



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.*

Steven R. Jones
Mayor

John R. O'Neill
Mayor Pro Tem - District 2

George S. Brietigam
Council Member - District 1

Diedre Thu-Ha Nguyen
Council Member - District 3

Patrick Phat Bui
Council Member - District 4

Stephanie Klopfenstein
Council Member - District 5

Kim B. Nguyen
Council Member - District 6

June 12, 2020

Re: 7441 Chapman Avenue

Dear Requestor,

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. 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



GARDEN GROVE FIRE DEPARTMENT

Life Safety & Hazardous Materials Disclosure Program

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

File # 312
Fire District 2214
Inspector FPB Shift N
Next Insp 11 / 2012

Occupant or DBA TIME WARNER COMMUNICATIONS Business Tel 714 903-8375
 Address 7441 CHAPMAN Ave Suite _____ Zip 92841
 Business Owner TIME WARNER CABLE Tel _____
 Emergency Contact _____ Tel _____
 Group B Load _____ Sprinklers F/P/N _____ 5 yr. Cert. 2 / 2015 Haz Mat

Fire Permits 791035 FLAM/COMB OUT/ABOVE +60 GAL, 801031 HAZARDOUS MATERIALS - use, handling or storage,

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

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.4)

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 1008.1.10)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.9)
- Remove exit obstruction (CFC 1003.6)
- Provide/maintain illuminated exit sign(s) (CFC 1011.1)

ACCESS

- Provide outside Knox Box (CFC 506.1) - *FRONT DOOR, NOT WORKING*
- Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIPMENT AND SYSTEMS

- Provide ___ extinguishers ___ 2A10BC ___ 40BC ___ K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6) *DISPATCH 1, ALL.*
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts, hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

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 105.3.5)
- NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

** REMOVE PHONE BOX - NOT WORKING ACCESS*

Business representative signature _____ Date 8/12/13

Inspector Name/ ID # 2867 Date 8/12/13

Cleared 8/27/13 Mailback card due ___/___/___ Re-inspection date 8/26/13 Final Notice ___/___/___

ELECTRICAL SAFETY PRE-CAUTIONS

- Discontinue use of extension cords (CFC 605.5)
- 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

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety container(s) for flammable liquids (CFC 3404.3.1)

HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP www.esubmit.ocgov.com
- Chemical inventory is incomplete and/or requires updating
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following :
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change of business name or owner
- Failure to report a release or threatened release
- Failure to submit annual certification
- NO VIOLATIONS MINOR VIOLATION
- CLASS I VIOLATION
- CLASS II VIOLATION

2012 HAZARDOUS MATERIALS BUSINESS PLAN UPDATE

Time Warner Cable Inc.

**290 Harbor Drive
Stamford, CT 06902**

CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Avenue

(Facility Address)

Garden Grove

(Facility City)

Orange

(Facility County)

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



1525 Faraday Avenue, Suite 290 ♦ Carlsbad, California 92008 ♦ 760.602.3839 Fax 760.602.3838

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: City of Garden Grove Fire Department - Hazardous Materials Division

Agency Mailing Address: 11301 Acacia Parkway

Garden Grove, CA 92842

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

Facility Name: CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)

Facility Street Address: 7441 Chapman Avenue

City: Garden Grove

Date of Current HMBP: February 28, 2011

I certify that: *(Check the appropriate box.)*

I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. *(See bottom of page for details.)* If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

or

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

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

Name of Owner/Operator (Print): Lesley Schafer, Agent for Time Warner Cable

Title: Compliance Specialist

Phone: (760) 602-3839

Signature: 

Date: 2/28/12

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

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; **and**
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION

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.

CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)

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 (Form3)
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 1. 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
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 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 #-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"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program <i>H&SC Chapter 6.95, Article 2, §25531 et seq</i> - 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)



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 1 of 1 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	7	ENDING DATE	2
		01/01/2012		12/31/2012	
BUSINESS NAME	4			BUSINESS PHONE	5
CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)					(714) 903-8375
BUSINESS SITE ADDRESS	6				
7441 Chapman Avenue					
CITY	7		STATE	8	ZIP
GARDEN GROVE		CA			92841
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
78-417-4976		4841		Garden Grove	
COUNTY	13				
ORANGE					
BUSINESS OPERATOR NAME	14		OPERATOR'S PHONE	15	
Time Warner Cable, Inc.		(714) 903-8375			

BUSINESS OWNER

OWNER NAME	16		OWNER PHONE	17	
Time Warner Cable, Inc.		(704) 731-3976			
OWNER MAILING ADDRESS	18				
7820 Crescent Executive Drive					
CITY	19		STATE	20	ZIP
Charlotte	NC				28217

ENVIRONMENTAL CONTACT

CONTACT NAME	22		CONTACT PHONE	23	
Steve Reisner		(704) 731-3976			
CONTACT MAILING ADDRESS	24				
7820 Crescent Executive Drive					
CITY	25		STATE	26	ZIP
Charlotte	NC				28217

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33		
[REDACTED]		Regional Network Operations Center			
TITLE	29	TITLE	34		
Manager, Engineering Ops		Regional Network Operations Center			
BUSINESS PHONE	30	BUSINESS PHONE	35		
(714) 903-8449		(888) 766-2521 x1			
24-HR. PHONE	31	24-HR. PHONE	36		
[REDACTED]		(888) 766-2521 x1			
PAGER #	32	PAGER #	37		

ADDITIONAL LOCALLY COLLECTED INFORMATION

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

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45		DATE	46	
		2/28/12			
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49		
[REDACTED] Agent for Time Warner Cable, Inc.		ARCADIS U.S., Inc.			
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50		
Compliance Specialist		n/a			



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	3
			CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)	

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
				If EPCRA see instructions	
COMMON NAME	Lead / Acid Batteries		9	An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No	12
				*If EHS is "Yes", all amounts must be LBS	
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)			13
		Corrosive			
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 n/a
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 type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18
			<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	123.77	19	MAXIMUM DAILY AMOUNT	123.77	20
ANNUAL WASTE AMOUNT	n/a	21	STATE WASTE CODE	n/a	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24
			LARGEST CONTAINER	3.09	25
			*If EHS, amount must be in pounds.		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER Batteries
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 40	29 Sulfuric Acid	30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31 7664-93-9
2	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

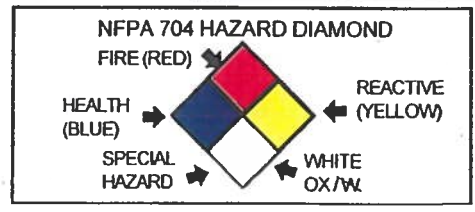
PLACARDING INFORMATION

UNDOT # 1830 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 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#	3 0 0 3 5	38	BUSINESS NAME	3
			CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)	

I. FACILITY INFORMATION

CHEMICAL LOCATION	Outside by Diesel Generator			4			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Petroleum hydrocarbons		WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11												
COMMON NAME	Diesel Fuel		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 GGFD)		13	*If EHS is "Yes", all amounts must be LBS															
68476-34-6			Combustible liquid, Class II																		
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	CURIES	n/a	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 checked="" type="checkbox"/> e. CHRONIC HEALTH											
AVERAGE DAILY AMOUNT 1000		19	MAXIMUM DAILY AMOUNT 1000		20	ANNUAL WASTE AMOUNT		n/a	21	STATE WASTE CODE		n/a	22								
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	23	DAYS ON SITE		365	24	LARGEST CONTAINER		1000	25								
*If EHS, amount must be in pounds.																					
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> l. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> j. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> k. I. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<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	27																	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28																

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

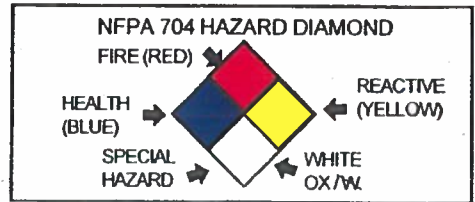
PLACARDING INFORMATION

UNDOT # 1978 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 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 3 of 3 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	In hub room
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5
MAP #	6
GRID #	7

II. CHEMICAL INFORMATION

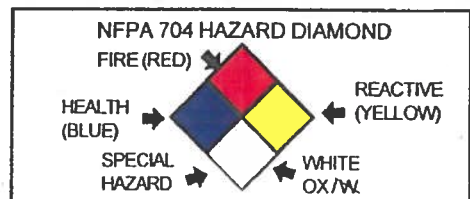
CHEMICAL NAME	Bromotrifluoromethane	WASTE	<input type="checkbox"/> Yes 8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11
COMMON NAME	Halon	If EPCRA see instructions			
CAS #	75-63-8 10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13		
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15	CURIES	n/a 16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS 17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE 18	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 193	19	MAXIMUM DAILY AMOUNT 193	20	ANNUAL WASTE AMOUNT n/a	21
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 23	DAYS ON SITE	24	LARGEST CONTAINER	25
*If EHS, amount must be in pounds.		365		193	
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 checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27			
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

PLACARDING INFORMATION

UNDOT #	1009	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	2.2	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 6 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
			Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)	

I. FACILITY INFORMATION

CHEMICAL LOCATION	Within Generator Unit			4			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Lead	WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11
If EPCRA see instructions								

COMMON NAME	Battery Electrode	Delete	9	An EHS Chemical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12	
*If EHS is "Yes", all amounts must be LBS								

CAS #	7439-92-1	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Toxic Solid	13
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TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	-------------------------------------	-----------------------------------	----	-------------	------------------------------	--	----	--------	----

PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	--	------------------------------------	---------------------------------	----	-----------------------	----------------------------------	--------------------------------------	--	----	--	---

AVERAGE DAILY AMOUNT	2,624	19	MAXIMUM DAILY AMOUNT	2,624	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	22
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UNITS	<input type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	3.39	25
	<input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS							
*If EHS, amount must be in pounds.									

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN	
	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER Battery	

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	31 32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	31 32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	31 32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	31 32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	31 32

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

PLACARDING INFORMATION

UNDOT # 1794 33

Refer to shipping papers or MSDS

DOT HAZARD CLASS Class 6 Division 1 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 7 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within battery units in headend area.		
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7
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II. CHEMICAL INFORMATION

CHEMICAL NAME	Sulfuric Acid	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	Battery Electrolyte Delete	9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12
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*If EHS is "Yes", all amounts must be LBS

CAS #	7664-93-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
-------	-----------	----	---	----

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	N/A	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 type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	576	19	MAXIMUM DAILY AMOUNT	576	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	22
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UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	14.4	25
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*If EHS, amount must be in pounds.

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"/> l. FIBER DRUM <input type="checkbox"/> l. 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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	26
--	---	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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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
---------------------	--	----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32

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

PLACARDING INFORMATION

UNDOT #	1830	33
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Refer to shipping papers or MSDS

DOT HAZARD CLASS	8	34
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Refer to shipping papers or MSDS

EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
-------	---	----

X		35
---	--	----

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



**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: Headend/Call Center - Garden Grove **Telephone:** 714-903-8375
Site Address: 7441 Chapman Avenue **Zip Code:** 92641

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 _____

Signature _____

Job Title Senior Staff Engineer - LFR, Inc.

Date _____



**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: Headend/Call Center - Garden Grove **Telephone:** 714-903-8549
Site Address: 7441 Chapman Avenue **Zip Code:** 92641

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).**

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- 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 Shane Noreen

Signature 

Job Title Project Engineer - ARCADIS c/o TWC, Inc.

