



CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.
Conduct municipal elections and oversee legislative administration.
Provide reliable, accurate, and timely information to the
City Council, staff, and the general public.*

November 13, 2019

Request #5151
Requester: Andrew Kim
Company: Encon Solutions, Inc.

Re: 13202 Brookhurst St.

Dear Mr. Kim,
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 and clean-up, as that information is provided through the County of Orange Health Department.

Sincerely,

Amanda Pollock
City of Garden Grove
City Clerk's Office

Steven R. Jones

Mayor

Stephanie Klopfenstein

Mayor Pro Tem - District 5

George S. Brietigam

Council Member - District 1

John R. O'Neill

Council Member - District 2

Thu-Ha Nguyen

Council Member - District 3

Patrick Phat Bui

Council Member - District 4

Kim Bernice Nguyen

Council Member - District 6

**Violation List for
BR PETROLEUM INC. /SHELL
13202 BROOKHURST St**

Date Issued	Date Cleared	Code #	Violation Description
04/11/2016	04/25/2016	CFC ARTICL	PLACARDING AND SIGNS
04/11/2016	04/25/2016	CFC 3003.5.:	Secure compressed gas cylinders.

Common Name DIESIL #2

Max Daily Amount

Not Used/Used

Chemical Name DIESIL #2

6000 Gallons

Cas # 68476-34-6

Location UNDERGROUND TANK

Map

Grid

Delete __ Modify __

Common Name PREMIUM GASOLINE

6000 Gallons

Chemical Name PREMIUM GASOLINE

Map

Grid

Delete __ Modify __

Cas # 8006619

Location UNDERGROUND TANK

Common Name REGULAR GASOLINE

12000 Gallons

Chemical Name REGULAR GASOLINE

Map

Grid

Delete __ Modify __

Cas # 8006619

Location UNDERGROUND TANK

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>9142</u>
BUSINESS NAME	<u>Garden Grove Petroleum</u>
BUSINESS ADDRESS	<u>13202 Brookhurst St</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</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	_____



Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	GARDEN GROVE PETROLEUM			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	13202 Brookhurst St.				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	[REDACTED]			OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	[REDACTED]			OWNER PHONE	16
OWNER MAILING ADDRESS	[REDACTED]				18
CITY	[REDACTED]	STATE	[REDACTED]	ZIP	[REDACTED]

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]			CONTACT PHONE	23
CONTACT MAILING ADDRESS	[REDACTED]				24
CITY	[REDACTED]	STATE	[REDACTED]	ZIP	[REDACTED]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	[REDACTED]	29	TITLE	[REDACTED]	34
BUSINESS PHONE	[REDACTED]	30	BUSINESS PHONE	[REDACTED]	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	[REDACTED]	32	PAGER #	[REDACTED]	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Gas Station	38	TOTAL # OF EMPLOYEES	2	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	SAME Address.	40	ATTENTION		41
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[REDACTED]	45	DATE		46
NAME OF OWNER/OPERATOR	[REDACTED]	47	NAME OF DOCUMENT PREPARER (print)		49
TITLE OF OWNER/OPERATOR	[REDACTED]	48	TITLE OF DOCUMENT PREPARER		50



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

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	GARDEN GROVE PETROLEUM			BUSINESS PHONE	5
BUSINESS SITE ADDRESS 13202 Brookhurst St.					
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	[REDACTED]			OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	Garden Grove Petroleum Services			OWNER PHONE	17
OWNER MAILING ADDRESS 13202 Brookhurst St.					
CITY	Garden Grove	STATE	CA	ZIP	92843

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]			CONTACT PHONE	23
CONTACT MAILING ADDRESS [REDACTED]					
CITY	[REDACTED]	STATE	[REDACTED]	ZIP	[REDACTED]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	President	29	TITLE	[REDACTED]	34
BUSINESS PHONE	[REDACTED]	30	BUSINESS PHONE	[REDACTED]	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	[REDACTED]	32	PAGER #	[REDACTED]	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	Gas Station - mini market	38	TOTAL # OF EMPLOYEES	Two	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	The Same	40	ATTENTION		41
PROPERTY OWNER NAME	H.M. INC.	42	ADDRESS	519 S. Harbor, Fullerton	43
			PHONE	(714) 235-5530	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[REDACTED]	45	DATE	6-23-11	46
NAME OF SIGNER (print)	Garden Grove Petroleum Services	47	NAME OF DOCUMENT PREPARER (print)	[REDACTED]	48
TITLE OF SIGNER	President	48	TITLE OF DOCUMENT PREPARER	President	50



BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5														1. EPA ID # (Hazardous Waste Only)	2.
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BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 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)
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and 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)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 1 of 3 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	MUR (VALEAU) STATION	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	1322 BROOKHURST ST., GARDEN GROVE, CA 92832					4		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	E-1	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	PREMIUM GASOLINE	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11		
COMMON NAME	GAS	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12		
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGF)		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 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 <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18				
AVERAGE DAILY AMOUNT	2000	19	MAXIMUM DAILY AMOUNT	6000	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	365	24	LARGEST CONTAINER	6000	25	
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			
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	HYDROCARBONS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<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.

