



**CITY OF GARDEN GROVE**  
**FIRE DEPARTMENT**

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

9/28/2017

Lyla Gray-Etherson  
Property Solutions Inc.

RE: Records Search for 11971 Valley View St., Garden Grove CA

Dear Lyla Gray-Etherson:

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,



Brad Spell  
Fire Captain/Senior Fire Protection Specialist

**Violation List for  
EASTGATE CHEVRON  
11971 VALLEY VIEW St**

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<b>Date Issued</b>	<b>Date Cleared</b>	<b>Code #</b>	<b>Violation Description</b>
08/05/2009	08/17/2009	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
08/05/2009	08/17/2009	CFC 901.6	Service and tag Fire Extinguishers.
08/05/2009	08/17/2009	CFC 906.1	Provide extinguisher(s)
09/06/2007	09/20/2007	CFC 8001.3.:	Complete Haz Mat Disclosure packet
09/06/2007	09/20/2007	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
09/06/2007	09/20/2007	CFC 1001.5.:	Service and tag Fire Extinguishers.
05/18/2005	07/30/2012	HSC 25509	Chemical inventory is incomplete / requires update.
08/24/2003	09/23/2003	1001.5.1	Service and tag extinguishers.
08/24/2003	09/23/2003	GGMC 6.21	Complete Hazardous Materials disclosure forms.

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET

#### SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	_____
BUSINESS NAME	<u>East Gate Chevron.</u>
BUSINESS ADDRESS	<u>11971 VALLEY VIEW ST.</u> <u>GARDEN GROVE.</u>
APPROVED BY	_____ DATE _____
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>  </u> 4D <u>  </u> BUSLIST <u>  </u> CALARP: <u>  </u> CUPA: <u>  </u> GIS <u>  </u>
FEE	_____



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

## Hazardous Materials Business Information Form

Page      of      3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	HASSAN & Sons Inc. DBA . EAST GATE CHEMICAL			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	1171 VALLEY VIEW ST.				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92845
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	HASSAN & Sons Inc.		OPERATOR'S PHONE	(714) 761-5422	

### BUSINESS OWNER

OWNER NAME	HASSAN & Sons Inc.		OWNER PHONE	17	
OWNER MAILING ADDRESS	[REDACTED]				
CITY	Cypress	STATE	CA	ZIP	90630

### ENVIRONMENTAL CONTACT

CONTACT NAME	Brian Hassan		CONTACT PHONE	23	
CONTACT MAILING ADDRESS	[REDACTED]				
CITY	Cypress	STATE	CA	ZIP	90630

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	Brian Hassan	NAME	SAL HASSAN
TITLE	SEC.	TITLE	PRESIDENT
BUSINESS PHONE	(714) 761-5426	BUSINESS PHONE	(714) 761-5426 ext 21
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER	[REDACTED]	PAGER #	[REDACTED]

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	RETAIL GASOLINE	TOTAL # OF EMPLOYEES	5
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ATTENTION		Brian.
PROPERTY OWNER NAME	HASSAN & Sons Inc.	ADDRESS	5999 Cerritos AVE CYPRESS CA 90630
PHONE	(714) 761-5426		

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	8/8/2010	46
NAME OF SIGNER (print)	Brian Hassan	NAME OF DOCUMENT PREPARER (print)	Brian Hassan	49
TITLE OF SIGNER	SEC.	TITLE OF DOCUMENT PREPARER	SEC.	50



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1 Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY CODE	30035	BUSINESS NAME	
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	11971 Valley View St - Garden Grove CA 92845		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

## II. CHEMICAL INFORMATION

CHEMICAL NAME	Suprem unleaded.	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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COMMON NAME	(91) Octane	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CAS #	2006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Flammable liquid class 3.
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TYPE (check all that apply)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
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PHYSICAL STATE	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
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AVERAGE DAILY AMOUNT	4000	MAXIMUM DAILY AMOUNT	6000	ANNUAL WASTE AMOUNT		STATE WASTE CODE
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365 DAYS	LARGEST CONTAINER	10,000
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC
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WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100%	Gasoline	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80290-81-5
14.9%	Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	71-43-2
13.9%	Ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4
12%	Naphthalene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	91-20-3
0-10%	Ethanol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5

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

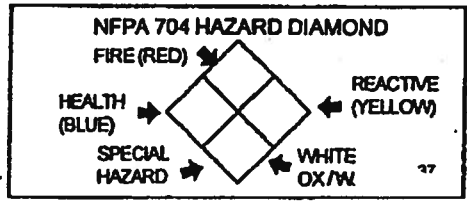
## PLACARDING INFORMATION

UNDOT # DOT# 1203 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	30035	BUSINESS NAME	
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	11971 Valley View St. Garden Grove CA 92845		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

