GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY		
FACILITY ID NO. 3447		
BUSINESS NAME SOTELO TIRES		
BUSINESS ADDRESS 10700 Katella ave # A		
APPROVED BY G DATE ZIHII		
NEW BUSINESS YES NO UPDATE		
PICK 4D BUSLIST CALARP: CUPA: GIS		
FEE		



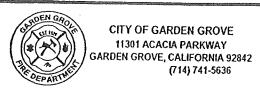


CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

		Page	of
The state of the s	INFORMATION		
FACILITY# 3 0 0 3 5 S	BEGINNING DATE	1 ENDING	DATE 12014
BUSINESS NAME SOTELO TIRES		4 BUSINES	S PHONE 537 1520
BUSINESS SITE ADDRESS 10700 KATELLA K	AUB # A	-	
GARDEN GROVE	7 STATE CA	8 ZIP G	2804
DUN & BRADSTREET	10 SIC CODE (4 DIGIT #)	11 FIRE DIST	
COUNTY ORANGE			1
BUSINESS OPERATOR NAME ANGEL GUZMAN	14 OPERATOR	SPHONE 561	- 7002
	SS OWNER		
OWNER NAME CHRISTINA ROHAN OWNER MAILING ADDRESS	1	16 OWNER PHO	ONE -7002 17
BB91 TACIFIC ZEC		· - p	18
ANAHIEM	19 STATE	20 ZIP G	ZB0B 21
CONTACT NAME	ITAL CONTACT	22 CONTACT P	JONE
CONTACT MAILING ADDRESS		22 CONTACT PA	1ONE 23
CITY	25 STATE	26 ZIP	27
PRIMARY EMERGENCY	Y CONTACTS	SECON	
NAME CHRISTINA ROMAN 28	NAME ANDEL G	SECON	
THILE OWNER 29	TITLE MANAGER		34
BUSINESS PHONE (714) 537 - 1520	BUSINESS PHONE (714) 53	1 1520	35
24-HR. PHONE	24-HR. PHONE	, , , ,	36
PAGER# 32	PAGER#		37
ADDITIONAL LOCALLY CO DESCRIBE THE TYPE OF BUSINESS OPERATION:	DLLECTED INFORMATION		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	REPAIR 31		MPLOYEES 39
ROPERTY OWNER NAME	40		41
DENNIS WILLUT DENNIS WILLUT Dentification: Based on my inquiry of those individuals responsible payer personally examined and am familiar with the information.			545 7 (F.) ⁴⁴
ave personally examined and am familiar with the information submit	tted and believe the information is	true, accurate	enalty of law that I , and complete.
AME OF SIGNED (origin	45	DATE	46
ITLE OF SIGNED	NAME OF DOCUMENT PREPARER (print		49
usiness Info Form 1 – 03/06/03	TITLE OF DOCUMENT PREPARER		50



CUPA

BUSINESS ACTIVITIES

FACIL	PageJ of
3 0 機関 0 2 5 機関	TY IDENTIFICATION 1. EPA ID # (Hazardous Waste Only)
FAOILIT ID#	LAL000214 855
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Busin	ess As)
SOTELO TIRES	
	/ITIES DECLARATION
NOTE: If you chec please submit the Busines	 YES to any part of this list, 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 gallons for liquids, 500 pounds for solids, or 200 cubic feet to 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 hand radiological materials in quantities for which an emergency plan required pursuant to 10 CFR Parts 30, 40 or 70? B. UNDERGROUND STORAGE TANKS (USTs)	CHEMICAL DESCRIPTION (Form 3)
Own or operate underground storage tanks?	
T. Own or operate underground storage tanks?	YES NO 5. J UST FACILITY (Formerly SWRCB Form A)
2. Intent to upgrade existing or install new USTs?	✓ UST TANK (one page per tank) (Formerly Form I) VES NO 6. ✓ UST FACILITY
	✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF
	COMPLIANCE (one page per tank) (Formerly
3. Need to report closing a UST?	Form C)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	YES X NO 7. ✓ UST TANK (closure portion-one page per tank)
Own or operate ASTs above these thresholds:	
 - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons? 	☐ YES ☑ NO 8. ✓ NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE . Generate hazardous waste?	L
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	YES NO 9. ✓ EPA ID NUMBER - provide at the top of this page YES NO 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler)
. Treat hazardous waste on site?	TYES TO NO 11. / ONSITE HAZARDOUS WASTE
	YES NO 11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY
	(Formerly DTSC Forms 1772)
	✓ ONSITE HAZARDOUS WASTE
	TREATMENT - UNIT (one page per unit)
•	(Formerly DTSC Forms 1772A,B,C,D and L)
Treatment subject to financial assurance requirements (for Permit by	YES NO 12. CERTIFICATION OF FINANCIAL
Rule and Condition Authorization)? Consolidate hazardous waste generated at a remove site?	ASSURANCE (Formerly DTSC Form 1232)
Consolidate hazardous waste generated at a remove site?	YES NO 13. REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC
	Form 1196)
Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	☐ YES ØNO 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
LOCAL REQUIREMENTS	Towns (Comeny D130 Politi 1249)
I-ARP: California Accidental Release Prevention Program SC Chapter 6.95, Article 2, §25531 et seq	☐ YES MONO 15. REGULATED SUBSTANCE REPORTING FORM (Orange County CURA)
Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	FORM (Orange County CUPA)

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

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

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Emp	loyee	Evacuation	and S	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.).
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:
<u>Em</u>	ployee Responsibilities:
At I	east one employee shall be responsible for the following minimum requirements he event of an emergency response by the Fire Department.
1.	Notify employees. Initiate evacuation procedures.
2.	Notify the Garden Grove Fire Department. Dial 911.
3.	Try to identify the nature of the incident.
4.	Report to the staging area and account for evacuated employees.
5.	Report to the incoming fire units.
6.	Activate any emergency mitigation procedures that area available at your business. (List below any mitigation procedures specific to your business, if any.)