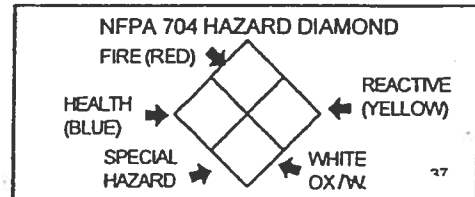
PLACARDING INFORMATION

UNDOT # _____ 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 2 of 3 2

FACILITY ID#	30035	BUSINESS NAME	M & R (VALERO) STATION
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I. FACILITY INFORMATION

CHEMICAL LOCATION	13202 BROOKHURST ST., GARDEN GROVE CA 92832
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	MAP #	GRID #
			C 2

II. CHEMICAL INFORMATION

CHEMICAL NAME	REGULAR GASOLINE	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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COMMON NAME	GAS	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CAS #	FIRE CODE HAZARD CLASSES (supplied by GGF D)
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TYPE (Check one in only)	<input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES
--------------------------	--	-------------	--	--------

PHYSICAL STATE (Check one from only)	<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH
--------------------------------------	--	-----------------------	---

AVERAGE DAILY AMOUNT	5,000	MAXIMUM DAILY AMOUNT	12,000	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	LARGEST CONTAINER	12,000
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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
--	--	--	--	---	--

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	HYDROCARBONS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<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 #	Refer to shipping papers or MSDS	
DOT HAZARD CLASS	Refer to shipping papers or MSDS	
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
X	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 3 of 3 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	M & R (VALERO) STATION
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I. FACILITY INFORMATION

CHEMICAL LOCATION	13202 BROOKHURST ST., GARDEN GROVE, CA 92843		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	MAP #	1
		GRID #	C1

II. CHEMICAL INFORMATION

CHEMICAL NAME	DIESEL #2	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	DIESEL	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS #	68476-34-6	FIRE CODE HAZARD CLASSES (supplied by GGFD)		C2	
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES		<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	2,000	MAXIMUM DAILY AMOUNT	6,000	ANNUAL WASTE AMOUNT	
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"/> 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	HYDROCARBON	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	68476-34-6
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<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.

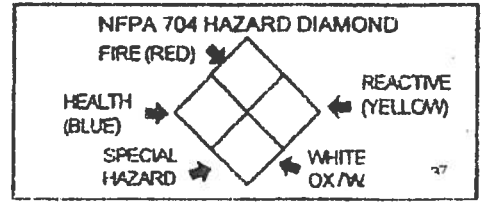
PLACARDING INFORMATION

UNDOT # _____ 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

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

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

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.).

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:

CROSBY STREET

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 area available at your business. (List below any mitigation procedures specific to your business, if any.)

<i>USE ABSORBANT FOR SMALL SPILLS</i>

**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. N/A
 - c. Storage on paved ground.

2. Compressed and/or cryogenic gas storage areas:
 - a. Cylinder stored upright and secured. N/A
 - 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.

AT THE STATION , INSIDE THE OFFICE

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: _____
Title: President H S M Inc
Date: 6-17-08

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.)

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.

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.)

- Use absorbent for small spills

msa

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
Office of Emergency Services (OES)
National Response Center

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

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: *N/A*
 - 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: *N/A*
 - 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.

* At The Station, in the office

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: _____

TITLE: President

DATE: 5-18-02



FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 232
Fire District 2520
Inspector E1 Shift B
Next Insp 1 / 2011

GARDEN GROVE PETROLEUM
Valero Gas Station

Occupant or DBA M&R STATION ULTRAMAR Business Phone 714 636-6705
Address 13202 BROOKHURST St Suite Zip 92843
Business Owner H & M Inc. Phone 949 725-8734
Emergency Contact Phone
Group S3 Load Sprinklers F/P/N 5 yr. Cert. Haz Mat