## II. CHEMICAL INFORMATION

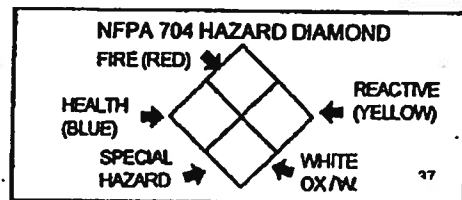
CHEMICAL NAME	MID-GRADE UNLEADED	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Plus (89) Octane	* If EPCRA see instructions			
CAS #	8006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Flammable liquid class 3		
TYPE (Check one box only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	
PHYSICAL STATE	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	5000	MAXIMUM DAILY AMOUNT	8000	ANNUAL WASTE AMOUNT	N/A
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> j. BAG(S) <input type="checkbox"/> k. BOX(S)	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100%	Gasoline	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	86290-81-5
1.4%	Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	71-43-2
1-3%	ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4
1-2%	ethanol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9-20-3
0-15%	Methyl tert Butyl	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5

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

## PLACARDING INFORMATION

UNDOT #	DOT # 1203
DOT HAZARD CLASS	
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO
X	



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1    Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
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### I. FACILITY INFORMATION

CHEMICAL LOCATION	11971 Vanoy View St. Garden Grove. CA			4			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

### II. CHEMICAL INFORMATION

CHEMICAL NAME	UNLEADED (87) Octane	WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11
COMMON NAME	Regular unleaded	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13	*If EHS is "Yes", all amounts must be LBS			

TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input checked="" type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT	5000K	19	MAXIMUM DAILY AMOUNT	8000K	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	10,000 GALLONS	25	
*If EHS, amount must be in pounds.		<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS							

STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON	<input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> s. TOTE BIN	<input type="checkbox"/> t. OTHER	26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100%	Gasoline Unleaded	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	86290-81-5
1-49%	Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	71-43-2
1-3%	Ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4
1-2%	Naphthalene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	91-20-3
0-15%	Methyl tert	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5

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

### PLACARDING INFORMATION

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

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of \_\_\_\_\_

### I. FACILITY IDENTIFICATION

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

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

HAYMAN & SONS INC. DBA EAST GATE LEVERON

### II. ACTIVITIES DECLARATION

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

Does your facility...

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

#### A. HAZARDOUS MATERIALS

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

YES  NO

4.  HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

#### B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intent to upgrade existing or install new USTs?

YES  NO

5.  UST FACILITY (Formerly SWRCB Form A)

YES  NO

6.  UST FACILITY

- Need to report closing a UST?

YES  NO

7.  UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

UST TANK (closure portion-one page per tank)

#### C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:  
- any tank capacity is greater than 660 gallons, or  
- the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?

YES  NO

8.  NO FORM REQUIRED TO CUPAS

#### D. HAZARDOUS WASTE

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?
- Treat hazardous waste on site?
- Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?
- Consolidate hazardous waste generated at a remote site?
- Need to report the closure/removal of a tank that was classified waste and cleaned onsite?

YES  NO

9.  EPA ID NUMBER - provide at the top of this page

YES  NO

10.  RECYCLABLE MATERIALS REPORT (one per recycler)

YES  NO

11.  ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)

ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)

YES  NO

12.  CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

YES  NO

13.  REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

YES  NO

14.  HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

#### E. LOCAL REQUIREMENTS

a) ARP: California Accidental Release Prevention Program  
H&SC Chapter 6.95, Article 2, §25531 et seq  
--- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process

YES  NO

15.  REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

VOCAL

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

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

The Staging area is at the following location as shown on your site plan map:

By AIR & Water Makers

Employee Responsibilities:

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

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

Activate EMERGENCY shut off switch

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

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

National Response Center

Phone Numbers

911  
(800) 852-7550 or  
(916) 427-4341  
(800) 424-8802

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
  - a. Isolation and separation of incompatible materials.
  - b. Diking areas to contain spills.
  - c. Storage on paved ground.
  
2. Compressed and/or cryogenic gas storage areas:
  - a. Cylinder stored upright and secured.
  - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).
  
3. General:
  - a. Safe work practices are exercised in daily routines.
  - b. Employees who handle hazardous materials are properly trained.
  - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
  - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
  - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
  - f. Posting of "No Smoking" signs where appropriate.

