE		29	TITLE		34
Regulatory Affairs Analyst			Call Center		
BUSINESS PHONE		30	BUSINESS PHONE		35
562-468-6161			800-638-2822 *2		
24-HR. PHONE		31	24-HR. PHONE		36
562-274-3282			800 KNOW EHS (800-566-9347)		
Email:		32	Pager#:		37
RF0886@att.com					

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:				TOTAL # OF EMPLOYEES	
Telecommunications				0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)				ATTENTION	
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703				Robert Fields	
PROPERTY OWNER NAME		42	ADDRESS		43
			PHONE		44
			562-468-6161		

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	
				2/25/2010	
NAME OF SIGNER (print)		47	NAME OF DOCUMENT PREPARER (print)		49
Steve Skanderson			Stantec Consulting Services Inc.		
TITLE OF SIGNER		48	TITLE OF DOCUMENT PREPARER		50
Sr. Project Manager			Sr. Project Manager		

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 2 of 3 2

FACILITY ID#	FA0036108	38	BUSINESS NAME	3
			AT&T Mobility - KATELLA / BROOKHURST (11673)	

I. FACILITY INFORMATION

CHEMICAL LOCATION			4
INSIDE CELL SITE			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #
			6
			GRID #
			7

II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
Lead					* If EPCRA see instructions		
COMMON NAME				9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
Lead-Acid Battery					*If EHS is "Yes", all amounts must be LBS		
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGF)					13
7439-92-1							
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15
					CURIES		16
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE
						<input type="checkbox"/> c. PRESSURE RELEASE	18
						<input type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
3297		3297		0		n/a	
UNITS	<input type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	24	LARGEST CONTAINER	25
	<input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS		365		138	
*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	26	
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> l. 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"/> j. 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"/> k. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER <u>Battery</u>		
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	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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.

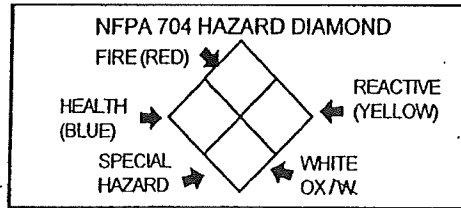
PLACARDING INFORMATION

UNDOT # 3796 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
 Refer to shipping papers or MSDS

EPCRA YES NO

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

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 REVISED 1

 Page 3 of 3 2

FACILITY ID# FA0036108	38	BUSINESS NAME AT&T Mobility - KATELLA / BROOKHURST (11673)	3
----------------------------------	----	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE				4		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11							
COMMON NAME Lead-Acid Battery		* If EPCRA see instructions										
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	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16			
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"/> d. ACUTE HEALTH		<input type="checkbox"/> e. CHRONIC HEALTH		18						
AVERAGE DAILY AMOUNT 134		19	MAXIMUM DAILY AMOUNT 134		20	ANNUAL WASTE AMOUNT 0	21	STATE WASTE CODE n/a		22		
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 6		25		
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		26
		<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 <u>Battery</u>		
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	41	29	Sulfuric Acid (H₂SO₄)	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31	7664-93-9	32
2	59	29	Water (H₂O)	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	n/a	32
3		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
4		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
5		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32

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.

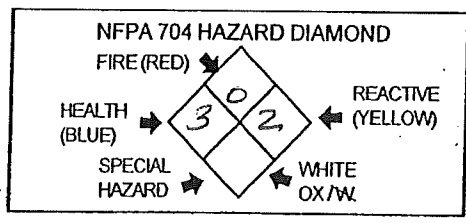
PLACARDING INFORMATION

UNDOT # 2796 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

0. PERMIT# : 000281

1. INSPECTION# :

2. PERMIT LOC : 9210 KATELLA AVE

3. BUSINESS NAME: GG FRIENDS CHURCH

9. BUS LICENSE:

4. PHONE:

10. OCC CLASS :BOOTH

5. BILL-TO-NAME :

11. ISSUE DATE :07-01-00

6. BILL-TO-ADDR :

12. EXPIRATION :07-04-00

7. BILL-TO-CSZ :

13. TOTAL FEES :55.00

8. REMARKS :

14. INSPECTOR :5190

LUKAS JR, EDWARD F

=====

NO.	CODE	DESCRIPTION / CONDITION	FEE
1	781021	FIREWORKS, SAFE & SANE SEE FIREWORKS PACKETS.	55.00

=====

0. PERMIT# : 010417

1. INSPECTION# :

2. PERMIT LOC : 9210 KATELLA AVE

3. BUSINESS NAME: COMMUNITY DAY PRESCHOOL

9. BUS LICENSE:

4. PHONE:

10. OCC CLASS :BOOTH

5. BILL-TO-NAME : COMMUNITY DAY PRESCHOOL

11. ISSUE DATE :07-01-01

6. BILL-TO-ADDR : 9210 KATELLA AVE

12. EXPIRATION :07-04-01

7. BILL-TO-CSZ : GARDEN GROVE CA 92804

13. TOTAL FEES :55.00

8. REMARKS :

14. INSPECTOR :5190

LUKAS JR, EDWARD F

=====

NO. CODE DESCRIPTION / CONDITION FEE

=====

1 781021 FIREWORKS, SAFE & SANE 55.00

SEE FIREWORKS PACKETS.