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 791038 FUEL DISPENSING STATION - flammable/combustible liquids, 791032 LEAK DETECTION MONITOR(S) for underground storage of flammable/combustible liq., 791201 FLAMMABLE / COMBUSTIBLE LIQUID - more than 120 gallons storage / transport,

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

SIGNS

- Provide address visible from the street (CFC 505.1)
Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.9)
Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
Remove exit door/hardware (CFC 1008.1.8.5)
Remove exit obstruction (CFC 1028.3)
Provide/maintain illuminated exit sign(s) (CFC 1011.2)
Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide extinguishers 2A10BC 40BC K (CFC 906.1)
Service and tag extinguisher(s) (CFC 901.6)
Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
Remove combustible decorative material (CFC 807.1.2)
Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION:

- Discontinue use of extension cords (CFC 605.6)
Keep 30" clear for access in front of electrical panel (CFC 605.3)
Provide/replace electrical cover socket power strip (CFC 605.1)

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 2701.5.1)
Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage 18" below sprinklers or 2' from ceiling (CFC 315.2.1)
Secure compressed gas cylinders (CFC 3003.5.3)
Post Business License Fire Department Permit (CFC 105.6)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

Business representative signature

Inspector ID # 3374 C.T

Date 5/4/11

Date 5/4/11

Cleared 5/16/11 Mailback card due Re-inspection date Final Notice



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 13202 Brookhurst St. Date: 6/11/08
 Occupant or DBA: MAR Valero File No: 232
 Owner/Manager: [REDACTED] Phone: [REDACTED]

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

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

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

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)]; CFC 8001.3.2
- Failure to review and/or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
 - Notification Procedures
 - Mitigation Procedures
 - Evacuation Procedures
 - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change in business address
 - Change in business ownership
 - Change of business name
 - Other (See comments below):

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

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

Additional Violations and/or Notes:

Responsible Party: [Signature] Re-inspection Date: 6/25/08

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

Fire Dept. Inspector: R. Walden ID #: 3703

Condition Upon Re-inspection: _____ Date: _____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	M & R (VALERO) STATION	6/11/08		12/31/08	
BUSINESS SITE ADDRESS	13202 BROOKHURST ST.				6
CITY	GARDEN GROVE	STATE	7	CA	8
DUN & BRADSTREET	N/A	SIC CODE (4 DIGIT #)	10	5541	11
COUNTY	ORANGE	FIRE DISTRICT	12	2525	13
BUSINESS OPERATOR NAME	[REDACTED], President H & M Inc.	OPERATOR'S PHONE	14	[REDACTED]	15

BUSINESS OWNER

OWNER NAME	H & M Inc.	OWNER PHONE	16	714-636-6705	17
OWNER MAILING ADDRESS	13202 BROOKHURST ST.				18
CITY	GARDEN GROVE	STATE	19	CA	20
		ZIP	21	92843	21

ENVIRONMENTAL CONTACT

CONTACT NAME	FRY ENVIRONMENTAL	CONTACT PHONE	22	949-723-1645	23
CONTACT MAILING ADDRESS	2817-A LAFAYETTE AVE.				24
CITY	NEWPORT BEACH	STATE	25	CA	26
		ZIP	27	92663	27

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY	EMERGENCY CONTACTS	SECONDARY	
NAME	[REDACTED]	NAME	[REDACTED]
TITLE	President H & M Inc.	TITLE	[REDACTED]
BUSINESS PHONE	[REDACTED]	BUSINESS PHONE	[REDACTED]
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER #	[REDACTED]	PAGER #	[REDACTED]

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	GAS STATION	TOTAL # OF EMPLOYEES	38	3	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)					40
PROPERTY OWNER NAME	ADDRESS	PHONE	42	43	44
[REDACTED]	13202 Brookhurst ST.	[REDACTED]			

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	45	46
[Signature]			
NAME OF SIGNER (print)	NAME OF DOCUMENT PREPARER	47	49
[REDACTED]	[REDACTED]		
TITLE OF SIGNER	TITLE OF DOCUMENT PREPARER	48	50
President H & M Inc.	President H & M Inc.		



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 13202 BROOKHURST
Occupant or DBA: VALERA
Owner/Manager: [REDACTED]

Date: 06-12-07
File No: 232
Phone: [REDACTED]

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

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

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

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)]; CFC 8001.3.2
- Failure to review and/or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
 - Notification Procedures
 - Mitigation Procedures
 - Evacuation Procedures
 - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change in business address
 - Change in business ownership
 - Change of business name
 - Other (See comments below):

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

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

Additional Violations and/or Notes:

- COMPLETE + UPDATE NEW FORM 1 OF HAZMAT PACKET.