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency Garden Grove Fire Department, Police, Paramedics Office of Emergency Services (OES)	Phone Numbers 911 (800) 852-7550 or
National Response Center	(916) 427-4341 (800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

<u>Prevention</u>

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

Hazardous Materials Disclosure inforr inventory, material safety data sheets	(CFC 8001.3.2) to retain a copy of this entire mation, including the Business Plan, chemical and site maps, for review by Fire Department re and Emergency Business Plan will be kept.
Show location on site map also using s	symbol in the legend.
Note: A fee is charged for a repla Department.	acement copy from the Garden Grove Fire
I certify, under penalty of perjuture and correct to the best of n	ry, that the enclosed information is ny knowledge.
	Signature:
	Name:
	Title:
	Date:

HAZ BUS DISCL SHORT VER



GARDEN GROVE FIRE DEPARTMENT ENVIRONMENTAL PROTECTION SECTION

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

Dustiness: 714 741-3000 11az Mat. 714 741-3030

Hazardous Materials Business Emergency Plan And Inventory Certification Statement

Business Name: 50/e/0 Tive EAU	To Repair Telephone: (714) 537-1520
Site Address: 10700 KATELLA AV	E WN1T A Zip Code: 92804
The California Health & Safety Code, Division 20, C the following:	Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide
Department. A business may comply with the annu certification statement to the Garden Grove Fire Department.	I review AND certify their Hazardous Materials Business is from the date of acceptance by the Garden Grove Fire hal chemical inventory reporting requirement by submitting a artment. A business may not utilize this certification to meet the Emergency Planning and Community Right to Know
Note: A business may comply with the annual inventor both of the following apply:	ory reporting requirements using this certification statement if
 Department is complete, accurate, and up to da There has been no change in the quantity of submitted annual inventory form. 	ntory form most recently submitted to the Garden Grove Fire
THIS IS TO CERTIFY THAT THE HMBEP AND/(Please check applicable boxes.)	OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
No changes are required to the HMBEP submitted to	to the Garden Grove Fire Department.
All the necessary changes/revisions have been mad certification.	le to the HMBEP. The changes/revisions are attached to this
No changes are required to the chemical inventor Department.	ry that was previously on file with the Garden Grove Fire
All the necessary changes/revisions have been mattached to this certification.	ade to the chemical inventory. The changes/revisions are
AS AN AUTHORIZED REPRESENTATIVE, I CE PERSONALLY EXAMINED AND AM FAMILIA BELIEVE THE INFORMATION IS TRUE, ACCURA	RTIFY UNDER PENALTY OF LAW THAT I HAVE AR WITH THE INFORMATION SUBMITTED AND TE, AND COMPLETE.
Print Name ANGEL GUZMAN	Signature Angel Guzmain
Job Title MECANICO	Signature Ange/ Guzma'n Date 04/05/10
White Copy – Return to Garden Grove Fire Department HMBEP certification, doc	Yellow Copy – Retain for Business Records



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: Sotelo five & A No Repair	Telephone: 714 537-1520
Site Address: 6700 cl. Katella fue #A	Zip Code:
The California Health & Safety Code, Division 20, Chapter 6.95, the following:	Section 25505(c) and Section 25503.3(c) provide
A business that handles hazardous materials shall review And Emergency Plan (HMBEP) once every three years from the Department. A business may comply with the annual chemical certification statement to the Garden Grove Fire Department. A but the annual inventory submission requirements of the Emerge Act (Section 11022, Title 42, United States Code).	date of acceptance by the Garden Grove Fire inventory reporting requirement by submitting a usiness may not utilize this certification to meet
Note: A business may comply with the annual inventory reporting both of the following apply:	g requirements using this certification statement if
 The business has previously filed an inventory reporting form at the sum of the sum of	nost recently submitted to the Garden Grove Fire rdous material as reported in the most recently
THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMI (Please check applicable boxes.)	CAL INVENTORY HAS BEEN REVIEWED.
No changes are required to the HMBEP submitted to the Garden	n Grove Fire Department.
All the necessary changes/revisions have been made to the HM certification.	BEP. The changes/revisions are attached to this
No c hanges are required to the c hemical inventory that was p Department.	previously on file with the Garden Grove Fire
All the necessary changes/revisions have been made to the cattached to this certification.	chemical inventory. The changes/revisions are
AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UN PERSONALLY EXAMINED AND AM FAMILIAR WITH BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND CO	THE INFORMATION SUBMITTED AND
Print Name ANGEL GUZMAN	Signature Angel Guzman
Job Title Cristina Roman	Date _///2//07
Fire Department Inspector D. Garcia	ID# 3592
White Cony - Return to Garden Grove Fire Department	VIII C. D. L. C. D. L.



