



CITY OF GARDEN GROVE
FIRE DEPARTMENT

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

1/23/2017

Frank Trinidad
ODIC Environmental
(213) 0090

RE: Records Search for 9972 Westminster Ave., Garden Grove CA

Dear Frank Trinidad:

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,

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>11</u>
BUSINESS NAME	<u>Mobile Service Station</u>
BUSINESS ADDRESS	<u>9972 Westminster Ave</u>
APPROVED BY	<u>G</u> DATE <u>11/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u> </u> CALARP: <u> </u> CUPA: <u> </u> GIS <u> </u>
FEE	_____

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>																			1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i>																				3.
Circle K Stores Inc. Site #2211237																				
BUSINESS SITE ADDRESS																			9972 Westminster Ave.	103.
BUSINESS SITE CITY														Garden Grove	104.	CA	ZIP CODE	92844	105.	

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) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4. HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. CalARP REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4a. Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5. UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8. No form required to CUPAs
E. HAZARDOUS WASTE Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? Treat hazardous waste onsite? Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste? Serve as a Household Hazardous Waste (HHW) Collection site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9. EPA ID NUMBER – provide at top of this page <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. RECYCLABLE MATERIALS REPORT (one per recycler) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. CERTIFICATION OF FINANCIAL ASSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14. HAZARDOUS WASTE TANK CLOSURE CERTIFICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14a. Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14b. See CUPA for required forms.
F. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)	15.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**
(One form per facility)

TYPE OF ACTION 1. NEW PERMIT 5. CHANGE OF INFORMATION 7. PERMANENT FACILITY CLOSURE 400.
 (Check one item only) 3. RENEWAL PERMIT 6. TEMPORARY FACILITY CLOSURE 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404. FACILITY ID # 1.
 3 (Agency Use Only)

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.
 Circle K Stores Inc. Site #2211237

BUSINESS SITE ADDRESS 103. CITY 104.
 9972 Westminster Ave. Garden Grove

FACILITY TYPE 1. MOTOR VEHICLE FUELING 2. FUEL DISTRIBUTION 403. Is the facility located on Indian Reservation or Trust lands? 405.
 3. FARM 4. PROCESSOR 6. OTHER 1. Yes 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. PHONE 408.
 TRTE of Georgiana Rae Rev. TRST (951) 696-7652

MAILING ADDRESS 409.
 42925 Calle Roble, TRTE of Georgiana Rae Rev. TRST

CITY 410. STATE 411. ZIP CODE 412.
 Riverside CA 92562

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. PHONE 428-2.
 Viethoang Nguyen (714) 534-0805

MAILING ADDRESS 428-3.
 9972 Westminster Ave

CITY 428-4. STATE 428-5. ZIP CODE 428-6.
 Garden Grove CA 92844

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. PHONE 415.
 Circle K Stores Inc. (951) 270-5108

MAILING ADDRESS 416.
 255 East Rincon, Suite # 100

CITY 417. STATE 418. ZIP CODE 419.
 Corona CA 92879

OWNER TYPE: 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 420.
 7. FEDERAL AGENCY 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 0 3 2 0 7 3 Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

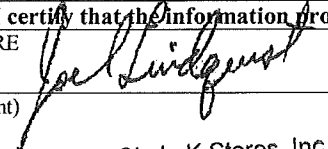
VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 1. FACILITY OWNER 4. TANK OPERATOR 423.
 3. TANK OWNER 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE DATE 424. PHONE 425.
 10/12/2011 (951) 270-5108

APPLICANT NAME (print) 426. APPLICANT TITLE 427.
 Joel Lindquist Env. Construction & Service Manager

Agent For Circle K Stores Inc

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
 1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____ 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
 Circle K Stores Inc. Site #2211237

BUSINESS SITE ADDRESS 104
 9972 Westminster Ave. CITY Garden Grove

II. TANK DESCRIPTION

TANK ID # 1 432 TANK MANUFACTURER 433 Owens Corning TANK CONFIGURATION: THIS TANK IS 434
 1. A STAND-ALONE TANK
 2. ONE IN A COMPARTMENTED UNIT .
 Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435 November, 1987 TANK CAPACITY IN GALLONS 436 12000 NUMBER OF COMPARTMENTS IN THE UNIT 437 1

III. TANK USE AND CONTENTS

TANK USE 439
 1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 440
 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: 440b
 7. USED OIL 10. ETHANOL
 11. OTHER NON-PETROLEUM (Specify):

IV. TANK CONSTRUCTION

TYPE OF TANK 443
 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN

PRIMARY CONTAINMENT 444
 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER
 7. STEEL + INTERNAL LINING 95. UNKNOWN 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445
 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 445a

OVERFILL PREVENTION 452
 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460
 1. SINGLE-WALLED 2. DOUBLE-WALLED 99. OTHER

SYSTEM TYPE 458
 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)]

PRIMARY CONTAINMENT 464
 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC
 90. NONE 95. UNKNOWN 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464c

PIPING/TURBINE CONTAINMENT SUMP TYPE 464d
 1. SINGLE WALL 2. DOUBLE WALL 90. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 464e
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464e1

VENT SECONDARY CONTAINMENT 464f
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464f1

VR PRIMARY CONTAINMENT 464g
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464g1

VR SECONDARY CONTAINMENT 464h
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464h1

VENT PIPING TRANSITION SUMP TYPE 464i
 1. SINGLE WALL 2. DOUBLE WALL 90. NONE

RISER PRIMARY CONTAINMENT 464j
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464j1

RISER SECONDARY CONTAINMENT 464k
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464k1

FILL COMPONENTS INSTALLED 451a-c
 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a
 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 90. NONE

CONSTRUCTION MATERIAL 469b-c
 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify)

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448
 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE *Joel Lindquist* DATE 10/12/2011 470.

APPLICANT NAME (print) Joel Lindquist 471. APPLICANT TITLE: Environmental Construction & Service Manager 472.
 Agent For Circle K Stores Inc

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
 1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
 Circle K Stores Inc. Site #2211237

BUSINESS SITE ADDRESS 104
 9972 Westminster Ave. CITY
 Garden Grove

II. TANK DESCRIPTION

TANK ID # 2 432 TANK MANUFACTURER 433 Owens Coming TANK CONFIGURATION: THIS TANK IS 434
 1. A STAND-ALONE TANK
 2. ONE IN A COMPARTMENTED UNIT.
 Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435 November, 1987 TANK CAPACITY IN GALLONS 436 10000 NUMBER OF COMPARTMENTS IN THE UNIT 437
 1

III. TANK USE AND CONTENTS

TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING 439
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED 440
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: 7. USED OIL 10. ETHANOL 440b
 11. OTHER NON-PETROLEUM (Specify):

IV. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN 443

PRIMARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER 444
 7. STEEL + INTERNAL LINING 95. UNKNOWN 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED 445
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 445a

OVERFILL PREVENTION 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE 452
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 1. SINGLE-WALLED 2. DOUBLE-WALLED 99. OTHER 460

SYSTEM TYPE 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458

PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464a

SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464b
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464c

PIPING/TURBINE CONTAINMENT SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464d

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464e
 464e1

VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464f
 464f1

VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464g
 464g1

VR SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464h
 464h1

VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464i

RISER PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464j
 464j1

RISER SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464k
 464k1

FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 90. NONE 469a

CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify) 469b-c

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.
 APPLICANT SIGNATURE *Joel Lindquist* DATE 10/12/2011 470.

APPLICANT NAME (print) Joel Lindquist 471. APPLICANT TITLE: Environmental Construction & Service Manager 472.
 Agent For Circle K Stores Inc

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)		430
<input checked="" type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input type="checkbox"/> 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: _____ ^{430a}	DATE EXISTING UST DISCOVERED: _____ ^{430b}
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I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)	1
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) Circle K Stores Inc. Site # 2211237	
BUSINESS SITE ADDRESS 9972 Westminster Ave.	CITY Garden Grove

II. TANK DESCRIPTION

TANK ID # 3	TANK MANUFACTURER Owens Corning	TANK CONFIGURATION: THIS TANK IS <input checked="" type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT. <small>Complete one page for each compartment in the unit.</small>
DATE UST SYSTEM INSTALLED November, 1987	TANK CAPACITY IN GALLONS 10000	NUMBER OF COMPARTMENTS IN THE UNIT 1

III. TANK USE AND CONTENTS

TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING	439
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]	
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	439a
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input checked="" type="checkbox"/> 1b. PREMIUM UNLEADED	440
	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS	
	<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 9. OTHER PETROLEUM	(Specify):	440a
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10. ETHANOL		
	<input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			440b

IV. TANK CONSTRUCTION

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN	443
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER	444
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	444a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER	445
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	445a
OVERFILL PREVENTION	<input checked="" type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input checked="" type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE	452.
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED	<input checked="" type="checkbox"/> 2. DOUBLE-WALLED	<input type="checkbox"/> 99. OTHER	460
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION	458
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	464
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER(Specify):	464a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	464b
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	464c
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE	464d