Date 02-28-11

2010 HAZARDOUS MATERIALS BUSINESS PLAN UPDATE

Time Warner Cable Inc.
290 Harbor Drive
Stamford, CT 06902

Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Avenue

(Facility Address)

Garden Grove

(Facility City)

Orange

(Facility County)

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





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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION

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.

Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)

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...	
<p>A. HAZARDOUS MATERIALS</p> <p>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?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form3)
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intent to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>1. 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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remove site?</p> <p>6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?</p>	<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 #-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"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<p>E. LOCAL REQUIREMENTS</p> <p>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</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15.	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2	
						01/01/2010		12/31/2010		
BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)							BUSINESS PHONE	5	
									714-903-8375	
BUSINESS SITE ADDRESS 7441 Chapan										
CITY	GARDEN GROVE						STATE	8	ZIP	9
						CA		92641S		
DUN & BRADSTREET	78-417-4976				10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12	
						4841		Garden Grove		
COUNTY ORANGE										
BUSINESS OPERATOR NAME Time Warner Cable, Inc.							14	OPERATOR'S PHONE 714-903-8375		15

BUSINESS OWNER

OWNER NAME Time Warner Cable, Inc.	16	OWNER PHONE	17
		203-328-0600	
OWNER MAILING ADDRESS 290 Harbor Drive			
CITY Stamford			
19	STATE	20	ZIP
	CT		06902

ENVIRONMENTAL CONTACT

CONTACT NAME Dale Bowles	22	CONTACT PHONE	23
		714-903-8375	
CONTACT MAILING ADDRESS 7441 Chapman Avenue			
CITY Garden Grove			
25	STATE	26	ZIP
	CA		92641

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY	EMERGENCY CONTACTS	SECONDARY
NAME [REDACTED]	28	NAME RNOC
TITLE Manager, Network Ops.	29	TITLE Regional Network Operations Center
BUSINESS PHONE 714-903-8375	30	BUSINESS PHONE 888-766-2521 Option 1
24-HR. PHONE [REDACTED]	31	24-HR. PHONE 888-766-2521 Option 1
PAGER # N/A	32	PAGER # N/A

ADDITIONAL LOCALLY COLLECTED INFORMATION

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

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE 	45	DATE	46
		2/26/2010	
NAME OF SIGNER (print) [REDACTED] - Agent for Time Warner Cable, Inc.	47	NAME OF DOCUMENT PREPARER (print) ARCADIS US, Inc.	49
TITLE OF SIGNER Staff Engineer - ARCADIS US, Inc.	48	TITLE OF DOCUMENT PREPARER Staff Engineer - ARCADIS US, Inc.	50

Hazardous Materials Disclosure Program

Business Emergency Plan

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
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802
Individual(s) Responsible for Calling These Agencies	
Dale Bowles	

Provide the following information when you call:

- Name of the person and business.
 - Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
- Business street address.
 - 7441 Chapman, Garden Grove
- Location of the incident.
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved.
- The amount of the chemical substances involved.
- The extent of injuries, if any.
- Possible hazards to human health and/or the environment.
- Emergency call-back phone number (714) 412 -8128

If a chemical spill or release at your facility could create a toxic cloud or a liquid stream that could drift beyond your facility, then, identify nearby facilities that could be in imminent danger.

To the North:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the South:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the East:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the West:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____

OPTIONAL NOTIFICATIONS

1. Hazardous Waste Contractor
 Name: _____ (____) _____

2. Insurance Company
 Name: _____ (____) _____

3. Poison Control Center - 24-Hour 1-(800) 876-4766

EVACUATION PLANS AND PROCEDURES

Evacuation Alarms - Describe the type of alarm signals that will be used to start an evacuation at this facility: (Vocal, paging system, manual alarm, etc.)

Emergency coordinators will notify facility employees of an emergency by verbal, telephone, intercom, portable radio, public address system or alarm system means. Employees will exit the nearest exterior door and meet at the staging area as shown in the attached in Site Map. Emergency Co-ordinators will be available at the staging area to assist emergency responders.

Evacuation Drills

Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator.



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 6 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within Generator Unit					
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

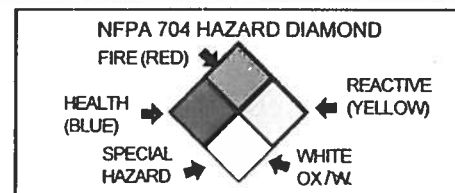
CHEMICAL NAME	Lead	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11			
COMMON NAME	Battery Electrode			9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12			
CAS #	7439-92-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Toxic Solid							
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16			
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18					
AVERAGE DAILY AMOUNT	2,624	19	MAXIMUM DAILY AMOUNT	2,624	20	ANNUAL WASTE AMOUNT	N/A	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	3.39	25		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER	Battery		26		
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27								
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28								

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

PLACARDING INFORMATION

UNDOT #	1794	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	Class 6 Division 1	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 7 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
			Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)	

I. FACILITY INFORMATION

CHEMICAL LOCATION	4
Within battery units in headend area.	

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

CHEMICAL NAME	8	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
Sulfuric Acid		If EPCRA see instructions					

COMMON NAME	9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12
Battery Electrolyte		*If EHS is "Yes", all amounts must be LBS		

CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
7664-93-9			

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	N/A	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 type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	---	----	-----------------------	---	----	--

AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
576		576		N/A			

UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	24	LARGEST CONTAINER	25
*If EHS, amount must be in pounds.			365		14.4	

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN	
	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER <u>Battery</u>	

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

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

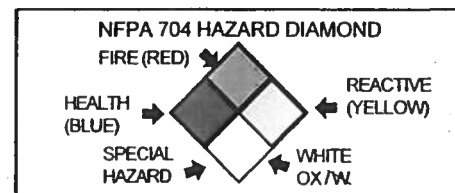
PLACARDING INFORMATION

UNDOT #	1830	33
Refer to shipping papers or MSDS		

DOT HAZARD CLASS	8	34
Refer to shipping papers or MSDS		

EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
-------	---	----

X	_____	36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 8 of 8 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within Generator Unit		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

II. CHEMICAL INFORMATION

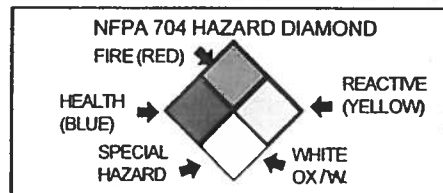
CHEMICAL NAME	Petroleum Hydrocarbon	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Diesel Fuel #2	If EPCRA see instructions			
CAS #	68476-34-6	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Combustible Liquid		
TYPE (Check one item only)	<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 (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 1,000	MAXIMUM DAILY AMOUNT 1,000	ANNUAL WASTE AMOUNT	STATE WASTE CODE		
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	LARGEST CONTAINER		
*If EHS, amount must be in pounds.		365	150		
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32

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

PLACARDING INFORMATION

UNDOT #	1993	Refer to shipping papers or MSDS
DOT HAZARD CLASS	3	Refer to shipping papers or MSDS
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X		If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



**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: Headend/Call Center - Garden Grove **Telephone:** 714-903-8375
Site Address: 7441 Chapman Avenue **Zip Code:** 92641

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 Senior Staff Engineer - LFR, Inc.

Date 2/25/09



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: TIME WARNER CABLE
Site Address: 7441 CHAPMAN AVE.

Telephone: 714 903 4118
Zip Code: 92841

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]
Job Title: Exec. Adm. Asst.

Signature: [Redacted]
Date: 4/22/08



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: 7441 CHAPMAN AVE
 Occupant or DBA: TIME WARNER COMMUNICATIONS
 Owner/Manager: CONTACT: [REDACTED]

Date: 4/22/06
 File No: 312
 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: [REDACTED] Re-inspection Date: _____

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

Fire Dept. Inspector: R. MACIAS ID #: _____

Condition Upon Re-inspection: _____ Date: _____

2008 Hazardous Materials Business Plan Update

Time Warner Cable, Inc.
290 Harbor Drive
Stamford, CT 06902

Headend/Call Center (Time Warner Cable Inc.)

(Facility Name / ID)

7441 Chapman Ave.

(Facility Address)

Garden Grove

(Facility City)

Orange County

(Facility County)

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



City of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page of

BUSINESS INFORMATION

FACILITY ID #	BEGINNING DATE 1/01/2008	ENDING DATE 12/31/2008
BUSINESS NAME Headend/Call Center (Time Warner Cable Inc.)	BUSINESS PHONE 714-903-8375	
SITE ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	CA	ZIP CODE 92641
DUN & BRADSTREET 78-417-4976	SIC CODE 4841	
COUNTY Orange		
BUSINESS OPERATOR NAME Time Warner Cable Inc.	BUSINESS OPERATOR PHONE 714-903-8375	

BUSINESS OWNER

OWNERNAME Time Warner Cable, Inc.	OWNER PHONE 203-328-0600	
OWNER MAILING ADDRESS 290 Harbor Drive		
CITY Stamford	STATE CT	ZIP CODE 06902

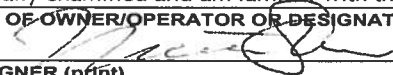
ENVIRONMENTAL CONTACT

CONTACT NAME Dale Bowles	CONTACT PHONE 714-903-8375	
CONTACT MAILING ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	STATE CA	ZIP CODE 92641

PRIMARY**EMERGENCY CONTACTS****SECONDARY**

NAME Dale Bowles	NAME RNOC
TITLE Manager, Network Ops.	TITLE Regional Network Operations Center
BUSINESS PHONE 714-903-8375	BUSINESS PHONE
24-HOUR PHONE 714-412-8128	24-HOUR PHONE 888-766-2521 Option 1
PAGER / CELL	PAGER / CELL

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION Telecommunications	TOTAL # OF EMPLOYEES
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ATTENTION
PROPERTY OWNER NAME	PHONE
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE 	DATE 2/19/08
NAME OF SIGNER (print) ██████████	NAME OF DOCUMENT PREPARER (print) ██████████
TITLE OF SIGNER Staff I Engineer, LFR Inc.	TITLE OF DOCUMENT PREPARER Staff I Engineer, LFR Inc.

2007 Hazardous Materials Business Plan

Time Warner Cable, Inc.
290 Harbor Drive
Stamford, CT 06902

Office/HE/Store (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Ave.

(Facility Address)

Garden Grove

(Facility City)

Orange County

(Facility County)

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



City of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page 1 of 10

BUSINESS INFORMATION

FACILITY ID #	BEGINNING DATE 1/01/2007	ENDING DATE 12/31/2007
BUSINESS NAME Office/HE/Store (Time Warner Cable, Inc.)		BUSINESS PHONE 714-903-8353
SITE ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	CA	ZIP CODE 92641
DUN & BRADSTREET 78-417-4976		SIC CODE 4841
COUNTY Orange		
BUSINESS OPERATOR NAME Time Warner Cable, Inc.		BUSINESS OPERATOR PHONE 714-903-8353

BUSINESS OWNER

OWNERNAME Time Warner Cable, Inc.	OWNER PHONE 203-328-0600
OWNER MAILING ADDRESS 290 Harbor Drive	
CITY Stamford	STATE CT ZIP CODE 06902

ENVIRONMENTAL CONTACT

CONTACT NAME Charles Barrett	CONTACT PHONE 805-526-3715
CONTACT MAILING ADDRESS 485 Easy Street	
CITY Simi Valley	STATE CA ZIP CODE 90230

PRIMARY**EMERGENCY CONTACTS****SECONDARY**

NAME Dale Bowles	NAME RNOC
TITLE Manager, Network Ops.	TITLE Regional Network Operations Center
BUSINESS PHONE 714-903-8375	BUSINESS PHONE
24-HOUR PHONE 714-412-8128	24-HOUR PHONE 888-766-2521 Option 1
PAGER / CELL	PAGER / CELL

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION Telecommunications	TOTAL # OF EMPLOYEES
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ATTENTION
PROPERTY OWNER NAME	PHONE
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 <i>Peter L. Rosen for</i>	DATE 3/28/07
NAME OF SIGNER (print) [REDACTED]	NAME OF DOCUMENT PREPARER (print) [REDACTED]
TITLE OF SIGNER Staff I Engineer, LFR Inc.	TITLE OF DOCUMENT PREPARER Staff I Engineer, LFR Inc.