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 10700 Kadella Ave # Address: and File No: Occupant or DBA: Owner/Manager: Anael Phone: 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): Wiolation(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** \Box 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)] \Box 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 П 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) \Box 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: Avae 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: 1). (2010) Condition Upon Re-inspection: Date: F5-4308.doc (05/06)



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# **BEGINNING DATE** ENDING DATE (Supplied by GGFD) **BUSINESS NAME BUSINESS PHONE** BUSINESS SITE ADDRE CITY STATE 9 CA **DUN & BRADSTREET** SIC CODE (4 DIGIT #) FIRE DISTRICT 12 COUNTY **ORANGE** BUSINESS OPERATOR NAME OPERATOR'S PHONE GUZMAN NIGE **BUSINESS OWNER** OWNER NAME OWNER PHONE STATE 20 ZIP 21 **ENVIRONMENTAL CONTACT** CONTACT NAME **CONTACT PHONE** CONTACT MAILING ADDRESS 24 CITY STATE ZIP 27 PRIMARY **EMERGENCY CONTACTS SECONDARY** NAME NAME 33 70ZMav TITLE 29 34 30 BUSINESS 35 24-HR, PHQ 24-HR. PF 36 PAGER# PAGER# 37 ADDITIONAL LOCALLY COLLECTED INFORMATION DESCRIBE THE TYPE OF BUSINESS OPERATION: **TOTAL # OF EMPLOYEES** 39 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) ATTENTION 41 PROPERTY OWNER NAME **ADDRESS** 0700 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I cer 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

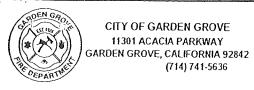
NAME OF DOCUMENT PREPARER (print)

FORM 1

haz-mtl-bus.doc 3-13-02

TITLE OF SIGNER

NAME OF SIGNER (print)



CUPA

FACILITY INFORMATIO

BUSINESS ACTIVITIES

ALCONOMICS AND ALCONO			Page_1 of
FACILITY D# 3 0 0 3 5 2 4 4 1 BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Busine	IDENTIFICATION 1. EPA ID # (Hazardou	rs Waste Only)	
Sotelo Tive			·
SE LACIVIII	S DECLARATION 4		
NOTE: If you check in the Business Community of the Business Community	wner/Operator Id	entification page	
Does your facility A. HAZARDOUS MATERIALS	If Yes, plea	ise complete these pages of the	ne UPCF
Have on site (for any purpose) hazardous materials at or above 9 gallons for liquids, 500 pounds for solids, or 200 cubic feet f 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 hand radiological materials in quantities for which an emergency plan required pursuant to 10 CFR Parts 30, 40 or 70?	or de le	4. HAZARDOUS MATERIAL CHEMICAL DESCRIPTION	LS INVENTORY - DN (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?			
Own or operate underground storage tanks? Intent to upgrade existing or install new USTs?	YES THO	 5. ✓ UST FACILITY (Formerly S ✓ UST TANK (one page per tank) 6. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CE COMPLIANCE (one page p 	RTIFICATE OF
3. Need to report closing a UST?	LIVES LAND	Form C)	
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	YES NO	7. ✓ UST TANK (closure portion-	one page per tank)
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?		B. ✓ NO FORM REQUIRED TO	O CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste?	LAN LAND		,
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 	YES NO 10	P. ✓ EPA ID NUMBER - provide ✓ RECYCLABLE MATERIAL (one per recycler)	at the top of this page S REPORT
3. Treat hazardous waste on site?	YES ANO 11.	✓ ONSITE HAZARDOUS WATREATMENT - FACILITY (Formerly DTSC Forms 1772) ✓ ONSITE HAZARDOUS WATREATMENT - UNIT (one p	STE age per unit)
Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	YES NO 12.	✓ CERTIFICATION OF FINAL	NCIAL
Consolidate hazardous waste generated at a remove site?	☐ YEŞ JANO 13.	ASSURANCE (Formerly DTS REMOTE WASTE/CONSO ANNUAL NOTIFICATION (I Form 1196)	LIDATION SITE
Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	YES KNO 14.	✓ HAZARDOUS WASTE TAN CERTIFICATION (Formerly D	
LOCAL REQUIREMENTS		- Controlly C	
al-ARP: California Accidental Release Prevention Program &SC Chapter 6.95, Article 2, §25531 et seq Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	YES NO 15.	✓ REGULATED SUBSTANCE FORM (Orange County CUF	EREPORTING PA)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY		
FACILITY ID NO. 8478		
BUSINESS NAME KAR TECH ANTO BEARING		
BUSINESS ADDRESS 10706 KATELLA AND 14 C		
APPROVED BY BH DATE 3/16/16		
NEW BUSINESS YES NO UPDATE 3/16/13		
PICK 4D BUSLIST CALARP: CUPA: GIS		
FEE TOP		





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 s
BUSINES	S INFORMATION
FACILITY# 3 0 0 3 5	BEGINNING DATE 1 ENDING DATE 2
BUSINESS NAME KAR-TEK AUTO	Repair 4 Business Phone 714-791-38895
BUSINESS SITE ADDRESS 10700 Katella	AVE Unit C
CITY GARDEN GROVE	7 STATE 8 ZIP 9
DUN & BRADSTREET	10 SIC CODE (4 DIGIT #) 11 FIRE DISTRICT 12
COUNTY ORANGE	13
BUSINESS OPERATOR NAME	14 OPERATOR'S PHONE
Juan Gurrola	1714-791-3889
OWNER NAME 1	ESS OWNER
Olivia Alcaraz	16 OWNER PHONE 17
OWNER MAILING ADDRESS	18
CITY	19 STATE 20 ZIP 21
ENVIRONM	ENTAL CONTACT
CONTACT NAME	22 CONTACT PHONE 02
CONTACT NAME OLIVIA CONTACT MAILING ADDRESS	RAZ (714)791-3889
	24
CITY	. 25 STATE 26 ZIP 27
PRIMARY EMERGEN	CY CONTACTS SECONDARY
	8 NAME
TITLE	Svan Gurrola 34
BUSINESS PHONE	Manager
714-537-9550	714-791-3889
	24-HR. PHONE 36
PAGER#	PAGER# 37
ADDITIONAL LOCALLY	COLLECTED INFORMATION
DESCRIBE THE TYPE OF BUSINESS OPERATION:	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	STO Repair Service one
PROPERTY OWNER NAME 2 2 1 1 1 42	PHONE
RON WINGT	
Certification: Based on my inquiry of those individuals respons have personally examined and am familiar with the information sub	mitted and believe the information is true, accurate, and complete
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	45 DATE 46
NAME OF SIGNER (print)	NAME OF DOCUMENT PREPARER (print 49
OIIVIA HICATAZ	
11LE OF SIGNER OWNER	TITLE OF DOCUMENT PREPARER 50