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464e
						464e1
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input checked="" type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464f
						464f1
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464g
						464g1
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input checked="" type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464h
						464h1
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 90. NONE			464i
RISER PRIMARY CONTAINMENT	<input checked="" type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464j
						464j1
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464k
						464k1
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET		<input checked="" type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input checked="" type="checkbox"/> 4. CONTAINMENT SUMP		451a-c

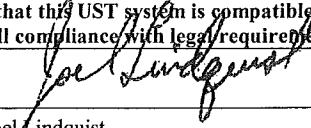
VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE	469a
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input checked="" type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER (Specify)	469b-c

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input checked="" type="checkbox"/> 6. ISOLATION	448.
----------------------------	--	---	--	------

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.	
APPLICANT SIGNATURE 	DATE 10/12/2011
APPLICANT NAME (print) Joel Lindquist Agent For Circle K Stores Inc	APPLICANT TITLE: Environmental Construction & Service Manager

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 2 of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

Circle K Stores Inc. Site #2211237

CHEMICAL LOCATION

201

9972 Westminster Ave., Garden Grove CA 92844

CHEMICAL LOCATION CONFIDENTIAL

202

EPCRA

YES NO

FACILITY ID #

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

Petroleum Hydrocarbon

TRADE SECRET

Yes No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

Gasoline (Unleaded Regular Slave)

EHS*

Yes No

208

CAS#

209

8006-61-9

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE

Yes No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER

10,000

215

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

5,000

MAXIMUM DAILY AMOUNT

218

10,000

ANNUAL WASTE AMOUNT

219

N/A

STATE WASTE CODE

220

N/A

UNITS* (Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

225

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 < 16% 226	Methyl Tert Butyl Ether 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	1634-04-4 229
2 < 11% 230	Ethyl Alcohol 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64-17-5 233
3 5-10% 234	Toluene 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	108-88-3 237
4 5-10% 238	Xylene 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	1330-20-7 241
5 1-5% 242	1,2,4-Trimethyl Benzene 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	95-63-6 245

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

246

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 3 of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

Circle K Stores Inc. Site #2211237

CHEMICAL LOCATION 201

9972 Westminster Ave., Garden Grove CA 92844

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Petroleum Hydrocarbon

TRADE SECRET

Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Gasoline (Unleaded Super)

EHS* 208

Yes No

CAS# 209

8006-61-9

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE

Yes No 212

CURIES 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER

10,000 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

5,000

MAXIMUM DAILY AMOUNT 218

10,000

ANNUAL WASTE AMOUNT 219

N/A

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
 * If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 < 16% 226	Methyl Tert Butyl Ether 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	1634-04-4 229
2 < 11% 230	Ethyl Alcohol 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64-17-5 233
3 5-10% 234	Toluene 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	108-88-3 237
4 5-10% 238	Xylene 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	1330-20-7 241
5 1-5% 242	1,2,4-Trimethyl Benzene 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	95-63-6 245

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 246

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 1 of 3

I. FACILITY INFORMATION

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

Circle K Stores Inc. Site #2211237

CHEMICAL LOCATION 201

9972 Westminster Ave., Garden Grove CA 92844

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Petroleum Hydrocarbon

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Gasoline (Unleaded Regular)

EHS* Yes No 208

CAS# 209

8006-61-9

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 12,000 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

6,000

MAXIMUM DAILY AMOUNT 218

12,000

ANNUAL WASTE AMOUNT 219

N/A

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

DAYS ON SITE: 222

365

STORAGE CONTAINER 223

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 < 16% 226	Methyl Tert Butyl Ether 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	1634-04-4 229
2 < 11% 230	Ethyl Alcohol 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64-17-5 233
3 5-10% 234	Toluene 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	108-88-3 237
4 5-10% 238	Xylene 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	1330-20-7 241
5 1-5% 242	1,2,4-Trimethyl Benzene 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	95-63-6 245

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 246

If EPCRA, Please Sign Here



Underground Storage Tank Monitoring and Response Plan

Year 2011

Circle K Stores Inc. #2211237
(Facility Name and ID)

9972 Westminster Ave.
(Facility Address)

Garden Grove
(Facility City)

Orange
(Facility County)

Orange County Fire/Environmental Health – HAZMAT
(Administering Agency)

***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
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)**

TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION 490-1

PLAN TYPE 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2
(Check one item only) 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM (S): _____

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____

BUSINESS NAME (Same as FACILITY NAME) Circle K Stores Inc. Site #2211237

BUSINESS SITE ADDRESS 9972 Westminster Ave. 103. CITY Garden Grove 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED 1. ANNUALLY 99. OTHER (Specify): _____ 490-3a
490-3b

III. MONITORING LOCATIONS

1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN. 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634) 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) 490-5

SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLED c. PRESSURIZED d. UNDER VACUUM 490-6

PANEL MANUFACTURER: Veeder-Root 490-7. MODEL #: TLS-350/FMS 490-8

LEAK SENSOR MANUFACTURER: Veeder-Root 490-9. MODEL #(S): 794380-341 (87M,87S);794380-343(91) 490-10

2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643) 490-11

PANEL MANUFACTURER: 490-12. MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14. MODEL #(S): 490-15

LEAK TEST FREQUENCY: a. CONTINUOUS b. DAILY/NIGHTLY c. WEEKLY 490-16

d. MONTHLY e. OTHER (Specify): _____ 490-17

PROGRAMMED TESTS: a. 0.1 g.p.h. b. 0.2 g.p.h. c. OTHER (Specify): _____ 490-18
490-19

3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1): 490-20

4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD: a. 36 HOURS b. 60 HOURS 490-21
490-22

5. TANK INTEGRITY TESTING (23 CCR §2643.1): 490-23

TEST FREQUENCY: a. ANNUALLY b. BIENNIALY c. OTHER (Specify): _____ 490-24
490-25

99. OTHER (Specify): Tank Overfill/High-Level Sensor: MAG-1 490-26
490-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636) 490-28

SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLED c. PRESSURIZED d. UNDER VACUUM 490-29

PANEL MANUFACTURER: Veeder-Root 490-30. MODEL #: TLS-350/FMS 490-31

LEAK SENSOR MANUFACTURER: Veeder-Root 490-32. MODEL #(S): 794380-350(87S);794380-208(87M,91) 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. a. YES b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. a. YES b. NO 490-35

2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) 490-36
490-38

MLLD MANUFACTURER(S): 490-37. MODEL #(S): 490-38

3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) 490-39

ELLD MANUFACTURER(S) Veeder-Root 490-40. MODEL #(S): PLLD (87M, 91) 490-41

PROGRAMMED IN LINE LEAK TEST: 1. MINIMUM MONTHLY 0.2 g.p.h. 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. a. YES b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. a. YES b. NO 490-44

4. PIPE INTEGRITY TESTING 490-45

TEST FREQUENCY a. ANNUALLY b. EVERY 3 YEARS c. OTHER (Specify) 490-46 490-47

5. VISUAL PIPE MONITORING. 490-48

FREQUENCY a. DAILY b. WEEKLY c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]. 490-50

7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM 490-51

99. OTHER (Specify) Fill Sump Sensor (s): 794380-350 (87M,87S);794380-208(91) 490-52
490-53

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)**

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD

1. CONTINUOUS ELECTRONIC MONITORING (5-8) 2. FLOAT AND CHAIN ASSEMBLY 3. ELECTRONIC STAND-ALONE (1-4)
 4. NO DISPENSERS 99. OTHER (Specify):

PANEL MANUFACTURER: Veeder Root 490-55 MODEL #: TLS-350/FMS (5/6,7/8) 490-56

LEAK SENSOR MANUFACTURER: Veeder Root 490-57 MODEL #(S): 794380-208(5/6,7/8); 847990-001(1/2,3/4) 490-58

- DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS a. YES (5-8) b. NO 490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN a. YES (1-8) b. NO 490-60
FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. a. YES (1-8) b. NO 490-61
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER. a. YES (1-8) b. NO 490-62

2. UDC CONSTRUCTION IS 1. SINGLE-WALLED 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

- UDC INTERSTITIAL SPACE IS MONITORED BY: 1. LIQUID 2. PRESSURE 3. VACUUM
A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS a. YES b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1) 490-65
 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66
 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

- Alarm logs 490-68a Visual Inspection Records 490-68b Tank integrity testing results 490-68c
 SIR testing results (and supporting documentation records). 490-68d Tank gauging results (and supporting documentation records). 490-68e
 ATG Testing results (and supporting documentation records). 490-68f Corrosion Protection 60-day logs 490-68g
 Equipment maintenance and calibration records. 490-68h