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISE

2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.) 3		
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within generator unit 201		CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202
OFFICIAL USE ONLY 1	MAP # 203	GRID # 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon 205		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 If Subject to EPCRA, refer to instructions																										
COMMON NAME Diesel Fuel #2 207		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208																										
CAS # 68476-34-6 209	FIRE CODE HAZARD CLASSES (See green page 25) Combustible Liquid 210		*If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds																									
TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212																										
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214		FED HAZARD CATEGORIES <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE 216 <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH																										
AVERAGE DAILY AMOUNT 1000 217	MAXIMUM AMOUNT 1000 218	EHS-MAX AMT. IN POUNDS NA 219	STATE WASTE CODE NA 220																									
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET 221 <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		LARGEST CONTAINER 1000 215	# of DAYS ON SITE 365 222																									
STORAGE CONTAINER (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> a. ABOVEGROUND TANK</td> <td><input type="checkbox"/> f. PLASTIC CONTAINER</td> <td><input type="checkbox"/> k. BAG</td> <td><input type="checkbox"/> p. RAIL CAR</td> <td><input type="checkbox"/> u. TANK WAGON 223</td> </tr> <tr> <td><input type="checkbox"/> b. UNDERGROUND TANK</td> <td><input type="checkbox"/> g. METAL CONTAINER</td> <td><input type="checkbox"/> l. BOX</td> <td><input type="checkbox"/> q. SILO</td> <td><input type="checkbox"/> v. OTHER:</td> </tr> <tr> <td><input type="checkbox"/> c. PRESSURIZED TANK</td> <td><input type="checkbox"/> h. VAT</td> <td><input type="checkbox"/> m. CYLINDER</td> <td><input type="checkbox"/> r. TANK INSIDE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> d. MAGAZINE</td> <td><input type="checkbox"/> i. IN MACHINERY</td> <td><input type="checkbox"/> n. GLASS CONTAINER</td> <td><input type="checkbox"/> s. CARBOY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> e. DRUM</td> <td><input type="checkbox"/> j. ON TRUCK</td> <td><input type="checkbox"/> o. VARIOUS</td> <td><input type="checkbox"/> t. TOTE BIN</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANK WAGON 223	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILO	<input type="checkbox"/> v. OTHER:	<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE		<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> s. CARBOY		<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN	
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STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224																												
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 225																												

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100.0 226	Diesel Fuel No. 2 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	68476-34-6 229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

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

PLACARDING INFORMATION

UNDOT# _____
 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____
 Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISE

2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.) 3		
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within battery units 201		CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202
OFFICIAL USE ONLY 1	MAP # 203	GRID # 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Sulfuric Acid 205		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 If Subject to EPCRA, refer to instructions																										
COMMON NAME Battery Electrolyte 207		EHS* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 208																										
CAS # 7664-93-9 209	FIRE CODE HAZARD CLASSES (See green page 25) Corrosive Liquid 210		*If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds																									
TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 213																									
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214		FED HAZARD CATEGORIES <input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE 216 <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH																										
AVERAGE DAILY AMOUNT 576 217	MAXIMUM AMOUNT 576	EHS-MAX AMT. IN POUNDS 576 218	ANNUAL WASTE AMOUNT NA 219																									
UNITS* <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET 221 <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		LARGEST CONTAINER 14.4 215	# of DAYS ON SITE 365 222																									
STORAGE CONTAINER (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> a. ABOVEGROUND TANK</td> <td><input type="checkbox"/> f. PLASTIC CONTAINER</td> <td><input type="checkbox"/> k. BAG</td> <td><input type="checkbox"/> p. RAIL CAR</td> <td><input type="checkbox"/> u. TANK WAGON 223</td> </tr> <tr> <td><input type="checkbox"/> b. UNDERGROUND TANK</td> <td><input type="checkbox"/> g. METAL CONTAINER</td> <td><input type="checkbox"/> l. BOX</td> <td><input type="checkbox"/> q. SILO</td> <td><input checked="" type="checkbox"/> v. OTHER</td> </tr> <tr> <td><input type="checkbox"/> c. PRESSURIZED TANK</td> <td><input type="checkbox"/> h. VAT</td> <td><input type="checkbox"/> m. CYLINDER</td> <td><input type="checkbox"/> r. TANK INSIDE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> d. MAGAZINE</td> <td><input type="checkbox"/> i. IN MACHINERY</td> <td><input type="checkbox"/> n. GLASS CONTAINER</td> <td><input type="checkbox"/> s. CARBOY</td> <td style="text-align: center;"><u>Within batteries</u></td> </tr> <tr> <td><input type="checkbox"/> e. DRUM</td> <td><input type="checkbox"/> j. ON TRUCK</td> <td><input type="checkbox"/> o. VARIOUS</td> <td><input type="checkbox"/> t. TOTE BIN</td> <td></td> </tr> </table>				<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANK WAGON 223	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILO	<input checked="" type="checkbox"/> v. OTHER	<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE		<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> s. CARBOY	<u>Within batteries</u>	<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN	
<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANK WAGON 223																								
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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 225																												

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 30.0 226	Sulfuric Acid 227	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 228	7664-93-9 229
2 70.0 230	Water 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	7732-18-5 233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

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

PLACARDING INFORMATION

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DOT HAZARD CLASS _____
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EPCRA YES NO

X _____
 If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISE

2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.) 3		
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within battery units		201
CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		202
OFFICIAL USE ONLY	1	203
MAP #	203	204
GRID #	204	

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		206
COMMON NAME Battery Electrode		207	If Subject to EPCRA, refer to instructions		
CAS # 7439-92-1	209	FIRE CODE HAZARD CLASSES (See green page 25) Toxic		210	*If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds
TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212
PHYSICAL STATE (Check one item only) <input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		214	FED HAZARD CATEGORIES <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE		216
AVERAGE DAILY AMOUNT 2,624		217	EHS-MAX AMT. IN POUNDS		218
MAXIMUM AMOUNT 2,624		ANNUAL WASTE AMOUNT NA		219	STATE WASTE CODE NA
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		221	LARGEST CONTAINER 65.6		215
STORAGE CONTAINER (Check all that apply)		# of DAYS ON SITE 365		222	
<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. PRESSURIZED TANK <input type="checkbox"/> d. MAGAZINE <input type="checkbox"/> e. DRUM		<input type="checkbox"/> f. PLASTIC CONTAINER <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. VAT <input type="checkbox"/> i. IN MACHINERY <input type="checkbox"/> j. ON TRUCK		<input type="checkbox"/> k. BAG <input type="checkbox"/> l. BOX <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. VARIOUS	
<input type="checkbox"/> p. RAIL CAR <input type="checkbox"/> q. SILO <input type="checkbox"/> r. TANK INSIDE <input type="checkbox"/> s. CARBOY <input type="checkbox"/> t. TOTE BIN		<input type="checkbox"/> u. TANK WAGON		<input checked="" type="checkbox"/> v. OTHER: <u>Within batteries</u>	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		224			
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		225			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1 100.0	226	Lead	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 7439-92-1
2	230		231	<input type="checkbox"/> Yes <input type="checkbox"/> No	232 233
3	234		235	<input type="checkbox"/> Yes <input type="checkbox"/> No	236 237
4	238		239	<input type="checkbox"/> Yes <input type="checkbox"/> No	240 241
5	242		243	<input type="checkbox"/> Yes <input type="checkbox"/> No	244 245

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 Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

I. FACILITY IDENTIFICATION

FACILITY ID #	<input type="text"/>	1	EPA ID # (Hazardous Waste Only)	<input type="text"/>	2
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	Office/HE/Store (Time Warner Cable, Inc.)				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 Unified Program Consolidated Form...	
<p>A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (at standard temperature and pressure); 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?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY FORM
<p>B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<input checked="" type="checkbox"/> NO FIRE DEPT FORM REQUIRED FOR EXISTING TANKS BUT AN ANNUAL UST PERMIT IS REQUIRED CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> FIRE CODE PERMIT APPLICATION FORM #FD114 CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> FIRE CODE PERMIT APPLICATION FORM #FD114 CONTACT OCCUPA (714) 667-3600
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	<input checked="" type="checkbox"/> NO FIRE DEPT FORM REQUIRED FOR EXISTING TANKS BUT AN ANNUAL AST PERMIT IS REQUIRED CONTACT OCCUPA (714) 667-3600
<p>D. HAZARDOUS WASTE 1. Generate hazardous waste at or above quantities in Section A? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste onsite? 4. Consolidate hazardous waste generated at a remote site? 5. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<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"/> HAZARDOUS MATERIAL INVENTORY FORM CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600 <input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
<p>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</p>	<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**

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.).

Emergency Coordinators will notify facility employees of an emergency verbally or by telephone, intercom, portable radio, public address system or alarm system.

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:

Refer to Site Plan.

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.)

Small Spill: Chemicals will be picked up with absorbent materials by trained employees using proper protective clothing and safety equipment. Waste will be placed in a labeled waste drum compatible with the material it is holding.

Large Spill: Employees will notify the fire department. Time Warner employees are instructed not to handle any large-scale hazardous material release. They will call 911, evacuate to the staging area, and wait for emergency personnel to respond.

**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 area).
- 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 scenarios.

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:

<u>Agency</u>	<u>Phone Numbers</u>
Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(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 or 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: Not Applicable
 - 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
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

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.

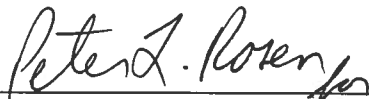
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency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

Copies of this plan, training records, and all other applicable documentation are maintained in the facility office as well as in the Time Warner regional 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: Matthew Smith

Title: Staff I Engineer, LFR Inc.

Date: 3/28/2007



ENVIRONMENTAL MANAGEMENT & CONSULTING ENGINEERING

March 30, 2007

010-01418-00

City of Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove, California 92842

Subject: Time Warner Cable HMBPs

As required by California Health and Safety Code (HSC) Chapter 6.95, Article 1, Sections 25500 - 25520, enclosed are two new Hazardous Material Business Plans (HMBPs) for existing Time Warner Cable (TWC) facilities located in Garden Grove. The facility locations are summarized on the attached table.

LFR Inc. (LFR) has completed these documents on behalf of TWC. Please note that the enclosed plans cover the reporting period of January 1, 2007 through December 31, 2007.

If you have any questions, please do not hesitate to call us at 714-444-0111.

Sincerely,

A handwritten signature in black ink that reads "Peter L. Rosen" with a flourish at the end.

Matthew Smith *for*
Staff I Engineer

A handwritten signature in black ink that reads "Peter L. Rosen" with a flourish at the end.