FORM 3

	ADD.	DELETE	REVISED 1					Page	<u>_</u> 2	of 4	, ,
FACILITY ID#	3 0 0	3 5	38 BUS	INESS NAME	Kar-1	iek	Pruto	5 R	epair	1 .	Charles and Charle
CHEMICAL LOCA	TION	Company of the Company	l. FACIL	ITY INFO	DRMATION						更
CHEWICAL EOGA	T	n Shopa	rea, rig	ht {	ar, s	ide					4
CONFIDENTIAL L EPCRA	OCATION	☐ Yes	No 5 MAP	#	4		6 GRID#	G	-5	CHARLES OF THE PARTY OF THE PAR	7
P ₁					ORMATION	4.12					
CHEMICAL NAME	P	trmakleen	mpc-so	eanina		Yes	1	SECRET	Ye instructions	s QNO	ō 11
COMMON NAME	k. 1	Δ		discontinuous de la company		TO CHARLES THE STATE OF THE STA		Chemica		s A No	12
CAS#	-73-2	10 FIRE CODE H	IAZARD CLASSES (suppli	ied by GGFD	Codesilianii interiorgii (e) projete ja veen jaay saastala ja kaj	iouzu,ii	"If EHS	is "Yes", a	III amounts must	be LB\$	13
TYPE (Cheek one Ken	Section 1	· · · · · · · · · · · · · · · · · · ·	c. WASTE	14	RADIOACTIVE	Yes	75LN0	15 CI	JRIES	24	16
PHYSICAL STATE (Clieck one item only)	□as	OLID DE LIQUID	☐ c. GAS 17	FED HAZ CATEGO	RIES	FIRE C	b. REACTIV		c. PRESSURE		18
AVERAGE DAILY AMOUNT	30 g	19 MAXIMUM DAILY AMOUNT	35 gal.	20 ANNU	AL WASTE AMOU	NT gal.	21 S	-	STE CODE	naligamente marchelle in the property of the second	22
🔲 c. F		d. TONS	DAYS ON SITE	25		24 L	ARGEST COL	NTAINER 9 a	1. meta	:1 bar	25 Mel
STORAGE CONTAI (Check all that app)		ABOVEGROUND TANK UNDERGROUND TANK TANK INSIDE BLDG STEEL DRUM	e. Plastic Drum f. Nonmetallic Dr. S.g. Metal Containe h. Carboy	UM	i. VAT I. FIBER DRUM I. BAG(S) I. BOX(S)	O PLA	'LINDER ASS CONTAI ASTIC CONTA MACH OR EC	AINER	q. TANK	WAGON AR BIN	· 26
STORAGE PRESSU	AND THE PARTY	a. AMBIENT	☐ b. ABOV	E AMBIENT	. П	BELOW AM	BIENT				27
STORAGE TEMPER	为。 他们的2000年6万	a. AMBIENT	☐ b. ABOV			BELOW AM		d.	CRYOGENIC		28
%WT		HAZARDOUS COM	1	ure or wast	<i>e опly)</i> 	☐ Yes	EHS		110-	AS#	
2 N C 1 E 2		ium Carbon	. 1	1.1	30	☐ Yes	∭.No M [☑]	31 31	11129	1-8	32
$\frac{10.5-1.5}{3}$	* 150 17	MOISCITO M Acids	11 elnoxy1 C9-13-n	ased	30	Yes	D No	31	66939. 1.8938	46-5	32
4 0.5-1.52	Nen-	decanoic		£ 0	30	☐ Yes	No No	31	60 100	<u>-07-0</u> 8-20-	2
5 29	9				30	☐ Yes	☐ No	31			32
l more hazardous сол	ponents are prese	nt at greater than 1% by weigh	tif non-carcinogenie, or 0.1 PLACARDIN			ch additional a	heets of pape.	r capturini	y the required inf	ermation.	
		<u> </u>	J. J		Г					<u> </u>	
JNDOT#	Refe	r to shipping papers	or MSDS	33			PA 704 HA E(RED) 🐓	ZARD	DIAMOND		
OOT HAZARD	CLASS			34		HEALTH (BLUE)	→ 1	Xô	REACT		
		Refer to shipping p	apers or MSDS			SPI	ECIAL PARD		, WHITE OX/W.	27	
PCRA □ YI	ES 5 NO			35	Ļ_		······································				
х	If El	PCRA, Please Sign	Here	36		CE AS MA INVENTO			CHEMICA	\L	