IX. TRAINING

- Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a
REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)
 THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b
 OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c
 CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d
 CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e
 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f
 SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g
 OTHER (Specify): M69h, M69i Environmental Records Binder
 This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:
> Operation of the UST systems in a manner consistent with the facility's best management practices
> The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
> The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
> Names of contact person(s) for emergencies and monitoring alarms. 490-70

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

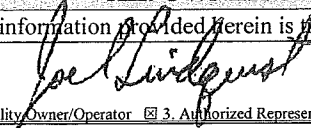
The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME Service Contact Center	490-72	TITLE 24 Hours	490-73
NAME Trisha Yahner	490-74	TITLE Environmental Compliance Specialist	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE 	490-76	DATE: 10/12/2011	490-77
---	--------	------------------	--------

REPRESENTING: 1. Tank Owner/Operator 2. Facility Owner/Operator 3. Authorized Representative of Owner 490-78

APPLICANT NAME (print): Joel Lindquist Agent For Circle K Stores Inc	490-78	APPLICANT TITLE: Environmental Construction & Service Manager	490-79
---	--------	--	--------

(Agency Use Only)

This plan has been reviewed and:

Approved

Approved With Conditions

Local Agency Signature: _____

Date: _____

Comments or Special Conditions:

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.
- 490-54b. SPECIFY-If 99 "Other" is checked, describe other method used.
If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.
- 490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- 490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- 490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).
- 490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
- 490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
- 490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No
- 490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No
- 490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.
- 490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.
- 490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.
- 490-64b. LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
- 490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- 490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.
- 490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.
- 490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.
- 490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.
- 490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.
- 490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
- 490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.
- 490-69e. CA UST LAW - Indicate that this is kept as a reference document.
- 490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.
- 490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.
- 490-69h. OTHER - Indicate that other reference documents are kept.
- 490-69i. SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
- 490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.
- 490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
- 490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
- 490-73. TITLE - Enter the title of the person.
- 490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
- 490-75. TITLE - Enter the title of the second person.
OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
- 490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
- 490-77. DATE – Enter the date the plan was signed.
- 490-78. APPLICANT NAME – Print or type the name of the person signing the plan.
- 490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 1**

(One form per facility)

TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION

R01

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____

1.

BUSINESS NAME (Same as FACILITY NAME)

3.

Circle K Stores Inc. Site #2211237

BUSINESS SITE ADDRESS 103. BUSINESS SITE CITY 104.

9972 Westminster Ave

Garden Grove

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
 1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
 2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
 3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40.	TITLE	R50.
Service Contact Center		24 Hours 866-805-4357	
NAME	R41.	TITLE	R51.
Trisha Yahner		Environmental Compliance Specialist 951-270-5193	
NAME	R42.	TITLE	R52.
NAME	R43.	TITLE	R53.

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION
 2. INSPECTION BY QUALIFIED PERSONS
 3. RECALIBRATION OF EQUIPMENT
 R60.
99. OTHER (Specify):
 R61.

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2**

VI. REPORTING AND RECORD KEEPING

We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

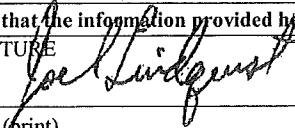
We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE 	DATE 10/12/2011
OWNER/OPERATOR NAME (print) Joe Lindquist	OWNER/OPERATOR TITLE Environmental Construction & Service Manager

(Agency Use Only) This plan has been reviewed and: Approved Approved With Conditions Disapproved

Local Agency Signature: _____ Date: _____

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Circle K Stores Inc. Site #2211237	Facility ID #:
Facility Address: 9972 Westminster Ave., Garden Grove CA 92844	Reason for Submitting this Form (<i>Check One</i>) <input checked="" type="checkbox"/> Change of Designated Operator
Facility Phone #: 714-534-0805	<input type="checkbox"/> Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: See Attached	Relation to UST Facility (<i>Check One</i>)
Business Name (<i>If different from above</i>): TLM Petro Labor Force, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (310) 639-2227	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: See Attached	Expiration Date: See Attached

ALTERNATE 1 (Optional)

Designated Operator's Name:	Relation to UST Facility (<i>Check One</i>)
Business Name (<i>If different from above</i>):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

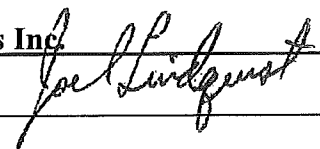
ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility (<i>Check One</i>)
Business Name (<i>If different from above</i>):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER (Please Print): Circle K Stores Inc

SIGNATURE OF TANK OWNER: 

DATE: 10/12/2011 OWNER'S PHONE #: 951-270-5108 Agent For Circle K Stores Inc

NOTE: 1) SUBMIT THIS COMPLETED FORM TO THE LOCAL AGENCY (NOT THE STATE WATER RESOURCES CONTROL BOARD) BY JANUARY 1, 2005. THE LOCAL AGENCY LIST IS AVAILABLE AT: www.waterboards.ca.gov/ust/contacts/cupa_agys.html.

2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

Circle K Stores, Inc. DO's

TLM Petro Labor Force, Inc.
909 N Alameda Street
Compton, CA 90220

Designated Operator	ICC #	Expiration Date	Contact Number
Francisco Hernandez	5252057	9/2/2013	(310) 639-2227
Victor Espinoza	5296330	9/2/2013	(310) 639-2227
Roalndo Nunez	5006344	9/2/2013	(310) 639-2227
Rick Byrns	5254682	1/19/2013	(310) 639-2227
David N. Lopez	5307860	6/3/2013	(310) 639-2227
David A. Lopez	8020115	6/3/2013	(310) 639-2227
Gary Lopez	8029368	11/30/2012	(310) 639-2227
Leonard Gonzales	5261161	12/3/2012	(310) 639-2227
Andrew Miranda	8021433	5/24/2013	(310) 639-2227
Jesus Ornelas	5252005	9/15/2013	(310) 639-2227

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME Circle K Stores Inc. Site #2211237	3	FACILITY ID # 1	
SITE ADDRESS 9972 Westminster Ave.	103	CITY Garden Grove	104 ZIP CODE 105 92844

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ⊗ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊗ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊗ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

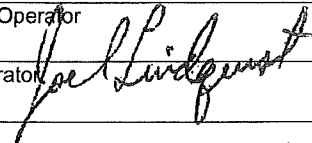
PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

CASHIER AREA

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator Joel Lindquist	Title of Owner/Operator Environmental Construction & Service Manager
Signature of Owner/ Operator 	Date 10/12/2011

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⊖ the plan fails in an emergency,
- ⊖ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ⊖ the list of emergency coordinators changes, or
- ⊖ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME Circle K Stores Inc. Site #2211237	3	FACILITY ID # 1	
SITE ADDRESS 9972 Westminster Ave.	103	CITY Garden Grove	104 105 ZIP CODE 105 92844

II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME Service Contact Center	123	NAME Trisha Yahner	128
TITLE 24 Hours	124	TITLE Environmental Compliance Specialist	129
BUSINESS PHONE 866-805-4357	125	BUSINESS PHONE 951-270-5193	130
24-HOUR PHONE 866-805-4357	126	24-HOUR PHONE 951-270-5193	131
PAGER #	127	PAGER #	132

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:
 FIRE/PARAMEDICS/POLICE/SHERIFF
 PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.
 Local Unified Program Agency: () -
 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621
 National Response Center: (800) 424-8802

Information to be provided during Notification:

- ⊗ Your Name and the Telephone Number from where you are calling.
- ⊗ Exact address of the release or threatened release.
- ⊗ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- ⊗ Material and quantity of the release, to the extent known.
- ⊗ Current condition of the facility.
- ⊗ Extent of injuries, if any.
- ⊗ Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC: Coastline Medical Center	PHONE NO: 714-531-0245
ADDRESS: 15622 Brookhurst St.	
CITY: Westminster	ZIP CODE: 92683

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
CLEANUP/DISPOSAL CONTRACTOR	
List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR:	PHONE NO: - -
ADDRESS:	
CITY:	ZIP CODE:
D. Arrangements With Emergency Responders	
If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:	
E. Evacuation Plan	
1. The following alarm signal(s) will be used to begin evacuation of the facility (<i>check all which apply</i>):	
<input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Telephone (<i>including cellular</i>) <input type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input type="checkbox"/> Other (<i>specify</i>):	
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input checked="" type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: Manager on duty	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Bench/ Lab <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input checked="" type="checkbox"/> Shelves <input type="checkbox"/> Racks <input checked="" type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Gas Cylinders <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Process Piping <input type="checkbox"/> Shutoff Valves <input checked="" type="checkbox"/> Other: Tank Monitor Alarm Panel	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
SEE ATACHMENT
2. MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
SEE ATACHMENT
3. ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
SEE ATACHMENT

1. PREVENTION

The hazards present at this facility are fire & spill hazards associated with gasoline dispensing & the sale of automotive products.

The station also has a pressure release hazard associated with the carbon dioxide, & a fire & pressure release hazard associated with the propane cylinders.