**GARDEN GROVE FIRE DEPARTMENT**

**BUSINESS EMERGENCY PLAN**

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

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

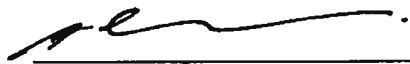
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure Information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

*It is kept by the Cashier's Area in the County Fire Binder*

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

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

**I certify, under penalty of perjury, that the enclosed information is true and correct to the best of my knowledge.**

Signature:   
Name: Brian Hassen  
Title: SEC.  
Date: 8/8/2010



**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:** EAST GATE CHEVROLET **Telephone:** 714 897 8575  
**Site Address:** 11971 VALLEY VIEW **Zip Code:** 92845

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 ALBA LARA.

Signature

Job Title Manager

Date 6/24/08

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	_____					
BUSINESS NAME	_____					
APPROVED BY:	_____	DATE:	_____			
NEW BUSINESS	_____	UPDATE	_____			
FEE	1	2	3	4	5	6
PICK	___ 4D ___	BUSLIST	___	CALARP:	___	CUPA: ___ GIS ___



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

## Hazardous Materials Business Information Form

Page \_\_\_ of \_\_\_ 3

### BUSINESS INFORMATION

FACILITY (Supplied by GGFD)		3 0 0 3 5	BEGINNING DATE	1 06/01/05	ENDING DATE	2 06/01/06	
BUSINESS NAME				4 HASSAN & Sons Inc dba Eastgate Chevron	BUSINESS PHONE		5 (714) 897-8575
BUSINESS SITE ADDRESS							6 11971 Valley View St.
CITY			7 GARDEN GROVE	STATE	8 CA	ZIP	9 92845
DUN & BRADSTREET			10	SIC CODE (4 DIGIT #)		11 FIRE DISTRICT	12 66FD
COUNTY							13 ORANGE
BUSINESS OPERATOR NAME				14 EASTGATE CHEVRON	OPERATOR'S PHONE		15 (714) 897-8575

### BUSINESS OWNER

OWNER NAME		16 HASSAN & Sons INC.	OWNER PHONE	17	
OWNER MAILING ADDRESS					18
CITY					19 CYPRESS
STATE		20 CA	ZIP	21 90630	

### ENVIRONMENTAL CONTACT

CONTACT NAME		22 Brian Hassan	CONTACT PHONE	23	
CONTACT MAILING ADDRESS					24
CITY					25 CYPRESS
STATE		26 CA	ZIP	27 90630	

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28 BRIAN HASSAN	NAME	33 SAL HASSAN
TITLE	29 V.P.	TITLE	34 CEO
BUSINESS PHONE	30 (714) 761-5426	BUSINESS PHONE	35 (714) 761-5426
24-HR. PHONE	31	24-HR. PHONE	36
PAGER #	32	PAGER #	37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38 RETAIL Gasoline Station	TOTAL # OF EMPLOYEES	39 4	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40 5999 Carritos Ave	ATTENTION	41 Brian Hassan	
PROPERTY OWNER NAME	42 HASSAN & Sons INC.	ADDRESS	43 ADR CYPRESS CA	
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.		PHONE	44	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45	DATE	46 4/1/05
NAME OF SIGNER (print)	47 Brian Hassan	NAME OF DOCUMENT PREPARER (print)	49	
TITLE OF SIGNER	48 V.P.	TITLE OF DOCUMENT PREPARER	50 Brian Hassan V.P.	



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	
--------------	-----------	---------------	--

## I. FACILITY INFORMATION

CHEMICAL LOCATION	1197 Valley View St.		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID # CS, C4, C3

## II. CHEMICAL INFORMATION

CHEMICAL NAME	GASOLINE UNLEADED		WASTE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	GASOLINE		* If EPCRA see instructions		An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS #	86290-81-5	FIRE CODE HAZARD CLASSES (supplied by GGFD)		* If EHS is "Yes", all amounts must be LBS		
TYPE	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES N/A		
PHYSICAL STATE	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	HAZARD	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	15000 GWS	MAXIMUM DAILY AMOUNT	22000 GWS	ANNUAL WASTE AMOUNT	N/A	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365 Days	LARGEST CONTAINER		
STORAGE CONTAINER	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	Unleaded Gasoline	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	86290-81-5
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