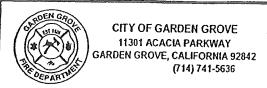
FORM 3

EPAN.	_									
K	ADD DEL	ETE REVISED	1				Page	3 01	4_	. 2
FACILITY ID# 3	0 0 3 5	38 BUS	SINESS NAME	ar-T	ex	Auto	R	epair		3
76 (F. 1987)		I. FACII	LITY INFORM					10 m		
CHEMICAL LOCATION	Trish) 1000 · T	ahte	ar s	side					4
CONFIDENTIAL LOCA	TION [Yes No 5 MAP		<u> </u>	* No.	6 GRID#	T	~ ~	activities to be a consequence	7
Ercita		II. CHEM	ICAL INFOR	MATION	100					
CHEMICAL NAME			\	NASTE	Yes	8 TRADE	SECRET	Yes	Nο	11
COMMON NAME	waste o			The state of the s		° If E	The state of the s	instructions	No.	12
0.0.0.4	used oil	CODE MAZARD OLACCES (super	li-dh. corp.			1		Yes I amounts must be		
CAS#	10 FIRI	E CODE HAZARD CLASSES (supp	olled by GGFD)	Southert and was not of the second						13
TYPE (Gheck one Kem brily	a. PURE b.	MIXTURE C. WAST		IOACTIVE		E No	15 CU	RIES		16
PHYSICAL STATE (Check pris Kem only)	□ a. SOLID ☑ 1.	LIQUID	7 FED HAZARD CATEGORIES		IRE CUTE HEALT	b. REACTIVE	nilut.	c. PRESSURE RE		18
AVERAGE DAILY 2	Ogal. 19 MAXIMU	MDAILY 35 gal.		IASTE AMOUN	T	21 ST	ATE WAS	TE CODE		22
UNITS A. GALI C. POU		23 DAYS ON SITE	3	,65	24 L	ARGEST CON	_	II. dri	m	25
STORAGE CONTAINER (Check all that apply)	a. ABOVEGROUND 1 b. UNDERGROUND c. TANK INSIDE BLD	TANK 🔲 f. NONMETALLIC DI		BER DRUM G(S)	O PLA	LINDER ASS CONTAIN ASTIC CONTA MACH OR EQ	INER	q. TANKWA r. RAIL CAR s. TOTE BIN t. OTHER		: 26
STORAGE PRESSURE	🛭 🖾 a. AMBIEI	NT D b. ABO	VE AMBIENT		BELOW AM	BIENT	te te penedente			27
STORAGE TEMPERATU			VE AMBIENT		BELOW AMI	BIENT	□ d.	CRYOGENIC		28
%WT	HAZARDOUS	COMPONENT (For mix	ture or waste or	ily)		EHS		CA	S#	
1 80-100 29	Whicating o			30	☐ Yes	₩ No	31	70514-	12-4	32
2 0-20 29		ids		30	☐ Yes	IŽ) No	31	NA		32
3 0-10 29	Hydrocarbon s	6 Nents (gasoling,	diesel, jet	ful BO	☐ Yes	Ø No	31	NA		32
4 29 5 29			The State of the S	30	Yes	□ No	31			32
1	ents are present at greater than 1%	by weight if non-cercinogenic, or 0	.1% by weight if car	30 cinogenic, ettec	Yes	☐ No	31 capturing	the required inform	nation.	32
			NG INFORM		eep o 4 Leede					
UNDOT#	Refer to shipping	papers or MSDS	33			PA 704 HA E(RED)	ZARD I			
DOT HAZARD CL	ASS		34		HEALTH (BLUE)	* (1)	XO	REACTIV		
		pping papers or MSDS	house		SPI	ECIAL X	9 /	WHITE 3	7	
EPCRA YES	<u>I</u> NO		35	l	***************************************		-		J	
х				MAK	E AS MA	NY COPI	ES OF	: CHEMICAL		
	If EPCRA, Pleas	e Sign Here	36	1	NVENTO	RY FORI	M AS N	NEEDED		



FORM 3

ADD DELETE REVISED 1	Page 4 of 4
	Tex Auto Repair
I. FACILITY INFORMATIO	N
CONFIDENTIAL LOCATION TYPES 18 NO 5 MAP# 1	. 5 Coll 6 GRID# 11 C
II. CHEMICAL INFORMATION	1 11-5
CHEMICAL NAME E HAY CORE WASTE	Yes 8 TRADE SECRET Yes No 11
COMMON NAME	* If EPCRA see instructions 9 An EHS Chemical Yes X No 12
CAS# 10 FIRE CODE HAZARD CLASSES (supplied by GGFD)	"If EHS is "Yes", all amounts must be LBS
TYPE (check one rem only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIV	E Yes No 15 CURIES 16
(Check one hemionly)	a. FIRE b. REACTIVE c. PRESSURE RELEASE 18 d. ACUTE HEALTH
AVERAGE DAILY 20 gal. 19 MAXIMUM DAILY 35 gal. 20 ANNUAL WASTE AMOUNT 35 gal. 3.191	MOUNT 21 STATE WASTE CODE 22
UNITS Da. GALLONS Db. CUBIC FEET 23 DAYS ON SITE C. POUNDS d. TONS "If EHS, amount must be in pounds.	1 LARGEST CONTAINER 25 55 9al, drum
STORAGE CONTAINER a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT (Check all that apply) b. UNDERGROUND TANK f. NONMETALLIC DRUM i. FIBER DRL c. TANK INSIDE BLDG g. METAL CONTAINER i. BAG(S) b. CARBOY i. BOX(S)	m CYLINDER q. TANK WAGON 126
Version Constitution of the Constitution of th	☐ c. BELOW AMBIENT 27
STORAGE TEMPERATURE \$\ightarrow{\textbf{k}}\a. \text{ AMBIENT} \text{ b. ABOVE AMBIENT} \text{b. ABOVE AMBIENT} \text{HAZARDOUS COMPONENT (For mixture or waste only)}	□ c. BELOW AMBIENT □ d. CRYOGENIC 28
1 2 22 20	EHS CAS#
1908 7 Water	1 + + 32 - 18-3 "
2-60 Ethylene gircoi	104-21-1 02
3 4-44 29 Propylene glycol, 1,2	51-25-6 "
	0
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic	, stlach additional sheets of paper capturing the required information.
PLACARDING INFORMATION	
UNDOT# 33 Refer to shipping papers or MSDS	NFPA 704 HAZARD DIAMOND FIRE (RED)
	HEALTH A TOTAL OWN
DOT HAZARD CLASS 34	(BLUE) (YELLOW)
Refer to shipping papers or MSDS	
	(BLUE) SPECIAL WHITE