Responsible Party: [Signature] Re-inspection Date: 06-20-07

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

Fire Dept. Inspector: M. KORDICH ID #: 3307
Condition Upon Re-inspection: CLEARED Date: 06-19-07



**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: VALERO

Telephone: (714) 635-5530

Site Address: 13202 BROOKHURST.

Zip Code: 92840

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 Angelica Siller-

Signature A Siller-

Job Title cashier.

Date 6/19/07

Fire Department Inspector M. KORDICH

ID # 3307



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	M & R STATION			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	13202 BROOKHURST ST.				6
CITY	GARDEN GROVE	7	STATE	CA	8
			ZIP	92483	9
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	H & M Inc. , [REDACTED] President	16	OWNER PHONE	[REDACTED]	17
OWNER MAILING ADDRESS	AS ABOVE				18
CITY		19	STATE		20
			ZIP		21

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]	22	CONTACT PHONE	[REDACTED]	23
CONTACT MAILING ADDRESS	AS ABOVE				24
CITY		25	STATE		26
			ZIP		27

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	[REDACTED]	29	TITLE	[REDACTED]	34
BUSINESS PHONE	[REDACTED]	30	BUSINESS PHONE	[REDACTED]	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	[REDACTED]	32	PAGER #	[REDACTED]	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Gas Station	38	TOTAL # OF EMPLOYEES	39	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	AS ABOVE	40	ATTENTION	41	
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[REDACTED]	45	DATE	6-14-07	46
NAME OF SIGNER (print)	[REDACTED]	47	NAME OF DOCUMENT PREPARER (print)		49
TITLE OF SIGNER	President H & M Inc.	48	TITLE OF DOCUMENT PREPARER		50



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 232
Fire District 2520
Inspector FPB Shift N
Next Insp 3 / 2006

Occupant or DBA M&R STATION ULTRAMAR *Valero* Business Phone 714 636-6705
 Address 13202 BROOKHURST Suite _____ Zip 92843
 Property Owner H & M Inc. Phone 714 636-6705
 Emergency Contact [REDACTED] Phone [REDACTED]
 Group S3 Load _____ Sprinklers F/P/N _____ 5 yr. Cert. _____ Haz Mat

Fire Permits

821021 LIQUEFIED PETROLEUM GASES - more than 120 gallons, 801031 HAZARDOUS MATERIALS - use, handling or storage, 791038 FUEL DISPENSING STATION - flammable/combustible liquids + (Additional \$25 fee per each fuel dispenser over 3.), 791032 LEAK DETECTION MONITOR(S) for underground storage of flammable/combustible liq., 791201 FLAMMABLE

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

SIGNS

- Provide address visible from the street (CFC 901.44)
- Provide hazardous materials warning signs (CFC 8001.7)

EXITS

- Provide approved panic hardware (CFC 1207.4)
- Remove locks, chains, bolts or bars from exit door (CFC 1207.3)
- Remove exit door/hardware (CFC 1207.1)
Location _____
- Remove exit obstruction (CFC 1203)
- Provide illuminated exit sign(s) (CFC 1212.4)

ACCESS

- Provide outside Knox Box (CFC 902.4)
- Remove obstructions to fire apparatus access (CFC 902.2.4.1)

FIRE PROTECTION EQUIP. AND SYS.

- Provide ___ extinguishers ___2A10BC ___40BC ___K (CFC 1002.1)
- Service and tag extinguisher(s) (CFC 1001.5.1)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 1005.2.8)
- Service auto-extinguishing system semi-annually (CFC 1005.2.8)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

upon receipt of updated Haz Mat Disclosure pkt.

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 2501.16.1)
- Remove combustible decorative material (CFC 2501.5)
- Remove storage under stairway (CFC 1210.3)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 8506)
- Keep 30" clear for access in front of electrical panel (CFC 8509.2)
- Provide/replace electrical ___cover ___socket ___power strip (CFC 8509.2)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 7902.1) *updated pkt. left form for owner to sign.*
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 7902.5.9)
- Provide approved safety containers(s) for flammable liquids (CFC 1103.3.3.2)

MISCELLANEOUS

- Lower storage ___18" below sprinklers or ___2' from ceiling (CFC 1103.3.3.2)
- Secure compressed gas cylinders (CFC 7401.6.4)
- Post ___Business License ___Fire Department Permit (CFC 105.5)

Business representative signature [Signature] Date 1/17/06

Inspector ID # Salgado, Nguyen Date 1/17/06

Cleared 1/17/06 Mailback card due 1/1/06 Re-inspection date 1/1/06 Final Notice 1/1/06