Peter L. Rosen, P.E.
Senior Associate Engineer

Attachments: HMBP Facility Summary Table
2 New HMBPs

Cc: Charlie Barrett, TWC
Mark Boone, TWC



**Time Warner Cable
Summary of Huntington Beach Fire Department HMBP Submissions
March 30, 2007**

Facility Name	Facility Address	City	State	Zip Code
New HMBPs				
Hub Site	13252 Century Blvd	Garden Grove	CA	92843
Office/headend/store	7441 Chapman Ave 11935 VV BLVD	Garden Grove	CA	92641



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

3 0 0 3 5										1	BEGINNING DATE	12/12/05	2	ENDING DATE	12/31/05
BUSINESS NAME										4	TIME WARNER CABLE		5	BUSINESS PHONE	714-903-8318
BUSINESS SITE ADDRESS										6	7441 Chapman AVE		7	CITY	GARDEN GROVE
CITY										7	GARDEN GROVE		8	STATE	CA
DUN & BRADSTREET										10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT	92841
COUNTY										13	ORANGE		12	ZIP	
BUSINESS OPERATOR NAME										14	DALE Bowles		15	OPERATOR'S PHONE	
														714-903-8375	

BUSINESS OWNER

OWNER NAME										16	TIME WARNER Cable		17	OWNER PHONE	
														714-903-8318	
OWNER MAILING ADDRESS										18	7441 Chapman AVE		19	CITY	Garden Grove, CA.
CITY										19	Garden Grove, CA.		20	STATE	CA.
														FIRE DISTRICT	92841
														ZIP	92841

ENVIRONMENTAL CONTACT

CONTACT NAME										22	William Humphrey		23	CONTACT PHONE	
														714-903-8318	
CONTACT MAILING ADDRESS										24	7441 Chapman AVE		25	CITY	Garden Grove
CITY										25	Garden Grove		26	STATE	CA.
														FIRE DISTRICT	92841
														ZIP	92841

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME										28	[REDACTED]		29	NAME		33	DALE Bowles	
TITLE										29	SECURITY & SAFETY MANAGER		34	TITLE		34	System Engineer	
BUSINESS PHONE										30	714-903-8318		35	BUSINESS PHONE		35	714-903-8375	
24-HR. PHONE										31	[REDACTED]		36	24-HR. PHONE		36	714-412-8128	
PAGER #										32	323-221-1287		37	PAGER #		37		

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:										38	VIDEO, High Speed INTERNET AND Phone		39	TOTAL # OF EMPLOYEES	
														175	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)										40			41	ATTENTION	
PROPERTY OWNER NAME										42	SAME		43	PHONE	

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										45	[REDACTED]		46	DATE	
														12/5/05	
NAME OF SIGNER										47	[REDACTED]		48	NAME OF DOCUMENT PREPARER	
														[REDACTED]	
TITLE OF SIGNER										48	SECURITY & SAFETY MANAGER		49	TITLE OF DOCUMENT PREPARER	
														SECURITY & SAFETY MANAGER	

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)

Fire Alarm -

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.

The Parking Lot North of 7441 Chapman - (Shared by 11861 Western Ave).

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

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

Office of Emergency Services (OES)

(800) 852-7550 OR (916) 427-4341

National Response Center

(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:
 - 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.

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: SECURITY SAFETY MANAGER

DATE: 12/19/05



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

Date: 12-1-05
 Address: 7442 CHAPMAN File No: _____
 Occupant or DBA: TIME WARNER CABLE
 Owner/Manager: [REDACTED] Phone: 714-903-8318

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

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

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

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

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

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

Additional Violations and/ or Notes:

Responsible party: [REDACTED] Re-inspection date: 12-15-05

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

Fire Dept. Inspector: CAPT Powell ID#: 6956
 Condition upon re-inspection: GET FILE INFO & DELIVER Date: _____

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) OF 3)

BUSINESS NAME (4) TIME WARNER COMMUNICATIONS
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 7441 CHAPMAN AVE
 MAP # (if more than one) (6) GRID # (7) G 2

CHEMICAL NAME (8) DIESEL FUEL NO.2
 COMMON NAME (9)
 CAS # (10) 68476-34-6
 FIRE CODE HAZARD CLASSES* (13) C II

TRADE SECRET (11) Y N
 AHM / *EHS (12) Y N
 *IF EHS BOX IS "Y"
 ALL AMOUNTS MUST BE IN LBS

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

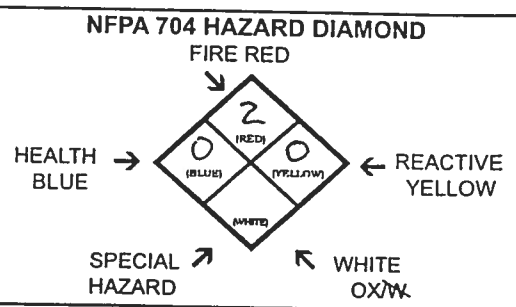
TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16)
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) N/A
300 UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 280
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 280
 LARGEST CONTAINER (21) 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
1.
2.
3.

(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<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 # 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

MATERIAL SAFETY DATA SHEET

MSDS No.
APPC173 VER. 6



LOW SULFUR DIESEL NO. 2

Rev. Date
11/15/1994

ARCO PRODUCTS COMPANY
DIVISION OF ATLANTIC RICHFIELD COMPANY
1055 WEST SEVENTH STREET
LOS ANGELES, CALIFORNIA 90051

IMPORTANT: Read this MSDS before handling and disposing of this product and pass this information on to employees, customers, and users of this product.

1. GENERAL

Material Identity	LOW SULFUR DIESEL NO. 2	
Trade Name(s)	ARCO LOW SULFUR (EPA) DIESEL #2 LOW SULFUR DIESEL NO. 2; ARCO CALIFORNIA (CARB) DIESEL #2	
Other Name(s)	ON-ROAD DIESEL #2, LOW SULFUR OFF-ROAD DIESEL #2	
Chemical Description	THIS MATERIAL IS AN ORGANIC PETROLEUM LIQUID. THIS IS A COMPLEX (C9 TO C20) HYDROCARBON MIXTURE WHICH CONTAINS LESS THAN .05 WT% SULFUR.	
CAS Number	68476-34-6	
US DOT Description	(Proper Shipping Name, Hazard Class, ID no, Packing Group, any Add'l Description) DIESEL FUEL,3,NA1993,PG III	
Telephone Numbers	EMERGENCY 213 222-3212 LA POISON 800 424-9300 CHEMTREC	CUSTOMER SERVICE 800 322-2726 INFO ONLY

2. Immediate Hazards

COMBUSTIBLE! OSHA/NFPA Class-II or IIIA combustible liquid. Keep away from heat, sparks and open flame. Avoid the "switch loading" hazard (See Section 10).

Contains petroleum distillates! If swallowed, do not induce vomiting since aspiration into the lungs will cause chemical pneumonia. Obtain prompt medical attention.

May cause irritation of more serious skin disorders! May be harmful if inhaled! (See Sections 5 and 6) Avoid prolonged or repeated liquid, mist and vapor contact with eyes, skin and respiratory tract. Long term tests show that similar petroleum distillates have produced kidney damage and skin tumors on laboratory animals. Wash hands thoroughly after handling.

Respiratory irritation and reversible pulmonary effects are associated with exposure to diesel exhaust.

3. Components & Exposures

Component ¹	CAS No.	% Composition By Volume ²	ACGIH TLV	1992 Exposure Values			Units	Type
				OSHA PEL	ARCO EL			
HYDROCARBONS W/BOILING PT RANGE 325 TO 698F	68476-34-6	EQ 100	N/AP	N/AP	N/AP			
Other applicable exposure guidelines: STODDARD SOLVENT	8052-41-3		100	100	N/AP	ppm	TWA	

¹ Carcinogen displayed after Component Name. Listed by (1) NTP, (2) IARC, (3) OSHA, (4) Other

² See Abbreviations on last page

4. Fire and Explosion

Flash Point (Method)

AP 125° TO 150°F (D-93)

See "Fire and Explosion Hazards"

Autoignition Temperature (Method)

AP 495°F (E-659)

Based on NFPA "Fuel Oil No. 2"

Flammable Limits (% Vol. in Air)

At Normal Atmospheric Temperature and Pressure

Lower AP 0.6

Upper AP 7.5

Based on NFPA "Fuel Oil No. 1/Gas Oil"

Fire and Explosion Hazards

COMBUSTIBLE! When heated above the flash point, this material will release flammable vapors which if exposed to an ignition source, can burn in the open or be explosive in confined spaces. Mists or sprays may be flammable at temperatures below the normal flash point. For "switch loading" procedures, see Section 10.

Extinguishing Media

Foam
Dry chemical
Halon
Carbon dioxide
Water and water fog may be used to cool the fire, but may not extinguish the fire.

NFPA Hazard Rating:

4 - Extreme

3 - High

2 - Moderate

1 - Slight

0 - Insignificant

Health = 0

Fire = 2

Reactivity = 0

Special =

Special Firefighting Procedures

For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment. This may include self-contained breathing apparatus to protect against the hazardous effects of combustion products and oxygen deficiencies. Cool tanks and containers exposed to fire with water.

5. Health Hazards

Summary of Acute Health Hazards

Contact with liquid, mist, or vapor can irritate skin and respiratory tract. Aspiration into the lungs may cause chemical pneumonia.

Routes of Exposure

Signs and Symptoms

Primary Route(s)

Inhalation

Vapors or mists from this material, at concentrations greater than the recommended exposure limits in Section 3, can cause irritation of the nose, throat, and lungs, headache, dizziness, loss of coordination, fatigue, nausea and labored breathing. Airborne concentrations above the recommended exposure limits are not anticipated during normal workplace or refueling activities due to the slow evaporation of this material at ambient temperatures.

✓

Eye Contact

Not expected to cause prolonged or significant eye irritation.

Skin Contact

Moderate skin irritation may occur upon short term exposure.

Ingestion

May cause irritation of the mouth, throat, and gastrointestinal tract leading to nausea, vomiting, diarrhea, and restlessness. May cause headache, dizziness, drowsiness, loss of coordination, fatigue, nausea and labored breathing.

Summary of Chronic Hazards and Special Health Effects

Personnel with pre-existing central nervous system disease, skin disorders or chronic respiratory diseases should be evaluated by an appropriate health professional before exposure to this material.

Prolonged/repeated skin exposure, inhalation or ingestion of this material may result in adverse dermal or systemic effects. Avoid prolonged or repeated exposure.

6. Protective Equipment and Other Control Measures

Respiratory

A NIOSH/MSHA-approved air-purifying respirator with an organic vapor cartridge may be permissible under certain circumstances where airborne concentrations may exceed the exposure limits in Section 3. NOTE: The protection provided by air-purifying respirators is limited. Use a positive pressure air-supplied respirator if there is any potential for an uncontrolled release, if exposure levels are not known, or if concentrations exceed the protection limits of the air-purifying respirator. Consult with a health and safety professional for guidance in respirator selection. Respirator use should follow OSHA 29 CFR 1910.134.

Eyes

Eye protection should be worn. If there is a potential for splashing or spraying, chemical-type goggles and, if appropriate, a face shield should be worn. If contact lenses are worn, contact an eye specialist or a safety professional for additional precautions. Suitable eye wash should be available in case of eye contact with this material.



LOW SULFUR DIESEL NO. 2

MSDS No.
APPC173 VER. 6
Rev. Date
11/15/1994

Skin Avoid skin contact with this material. If conditions or frequency of use make skin contact likely, clean impervious clothing such as gloves, apron, boots and facial protection should be worn. Nitrile, neoprene, or Viton protective clothing material is recommended.