Gasoline dispensing is supervised by trained personnel & all aboveground storage of hazardous materials is stored in minimum quantities for retail sale. Most materials are stored in small unbreakable containers. All underground tanks are monitored using an approved monitor method.

The product supplier only handles the carbon dioxide during re-filling operations. The tank is fixed & securely braced to prevent tipping.

Trained personnel only handle the propane cylinders on an exchange basis. The product supplier, not the station employees, performs re-filling of the cylinders.

2. MITIGATION

Small incidents: For leaks & spills contain with absorbent material to prevent from spreading & prevent the release from entering any storm drains or leaving the property. Isolate the area to prevent customers from entering until the spill can be cleaned up.

For larger incidents: Turn off pumps using emergency pump shut-off, call 9-1-1, evacuate to emergency assembly area, wait for emergency personnel to respond, call the manager, Service Contractor & the UST Operator.

For fires, turn off pumps, use fire extinguisher & call 9-1-1 for assistance.

For airborne release from the propane or carbon dioxide isolate & evacuate the area until the gas has dissipated.

3. ABATEMENT

Small incidents will be handled with the on-site clean-up equipment, i.e., brooms, shovel, absorbent material, mops, etc. If the incident is not small, the dealer will turn off the pumps & call 9-1-1. The manager, Service Contractor &/or the UST Operator will assist in abating the hazard.

For suspected leaks the Manager will notify the Service Contact 24 Hours Center, his District Manager & the Environmental Compliance Coordinator who will investigate the incident. If a UST leak is confirmed, then reporting will be done by the manager, Service Contractor &/or the UST Operator which complies with UST regulations. The manager, Service Contractor &/or the UST Operator will coordinate with any contractors required to stop a release, clean up a release or dispose of materials. All materials will be disposed of in accordance with state, federal & local laws & regulations.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**	
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators			
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)			
	<input type="checkbox"/> Chemical Protective Aprons/Coats			
	<input type="checkbox"/> Chemical Protective Boots			
	<input checked="" type="checkbox"/> Chemical Protective Gloves		BACK ROOM	rubber gloves
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)			
	<input type="checkbox"/> Face Shields			
	<input checked="" type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		1-STORAGE	standard first aid kit
	<input type="checkbox"/> Hard Hats			
	<input type="checkbox"/> Plumbed Eye Wash Stations			
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e. bottle type</i>)			
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)			
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		BACK ROOM	safety goggles
	<input type="checkbox"/> Safety Showers			
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)				
<input type="checkbox"/> Other (<i>describe</i>)				
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sptinkler Systems			
	<input type="checkbox"/> Fire Alarm Boxes/Stations			
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)			
	<input type="checkbox"/> Other (<i>describe</i>)			
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (<i>describe</i>)	STORE ROOM	kitty litter/grease sweep	
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)			
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)			
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)			
	<input type="checkbox"/> Exhaust Hoods			
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (<i>describe</i>)			
	<input type="checkbox"/> Neutralizers (<i>describe</i>)			
	<input type="checkbox"/> Overpack Drums			
	<input type="checkbox"/> Sumps (<i>describe</i>)			
	<input type="checkbox"/> Other (<i>describe</i>)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)			
	<input type="checkbox"/> Intercoms/ PA Systems			
	<input type="checkbox"/> Portable Radios			
	<input checked="" type="checkbox"/> Telephones			
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	STORE ROOM		
	<input type="checkbox"/> Other (<i>describe</i>)			
Additional Equipment (Use Additional Pages if Needed.)				

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

****** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

<input type="checkbox"/>	Familiarity with all plans and procedures specified in the Contingency Plan.
<input type="checkbox"/>	Methods for Safe Handling of Hazardous Materials.
<input type="checkbox"/>	Safety procedures in the event of a release or threatened release of a hazardous material.
<input type="checkbox"/>	Use of Emergency Response equipment and supplies under the control of the business.
<input type="checkbox"/>	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- Initially for all new employees.
- Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- Internal alarm/notification procedures.
- Evacuation/re-entry procedures and assembly point locations.
- Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
<input type="checkbox"/>	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
<input type="checkbox"/>	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
<input type="checkbox"/>	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
<input type="checkbox"/>	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
<input type="checkbox"/>	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
<input type="checkbox"/>	Records that document that the requirements for training or job experience have been met.
<input type="checkbox"/>	Current employees' training records (to be retained until closure of the facility).
<input type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment).

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

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**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME Circle K Stores Inc. Site #2211237		3	FACILITY ID # 1
SITE ADDRESS 9972 Westminster Ave.		103	CITY Garden Grove
		104	ZIP CODE 92844

II. MONITORING PLAN AND PROCEDURES

1. The frequency of monitoring is as follows:

a. Tank: Constantly monitored by monitoring system

b. Piping: Constantly monitored by monitoring system

2. The methods and equipment (name and model) used for monitoring include:

a. Tank: Constantly monitored by monitoring system Veeder-Root TLS-350

b. Piping: Constantly monitored by monitoring system Veeder-Root TLS-350

3. The location (s) where monitoring will be performed include:

On site map

Attach one page plot plan showing:

1. Location of underground storage tanks, buildings, and property lines.
2. Location of monitoring points and the monitoring system is located.

4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:

5. The reporting format for all monitoring performed is as follows:

a. Tank: Print out, reports

b. Piping: Print out, reports

6. The preventative maintenance schedule for the monitoring equipment is:

Determined by service contractor

7. The training necessary for the operation of UST systems, including piping and monitoring equipment includes:

Determined by UST Operator

Note: Training is scheduled and provided on _____ basis and training records for personnel are kept at the facility.

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

II. EMERGENCY RESPONSE PLAN

1. If an unauthorized release occurs, hazardous substances will be cleaned up by:

Determined by service contractor

2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.

Local UST Agency

Phone - - -

3. The following persons are responsible for authorizing work necessary under the response plan:

Name	Title	Phone
Trisha Yahner	Environmental Compliance Specialist	951-270-5193
Name	Title	Phone
Name	Title	Phone

Additional Persons

4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:

Determined by UST Operator

5. The location and availability of the required cleanup equipment listed in item #4 is as follows:

In equipment room, available 24/7

6. The maintenance schedule for the cleanup equipment is as follows:

Determined by UST Operator

7. Additional information:

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. Site Plan: This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (*e.g.* "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g.* "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g.* individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (*e.g.* "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (*i.e.* gas, water, electric.);
- e. Location of each monitoring system control panel (*e.g.* underground tank monitoring, toxic gas monitoring, etc.).

3. Map Legend

Item and/or Description	Location Code (LC)

EMERGENCY RESPONSE PROCEDURES
MAJOR INCIDENT; FIRE, SPILL OR SUSPECTED LEAK

MINOR INCIDENT: (less than 5 gallons)

1. **FIRE:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan list the nearest hospital.
4. **RECORD:** Record the event in the Daily System Inspection Form.
5. **NOTIFY:** The Service Contact Center if the spill flows off site, enter a storm drain or contacts bare soil or groundwater.

MAJOR INCIDENT: (more than 5 gallons)

Any incident that cannot be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the Circle K Stores Inc. Site #2211237 service station at 9972 Westminster Ave., Garden Grove CA 92844. 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. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, 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 and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the Service Contact Center.

EMERGENCY PHONE NUMBERS

EMERGENCY RESPONSE CONTRACTOR

Service Contact 24-Hour Center Dispatch: 1-866-805-4357

CIRCLE K STORE PERSONNEL

Market Manager:

Environmental Compliance Specialist: Trisha Yahner (951) 270-5193

FACILITY CONTACTS

Primary: Service Contact Center 24 Hours Day: 866-805-4357
24-hours: 866-805-4357

Secondary: Trisha Yahner Environmental Compliance Specialist Day: 951-270-5193
24-hours: 951-270-5193

Circle K Stores, Inc. will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

a) **LOCAL AGENCY:** Orange County Fire Department
PHONE NUMBER: (714) 573-6000

b) **CALIFORNIA OFFICE OF EMERGENCY SERVICE:** (800) 852-7550 or (916) 845-8911

c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1

d) **NATIONAL RESPONSE CENTER:** (800) 424-8802- (24-Hours)

Spill/Release Response Procedures for Propane

The Propane used can be hazardous in the event of a spill or release, or if there is a fire at the facility. Propane is flammable, in the event of a fire; the container could explode violently due to the high heat of the fire.

Propane is an odorless, colorless, flammable gas. Often an odorant is added for fuel purpose. A release in a confined are may cause rapid breathing, diminished mental alertness, impaired muscular coordination, faulty judgment, depression of all sensations, emotional instability and fatigue. As asphyxiation progress, nausea, vomiting and loss of consciousness may result.