**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: MER (ULTRAMAR) STATION **Telephone:** (714) 636-6705
Site Address: 13202 BROOKHURST ST. G.G. CA **Zip Code:** 92843
92843

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 [Redacted] Signature [Redacted]
 Job Title President HSI Inc. Date 3-6-01

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 1 OF 3 2

BUSINESS NAME (4) MSR (ULTRAMAR) STATION
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 13202 BLOOMHURST ST. - UNDERGROUND
 MAP # (if more than one) (6) 1 GRID # (7) D-2/3

CHEMICAL NAME (8) PETROLEUM HYDROCARBONS TRADE SECRET (11) Y N
 COMMON NAME (9) GASOLINE AHM / *EHS (12) Y N
 CAS # (10) MIXTURE
 FIRE CODE HAZARD CLASSES* (13) F 1A
 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS

***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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 20,000
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 8,000
 LARGEST CONTAINER (21) 12,000 GAL. ANNUAL WASTE AMT (25) _____
 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. 18.00	ETHYL TERT BUTYL ETHER	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	637923
2. 17.00	TERT-AMYL METHYL ETHER	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	994058
3. 15.00	METHYL TERT BUTYL ETHER	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1634044

(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 → (1) (BLUE) ← REACTIVE YELLOW (0) (YELLOW)

FIRE RED (3) (RED)

SPECIAL HAZARD ↗ (None) ↖ WHITE OX/W.

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 2 OF 3) 2

BUSINESS NAME (4) M.P. (ULTRAMAR) STATION
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) 13202 BROOKHURST ST - UNDERGROUND.
 MAP # (if more than one) (6) 1 GRID # (7) C-1

CHEMICAL NAME (8) DIESEL #2 TRADE SECRET (11) Y N
 COMMON NAME (9) DIESEL AHM / *EHS (12) Y N
 CAS # (10) 68476-34-6
 FIRE CODE HAZARD CLASSES* (13) C2
 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS

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

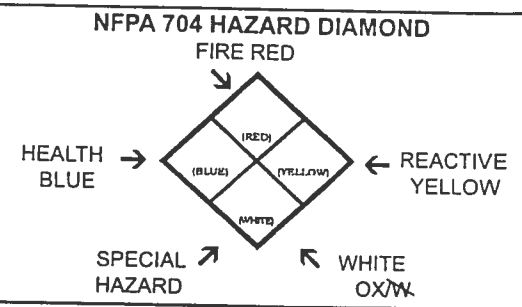
TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 6,000
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 2,000
 LARGEST CONTAINER (21) 6,000 ANNUAL WASTE AMT (25) _____
 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
1. <u>100</u>
2.
3.

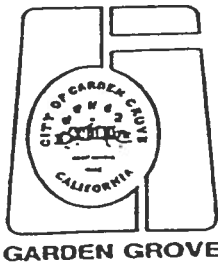
(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
<u>Hydrocarbons.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>68476-34-6</u>
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	

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

NFPA CLASSIFICATION _____
 UN/DOT # NA 1993
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS 3
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



CITY OF GARDEN GROVE, CALIFORNIA
MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92842
714-741-5600

BUSINESS EMERGENCY PLAN

Business Name M & R Station / Ultramar

Business Address 13202 Brookhurst St. City Garden Grove State CA Zip 92843

Mailing Address As above City _____ State _____ Zip _____

Business Phone (714) 636-6705 Business License # _____

Fax Number (714) 636-6707

Owner/Operator: Name H & M Inc. Phone Number (714) 768-8463

Address 23276 S. Pointe Dr. # 100 City Laguna Hills State CA Zip 92653

Type of Business Operation Gas Station / Mini Mart

EPA # TK HQ # 44-037362 SIC Code _____

Emergency Contacts: Name [REDACTED] / [REDACTED]

Address _____ City _____ State _____ Zip _____

24 Hour Phone Number (714) 506-5819 (Pager) Phone Number [REDACTED]

(714) 725-8734 (Pager)

Property Owner: Name H & M Inc. Phone Number (714) 768-8463

Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

Total Number of Employees 4 Dun and Brad Street Numbers _____

Office Use Only

MLI# _____ Short _____ Long _____

REC'D/APPRVD: SHIRLEY DATE: 5/15/97

FEE: 1 2 3 4 NEW BUS: X EXISTG: _____ UPDATE: _____

MISC: 00 5/23/97

TIER II: ✓ FAC: ✓ CON: ✓ BUS LIST: ✓ PICK: ✓