When working around equipment or processes which may create the potential for significant skin contact, full body coverage should consist of impervious boots and oil-resistant coated Tyvek suit or other impervious jacket and pants.

Engineering Controls Where possible, use adequate ventilation to keep vapor and mist concentrations of this material below the occupational exposure limits shown in Section 3. Electrical equipment should follow National Electrical Code (NEC) standards.

Other Hygienic and Work Practices Use good personal hygiene practices. In case of skin contact, wash with mild soap and water or a waterless hand cleaner. Wash hands and other exposed areas thoroughly before eating, drinking or smoking.

Non-impervious clothing which becomes contaminated with this material should be immediately removed and not reworn until the material is washed thoroughly and the contamination is effectively removed from clothing. Discard soaked leather goods which cannot be effectively cleaned.

7. Emergency and First Aid

Inhalation Immediately move personnel to area of fresh air. For respiratory distress, give oxygen, rescue breathing, or administer CPR (cardiopulmonary resuscitation), if necessary. Obtain medical attention if breathing difficulty continues.

Eye Contact Flush with clean low-pressure water for at least 15 minutes. If pain or irritation persists after flushing, obtain medical attention.

Skin Contact Promptly remove contaminated clothing. Thoroughly wash affected skin with soap and water. If there are signs or symptoms of irritation, obtain medical attention.

Ingestion Do not induce vomiting, since aspiration into the lungs may cause chemical pneumonia. If aspiration occurs, promptly obtain medical attention.

Emergency Medical Treatment Procedures See above procedures.

8. Spill and Disposal

Precautions if Material is Spilled or Released Contain spill, evacuate non-essential personnel, and safely stop flow. On hard surfaces, spilled material may create a slipping hazard. Equip cleanup crews with proper protective equipment (as specified in Section 6) and advise of hazards. Clean up by recovering as much spilled or contaminated materials as possible and placing into closed containers. Consult with an environmental professional for the federal, state and local cleanup and reporting requirements for spills and releases.

Waste Disposal Methods Maximize recovery for reuse or recycling. Consult with environmental professional to determine if state or federal regulations would classify spilled or contaminated materials as a hazardous waste. Use only approved transporters, recyclers, treatment, storage or disposal facilities. Comply with all federal, state and local laws pertaining to waste management.

9. Physical and Chemical Data

Boiling Point AP 325° TO 698°F	Viscosity Units, Temp. (Method) AP 3 TO 3.5 CST AT 100°F (D-445)	Dry Point UK
Freezing Point AP 0° TO 24°F	Vapor Pressure, Temp. (Method) LT 0.04 AT 100°F (REID-PSIA)	Volatile Characteristics Slight
Specific Gravity (H₂O = 1 @39.2°F) AP 0.85 TO 0.87	Vapor Sp. Gr. (Air=1.0 @50°F-90°F) AP 6	Solubility in Water Negligible
		PH N/AP



LOW SULFUR DIESEL NO. 2

MSDS No.
APPC173 VER. 6
Rev. Date
11/15/1994

Skin	Avoid skin contact with this material. If conditions or frequency of use make skin contact likely, clean impervious clothing such as gloves, apron, boots and facial protection should be worn. Nitrile, neoprene, or Viton protective clothing material is recommended. When working around equipment or processes which may create the potential for significant skin contact, full body coverage should consist of impervious boots and oil-resistant coated Tyvek suit or other impervious jacket and pants.
Engineering Controls	Where possible, use adequate ventilation to keep vapor and mist concentrations of this material below the occupational exposure limits shown in Section 3. Electrical equipment should follow National Electrical Code (NEC) standards.
Other Hygienic and Work Practices	Use good personal hygiene practices. In case of skin contact, wash with mild soap and water or a waterless hand cleaner. Wash hands and other exposed areas thoroughly before eating, drinking or smoking. Non-impervious clothing which becomes contaminated with this material should be immediately removed and not reworn until the material is washed thoroughly and the contamination is effectively removed from clothing. Discard soaked leather goods which cannot be effectively cleaned.

7. Emergency and First Aid

Inhalation	Immediately move personnel to area of fresh air. For respiratory distress, give oxygen, rescue breathing, or administer CPR (cardiopulmonary resuscitation), if necessary. Obtain medical attention if breathing difficulty continues.
Eye Contact	Flush with clean low-pressure water for at least 15 minutes. If pain or irritation persists after flushing, obtain medical attention.
Skin Contact	Promptly remove contaminated clothing. Thoroughly wash affected skin with soap and water. If there are signs or symptoms of irritation, obtain medical attention.
Ingestion	Do not induce vomiting, since aspiration into the lungs may cause chemical pneumonia. If aspiration occurs, promptly obtain medical attention.
Emergency Medical Treatment Procedures	See above procedures.

8. Spill and Disposal

Precautions if Material is Spilled or Released	Contain spill, evacuate non-essential personnel, and safely stop flow. On hard surfaces, spilled material may create a slipping hazard. Equip cleanup crews with proper protective equipment (as specified in Section 6) and advise of hazards. Clean up by recovering as much spilled or contaminated materials as possible and placing into closed containers. Consult with an environmental professional for the federal, state and local cleanup and reporting requirements for spills and releases.
Waste Disposal Methods	Maximize recovery for reuse or recycling. Consult with environmental professional to determine if state or federal regulations would classify spilled or contaminated materials as a hazardous waste. Use only approved transporters, recyclers, treatment, storage or disposal facilities. Comply with all federal, state and local laws pertaining to waste management.

9. Physical and Chemical Data

Boiling Point AP 325° TO 698°F	Viscosity Units, Temp. (Method) AP 3 TO 3.5 CST AT 100°F (D-445)	Dry Point UK
Freezing Point AP 0° TO 24°F	Vapor Pressure, Temp. (Method) LT 0.04 AT 100°F (REID-PSIA)	Volatile Characteristics Slight
Specific Gravity (H₂O = 1 @39.2°F) AP 0.85 TO 0.87	Vapor Sp. Gr. (Air=1.0 @60°F-90°F) AP 6	Solubility in Water Negligible
		PH N/AP

Hazardous Polymerization Not expected to occur	Other Chemical Reactivity N/AP	Stability Stable
Other Physical and Chemical Properties	Sulfur content = 0 to 0.05 wt.% Conductivity = GT 50 ps/M Cetane # = 40 to 57	
Appearance and Odor	Light yellow to amber-colored liquid; kerosene odor. When sold for off-road vehicle use in the United States, this material will be dyed red.	
Conditions to Avoid	Heat and ignition sources.	
Materials to Avoid	Strong acids, alkalis, and oxidizers such as liquid chlorine and oxygen.	
Hazardous Decomposition Products	Burning or excessive heating may produce carbon monoxide and other harmful gases or vapors including oxides of sulfur.	

10. Additional Precautions

Handling, Storage and Decontamination Procedures	Special slow load procedures for "switch loading" must be followed to avoid the static ignition hazard that can exist when this material is loaded into tanks previously containing gasoline or other low flash point products (see API Publication 2003). KEEP CONTAINERS CLOSED AND AWAY FROM HEAT AND IGNITION SOURCES! All electrical equipment in areas where product is stored/handled should be installed in accordance with applicable requirements of the National Electric Code (NEC). Do not use this product as a cleaning agent. Empty containers retain some liquid and vapor residues, and hazard precautions must be observed when handling empty containers. WARNING: Use of any hydrocarbon fuel in spaces without adequate ventilation may result in generation of hazardous levels of combustion products and inadequate oxygen levels for breathing.
General Comments	Some of the information presented and conclusions drawn herein are from sources other than direct test data on the mixture itself.
Supplemental Toxicology Information	<p>Inhalation: Toxicity studies on this material resulted in LC50 values greater than 5 mg/l indicating a low potency. However, during exposure, the material caused labored breathing, reduced activity and nasal discharge.</p> <p>Exposure to diesel exhaust may result in reversible symptoms, such as respiratory tract irritation (wheezing, chest tightness), mucous membrane irritation, central nervous system effects (headache and light headedness), nausea, vomiting and heartburn.</p> <p>Eye Contact: Animal studies have been performed on this material with minimal to no irritation being reported. Ten minutes of exposure to diesel oil aerosols (166 ppm) have been reported to be non-irritating in humans.</p> <p>Skin Contact: Animal studies with this material have resulted in moderate skin irritation following short term exposure or prolonged/repeated exposure. This material appears to be non-sensitizing. The acute dermal toxicity tests indicate LD50 values greater than 2.0 g/kg indicating a low potency.</p> <p>Ingestion: The acute oral toxicity tests indicate LD50 values greater than 5.0 g/kg indicating a low potency. In young children, ingested diesel fuel produced symptoms of cough, dyspnea (labored breathing), pneumonia, tachycardia (rapid heart beat), somnolence (drowsiness), cardiac dilation, vomiting, fever and breath and vomitus of a characteristic odor. Aspiration can result in a fatal chemical pneumonia.</p> <p>Prolonged/Repeated Exposures: This product contains petroleum distillates similar to those shown to produce skin tumors and kidney damage in laboratory animals.</p> <p>Lifetime exposure to whole diesel exhaust has been shown to produce lung tumors in laboratory animals. The exact relationship between these findings and possible human effects is not known.</p> <p>Twenty eight day dermal toxicity studies with this material resulted in skin irritation and no systemic toxicity.</p>



LOW SULFUR DIESEL NO. 2

MSDS No.
APPC173 VER. 6
Rev. Date
11/15/1994

11. Regulatory Information

SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (SARA), TITLE III

Section 311/312 Hazard Categories:

Immediate (acute) health hazard
Delayed (chronic) health hazard
Fire hazard

No chemicals in this product exceed the De Minimus reporting level established by SARA Title III, Section 313 and 40 CFR 372.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

All components of this product are listed on the TSCA Inventory.

COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT (CERCLA)

This material is covered by CERCLA's PETROLEUM EXEMPTION.
(Refer to 40 CFR 307.14)

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986 - PROPOSITION 65

This product may contain trace amounts of the following chemical(s) listed by the state of California as "Known to cause cancer" or "birth defects or other reproductive harm".

Component Name

BENZENE
TOLUENE

--- Note ---	Abbreviations:	EQ = Equal	AP = Approximately	N/P = No Applicable Information Found
		LT = Less Than	UK = Unknown	N/AP = Not Applicable
		GT = Greater Than	TR = Trace	N/DA = No Data Available

Disclaimer of Liability

The information in this MSDS was obtained from sources which we believe are reliable. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, REGARDING ITS CORRECTNESS.

The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.

This MSDS was prepared and is to be used only for this product. If the product is used as a component in another product, this MSDS information may not be applicable.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL
CARB DIESEL NO. 2

BRAND NAMES

ARCO CARB Diesel 10669

AND

Unbranded CARB Diesel 10669

PRODUCT CODES

Unbranded Tax-exempt CARB Diesel 10683

This product meets California requirements for use as a motor vehicle fuel. For additional information, consult the following section of the On-line Product Specifications Book: Diesel No. 2, Approved Additives.