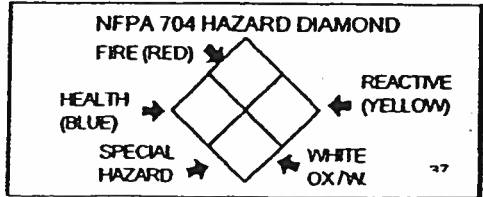
## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED





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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page J of \_\_\_\_\_

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

3. BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)  
**EAST GATE CHEVRON**

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...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

# **GARDEN GROVE**



## **FIRE DEPARTMENT**

### **HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

#### **REPORTING FORMS PACKET: PART 2**

#### **BUSINESS EMERGENCY PLAN SHORT VERSION**

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF AN  
ACTUAL OR THREATENING HAZARDOUS MATERIALS EMERGENCY.**

**FILL THESE FORMS OUT COMPLETELY AND BE READY TO  
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN  
THEY ARRIVE AT THE EMERGENCY SCENE.**

**IN THE EVENT OF AN EMERGENCY,**

**CALL 911**

# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## *BUSINESS EMERGENCY PLAN*

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies.
2. Repair Garages. H-4 occupancies.
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

### Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

intercom connected to all AUMPS

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

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

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

Under ~~the~~ ~~main~~ ~~entrance~~ it is located by reader room.

Employee Responsibilities:

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

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

Evacuate the premise Push Emergency shutOFF switch. to prevent fire.

# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## *BUSINESS EMERGENCY PLAN*

### Personnel Emergency Notifications and Responsibilities

#### Training Requirements

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

Employee training provided on:

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

#### Emergency Notifications

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

#### Required Notifications

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

#### Agency

#### Phone Numbers

Garden Grove Fire Department, Police,  
Paramedics

911  
(800) 852-7550 OR (916) 427-4341  
(800) 424-8802

Office of Emergency Services (OES)  
National Response Center

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

***BUSINESS EMERGENCY PLAN***

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
  - a  Isolation and separation of incompatible materials
  - b  Diking areas to contain spills
  - c  Storage on paved ground
  
2. Compressed and/or cryogenic gas storage areas:
  - a  Cylinders stored upright and secured
  - b  Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
  
3. General:
  - a  Safe work practices are exercised in daily routines.
  - b  Employees who handle hazardous materials are properly trained.
  - c  Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
  - d  Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
  - e  Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)
  - f  Posting of "No Smoking" signs where appropriate.

# GARDEN GROVE FIRE DEPARTMENT

## BUSINESS EMERGENCY PLAN

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

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

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

On folder by reader Root System

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

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

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

SIGNATURE: 

NAME: Brian Hassen

TITLE: VP

DATE: 06/01/05

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>14</u>					
BUSINESS NAME	<u>EAST GATE CHEVRON</u>					
APPROVED BY:	<u>[Signature]</u>	DATE:	<u>10/10/03</u>			
NEW BUSINESS	_____		UPDATE	<u>X</u>		
FEE	1	2	3	<u>4</u>	5	6
PICK	<u>4D</u>	<input checked="" type="checkbox"/>	BUSLIST	_____	CALARP:	_____
				CUPA:	_____	GIS
						_____





# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1 Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	EAST GATE CHEVRON	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	11971 Valley View St Garden Grove CA 92845					4		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	I 3, J-B, K-3	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	GASOLINE		WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11													
COMMON NAME	GASOLINE		* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12													
CAS #	86290-81-5	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Flammable liq. FI-A					13												
TYPE (Check one item only)	<input type="checkbox"/> a PURE	<input checked="" type="checkbox"/> b MIXTURE	<input type="checkbox"/> c WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16												
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a SOLID	<input checked="" type="checkbox"/> b LIQUID	<input type="checkbox"/> c GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE	<input type="checkbox"/> b REACTIVE	<input type="checkbox"/> c PRESSURE RELEASE	18												
						<input type="checkbox"/> d ACUTE HEALTH	<input type="checkbox"/> e CHRONIC HEALTH														
AVERAGE DAILY AMOUNT	15,000	19	MAXIMUM DAILY AMOUNT	21,000	20	ANNUAL WASTE AMOUNT		21	STATE WASTE CODE	22											
UNITS	<input checked="" type="checkbox"/> a GALLONS	<input type="checkbox"/> b CUBIC FEET	<input type="checkbox"/> c POUNDS	<input type="checkbox"/> d TONS	23	DAYS ON SITE	7 DAY 24 HRS.	24	LARGEST CONTAINER	10,000 GAL	25										
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a ABOVEGROUND TANK	<input type="checkbox"/> b UNDERGROUND TANK	<input type="checkbox"/> c TANK INSIDE BLDG	<input type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> e PLASTIC DRUM	<input type="checkbox"/> f NONMETALLIC DRUM	<input type="checkbox"/> g METAL CONTAINER	<input type="checkbox"/> h CARBOY	<input type="checkbox"/> i VAT	<input type="checkbox"/> j FIBER DRUM	<input type="checkbox"/> k BAG(S)	<input type="checkbox"/> l BOX(S)	<input type="checkbox"/> m CYLINDER	<input type="checkbox"/> n GLASS CONTAINER	<input type="checkbox"/> o PLASTIC CONTAINER	<input type="checkbox"/> p IN MACH OR EQUIP	<input type="checkbox"/> q TANK WAGON	<input type="checkbox"/> r RAIL CAR	<input type="checkbox"/> s TOTE BIN	<input type="checkbox"/> t OTHER	26
STORAGE PRESSURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT	27																	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT	<input type="checkbox"/> d CRYOGENIC	28																