Spill or Release:

In the event of release from the propane tank/cylinder, do the following:

1. Evacuate all personnel from the affected area.
2. Stay upwind of the release and out of low-lying areas.
3. Avoid breathing gases.
4. If the leak is in a container or valve, contact the propane supplier for assistance.
5. Ventilate the area before attempting the re-enter the area.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire And Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinder should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from source of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Release and spill of the CO2 may cause dizziness or suffocation without warning. When release, the vapors are initially heavier than air and spread along the ground. Contact with the gas as it escapes the tank may cause burns, severe injury and/or frostbite.

Spill or Release

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911-inform emergency personnel that there is a release from the CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store Tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

Training:

1. Employees shall be trained on the above hazards associated with carbon dioxide gas and the preventative measures to prevent a release.
2. Training shall include evacuation procedures in the event of a release.
3. If compressed gas cylinders are present, employees shall be training on the handling of the cylinders and the use of the valve caps to prevent accidental damage to the valve.

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher course must be provided annually. Record must be kept to show when each station employees has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

UTILITY SHUT-OFFS

- * **PUMPS SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-Off pumps in case of a leak to help prevent spills.
Location: 1-IN CASHIER AREA, 1-ESO PANEL
- * **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may be indicated when a potential leak is detected by a visual and audible alarm
Location: IN CASHIER AREA
- * **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.
Location: 1-IN STORE ROOM, 1-IN HALLWAY
- * **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.
Location: IN SIDEWALK
- * **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.
Location: NONE
- * **PROPANE/LPG SHUT-OFF:**
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

EMERGENCY EQUIPMENT

- * **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fire on your own; call 9-1-1 for help.
Location: 2-IN STORE ROOM, 1-OUTSIDE SOUTH WALL
- * **SPILL/CLEAN UP KIT:**
This can soak up small of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain.
In case of large spill, see the “Major Incident” section on the previous page.
Location: IN STORE ROOM
- * **RESPONSE EQUIPMENT:** These items are to be used to prevent skin with hazardous materials
 - Broom: IN STORE ROOM
 - Shovel: NONE
 - Gloves: IN STORE ROOM
 - Goggles: IN STORE ROOM

- * **FIRST AID KIT:** Used for minor incidents and treatment.
Location: 1-IN OFFICE
- * **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.
Location: SOUTHWEST OF SITE
- * **ENVIRONMENTAL DOCUMENTS/HMMPMSDS SHEETS:**
Location: SAFETY BOARD IN HALLWAY

EMPLOYEE TRAINING PLAN (con't)

MEDICAL FACILITIES:

PRIMARY FACILITY:

Coastline Medical Center
15622 Brookhurst St.
Westminster, CA 92683
(714) 531-0245

ALTERNATE FACILITY:

Garden Grove Hospital Med Center
12601 Garden Grove Blvd.
Garden Grove, CA 92843
(714) 537-5160

FIRST AID PROCEDURES (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

EYE CONTACT:

If irritation or redness develops, move victim away from exposure and fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention Immediately.

SKIN CONTACT:

Removing contaminated clothing and shoes, flush affected area (s) with large amount of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

INHALATION (Breathing):

Remove victim from source of exposure and into fresh air. If victim is not breathing, Give artificial respiration and seek medical attention immediately.

INGESTION (Swallowing):

Aspiration Hazard: **DO NOT INDUCE VOMITING.**
Do not give anything by mouth because it can enter the lungs and cause severe lung Damage. If victim is drowsy or unconscious and vomiting, place on the left side with The head down Seek medical attention immediately

FIRST AID FOR EXPOSURE TO OTHER MATERIALS:

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product

Hazardous Material Training Requirements

As the owner/operator of a business that handles hazardous material, you must have the following:

- * A Hazard Communication Plan (also know as an Employee Right-to Know Plan)

- * The Hazardous Material Management Plan- Chemical Inventory, also known as the CA Business Emergency Plan)

- * A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous material or changes in procedures requires immediate retaining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

- * Training for the Hazard Communication Plan must included the following elements:
 - * An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
 - * Locations of any operations in the work area where hazardous substances are present.
 - * Location where a copy of the written Hazard Communication programs is made available to them.
 - * How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in in the work place.
 - * How to detect the presence of or the release of hazardous substances in the work place.
 - * Emergency and first aid procedures to follow if employees are exposed to hazardous substances.

CALIFORNIA ON-SITE STATION TRAINING FORM

Site Number _____ Manager Name _____
 Street Address _____
 City, Zip Code _____
 Employee Name (Print) _____

I acknowledge that I have received and understand environmental compliance training in the following areas (please initial):

	Initial	Date
UST System Operations		
1. The types and locations of the tanks at the station		
2. For electrical monitors, daily monitoring check log and alarm log		
3. For electronic monitors, who to call in the event of a alarm		
Hazardous Material Management (Hazardous Material/Business Plan)		
1. Which material at the station are hazardous		
2. Where these material are stored		
3. How these material are to be handle, stored, and disposed of		
4. What Material Safety Data Sheets (MSDS) are and where they are kept at the station		
5. Proper use of Fire Extinguishers		
6. Training topic included in the HMMP, including review of MSDSs and the emergency response plan		
Waste Management Procedures		
1. The correct management for products in the station		
2. Proper labeling of wastes		
3. The importance of manifesting or having a receipt for all hazardous material that leave the site (store personnel sre not to sign hazardous waste manifests)		
Spill and Leak Response (Spill Response Plan)		
1. Location of spill response equipment		
2. Location of spill or leak contact list, reporting procedures		
3. Location of emergency fuel shut-off switch		
Inventory Reconciliation		
1. How to perform accurate fuel inventory control		
2. Follow-up of gasoline inventory overage/shortage (variance)		
3. Reporting and maintaining inventory records and fuel delivery receipts		
Daily Self Inspection*		
1. Type and operation of vapor recovery equipment at the facility		
2. How to perform daily inspection of equipment		
3. Procedures for non-compliance equipment (tag out of order), complete maintenance log		
Record Keeping (Maintenance, monitor, testing, wastes, inspections, inventory, permits, training, etc.		
1. Location where records are kept		
2. Types of records maintained at the facility/ length of time each record should be kept		

 Employee Signature Soc. Sec. # or Emp. ID # Date

Training Performed By _____
 Designated Operator Name Certificate # Date

* For facilities within the jurisdiction of the South Coast Air Quality Management District, the training provided to employees must be certified by the agency.

MAINTAIN THIS FORM THE ENTIRE TIME EMPLOYEE WORKS AT THE FACILITY

California On-Site Training Log

Site #: _____ Address: _____

Regulations require a listing of all employees trained for Designated Operator Requirements. Complete list and save in Safe Zone Records Box Training Records Folder (File # 4)

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

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Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____



State of California
 State of Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2120

For State Use Only

(Instructions on reverse side)

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

- | | | |
|---|-----|---|
| <input type="checkbox"/> 500,000 dollars per occurrence
or
<input checked="" type="checkbox"/> 1 million dollars per occurrence | AND | <input type="checkbox"/> 1 million dollars annual aggregate
or
<input checked="" type="checkbox"/> 2 million dollars annual aggregate |
|---|-----|---|

B. CIRCLE K STORES INC. hereby certifies that it is in compliance with the requirements of
 (Name of Tank Owner or Operator)
 California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.
 The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
INSURANCE AND FUEL RETENTION POLICY # 3731-3150	CHUBB CUSTOM INSURANCE COMPANY 15 MOUNTAIN VIEW RD WARREN, NJ 07059	POLICY # 3731-3150 ENDORSEMENTS TO -02-0523	\$1,000,000 EACH OCCURRENCE + 2,000,000 ANNUAL AGGREG.	DEC 17, 2010 TO DEC 17, 2011	YES	YES

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name <u>CIRCLE K STORES INC.</u>	Facility Address <u>SEE ATTACHED LIST</u>
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator <u>[Signature]</u> (Owner for CIRCLE K)	Date <u>1/10/11</u>
Signature of Witness or Notary <u>[Signature]</u>	Date <u>1/11</u>
Name and Title of Tank Owner or Operator <u>REX T. ABACAS - ENVIRONMENTAL MANAGER</u>	Name of Witness or Notary

STATE OF CALIFORNIA)

COUNTY OF)

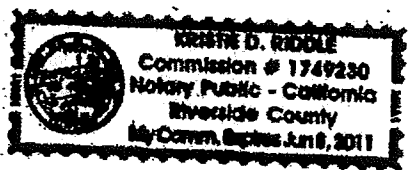
On Jan 10, 2011, before me, Kristen D. Riddle, Notary Public, personally appeared Rex T. ABA DAN, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kristen D. Riddle

(NOTARY SEAL)



Certificate of Insurance

NAME: SEE SCHEDULE BELOW
ADDRESS: SEE SCHEDULE BELOW

POLICY NUMBER: 3731-3150

ENDORSEMENT: 70-02-0533

PERIOD OF COVERAGE: 12/17/10 - 12/17/11

NAME OF INSURER: Chubb Custom Insurance Company
ADDRESS OF INSURER: 15 Mountain View Road
Warren, NJ 07059

NAME OF INSURED: Couche-Tard, Inc., Circle K Stores Inc.,
And Mac's Convenience Stores, LLC

ADDRESS OF INSURED: 1130 West Warner, Building B
Tempe, AZ 85284

CERTIFICATION:

1. CHUBB CUSTOM INSURANCE COMPANY, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

See endorsement 70-02-0533 "Scheduled Underground Storage Tank(s)" on policy referenced above, for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases in accordance with and subject to the limits of liability exclusions, conditions and other terms of the policy arising from operating the underground storage tank(s) identified above.