PROPERTY	TEST METHOD	LIMITS
Appearance	ARCO 8039	Bright
Aromatics, V%	D5186-96*	See Footnote (7)
Ash, W%	D482	Max 0.01
Carbon Residue, Rams., 10 V% Bottoms	D524	Max 0.35 (1)
Cetane Number	D613-84	Min 40 (7)
Cloud, °F (°C)	D2500* or D3117	See Footnote (2)
Color, ASTM	D1500	Max 2.5 (3)
Color, Visible	—	Undyed (4)
Conductivity, 75 °F, pS/m	D2624	Min 50 (5)
Copper Corrosion, 3 hrs @ 122°F (50°C)	D130	Max No. 3
Distillation	D86-96	Record
50% Recovered, °F (°C)		Min 540 (282)
90% Recovered, °F (°C)		Max 640 (338)
90% Recovered, °F (°C)		Max 698 (370)
End Point, °F (°C)		See Footnote (2)
Flash, PM °F(°C)	D93	30.0-42.0
Gravity, API	D287	See Footnote (7)
Nitrogen, ppm	D4629-96	Max 10
Particulates, mg/l	D2276	See Footnote (7)
Polynuclear Aromatics, W%	D2425-83 or D5186-96	See Footnote (7)
Pour, °F(°C)	D97	See Footnote (2)
Rust, 3.5 hr. @ 100°F	ARCO 8003	Min B++ (6)
Stability, mg/100 ml	D2274	Max 1.0
Sulfur, ppm	D2622-94 or D5453-93	See Footnote (7)
Viscosity, Kinematic 104°F (40°C), cSt	D445	1.9-4.1
Water and Sediment, V%	D1796	Max 0.05
	* Referee Method	

January, 1997
Page 1 of 2

Refer to On-line Specifications for up-to-date requirements.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL

CARB DIESEL No. 2

FOOTNOTES

- (1) This specification applies only to the base fuel without cetane improver (see ASTM test method D524, Note 3).
- (2) Cloud, Pour, and Flash Point requirements are as follows. Dates apply at the refinery shipping point. Flash Point limits in the Table apply to shipments from Cherry Point; minimum Flash Point for LAR is 135 degF for all destinations. (Rp = report requirement only)

(Deg F)	--- Cloud Point, Max ---				--- Pour Point, Max ---			Flash.	
	Oct	Nov- Feb	Mar	Apr- Sep	Oct	Nov- Feb	Mar	Apr- Sep	Min (CP)
Arizona	====	====	====	====	====	====	====	====	====
California:	24	24	24	24	Rp	Rp	Rp	Rp	150
Chico	24	24	32	32	Rp	15	15	Rp	140
Bay Area	24	24	32	32	Rp	Rp	Rp	Rp	140
So Cal	24	24	32	32	Rp	Rp	Rp	Rp	150
Nevada:									
Las Vegas	24	24	24	24	Rp	Rp	Rp	Rp	150
Reno	24	14	24	24	15	0	15	15	140
OR and WA:									
W of 122° long.	24	14	24	24	15	0	15	15	125

- (3) The ASTM color specification applies: at refinery shipping point only and, if fuel is dyed, to the base fuel prior to addition of red dye.
- (4) CARB diesel which is sold free of the Section 4081 Federal excise tax for tax-exempt uses, must be dyed red. See Diesel no. 2, Approved Additives, in the On-Line Specifications Book.
- (5) Refineries will add anti-static additive as required. Terminals will test tenders of P&E product and product of unknown origin for conductivity and add anti-static additive as required.
- (6) At the LA Refinery, this minimum applies only to pipeline shipments.
- (7) This product meets CARB requirements for these properties according to limits established by one of these CARB executive orders: G-714-007, G-714-008, or G-714-010. For further information, contact Quality Administration

 January, 1997
 Page 2 of 2

Refer to On-line Specifications for up-to-date requirements.

**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)

Fire Alarm -

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.

The Parking Lot North of 7441 Chapman - (Shared by 11861 Western Ave).

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.)
-
-



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

3 0 0 3 5										BEGINNING DATE	1	ENDING DATE	2			
										12/12/05		12/31/05				
BUSINESS NAME										4	BUSINESS PHONE		5			
TIME WARNER CABLE											714-903-8318					
BUSINESS SITE ADDRESS																
7441 Chapman AVE																
CITY							7	STATE	8	ZIP			9			
GARDEN GROVE								CA		92841						
DUN & BRADSTREET										10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT		12
											4841			2214		
COUNTY																
ORANGE																
BUSINESS OPERATOR NAME										14	OPERATOR'S PHONE			15		
DALE Bowles											714-903-8375					

BUSINESS OWNER

OWNER NAME										16	OWNER PHONE			17
TIME WARNER Cable											714-903-8318			
OWNER MAILING ADDRESS														
7441 Chapman AVE														
CITY							19	STATE	20	ZIP			21	
Garden Grove, Ca.								CA.		92841				

ENVIRONMENTAL CONTACT

CONTACT NAME										22	CONTACT PHONE			23
[REDACTED]											714-903-8318			
CONTACT MAILING ADDRESS														
7441 Chapman AVE														
CITY							25	STATE	26	ZIP			27	
Garden Grove								CA.		92841				

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME							28	NAME						33
[REDACTED]								DALE Bowles						
TITLE							29	TITLE						34
SECURITY & SAFETY MANAGER								System Engineer						
BUSINESS PHONE							30	BUSINESS PHONE						35
714-903-8318								714-903-8375						
24-HR. PHONE							31	24-HR. PHONE						36
[REDACTED]								714-412-8128						
PAGER #							32	PAGER #						37
323-221-1287														

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:										38	TOTAL # OF EMPLOYEES			39
VIDEO, High Speed INTERNET And Phone											175			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)										40	ATTENTION			41
PROPERTY OWNER NAME										42	ADDRESS			43
SAME														44
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 OF SIGNED REPRESENTATIVE										45	DATE			46
[REDACTED]											12/5/05			
NAME OF SIGNATURE							47	NAME OF DOCUMENT PREPARER (print)						49
[REDACTED]								[REDACTED]						
TITLE OF SIGNER							48	TITLE OF DOCUMENT PREPARER						50
SECURITY & SAFETY MANAGER								SECURITY & SAFETY MANAGER						



**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: TIME WARNER COMMUNICATION Telephone: 714-903-4000
Site Address: 7441 CHAPMAN AVE Zip Code: 92844

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

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

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

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

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

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

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

Print Name GEORGE STETSON

Signature George Stetson

Job Title ENGINEERING MGR

Date 3-5-01

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION											
FACILITY ID#										1. EPA ID # (Hazardous Waste Only)	2.

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3.
<i>TIME WARNER COMMUNICATION</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...
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	4. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)			
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES	<input checked="" 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)
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	8. ✓ NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE			
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)
E. LOCAL REQUIREMENTS			

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



**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: TIME WARNER COMMUNICATION Telephone: 714-903-8000
Site Address: 7441 CHAPMAN Zip Code: 92841

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;
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- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
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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 GEORGE STETSON

Signature *George Stetson*

Job Title ENGINEERING MGR

Date 5-19-00



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

CALENDAR YEAR BEGINNING (1)	05/18/00	ENDING (2)	12/31/00	(3) PAGE 1 OF	
BUSINESS NAME (4)	TIME WARNER COMMUNICATION		BUSINESS PHONE: (5)	714.903.4000	
SITE ADDRESS (6)	7441 CHAPMAN AVE				
CITY (7)	GARDEN GROVE	STATE (8)	CA	ZIP (9)	92841
DUN & BRADSTREET (OPTIONAL) OPERATOR NAME (12)		SIC CODE (4 DIGIT #) (11)	4841		
		OPERATOR PHONE (13)			

OWNER INFORMATION

OWNER NAME (14)	TIME WARNER COMMUNICATION		OWNER PHONE (15)	714.903.4000	
OWNER MAILING ADDRESS (16)					
CITY (17)	GARDEN GROVE	STATE (18)	CA	ZIP (19)	92841

ENVIRONMENTAL CONTACT

CONTACT NAME (20)	GEORGE STETSON		CONTACT PHONE (21)	714 903 8355	
MAILING ADDRESS (22)	7441 CHAPMAN AVE				
CITY (23)	GARDEN GROVE	STATE (24)	CA	ZIP (25)	92841

EMERGENCY CONTACTS

Primary			Secondary		
NAME: (26)	GEORGE STETSON		NAME: (31)	Robert PORTER	
TITLE: (27)	ENGINEERING MGR.		TITLE: (32)	VP TECH OPERATIONS	
BUSINESS PHONE: (28)	714 903 8355		BUSINESS PHONE: (33)	714-903-8450	
24-HOUR PHONE: (29)	714 412 9228		24-HOUR PHONE: (34)	714 981-9832	
PAGER #: (30)			PAGER #: (35)		

ACUTELY HAZARDOUS MATERIALS (AHM) / EXTREMELY HAZARDOUS SUBSTANCE (EHS)

ON SITE AHM/EHS (36) Yes No If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

ADDITIONAL LOCALLY COLLECTED INFORMATION

(37)

A. Type of Business Operation	CABLETV OPERATION	G. Underground Storage Tanks	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
B. Hours of Business Operation	24/7	H. Above ground Tank over 660 gal.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
C. Total Number of Employees	350		
D. Property Owner Name	Address		
E. Schools, hospitals within 1,000 ft. of business property	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
F. EPA I.D. Number			

Certification: I certify under penalty of law that I have personally examined and that I am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer (38)	GEORGE STETSON		
Signature of Owner/Operator (39)		Date (40)	

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 1

TIME WARNER COMMUNICATIONS

7441 CHAPMAN AVE.

714-903-4000

FOR OFFICIAL USE ONLY

APPROVED BY: SHIRLEY DATE: 6-12-00

NEW BUSINESS _____ EXISTING _____ UPDATE X

FEE: 1 2 3 4 5 6

OWNERSHIP CHANGE _____

ADDRESS CHANGE: _____

TIER II ___ FAC: ___ CON. ___ BUS LIST: ___ PICK: ___

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) OF 3)

BUSINESS NAME (4) TIME WARNER COMMUNICATIONS

CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 7441 CHAPMAN AVE

MAP # (if more than one) (6) GRID # (7) G 2

CHEMICAL NAME (8) DIESEL FUEL NO.2

COMMON NAME (9)

CAS # (10) 68476-34-6

FIRE CODE HAZARD CLASSES* (13) C II

TRADE SECRET (11) Y N

AHM / *EHS (12) Y N

*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

PHYSICAL STATE (17) SOLID LIQUID GAS

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) N/A

DAYS ON SITE (20) 365

LARGEST CONTAINER (21)

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

UNITS (22) GAL CU FT LBS TONS

*If EHS, amounts must be in lbs.

CHECK IF RADIOACTIVE (15) (16)

CURIES

MAX DAILY AMT (23) 280

AVG DAILY AMT (24) 280

ANNUAL WASTE AMT (25) 0

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<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 # 1993
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3
 Refer to shipping papers or MSDS

UFC HAZARD CLASS

NFPA 704 HAZARD DIAMOND
 FIRE RED

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

SPECIAL HAZARD ↗ ↖ WHITE OX/W

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

MATERIAL SAFETY DATA SHEET

MSDS No.
APPC173 VER. 6

Rev. Date
11/15/1994



LOW SULFUR DIESEL NO. 2

ARCO PRODUCTS COMPANY
DIVISION OF ATLANTIC RICHFIELD COMPANY
1055 WEST SEVENTH STREET
LOS ANGELES, CALIFORNIA 90051

IMPORTANT: Read this MSDS before handling and disposing of this product and pass this information on to employees, customers, and users of this product.