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	REG. UNLEADED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	86290-81-5
100	MFD-GRADE UNLEADED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	86290-81-5
100	PREMIUM UNLEADED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	86290-81-5
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

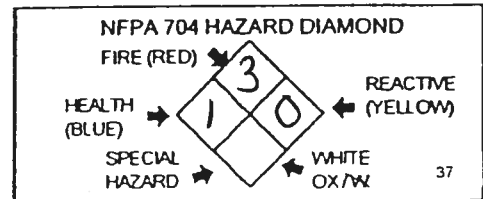
## PLACARDING INFORMATION

UNDOT # UN1203 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 (Flammable Liquid) 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

# CUPA

## BUSINESS ACTIVITIES

### I. FACILITY IDENTIFICATION

FACILITY ID: 3 0 0 3 5 1 4 1 EPA ID # (Hazardous Waste Only) CAL 000257815

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)  
East Gate Chevron

### 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...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>		
1. 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)
2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. ✓ UST TANK (closure portion one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. ✓ NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b>		
1. Generate hazardous waste?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. ✓ EPA ID NUMBER - provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b>		
Cal-ARP California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET: PART 2

#### BUSINESS EMERGENCY PLAN SHORT VERSION

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF AN  
ACTUAL OR THREATENING HAZARDOUS MATERIALS EMERGENCY.**

**FILL THESE FORMS OUT COMPLETELY AND BE READY TO  
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN  
THEY ARRIVE AT THE EMERGENCY SCENE.**

**IN THE EVENT OF AN EMERGENCY,**

**CALL 911**

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

***BUSINESS EMERGENCY PLAN***

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

PAGING SYSTEM Through an intercom

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

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

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

---

Employee Responsibilities:

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

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

# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## *BUSINESS EMERGENCY PLAN*

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies.
2. Repair Garages. H-4 occupancies.
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

### Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## *BUSINESS EMERGENCY PLAN*

### Personnel Emergency Notifications and Responsibilities

#### Training Requirements

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

Employee training provided on:

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

#### Emergency Notifications

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

#### Required Notifications

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

#### Agency

#### Phone Numbers

Garden Grove Fire Department, Police,  
Paramedics

911  
(800) 852-7550 OR (916) 427-4341  
(800) 424-8802

Office of Emergency Services (OES)  
National Response Center

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

***BUSINESS EMERGENCY PLAN***

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
  - a \_\_\_ Isolation and separation of incompatible materials
  - b \_\_\_ Diking areas to contain spills
  - c  Storage on paved ground *55 gallon contaminated water from tank sumps.*
  
2. Compressed and/or cryogenic gas storage areas:
  - a  Cylinders stored upright and secured *CO2 in store for SOLAS.*
  - b \_\_\_ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
  
3. General:
  - a  Safe work practices are exercised in daily routines.
  - b  Employees who handle hazardous materials are properly trained.
  - c  Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
  - d  Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
  - e  Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)
  - f  Posting of "No Smoking" signs where appropriate.

# GARDEN GROVE FIRE DEPARTMENT

## BUSINESS EMERGENCY PLAN

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

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

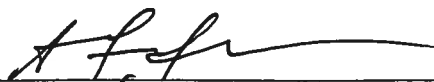
Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

ON site at EASTGATE CHEVRON

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

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

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

SIGNATURE:   
NAME: Emay Hassan  
TITLE: V.P.  
DATE: 9/18/03





**GARDEN GROVE FIRE DEPARTMENT  
ENVIRONMENTAL PROTECTION SECTION**

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

*Handwritten:*  
~~Victor~~  
(714) 715-2939  
Victor

**Hazardous Materials Business Emergency Plan And  
Inventory Certification Statement**

Business Name: East Gate Chevron  
Site Address: 1197 Valley View St.