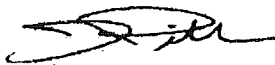
The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under 3731-3150. The effective date of said policy is December 17, 2010.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer 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 the Insurer. 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.

- c. Whenever requested by a Director of an implementing agency, the Insurer 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 the Insurer, 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 Insurer 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 policy 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) (2) and that the Insurer is eligible to provide insurance as an excess or surplus lines insurer in one or more states.



Signature of Authorized Representative of Insurer
Josh Pillion
Western Territory Manager
Authorized Representative of Chubb Custom Insurance Company
275 Battery Street
Suite 1200
San Francisco, Ca 94111



ORANGE COUNTY FIRE AUTHORITY
Hazardous Materials Inventory Statement

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- For line-by-line instructions, refer to the green colored pages of the disclosure packet
- If additional copies are necessary, this form may be reproduced



I. IDENTIFICATION

OFFICIAL USE ONLY	1	BEGINNING DATE	100	ENDING DATE	101
		09/14/2006		12-31-2009	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3	BUSINESS PHONE	102		
Mobil R/S #11648.		(714) 534-0805			
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored)	103				
9972 Westminster Ave					
CITY	104	STATE	105		
Garden Grove		CA	ZIP CODE 92844		
DUN & BRADSTREET	106	SIC CODE (4 digit #)	107		
60-779-7321		5541			
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE	110		
Viethoang Nguyen		(714) 534-0805			

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112		
ExxonMobil Oil Corporation		703-846-3000			
OWNER MAILING ADDRESS	113				
3225 Gallows RD					
CITY	114	STATE	115	ZIP CODE	116
Fairfax		VA		22037-0001	

III. BILLING INFORMATION

CONTACT NAME	117	CONTACT PHONE	118		
Gilbarco Veeder Root- Eric McPhee		1-800-253-8054			
CONTACT MAILING ADDRESS	119				
12596 W. Bayaud Suite 100					
CITY	120	STATE	121	ZIP CODE	122
Lakewood		CO		80228	

IV. EMERGENCY CONTACTS

-PRIMARY		IV. EMERGENCY CONTACTS		-SECONDARY	
NAME	123	NAME	128		
Viethoang Nguyen		Gilbarco Veeder Root			
TITLE	124	TITLE	129		
Dealer		FMS 24 hour spill reporting hotline			
BUSINESS PHONE	125	BUSINESS PHONE	130		
(714) 534-0805		1-800-997-7725			
24-HOUR PHONE	126	24-HOUR PHONE	131		
CELL or PAGER #	127	CELL or PAGER #	132		

Additional Locally Collected Information: 133
 (a) Please describe the main operation of your business: _____
 (b) Do you have a license to purchase commercial grade pesticides? Yes No If yes, give number: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
Viethoang Nguyen			Abby Bolack	
NAME OF SIGNER (print)	TITLE OF SIGNER	137	PHONE # OF PREPARER	138
Viethoang Nguyen	Dealer		303-991-1402	



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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I. IDENTIFICATION																	
OFFICIAL USE ONLY										1	BEGINNING DATE	100	ENDING DATE	101			
BUSINESS NAME (Name or FACILITY NAME or DBA - Doing Business As)											\$	BUSINESS PHONE	102				
Mobil RVS #11648												(714) 534-0805					
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored)													103				
9972 Westminster Ave																	
CITY											104	STATE	105	ZIP CODE	106		
Garden Grove											CA		92844				
COUN & BRAD STREET											108	SIC CODE (4 digit)	107				
60-779-7321												5541					
COUNTY ORANGE																	
BUSINESS OPERATOR NAME											109	BUSINESS OPERATOR PHONE	110				
Viehoang Nguyen												(714) 534-0805					
II. BUSINESS OWNER																	
OWNER NAME											111	OWNER PHONE	112				
ExxonMobil Oil Corporation												703-346-3000					
OWNER MAILING ADDRESS													113				
3225 Gallows RD																	
CITY											114	STATE	115	ZIP CODE	116		
Fairfax											VA		22037-0001				
III. BILLING INFORMATION																	
CONTACT NAME											117	CONTACT PHONE	118				
Gilbarco Veeder Root- Eric McPhee												1-800-253-8054					
CONTACT MAILING ADDRESS													119				
13496 W. Bayaud Suite 100																	
CITY											120	STATE	121	ZIP CODE	122		
Lakewood											CO		80228				
PRIMARY					IV. EMERGENCY CONTACTS					SECONDARY							
NAME					123	NAME					125						
Viehoang Nguyen						Gilbarco Veeder Root											
TITLE					124	TITLE					126						
Dealer						FMS 24 hour spill reporting hotline											
BUSINESS PHONE					128	BUSINESS PHONE					129						
(714) 534-0805						1-800-997-7725											
24-HOUR PHONE					128	24-HOUR PHONE					129						
CELL or PAGER #					127	CELL or PAGER #					127						
Additional Locally Collected Information																	
(a) Please describe the main operation of your business.																	
(b) Do you have in your facility any commercial grade pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, give number.																	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.																	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE											DATE	134	NAME OF DOCUMENT PREPARER			135	
* <i>Viehoang Nguyen</i>													Abby Belock				
NAME OF SIGNER (Print)					136	TITLE OF SIGNER					137	PHONE # OF PREPARER					138
Viehoang Nguyen						Dealer						303-991-1402					



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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ADD DELETE REVISE 200

Page 4 of 11

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Being Business At)

Mobil R/S 11648

CHEMICAL LOCATION (Where chemical is located - e.g. south west corner of warehouse)
9972 Westminster Ave Garden Grove, CA 92844

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No

OFFICIAL USE ONLY

MAP #

23s GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon

TRADE SECRET Yes No

COMMON NAME Gasoline Unleaded Regular

ERG Yes No

CAS # 8008-81-9

FIRE CODE HAZARD CLASSES (See green page 28)

OTHER Yes No

TYPE (Check only one only) PURE MIXTURE WASTE

RADIOACTIVE Yes No

CURIES

PHYSICAL STATE (Check one from only) SOLID LIQUID GAS

FED HAZARD CATEGORIES FIRE REACTIVE PRESSURE RELEASING ACUTE HEALTH CHRONIC HEALTH

AVERAGE DAILY AMOUNT 5,000 Gallons

REGULATED QUANTITY 10,000 Gallons

MSD-MAX AMT IN POUNDS

UNITS GALLONS CUBIC FEET POUNDS TONS

LARGEST CONTAINER 10,000 Gallons

OF DAYS ON SITE 365

STORAGE CONTAINER (Check all that apply)

- a. ABOVEGROUND TANK b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM
f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY j. ON TRUCK
k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS
p. RAIL CAR q. SLO r. TANK WAGON s. CARBOY t. TOTE BIN

STORAGE PRESSURE AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

1 <10% Methyl Tert Butyl Ether

227 Yes No 228 1634-04-1

2 <11% Ethyl Alcohol

231 Yes No 232 64-17-5

3 5-10% Toluene

225 Yes No 230 108-88-3

4 5-10% Xylene

239 Yes No 240 1330-20-7

5 1-5% 1,2,4 Trimethyl Benzene

248 Yes No 244 85-83-8

If more hazardous components are present at greater than 1% by weight if noncarcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper explaining the required information.

Additional facility collected information:

- (a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages)
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for?

Signature

Handwritten signature: Michael Anger

HAZARDOUS WASTE IDENTIFICATION CODES: OXIDER, COMB, EXEMPT, CARC, RAC, CAP, EXPL, HTX, RS



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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For assistance, contact the Disclosure Office at (714) 573-6250.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Mobil R/S 11648
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) 9972 Westminster Ave Garden Grove, CA 92844
OFFICIAL USE ONLY MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon
COMMON NAME Gasoline Unleaded Regular
CAS # 8006-61-9
TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE
PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS
AVERAGE DAILY AMOUNT 5,000 Gals
MAXIMUM AMOUNT 10,000 Gallons
EHS-MAX AMT. IN POUNDS
ANNUAL WASTE AMOUNT N/A
STATE WASTE CODE N/A
UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
LARGEST CONTAINER 10,000 Gallons
of DAYS ON SITE 365

STORAGE CONTAINER (Check all that apply)
a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM
f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY j. ON TRUCK
k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS
p. RAIL CAR q. SILO r. TANK INSIDE s. CARBOY t. TOTE BIN
u. TANK WAGON v. OTHER:

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Rows include Methyl Tert Butyl Ether, Ethyl Alcohol, Toluene, Xylene, 1,2,4 Trimethyl Benzene.