1. GENERAL

Material Identity	LOW SULFUR DIESEL NO. 2	
Trade Name(s)	ARCO LOW SULFUR (EPA) DIESEL #2 LOW SULFUR DIESEL NO. 2; ARCO CALIFORNIA (CARB) DIESEL #2	
Other Name(s)	ON-ROAD DIESEL #2, LOW SULFUR OFF-ROAD DIESEL #2	
Chemical Description	THIS MATERIAL IS AN ORGANIC PETROLEUM LIQUID. THIS IS A COMPLEX (C9 TO C20) HYDROCARBON MIXTURE WHICH CONTAINS LESS THAN .05 WT% SULFUR.	
CAS Number	68476-34-6	
US DOT Description	(Proper Shipping Name, Hazard Class, ID no, Packing Group, any Add'l Description) DIESEL FUEL,3,NA1993,PG III	
Telephone Numbers	EMERGENCY 213 222-3212 LA POISON 800 424-9300 CHEMTREC	CUSTOMER SERVICE 800 322-2726 INFO ONLY

2. Immediate Hazards

COMBUSTIBLE! OSHA/NFPA Class-II or IIIA combustible liquid. Keep away from heat, sparks and open flame. Avoid the "switch loading" hazard (See Section 10).

Contains petroleum distillates! If swallowed, do not induce vomiting since aspiration into the lungs will cause chemical pneumonia. Obtain prompt medical attention.

May cause irritation of more serious skin disorders! May be harmful if inhaled! (See Sections 5 and 6) Avoid prolonged or repeated liquid, mist and vapor contact with eyes, skin and respiratory tract. Long term tests show that similar petroleum distillates have produced kidney damage and skin tumors on laboratory animals. Wash hands thoroughly after handling.

Respiratory irritation and reversible pulmonary effects are associated with exposure to diesel exhaust.

3. Components & Exposures

Component ¹	CAS No.	% Composition By Volume ²	ACGIH TLV	1992 Exposure Values			Units	Type
				OSHA PEL	ARCO EL			
HYDROCARBONS W/BOILING PT RANGE 325 TO 698F	68476-34-6	EQ 100	N/AP	N/AP	N/AP			
Other applicable exposure guidelines: STODDARD SOLVENT	8052-41-3		100	100	N/AP	ppm	TWA	

¹ Carcinogen displayed after Component Name. Listed by (1) NTP, (2) IARC, (3) OSHA, (4) Other

² See Abbreviations on last page

4. Fire and Explosion

Flash Point (Method) AP 125° TO 150°F (D-93) <small>See "Fire and Explosion Hazards"</small>		Autoignition Temperature (Method) AP 495°F (E-659) <small>Based on NFPA "Fuel Oil No. 2"</small>		Flammable Limits (% Vol. in Air) <small>At Normal Atmospheric Temperature and Pressure</small> Lower AP 0.6 Upper AP 7.5 <small>Based on NFPA "Fuel Oil No. 1/Gas Oil"</small>	
Fire and Explosion Hazards COMBUSTIBLE! When heated above the flash point, this material will release flammable vapors which if exposed to an ignition source, can burn in the open or be explosive in confined spaces. Mists or sprays may be flammable at temperatures below the normal flash point. For "switch loading" procedures, see Section 10.					
Extinguishing Media		Foam Dry chemical Halon Carbon dioxide Water and water fog may be used to cool the fire, but may not extinguish the fire.		NFPA Hazard Rating: 4 - Extreme 3 - High 2 - Moderate 1 - Slight 0 - Insignificant	
Special Firefighting Procedures		For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment. This may include self-contained breathing apparatus to protect against the hazardous effects of combustion products and oxygen deficiencies. Cool tanks and containers exposed to fire with water.			
Health		Health Hazards			
Summary of Acute Health Hazards		Contact with liquid, mist, or vapor can irritate skin and respiratory tract. Aspiration into the lungs may cause chemical pneumonia.			
Routes of Exposure		Signs and Symptoms		Primary Route(s)	
Inhalation		Vapors or mists from this material, at concentrations greater than the recommended exposure limits in Section 3, can cause irritation of the nose, throat, and lungs, headache, dizziness, loss of coordination, fatigue, nausea and labored breathing. Airborne concentrations above the recommended exposure limits are not anticipated during normal workplace or refueling activities due to the slow evaporation of this material at ambient temperatures.		✓	
Eye Contact		Not expected to cause prolonged or significant eye irritation.			
Skin Contact		Moderate skin irritation may occur upon short term exposure.			
Ingestion		May cause irritation of the mouth, throat, and gastrointestinal tract leading to nausea, vomiting, diarrhea, and restlessness. May cause headache, dizziness, drowsiness, loss of coordination, fatigue, nausea and labored breathing.			
Summary of Chronic Hazards and Special Health Effects		Personnel with pre-existing central nervous system disease, skin disorders or chronic respiratory diseases should be evaluated by an appropriate health professional before exposure to this material. Prolonged/repeated skin exposure, inhalation or ingestion of this material may result in adverse dermal or systemic effects. Avoid prolonged or repeated exposure.			

6. Protective Equipment and Other Control Measures

Respiratory	A NIOSH/MSHA-approved air-purifying respirator with an organic vapor cartridge may be permissible under certain circumstances where airborne concentrations may exceed the exposure limits in Section 3. NOTE: The protection provided by air-purifying respirators is limited. Use a positive pressure air-supplied respirator if there is any potential for an uncontrolled release, if exposure levels are not known, or if concentrations exceed the protection limits of the air-purifying respirator. Consult with a health and safety professional for guidance in respirator selection. Respirator use should follow OSHA 29 CFR 1910.134.
Eyes	Eye protection should be worn. If there is a potential for splashing or spraying, chemical-type goggles and, if appropriate, a face shield should be worn. If contact lenses are worn, contact an eye specialist or a safety professional for additional precautions. Suitable eye wash should be available in case of eye contact with this material.



LOW SULFUR DIESEL NO. 2

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Skin Avoid skin contact with this material. If conditions or frequency of use make skin contact likely, clean impervious clothing such as gloves, apron, boots and facial protection should be worn. Nitrile, neoprene, or Viton protective clothing material is recommended.

When working around equipment or processes which may create the potential for significant skin contact, full body coverage should consist of impervious boots and oil-resistant coated Tyvek suit or other impervious jacket and pants.

Engineering Controls Where possible, use adequate ventilation to keep vapor and mist concentrations of this material below the occupational exposure limits shown in Section 3. Electrical equipment should follow National Electrical Code (NEC) standards.

Other Hygienic and Work Practices Use good personal hygiene practices. In case of skin contact, wash with mild soap and water or a waterless hand cleaner. Wash hands and other exposed areas thoroughly before eating, drinking or smoking.

Non-impervious clothing which becomes contaminated with this material should be immediately removed and not re-worn until the material is washed thoroughly and the contamination is effectively removed from clothing. Discard soaked leather goods which cannot be effectively cleaned.

7. Emergency and First Aid

Inhalation Immediately move personnel to area of fresh air. For respiratory distress, give oxygen, rescue breathing, or administer CPR (cardiopulmonary resuscitation), if necessary. Obtain medical attention if breathing difficulty continues.

Eye Contact Flush with clean low-pressure water for at least 15 minutes. If pain or irritation persists after flushing, obtain medical attention.

Skin Contact Promptly remove contaminated clothing. Thoroughly wash affected skin with soap and water. If there are signs or symptoms of irritation, obtain medical attention.

Ingestion Do not induce vomiting, since aspiration into the lungs may cause chemical pneumonia. If aspiration occurs, promptly obtain medical attention.

Emergency Medical Treatment Procedures See above procedures.

8. Spill and Disposal

Precautions if Material is Spilled or Released Contain spill, evacuate non-essential personnel, and safely stop flow. On hard surfaces, spilled material may create a slipping hazard. Equip cleanup crews with proper protective equipment (as specified in Section 6) and advise of hazards. Clean up by recovering as much spilled or contaminated materials as possible and placing into closed containers. Consult with an environmental professional for the federal, state and local cleanup and reporting requirements for spills and releases.

Waste Disposal Methods Maximize recovery for reuse or recycling. Consult with environmental professional to determine if state or federal regulations would classify spilled or contaminated materials as a hazardous waste. Use only approved transporters, recyclers, treatment, storage or disposal facilities. Comply with all federal, state and local laws pertaining to waste management.

9. Physical and Chemical Data

Boiling Point AP 325° TO 698°F	Viscosity Units, Temp. (Method) AP 3 TO 3.5 CST AT 100°F (D-445)	Dry Point UK
Freezing Point AP 0° TO 24°F	Vapor Pressure, Temp. (Method) LT 0.04 AT 100°F (REID-PSIA)	Volatile Characteristics Slight
Specific Gravity (H₂O = 1 @ 39.2°F) AP 0.85 TO 0.87	Vapor Sp. Gr. (Air=1.0 @ 50°F-90°F) AP 6	Solubility in Water Negligible
		PH N/AP



LOW SULFUR DIESEL NO. 2

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Specific Gravity (H₂O = 1 @39.2°F) AP 0.85 TO 0.87	Vapor Sp. Gr. (Air=1.0 @60°F-90°F) AP 6	Solubility In Water Negligible
		PH N/AP

Hazardous Polymerization Not expected to occur	Other Chemical Reactivity N/AP	Stability Stable
Other Physical and Chemical Properties	Sulfur content = 0 to 0.05 wt.% Conductivity = GT 50 ps/M Cetane # = 40 to 57	
Appearance and Odor	Light yellow to amber-colored liquid; kerosene odor. When sold for off-road vehicle use in the United States, this material will be dyed red.	
Conditions to Avoid	Heat and ignition sources.	
Materials to Avoid	Strong acids, alkalis, and oxidizers such as liquid chlorine and oxygen.	
Hazardous Decomposition Products	Burning or excessive heating may produce carbon monoxide and other harmful gases or vapors including oxides of sulfur.	

10. Additional Precautions

Handling, Storage and Decontamination Procedures
 Special slow load procedures for "switch loading" must be followed to avoid the static ignition hazard that can exist when this material is loaded into tanks previously containing gasoline or other low flash point products (see API Publication 2003). **KEEP CONTAINERS CLOSED AND AWAY FROM HEAT AND IGNITION SOURCES!** All electrical equipment in areas where product is stored/handled should be installed in accordance with applicable requirements of the National Electric Code (NEC). Do not use this product as a cleaning agent. Empty containers retain some liquid and vapor residues, and hazard precautions must be observed when handling empty containers. **WARNING:** Use of any hydrocarbon fuel in spaces without adequate ventilation may result in generation of hazardous levels of combustion products and inadequate oxygen levels for breathing.

General Comments
 Some of the information presented and conclusions drawn herein are from sources other than direct test data on the mixture itself.

Supplemental Toxicology Information

Inhalation: Toxicity studies on this material resulted in LC50 values greater than 5 mg/l indicating a low potency. However, during exposure, the material caused labored breathing, reduced activity and nasal discharge.

- Exposure to diesel exhaust may result in reversible symptoms, such as respiratory tract irritation (wheezing, chest tightness), mucous membrane irritation, central nervous system effects (headache and light headedness), nausea, vomiting and heartburn.

Eye Contact: Animal studies have been performed on this material with minimal to no irritation being reported. Ten minutes of exposure to diesel oil aerosols (166 ppm) have been reported to be non-irritating in humans.

Skin Contact: Animal studies with this material have resulted in moderate skin irritation following short term exposure or prolonged/repeated exposure. This material appears to be non-sensitizing. The acute dermal toxicity tests indicate LD50 values greater than 2.0 g/kg indicating a low potency.