CUPA

BUSINESS ACTIVITIES

TO THE CONTRACTOR OF THE CONTR	· · · · · · · · · · · · · · · · · · ·				PageJ of
	ITY IDENT				
FACILITY ID# 3 0 0 3 5					/aste Only) ○01335 2
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Busi	-				
KAR-TEK AUT	O Re	pair		18,6541	
The property of the second of the American Control of the Control	School of the second		100000000000000000000000000000000000000	2.7	
NOTE: If you che please submit the Busines	k YES i s Owne	to any _I r/Opera	oart ator	of Ide	this list, entification page.
Does your facility	T	If Yes.	plea	se	complete these pages of the UPCF
A. HAZARDOUS MATERIALS			1		protest these pages of the OF CF
Have on site (for any purpose) hazardous materials at or above gallons for liquids, 500 pounds for solids, or 200 cubic feet compressed gases (include liquids in ASTs and USTs); or applicable Federal threshold quantity for an extremely hazard substance specified in 40 CFR Part 355, Appendix A or B; or han radiological materials in quantities for which an emergency plan required pursuant to 10 CFR Parts 30, 40 or 70? B. UNDERGROUND STORAGE TANKS (USTs)	for the bus	s 🗌 n	0	4.	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
Own or operate underground storage tanks?				-	
Sint of operate underground storage talks?	YE	s ynd) :	5.	✓ UST FACILITY (Formerly SWRCB Form A)
Intent to upgrade existing or install new USTs? .	☐ YE	s Mu) (5.	✓ UST TANK (one page per tank) (Formerly Form B) ✓ UST FACILITY
1					✓ UST TANK (one per tank)✓ UST INSTALLATION - CERTIFICATE OF
				- [COMPLIANCE (one page per tank) (Formerly
3. Need to report closing a UST?	L7 V.C.		_		Form C)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	YES	NO	7	4	/ UST TANK (closure portion-one page per tank)
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 ar portable containers) greater than 1,320 gallons? 	d YES	. ⊠√vo	8	٠.	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE	 			╀	
 Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 	☐ YES			3	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES	₽'ÑO	11.	1	ONSITE HAZARDOUS WASTE
•					TREATMENT - FACILITY
				ر ا	(Formerly DTSC Forms 1772)
				1	ONSITE HAZARDOUS WASTE
	1			l	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)?	YES	19 NO	12,	1	CERTIFICATION OF FINANCIAL
5. Consolidate hazardous waste generated at a remove site?	☐ YES	₽γο	13.	1	ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	YES	M vo	14.	1	Form 1196) HAZARDOUS WASTE TANK CLOSURE
E. LOCAL REQUIREMENTS					CERTIFICATION (Formerly DTSC Form 1249)
			- 1		
al-ARP: California Accidental Release Prevention Program 4&SC Chapter 6.95, Article 2, §25531 et seq	☐ YES	- OME	15,	✓	REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)
Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process					,,

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

<u>Employee</u>	Evacuation	and Stac	ging	Areas:

1.	The type of alarm signal that will be used to initiate an evacuation at the facility (vocal, paging system, manual alarm, etc.).
	Vocal
2.	All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3.	Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.
·	One person shall be designated to account for all personnel at the staging area. That person will be responsible for meeting the incoming Fire units and reporting the conditions known about the incident.
	The Staging area is at the following location as shown on your site plan map:
	Alley behind shop, 5-4
<u>Em</u>	ployee Responsibilities:
At I	east one employee shall be responsible for the following minimum requirements he event of an emergency response by the Fire Department.
1.	Notify employees. Initiate evacuation procedures.
2.	Notify the Garden Grove Fire Department. Dial 911.
3.	Try to identify the nature of the incident.
4.	Report to the staging area and account for evacuated employees.
5.	Report to the incoming fire units.
6.	Activate any emergency mitigation procedures that area available at your business. (List below any mitigation procedures specific to your business, if any.)

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

1. Drum storage and/or above ground tank storage areas:

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:

<u>√</u> a.	Isolation and separation of incompatible materials.
√ b.	Diking areas to contain spills.
<u></u> с.	Storage on paved ground.
2. Compre	ssed and/or cryogenic gas storage areas:
<u></u> ★ a.	Cylinder stored upright and secured.
<u> </u> b.	Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).
3. General	:
<u> </u>	Safe work practices are exercised in daily routines.
<u></u> b.	Employees who handle hazardous materials are properly trained.
<u>×</u> c.	Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
<u>X</u> d.	Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
<u> </u>	Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
<u> </u>	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.
- Cessation of business operation (quitting business). 4.
- Use or handling of a previously undisclosed hazardous material. 5.
- 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.