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:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages)
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for?

Signature FOR OFFICE USE ONLY
o UNDER o CARC o EXPL o 1
o COMB o RAD o HTX o 2
o EXEMPT o CGP o RS o 3



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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Page 3 of 10

I FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As):
Mobil #16 11648

CHEMICAL LOCATION (Where chemical is located, e.g. southeast corner of warehouse)
9972 Westminster Ave Garden Grove, CA 92644

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No

SPECIFIC USE ONLY YES NO

II CHEMICAL INFORMATION

CHEMICAL NAME **Petroleum Hydrocarbon**

TRADE SECRET Yes No

COMMON NAME **Gasoline Unleaded Regular**

ENG* Yes No

CAS # **8008-01-9** FIRE CODE HAZARD CLASSES (See green page 26)

TYPE (Check one or more only) a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No

PHYSICAL STATE (Check one or more only) a. SOLID b. LIQUID c. GAS

PHD HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **5,000 Gals** MAXIMUM AMOUNT **10,000 Gallons** EXIS. MAX. AMT. IN POUNDS

UNIT a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

LARGEST CONTAINER **10,000 Gallons** # of DAYS ON SITE **365**

STORAGE CONTAINER (Check all that apply)

<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANKWAGON
<input checked="" type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILO	<input type="checkbox"/> v. OTHER
<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE	
<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> s. CANBOY	
<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

CONCENTRATION	PERCENT	NAME	HAZARD	CONFIDENTIAL	UNIQUE ID
1	<10%	Methyl Tert Butyl Ether	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1634-04-1
2	<11%	Ethyl Alcohol	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	04-17-5
3	5-10%	Toluene	230	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-06-3
4	6-10%	Xylene	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
5	1-5%	1,2,4 Trimethyl Benzene	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-03-2

*If more than one component is present, a concentration of 1% by weight if carcinogenic, or 0.1% by weight if carcinogenic, or 1% by weight if carcinogenic, or 1% by weight if carcinogenic.

Additional facility checked information:

(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No

(b) Is this material pre-packaged for retail sale? Yes No

(c) Is this material a commercial grade pesticide? Yes No

(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma

(e) How is this material disposed of? (Refer to Table #2, page 25 of the green pages)

(f) Is a waste produced or left over after processing? Yes No

(g) How is the material used/What is the material used for?

Signature: *Weihoang Nguyen*

UNDER
 COMB
 EXEMPT

CARC
 RAD
 CGP

EXPL
 HTX
 RS



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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For assistance, contact the Disclosure Office at (714) 573-6250.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Mobil R/S 11648
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) 9972 Westminster Ave Garden Grove, CA 92844 SE CORNER
OFFICIAL USE ONLY 1 MAP # 1 GRID # E-7

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon
COMMON NAME Gasoline Unleaded Super
CAS # 8006-61-9
FIRE CODE HAZARD CLASSES (See green page 25) FLAMMABLE LIQUID
TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE
RADIOACTIVE Yes No
CURIES
PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS
FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT 5,000 Gals
MAXIMUM AMOUNT 10,000 Gallons
EHS-MAX AMT. IN POUNDS
ANNUAL WASTE AMOUNT N/A
STATE WASTE CODE N/A
UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
LARGEST CONTAINER 10,000 Gallons
of DAYS ON SITE 365

STORAGE CONTAINER (Check all that apply)
a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM
f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY j. ON TRUCK
k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS
p. RAIL CAR q. SILO r. TANK INSIDE s. CARBOY t. TOTE BIN
u. TANK WAGON v. OTHER:

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Rows include Methyl Tert Butyl Ether, Ethyl Alcohol, Toluene, Xylene, 1,2,4 Trimethyl Benzene.

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:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages)
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for?

Signature FOR OFFICE USE ONLY
o UNDER o CARC o EXPL o 1
o COMB o RAD o HTX o 2
o EXEMPT o CGP o RS o 3



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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- If this material is used or devaluated for our website at www.ocfa.org
- For complete instructions refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 512-6350.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
 Mobil R/S 11848

CHEMICAL LOCATION (Where stored or located, e.g. southeast corner of warehouse) 201
 9072 Westminster Ave Garden Grove, CA 92844

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202

OFFICIAL USE ONLY **HAZARDOUS** **OTHER** 203

II. CHEMICAL INFORMATION

CHEMICAL NAME 206
 Petroleum Hydrocarbon

TRACE SECRET Yes No 208

COMMERCE NAME 207
 Gasoline Unleaded Super

CAS # 205
 8006-61-9

FIRE CODE HAZARD CLASSES (See Appendix 2) 210

TYPE (Check one for only) a. PURE b. MIXTURE c. WASTE 211

RADIOACTIVE Yes No 212

CURIES 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214

FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 215

AVERAGE DAILY AMOUNT 217
 5,000 Gals

MAXIMUM AMOUNT 218
 10,000

EST. MAX AMT IN POUNDS 219

UNIT a. GALLONS b. LITERS c. POUNDS d. TONS 220

LARGEST CONTAINER 215
 10,000 Gallons

OF DAYS ON SITE 216
 365

STORAGE CONTAINER (Check all that apply)

<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANKWAGON
<input checked="" type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILE	<input type="checkbox"/> v. OTHER
<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE	
<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. CLABS CONTAINER	<input type="checkbox"/> s. CARBOY	
<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 218

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 219

WT%	220	221	222	223	224
<1%	220	Methyl Tert Butyl Ether	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	1834-04-4
<1%	220	Ethyl Alcohol	229	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	04-17-5
5-10%	204	Toluene	236	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	108-88-3
6-10%	219	Xylene	230	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	1330-20-7
1-5%	242	1,2,4 Trimethyl Benzene	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	96-63-6

If most hazardous components are present at greater than 1% by weight & non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper depicting the required information.

Additional locally collected information:

(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No

(b) Is this material prepackaged for retail sale? Yes No

(c) Is this material a commercial grade pesticide? Yes No

(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma

(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages)

(f) Is a safety data sheet left over after processing? Yes No

(g) How is the material used? What is the material used for?

Signature: *Michael Nguyen*

GUNNER **CARGO** **EXPL.**
 CCMB **RAD** **MTX**
 EXEMPT **CGP** **RS**



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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ADD DELETE REVISE 200

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Mobil R/S #11648
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) 9972 Westminster AVE Garden Grove, CA 92844
OFFICIAL USE ONLY MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME Carbon Dioxide
COMMON NAME CO2
CAS # 124-38-9
TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE
PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS
AVERAGE DAILY AMOUNT 25 lbs
MAXIMUM AMOUNT 50 lbs
EHS-MAX AMT. IN POUNDS
ANNUAL WASTE AMOUNT N/A
STATE WASTE CODE N/A
UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
LARGEST CONTAINER 50 lbs
of DAYS ON SITE 365
STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY j. ON TRUCK k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS p. RAIL CAR q. SILO r. TANK INSIDE s. CARBOY t. TOTE BIN u. TANK WAGON v. OTHER
STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Row 1: 100%, Carbon Dioxide, No, 124-38-9.

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:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages)
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for?

Signature FOR OFFICE USE ONLY o UNDER o COMB o EXEMPT o CARC o EXPL o RAD o HTX o CGP o RS o 1 o 2 o 3



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Printed type or print, legibly in black ink.
This form may be reproduced or downloaded from our website at www.ocfa.org.
For line-by-line instructions refer to the green colored pages of the disclosure packet.
For assistance, contact the Disclosure Office at (714) 512-6160.