Ingestion: The acute oral toxicity tests indicate LD50 values greater than 5.0 g/kg indicating a low potency. In young children, ingested diesel fuel produced symptoms of cough, dyspnea (labored breathing), pneumonia, tachycardia (rapid heart beat), somnolence (drowsiness), cardiac dilation, vomiting, fever and breath and vomitus of a characteristic odor. Aspiration can result in a fatal chemical pneumonia.

Prolonged/Repeated Exposures: This product contains petroleum distillates similar to those shown to produce skin tumors and kidney damage in laboratory animals.

Lifetime exposure to whole diesel exhaust has been shown to produce lung tumors in laboratory animals. The exact relationship between these findings and possible human effects is not known.

Twenty eight day dermal toxicity studies with this material resulted in skin irritation and no systemic toxicity.



LOW SULFUR DIESEL NO. 2

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11. Regulatory Information

SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (SARA), TITLE III

Section 311/312 Hazard Categories:

Immediate (acute) health hazard
Delayed (chronic) health hazard
Fire hazard

No chemicals in this product exceed the De Minimus reporting level established by SARA Title III, Section 313 and 40 CFR 372.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

All components of this product are listed on the TSCA Inventory.

COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT (CERCLA)

This material is covered by CERCLA's PETROLEUM EXEMPTION.
(Refer to 40 CFR 307.14)

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986 - PROPOSITION 65

This product may contain trace amounts of the following chemical(s) listed by the state of California as "Known to cause cancer" or "birth defects or other reproductive harm".

Component Name

BENZENE
TOLUENE

--- Note ---

Abbreviations:

EQ = Equal

LT = Less Than

GT = Greater Than

AP = Approximately

UK = Unknown

TR = Trace

N/P = No Applicable Information Found

N/AP = Not Applicable

N/DA = No Data Available

Disclaimer of Liability

The information in this MSDS was obtained from sources which we believe are reliable. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, REGARDING ITS CORRECTNESS.

The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.

This MSDS was prepared and is to be used only for this product. If the product is used as a component in another product, this MSDS information may not be applicable.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL
CARB DIESEL NO. 2

BRAND NAMES

ARCO CARB Diesel 10669

AND

Unbranded CARB Diesel 10669

PRODUCT CODES

Unbranded Tax-exempt CARB Diesel 10683

This product meets California requirements for use as a motor vehicle fuel. For additional information, consult the following section of the On-line Product Specifications Book: Diesel No. 2, Approved Additives.

PROPERTY	TEST METHOD	LIMITS
Appearance	ARCO 8039	Bright
Aromatics, V%	D5186-96*	See Footnote (7)
Ash, W%	D482	Max 0.01
Carbon Residue, Rams., 10 V% Bottoms	D524	Max 0.35 (1)
Cetane Number	D613-84	Min 40 (7)
Cloud, °F (°C)	D2500* or D3117	See Footnote (2)
Color, ASTM	D1500	Max 2.5 (3)
Color, Visible	—	Undyed (4)
Conductivity, 75 °F, pS/m	D2624	Min 50 (5)
Copper Corrosion, 3 hrs @ 122°F (50°C)	D130	Max No. 3
Distillation	D86-96	Record
50% Recovered, °F (°C)		Min 540 (282)
90% Recovered, °F (°C)		Max 640 (338)
90% Recovered, °F (°C)		Max 698 (370)
End Point, °F (°C)		See Footnote (2)
Flash, PM °F(°C)	D93	30.0-42.0
Gravity, API	D287	See Footnote (7)
Nitrogen, ppm	D4629-96	See Footnote (7)
Particulates, mg/l	D2276	Max 10
Polynuclear Aromatics, W%	D2425-83 or D5186-96	See Footnote (7)
Pour, °F(°C)	D97	See Footnote (2)
Rust, 3.5 hr. @ 100°F	ARCO 8003	Min B++ (6)
Stability, mg/100 ml	D2274	Max 1.0
Sulfur, ppm	D2622-94 or D5453-93	See Footnote (7)
Viscosity, Kinematic 104°F (40°C), cSt	D445	1.9-4.1
Water and Sediment, V%	D1796	Max 0.05
	* Referee Method	

January, 1997
Page 1 of 2

Refer to On-line Specifications for up-to-date requirements.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL

CARB DIESEL No. 2

FOOTNOTES

- (1) This specification applies only to the base fuel without cetane improver (see ASTM test method D524, Note 3).
- (2) Cloud, Pour, and Flash Point requirements are as follows. Dates apply at the refinery shipping point. Flash Point limits in the Table apply to shipments from Cherry Point; mini-mum Flash Point for LAR is 135 degF for all destinations. (Rp = report requirement only)

(Deg F)	--- Cloud Point, Max ---			--- Pour Point, Max ---			Flash.		
	Oct	Nov- Feb	Mar	Apr- Sep	Oct	Nov- Feb	Mar	Apr- Sep	Min (CP)
Arizona	24	24	24	24	Rp	Rp	Rp	Rp	150
California:									
Chico	24	24	32	32	Rp	15	15	Rp	140
Bay Area	24	24	32	32	Rp	Rp	Rp	Rp	140
So Cal	24	24	32	32	Rp	Rp	Rp	Rp	150
Nevada:									
Las Vegas	24	24	24	24	Rp	Rp	Rp	Rp	150
Reno	24	14	24	24	15	10	15	15	140
OR and WA:									
W of 122° long.	24	14	24	24	15	10	15	15	125

- (3) The ASTM color specification applies: at refinery shipping point only and, if fuel is dyed, to the base fuel prior to addition of red dye.
- (4) CARB diesel which is sold free of the Section 4081 Federal excise tax for tax-exempt uses, must be dyed red. See Diesel no. 2, Approved Additives, in the On-Line Specifications Book.
- (5) Refineries will add anti-static additive as required. Terminals will test tenders of P&E product and product of unknown origin for conductivity and add anti-static additive as required.
- (6) At the LA Refinery, this minimum applies only to pipeline shipments.
- (7) This product meets CARB requirements for these properties according to limits established by one of these CARB executive orders: G-714-007, G-714-008, or G-714-010. For further information, contact Quality Administration

January, 1997
Page 2 of 2

Refer to On-line Specifications for up-to-date requirements.

BUSINESS EMERGENCY PLAN

Business Name TIME WARNER COMMUNICATIONS

Business Address 7441 CHAPMAN AVE City GARDEN GATE State CA Zip 92842

Mailing Address SAME City _____ State ____ Zip _____

Business Phone (714) 895-6886

FAX Number (714) 898-1524

Owner/Operator: Name SAME Phone Number (____) _____

Address _____ City _____ State ____ Zip _____

Primary Contact : Name 24 HOUR OPERATION

Address _____ City _____ State ____ Zip _____

24 Hour Phone Number (714) 895-6886 Phone Number (____) _____

Type of Business Operation CABLE TELEVISION

TABLE OF CONTENTS

INTRODUCTION: Business Emergency Plan - Short Version

- A) Evacuation and Staging Areas
- B) Employee Responsibilities
- C) Training Requirements
- D) Emergency Notifications
- E) Prevention
- F) Site Plan

Hazardous Materials Business Emergency Plan - Short Version

All businesses using, handling or storing hazardous materials that are required to disclose must complete an 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. B-1 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.

Personnel Emergency Notifications and Responsibilities

(A) Employee Evacuation and Staging Areas:

1. The type of (alarm) signal that will be used to initiate an evacuation at the facility:

TELEPHONE PASSING SYSTEM

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:

ONE ON CHAPMAN / ONE ON WESTERN

(B) 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.)

(C) Training Requirements

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

Employee training provided on:

1. Employee responsibility to report any release or threatened release of a hazardous material to:
 - Garden Grove Fire Department at 911
 - Office of Emergency Service 800-852-7550
2. Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
3. Procedures to follow during a release or threatened release of a hazardous material (evacuation to staging areas).
4. Information contained in material safety data sheets.
5. Warning labels/placards.
6. Safe work practices.
7. Use of on site emergency equipment and supplies.
8. Use and location of personal protective equipment.
9. Any chemical, hazardous material or substance that could be encountered in his/her work area.
10. On-site alarm system for evacuation.
11. Discuss possible release of hazardous materials scenario.

(D) Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of a hazardous material to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution. In addition you must notify the State Office of Emergency Services at (800) 852-7550 or (916) 427-4341.

(E) 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 aboveground tank storage areas:
 - a N/A Isolation and separation of incompatible materials
 - b N/A Diking areas to contain spills
 - c X Storage on paved ground

2. Compressed and/or cyrogenic gas storage areas:
 - a N/A Cylinders stored upright and secured
 - b N/A Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

3. General:
 - a X Safe work practices are exercised in daily routines.
 - b N/A Employees who handle hazardous materials are properly trained.
 - c X Material Safety Data Sheet (MSDS) readily available for each hazardous material on the premises.
 - d X Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e X Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, brush, etc.)
 - f X Posting of "No Smoking" signs where appropriate.

F) Site Plan

Use the symbols below to indicate on the attached sheet specific areas on the Site Plan. The Site Plan should be neat, clean, and drawn to scale if possible.

 HAZARDOUS MATERIAL LISTED BY SYMBOL AND NUMBER.

NOTE: THIS NUMBER SHOULD CORRESPOND WITH NUMBERS LISTED ON DISCLOSURE FORM.

 ELECTRICAL MAIN

 GAS MAIN

 WATER MAIN

 EVACUATION AREA

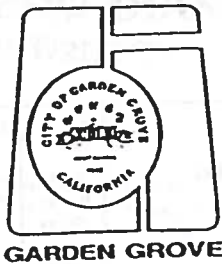
 NORTH DIRECTIONAL ARROW

 INDICATE KNOX BOX LOCATIONS (lock box for keys)

 AUTOMATED SPRINKLERED BUILDING **NEEDED ON ALL SPRINKLERED BUILDINGS.**

 FIRE DEPARTMENT SPRINKLER CONNECTION

 FIRE HYDRANT



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

"PRECISION"

BUSINESS EMERGENCY PLAN

Business Name TIME WARNER COMMUNICATIONS
 Business Address 7441 CHAPMAN AVE City Garden Grove State CA Zip 92842
 Mailing Address SAME AS City GG State CA Zip 92842
 Business Phone (714) 895-6886 Business License # 153154
 Fax Number (714) 898-1524

Owner/Operator: Name JAMIE Phone Number () _____
 Address _____ City _____ State _____ Zip _____

Type of Business Operation CABLE TELEVISION

EPA # CAL 00068 0568 SIC Code 4841

Emergency Contacts: Name 24 HOUR OPERATION
 Address _____ City _____ State _____ Zip _____
 24 Hour Phone Number (714) 895-6886 Phone Number () _____

Property Owner: Name B.U.K. PROPERTIES c/o CRAWFORD INTERNATIONAL Phone Number (714) 833-3525
 Address 4921 BIRCH STREET #100 City NEWPORT BEACH State CA Zip 92660

Total Number of Employees ~~280~~ 40 Dun and Brad Street Numbers _____

Office Use Only

MLI# _____ Short _____ Long _____

REC'D/APPRV'D SHIRLEY DATE: 9/16/97
 FEE 1 2 3 4 NEW BUS: X EXISTG: _____ UPDATE: _____
 MISC: util fac & con. - ?
 TIER II: 10/27 FAC: 10/27 CON: 10/27 BUS LIST: 10/27 PICK: 10/27