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:

Title:

Date:

HAZ BUS DISCL SHORT VER



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: <u>02/01/16</u>
Address: 1	1)00 KATELLA AL	VE SUITE C		File No:
Occupant or DB	A: KAR-TEK	AUTO REPAI	R	
Owner/Manager	TONY GURRI			Phone: Applied to the same of
`⊠_ California Hea	ith and Safety Code, Section (6.95, you are required	to properly complete the Busine	ss Emergency Plan (BMP) packet. You are
required to re	um the BEP packet, Hazardo	us Materials Disclosu	re Forms, and all material safety	data sheets within fifteen (15) days to the
Garden Grove	Fire Department. HazMat Coo	nu. (714) 741-5056		
An inspection at	the above location/occup	ancy revealed the	following violation(s):	
4-10-10-10-10-10-10-10-10-10-10-10-10-10-		-		lifornia Code of Regulations (CCR)
TA STATE OF THE PARTY OF THE PA	THE RESIDENCE CONTRACTOR AND ASSESSMENT OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	Control of the Contro
	nit a Business Emergency Plan.		5, Title 19 Div 2 Chapter 3, CFC 8	3001.3.2
	w and/or revise the Business E			
	tory is incomplete and/or requir			
	y Response Plan is inadequate			all be immediately revised and resubmitted:
and the second s	on Procedures			
☐ Mitigation	n Procedures			
☐ Evacuati	on Procedures .			
☐ Employe	e Training			
	r/Operator page is incomplete o	•	•	
	le name, title, and 24-hour num		tact(s). [HSC 25509(a)(7)]	
•	mplete or insufficient. [HSC 25	•		
	a release or threatened release		and a second	100 000 101
•	a change in business of chemi nore increase in the quantity of		days of the following event(s): [F	15C 25510]
	of a previously undisclosed mate			
	n business address	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
_	n business ownership			
☐ Change o	f business name			
	e comments below):			
Violation(s): Califor	iia Fire Code 2001 Articles	79,& 80, Title 19 P	art 9, California Code of Regu	lations (CCR)
Provide for seco	ndary containment for hazardou	us materials liquids an	d solids (CFC 8003.1.3.3)	
	trol for hazardous materials liqu	•	,	
Provide approve	d cabinet if more than 10 gallon	ns of flammable liquids	(CFC 7902.5)	
	ng and signs (NFPA 704, CFC	Article 79 §7901.9, Art	icle 80 §8001.7-8)	
☐ No Violations F				
Additional Violatio	ns and/or Notes:			
FORM 3 CH	EMICALS: OXYGEA	V. ACETYLNE	, WASTE OIL, A.	STIFREE 2E
	TERIAL SAFERY !			
	-			
				
Responsible Party	La CHE	Jan .	Re-inspection Date:	02/15/10 + 1 When
he above are violat	ons of California law and re	quire immediate co		lations is subject to civil penalties
ire Dept. Inspecto	r: Cory Ni	ELSON	ID #:	TO STATE AND A STATE OF THE STA
Condition Upon Re				Date:
opon rie	"Hopoulotti		<u> </u>	<u> </u>

AT&T Site ID#: LAC299

Ops District: 3 Ops Zone: 3C1 FILE THIS DOCUMENT IN THE ENVIRONMENTAL COMPLIANCE RED BINDER

at&t

Hazardous Materials Annual Inventory Certification

YEAR 2010

AT&T Mobility - GARDEN GROVE (11693)
(Facility Name and ID)
10700 KATELLA AVENUE, SUITE G
(Facility Address)
GARDEN GROVE
(Facility City)
ORANGE
(Facility County)
GARDEN GROVE FIRE DEPARTMENT / FA0036110
(Administering Agency / CUPA ID#)

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

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



City Of Garden Grove Fire Department

1 of

Page

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION ENDING DATE BEGINNING DATE 2 FACILITY# FA0036110 12/31/2010 01/01/2010 (Supplied by GGFD) **BUSINESS PHONE** 5 **BUSINESS NAME** 800-638-2822 *2 AT&T Mobility - GARDEN GROVE (11693) **BUSINESS SITE ADDRESS** 6 10700 KATELLA AVENUE, SUITE G STATE 9 92840 GARDEN GROVE FIRE DISTRICT SIC CODE (4 DIGIT #) **DUN & BRADSTREET** 12 10-202-6754 4812 COUNTY 13 **ORANGE** OPERATOR'S PHONE BUSINESS OPERATOR NAME 15 562-468-6161 AT&T Mobility **BUSINESS OWNER** OWNER PHONE 17 OWNER NAME 562-468-6161 New Cingular Wireless PCS, LLC dba AT&T Mobility 18 OWNER MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C CITY 19 STATE 20 ZIP 21 90703 CA Cerritos **ENVIRONMENTAL CONTACT** CONTACT PHONE 23 562-468-6161 Environmental Health & Safety Department, attn: Robert Fields 24 CONTACT MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C STATE 2 ZIP 27 CITY 90703 CA Cerritos **SECONDARY PRIMARY EMERGENCY CONTACTS** NAME NAME 33 Wireless Network Control Center Robert Fields TITLE 29 34 Regulatory Affairs Analyst Call Center **BUSINESS PHONE BUSINESS PHONE** 30 35 562-468-6161 800-638-2822 *2 24-HR. PHONE 24-HR. PHONE 31 36 800 KNOW EHS (800-566-9347) Pager#I: 37 Email: RF0886@att.com ADDITIONAL LOCALLY COLLECTED INFORMATION TOTAL # OF EMPLOYEES DESCRIBE THE TYPE OF BUSINESS OPERATION: 38 39 Telecommunications ATTENTION BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 40 41 Robert Fields EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703 ADDRESS PHONE 44 PROPERTY OWNER NAME 43 562-468-6161 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OF DESIGNATED REPRESENTATIVE DATE 46 2/25/2010 NAME OF DOCUMENT PREPARER (print) 49 NAME OF SIGNER (print) Stantec Consulting Services Inc. Steve Skanderson TITLE OF DOCUMENT PREPARER TITLE OF SIGNER 50 Sr. Project Manager Sr. Project Manager