0. PERMIT# : 020380

1. INSPECTION# :

2. PERMIT LOC : 9210 KATELLA AVE

3. BUSINESS NAME: GARDEN GROVE FRIENDS CHURCH 9. BUS LICENSE:

4. PHONE: 10. OCC CLASS :BOOTH

5. BILL-TO-NAME : GARDEN GROVE FRIENDS CHURCH 11. ISSUE DATE :07-01-02

6. BILL-TO-ADDR : 9210 KATELLA AVE 12. EXPIRATION :07-04-02

7. BILL-TO-CSZ : GARDEN GROVE CA 92804 13. TOTAL FEES :60.00

8. REMARKS : 14. INSPECTOR :3055

GAMBA, TERESA K

=====

NO. CODE DESCRIPTION / CONDITION FEE

=====

1 781021 FIREWORKS, SAFE & SANE 60.00

SEE FIREWORKS PACKETS.

Inspection # :942912 1.Insp_Date:09-14-94

2. Permit # :

3. Address :9210 KATELLA AVE #A

4. Business Name/DBA :VAZQUEZ TAX SERVICE

5. Address Info : 6.Buslic :147374

7. Business Owner :HUMBERTO VAZQUEZ

8. Business Address :9210 KATELLA AVE #A 10.Bus Phone952-2048
9. Business CityStZip:GARDEN GROVE CA 11.EmerPhone420-6804

12.Occ Group :B2 16.5yr Cert. : 20.MBCC :Y
13.Occ Load : 17.FDC loc : 21.Clear date :10-12-94
14.No of Ext :1.1 18.Haz Mat'l : 22.InspectorId:3767
15.Sprinklers: 19.ReInsp date: HERRERA, JOHN D

=====

Violation Code Violation description

=====

1 UFC 10.504 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.

Inspection # :946101 1.Insp_Date:09-01-94
2. Permit # :
3. Address :9210 KATELLA AVE #D
4. Business Name/DBA :PENNY PRINTING
5. Address Info : 6.Buslic :148202
7. Business Owner :NGUYEN, LOUIS
8. Business Address :9210 KATELLA AVE D 10.Bus Phone:
9. Business CityStZip:Garden Grove CA 92841 11.EmerPhone:

12.Occ Group :B2 16.5yr Cert. : 20.MBCC :Y
13.Occ Load : 17.FDC loc : 21.Clear date :09-10-94
14.No of Ext :1. 18.Haz Mat'l :N 22.InspectorId:3767
15.Sprinklers:N 19.ReInsp date: HERRERA, JOHN D

=====

Violation Code Violation description

=====

1 UFC10.504 HAVE YOUR EXTINGUISHER(S) SERVICED ANNUALLY
2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS

Inspection # :946202 1.Insp_Date:09-01-94
2. Permit # :
3. Address :9210 KATELLA AVE #D
4. Business Name/DBA :FIVE STAR COMPUTEK
5. Address Info : 6.Buslic :148413
7. Business Owner :TRAN, TONY T
8. Business Address : 10.Bus Phone952-2523
9. Business CityStZip:G.G CA. 92841 11.EmerPhone539-1241

12.Occ Group :B2 16.5yr Cert. : 20.MBCC :Y
13.Occ Load : 17.FDC loc : 21.Clear date :11-28-94
14.No of Ext : 18.Haz Mat'l :N 22.InspectorId:3767
15.Sprinklers:N 19.ReInsp date: HERRERA, JOHN D

=====
Violation Code Violation description
====

1 UFC 10.505 INSTALL ONE 2A10BC FIRE EXTINGUISHER

Inspection # :934569 1.Insp_Date:07-12-93
2. Permit # :
3. Address :9210 KATELLA AVE #E
4. Business Name/DBA :JAMES PAINTING CO
5. Address Info : 6.Buslic :145025
7. Business Owner :KEE H KIM
8. Business Address :9210 KATELLA AVE #E 10.Bus Phone537-9644
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone638-0231

12.Occ Group :B2 16.5yr Cert. : 20.MBCC :Y
13.Occ Load : 17.FDC loc : 21.Clear date :08-13-93
14.No of Ext :1.1 18.Haz Mat'l :N 22.InspectorId:7375
15.Sprinklers:N 19.ReInsp date: ROBERTS, MARK J

=====

Violation Code Violation description

=====

- 1 REMOVE LADDERS AND REPLACE CEILING TILES IN STORAGE
- 2 AREA.
- 3 REMOVE ALL FLAMMABLE LIQUIDS FROM STORAGE AREA.