ADD DELETE REVISE 200

Page 5 of 10

I. FACILITY INFORMATION

BUSINESS NAME (Rename as FACILITY NAME if CBA - Doing Business As)
Mobil R/S #1164E
CHEMICAL LOCATION (Where chemicals are located, e.g. southeast corner of warehouse)
9372 Westminster AVE Garden Grove, CA 92844

CONFIDENTIAL - EPCRA
Yes No
201

II. CHEMICAL INFORMATION

CHEMICAL NAME Carbon Dioxide
TRADE SECRET Yes No
Subject to EPCRA, enter in instructions

COMMON NAME CO2
EHS* Yes No

CAS# 124-38-9
FIRE CODE HAZARD CLASSES (See green page 22)
EHS IS YES? (See instructions on page 22)
Reports in their physical inventory records

TYPE (Check one box only)
a PURE b MIXTURE c WASTE
RADIOACTIVE Yes No
CURIES N/A

PHYSICAL STATE
a SOLID b LIQUID c GAS
PHYSICAL HAZARD CATEGORIES
a FIRE b REACTIVE c PRESSURE RELEASE
d ACUTE HEALTH e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 25 lbs
MAXIMUM AMOUNT 60 lbs
EHS-MAX AMT. IN POUNDS

UNITS*
a GALLONS b QUARTS c POUNDS d TONS
LARGEST CONTAINER 60 lbs
of DAYS ON SITE 365

STORAGE CONTAINER
a ABOVEGROUND TANK b UNDERGROUND TANK c PRESSURIZED TANK d MAGAZINE e DRUM
f PLASTIC CONTAINER g METAL CONTAINER h BOX i IN MACHINERY j ON TRUCK
k BAG l CANISTER m CYLINDER n GLASS CONTAINER o VARIOUS
p RAIL CAR q SILC r TANK INSIDE s CARRYING t TOTE BIN u OTHER

STORAGE CONDITIONS
a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

STORAGE TEMPERATURE
a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC

Table with 5 rows of chemical inventory data including quantity, name, and hazard status.

If toxic hazardous components are present in greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper explaining the requirements.

Additional locally obtained information:
(a) Is this material or any of its components a carcinogen?
(b) Is this material prepackaged for retail sale?
(c) Is this material a commercial grade pesticide?
(d) If this material is radioactive, what type of emitter is it?
(e) How is the material disposed of?
(f) Is a waste produced or left over after processing?
(g) How is the material used/What is the material used for?

Signature: [Handwritten Signature]
CONDITION: a COMB b EXEMPT
a RAD b EXPL c OGP d R5



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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- For assistance, contact the Disclosure Office at (714) 573-6250.

PART III – Business Emergency Plan (BEP)

Please read the instructions (on green page 24) prior to completing this Business Emergency Plan. Print legibly in black ink or type the information and make a copy for your records. Return the completed original forms, with Parts I and II, to:

Orange County Fire Authority
Hazardous Materials Services (HMS)
P.O. Box 57115
Irvine, CA 92619

Mark the correct box:

- This is the first time I have filed a BEP.
- A BEP is required to be reviewed every three years. I am submitting my BEP to meet this requirement.
- There have been changes in my business operation and/or personnel and I am submitting a new BEP with current information.
- There have not been changes in my business operation and/or personnel and I am submitting a certification attesting that I have reviewed the current BEP and it is still valid and up to date. (You must complete this page only, initial here and return.) Owner's initials: _____

Business Name Mobil R/S 11648

Address 9972 Westminster Ave Garden Grove, CA 92844

Required Signatures

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.

Owner/Operator Name (Print) Viethang Nguyen	Signature	Date
BEP Prepared By (Print) Abby Bolack	Signature	Date 09/14/2006

NOTIFICATION

A **hazardous materials Emergency** requires emergency responders, causes danger to employees requiring immediate medical attention can require response from different regulating agencies, and/or results in an actual or potential uncontrolled release. Dial 9-1-1.

A **hazardous materials Incident** is a spill or release that can be absorbed, neutralized, or otherwise controlled at the time of the release. Generally, the substance can be controlled by the employees in the immediate area or by maintenance personnel and there are no immediate safety or health hazards.

Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency (HMS) and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or (916) 845-8911
 Orange County Fire Authority/
 Hazardous Materials Section (HMS): (714) 573-6250

Person responsible for calling HMS and OES:

Manager on duty _____
 Name Title

Person responsible for calling 911 if the incident is also an emergency:

Manager on duty _____
 Name Title



ORANGE COUNTY FIRE AUTHORITY
Hazardous Materials Inventory Statement

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- For Use-by-Date Instructions, refer to the green colored pages.
- For assistance, contact the Distribution Office at (714) 573-6250.

PART III – Business Emergency Plan (BEP)

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 Hazardous Materials Services (HMS)
 P.O. Box 57115
 Irvine, CA 92619

Mark the correct box:

- This is the first time I have filed a BEP.
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Business Name: Mobil R/S 11648

Address: 9972 Westminster Ave Garden Grove, CA 92844

Required Signatures

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.

Owner/Operator Name (Print) Viethang Nguyen	Signature <i>Viethang Nguyen</i>	Date
BEP Prepared By (Print) Abby Bolack	Signature	Date 09/14/2006

NOTIFICATION

A **hazardous materials Emergency** requires emergency responders, causes danger to employees requiring immediate medical attention and requires response from different regulating agencies, and/or results in an actual or potential uncontrolled release. Dial 9-1-1

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Hazardous Materials Section (HMS): (714) 573-6250

Person responsible for calling HMS and OES:

Manager on duty Name	Title
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Person responsible for calling 911 if the incident is also an emergency:

Manager on duty Name	Title
-------------------------	-------



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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State law requires your business to complete all sections of the Emergency Response Procedure listed below. Those items left blank or complete with an "N/A" are not acceptable and in violation of Health & Safety Code (HSC) § 25505.

Do not submit business policies or procedure manual in lieu of completing these sections.

TRAINING

EMPLOYEE TRAINING PROGRAM – By law, all employees shall be trained in the methods for safe handling of hazardous materials, and in safety procedures in the event of a release or threatened release of hazardous materials.

Describe the training new employees receive regarding hazardous materials safety.

New employee training – Each newly hired employee will be informed during the first week of employment of the location of hazardous materials and the emergency plan procedure in the event of an accidental release.

Describe the training employees receive on an annual basis regarding hazardous materials safety.

Annual and refresher training – each employee will be notified when a change takes place, and will be re-trained annually. Emergency response procedure – all employees are trained in the use of the emergency shut-off system and familiarized with the fire extinguishers as well as the emergency response plan. The employees are also trained in the business emergency plan, procedures for notifying emergency response agencies and evacuation procedures. Employees are taught how to read MSDSs for physical and chemical properties of each hazardous substance.

Describe when an employee would receive refresher training in hazardous materials safety.

The station manager keeps the training records and is responsible for training new hires and the refresher training thereafter.

MITIGATION

How does your business prevent spills from occurring?

Periodic inspections of all storage tanks, periodic maintenance, fire extinguishers serviced regularly and good housekeeping. Signs are posted at the pumps informing customers of the danger of smoking in non-smoking areas and to turn-off vehicle engines while pumping gas.

What methods does your business have to prevent a spill from spreading?

Place absorbant around spill to contain liquid.



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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ABATEMENT

List the types of releases that can occur at your business and how each type of release will be stopped.

Example: Processing pipe breaks – release is stopped with pipe clamps designed for this purpose.

Emergency shut-offs would be activated to stop a dispenser release. Small spills will be contained and cleaned-up with absorbent materials. Mobil's maintenance contractor will handle major clean-up activities and disposal of hazardous waste.

How do you handle the clean-up and disposal of released materials at your facility?

Small spills will be contained and cleaned-up with absorbent materials.

What aspects of an incident (release) are beyond your ability and need to be handled by others?

Example: Disposal of released materials – call ABC Waste Disposal Company @ (000) 123-4567.

For immediate response for leaks and/or spills, call Gilbarco Veeder-Root spill reporting hot-line at 800-997-7725.

EVACUATION

How will you immediately notify and evacuate your facility? If the method of notification requires electrical power, how will it be operated during a power failure?

Notification for evacuation

- 1) All employees and customers will be evacuated to a safe area by verbal notification.
- 2) The emergency shut-down switch will be activated.
- 3) Call 911.
- 4) Mitigate the emergency, if possible.
- 5) Contact Mobil maintenance for clean-up and repair.

Do you have a pre-arranged employee staging area? If yes, where do employees meet after being evacuated? Who is responsible to account for the evacuated employees?

Yes front side of building side of cashier station. Manager on duty will take account for all the evacuated employees

If you do not have an employee staging area, how will you account for the employees, to make sure that everyone has been evacuated?

Meet in the staging area.



ORANGE COUNTY FIRE AUTHORITY
Hazardous Materials Inventory Statement

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ADDITIONAL INFORMATION

Your business is required by State Law to keep a copy of this Business Emergency Plan, including the chemical inventory and Site Map. Describe where copies of this plan as well as other records required by this plan (i.e. employee training, release reports, safety drills, maintenance records) will be located at your business.

Records are kept in the station office in the Environmental Records book. This contains the chemical inventory, site map, emergency response plan, monitoring plan, leak response plan, and the emergency phone list (which is posted on the wall).

Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic Garden Grove Hospital			
Address 12601 Garden Grove Blvd	City Garden Grove	Zip Code 92804	Phone Number (714) 537 - 5160

Does your business have a private on-site emergency response team? Yes No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of an emergency:



**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: MOBIL SERVICE STATION # 11648 **Telephone:** 714) 534-0805
Site Address: 9972 WESTMINSTER AVE GG **Zip Code:** 92844

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 VIET NGUYEN

Signature [Signature]

Job Title Dealer

Date 4/8/09