Telephone: (714) 897-8575  
Zip Code: 92845

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 Gal Hasseus

Signature [Signature]

Job Title President

Date 4/18/01

**UNIFIED PROGRAM CONSOLIDATED FORM**

**FACILITY INFORMATION**

**BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID#	1. EPA ID # (Hazardous Waste Only)	2.
	M/A	

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3.
<i>East Gate Chevron</i>	

**II. ACTIVITIES DECLARATION**

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks?  2. Intent to upgrade existing or install new USTs?  3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    5.  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    6.  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)  <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?  3. Treat hazardous waste on site?  4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site?  6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    10.  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    11.  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    13.  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    14.	<input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)  <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b>	15.	

(You may also be required to provide additional information by your CUPA or local agency.)

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET: PART 1

#14

EAST GATE CHEVRON  
11971 JALLEY VIEW  
714-897-8575

FOR OFFICIAL USE ONLY				
APPROVED BY: <u>SHIRLEY</u>	DATE: <u>10-3-00</u>			
NEW BUSINESS <input type="checkbox"/>	EXISTING <input type="checkbox"/>	UPDATE <input checked="" type="checkbox"/>		
FEE: 1 2 3 4 5 6				
OWNERSHIP CHANGE: <input checked="" type="checkbox"/>	<u>NAME CHANGE</u>			
ADDRESS CHANGE: _____				
TIER II <input type="checkbox"/>	FAC: <input type="checkbox"/>	CON. <input type="checkbox"/>	BUS LIST: <input type="checkbox"/>	PICK: <input checked="" type="checkbox"/>

**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE  NO CHANGE

PAGE (2) **2** OF 3) **2**

BUSINESS NAME (4) LORRAINE HART CHEVRON  
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) 11971 VALLEY VIEW NORTH LOT  
 MAP # (if more than one) (6) \_\_\_\_\_ GRID # (7) 7K

CHEMICAL NAME (8) CHEVRON GASOLINE TRADE SECRET (11)  Y  N  
 COMMON NAME (9) GASOLINE AHM / \*EHS (12)  Y  N  
 CAS # (10) MIXTURE \*IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS  
 FIRE CODE HAZARD CLASSES\* (13) F I A

**\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

TYPE (14)  PURE  MIXTURE  WASTE CHECK IF RADIOACTIVE (15)  (16) \_\_\_\_\_  
 PHYSICAL STATE (17)  SOLID  LIQUID  GAS CURIES \_\_\_\_\_  
 FED HAZARD CATEGORIES (18)  FIRE  REACTIVE  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH  
 STATE WASTE CODE (19) N/A UNITS (22)  GAL  CU FT  LBS  TONS MAX DAILY AMT (23) 30,000  
 DAYS ON SITE (20) 365 \*If EHS, amounts must be in lbs. AVG DAILY AMT (24) 14,000  
 LARGEST CONTAINER (21) 10,000 ANNUAL WASTE AMT (25) 0  
 STORAGE CONTAINER (26)  ABOVE GROUND TANK - INSIDE  CAN  BOX(S)  TANK WAGON  
 UNDER GROUND TANK  CARBOY  CYLINDER  RAIL CAR  
 TANK INSIDE BUILDING  SILO  GLASS CONTAINER  
 STEEL DRUM  FIBER DRUM  PLASTIC CONTAINER  Other  
 PLASTIC/NONMETALLIC DRUM  BAG(S)  IN MACHINERY OR EQUIP.  
 PRESSURE STORAGE (27)  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT  
 STORAGE TEMPERATURE (28)  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT  CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1. <u>18.06%</u>	<u>ETHYL TERT BUTYL ETHER</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>CAS 637923</u>
2. <u>17.00%</u>	<u>TERT-AMYL METHYL ETHER</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>CAS 994058</u>
3. <u>15.00%</u>	<u>METHYL TERT BUTYL ETHER</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>CAS 1634044</u>

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**  
 \*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION \_\_\_\_\_

UN/DOT # 1203 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 Refer to shipping papers or MSDS

UFC HAZARD CLASS \_\_\_\_\_

NFPA 704 HAZARD DIAMOND

HEALTH BLUE → [4] ← REACTIVE YELLOW

SPECIAL HAZARD ↗ [None] ↖ WHITE OX/W

**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**