	□ A	DD	☐ DELETE	REVISE) 1					Pa	ge	2	of -	4	. 2
F	ACILITY ID#	F	A0036110	38	BUSINES AT&T	s NAME Mobility - (GARD	FN GR	OVF (1	1693	·				3
				TAG		INFORMAT					,				
C	HEMICAL LOCATION	DE CELI	LSITE									***		ii v	4
	ONFIDENTIAL LOCATION	*****	Yes	⊠ No 5	MAP#				6 GR	ID#					7
	PCKA			⁻ II. C⊦	IEMICA	L INFORMA	TION					18 Th			
С	HEMICAL NAME					WAS	re [Yes	8 TR	ADE SEC	RET		Yes	⊠ No	11
L	Lead OMMON NAME	anganga ann a							9 45			instruction			
	Lead-Acid Batte	ery							All	EHS Cher		amounts m	Yes	⊠ No	12
C	AS#		10 FIRE CODE	HAZARD CLASSES	(supplied b	y GGFD)			1 112	11015 16	35 , all	anounts ir	iust be i	-00	13
T	7439-92-1 (PE (Check one item only)	🛛 a. PUR	RE D. MIXTUR	E 🔲 c. '	MASTE	14 RADIOA	CTIVE	Yes	⊠ No	15	CUF	RIES			16
Pi	HYSICAL STATE	a. SOL		C. GAS	17	FED HAZARD	a. F		b. REAC	TIVE	L □∘	. PRESSU	RE REI	EASE	18
	heck one item only)			55		CATEGORIES		CUTE HEA	-		⊠ e	. CHRONI	C HEAL	.TH	
	/ERAGE DAILY MOUNT 3365		19 MAXIMUM DAILY	, 365	20	ANNUAL WAST	E AMOU	NT	21	STATE	WAS.	TE CODE			- 22
<u> </u>	IITS a. GALLOI	us П		23 DAYS ON SI	TE			24	LARGEST	<u> </u>	NER				25
	C. POUND	s 🗍	d. TONS	365					141						
	ORAGE CONTAINER		BOVEGROUND TANK	e. PLASTIC D		i. VAT	, ,	=	CYLINDER			Q. TA		GON	26
10	neck all that apply)	- □ c. T/	NDERGROUND TANK ANK INSIDE BLDG	f. NONMETAL		I. FIBER		□ o F	GLASS CO PLASTIC CO	ONTAINE	R	r. RAI	TE BIN		
ST	ORAGE PRESSURE		TEEL DRUM a. AMBIENT	h. CARBOY	ABOVE A	I. BOX(S		E. BELOW A	MACH O	REQUIP		⊠ t. OTI	HER	Battery	27
	ORAGE TEMPERATUR	E	a. AMBIENT		ABOVE A			BELOW A] d.	CRYOGEN	IIC		28
	%WT	H/	AZARDOUS COM	IPONENT (Fo	r mixture	or waste only)			EHS				CA	S#	
1	2	29					30	☐ Yes	<u> </u>	No 3	31				32
2	2	29					30	☐ Yes		No 3	11		***		32
3	2	29					30	☐ Yes		10 3	11				32
4	2	9					30	☐ Yes		lo 3	1				32
5	2	9					30	☐ Yes		lo 3	1				32
lf m	ore hazardous componen	s are present a	at greater than 1% by weigh					l n additional s	heets of pa	oer captur	ing the	required in	formatio	on.	
				PLACA	RDING	INFORMAT	ЮИ		1						
UN	IDOT# <u>3796</u>		-			33			704 HAZ	ARD DI	AMO	ND			
		Refer	to shipping paper	s or MSDS				FIRE (RI	(U:	\setminus		REACTIVE	_	•	
DC	T HAZARD CLA	SS				34	HE (BI	EALTH 🖈 LUE)	$\langle \rangle$	$\langle \; \rangle$	((YELLOW)		
ΕP	CRA □ YES	 ⊠ NO	Refer to shipping	papers or MS	DS	35 .		SPECIA HAZARI			X/W WHITE				
	х	If EP	CRA, Please Sig	n Here		36		KE AS I INVEN						•	

Revised 2/02 - 2010 ba-bo-inv merge.doc

		AE	DD	DELETE		REVISE) 1							Page	е.	3	of	4	_ 2
I	FACILITY	ID#	FA00	36110		38	BUSINES AT&T		ity - (GARE	DEN GR	OVE	E (116	93)					3
						1. F	ACILITY	/ INFO	RMA	ION	168							Acres 1	u te January
(CHEMICA	L LOCATION INSID	E CELL S	ITE				±											4
		NTIAL LOCATIO	N	☐ Ye	s 🗵	No 5	MAP#					6	GRID#						7
	PCRA			a de la composição		II. CH	IEMICA	IL INFO	ORMA	ПОИ									Number 1
C	CHEMICA	L NAME							WAS		Yes	8	TRADE	SECRE	ΕT		Yes	⊠ No	11
		ery Electroly	te										* If E	PCRA	see	instruction			
C	COMMON Lead	NAME -Acid Batte	ry									9	An EHS			amounts m	Yes	⊠ No LBS	12
С	7664	-93-9		10 FIRE COL	DE HAZA	ARD CLASSES	(supplied b	y GGFD)											13
Т	YPE (Che	ck one item only)	a. PURE	⊠ b. MIXT	URE	□ c. \	WASTE	14	RADIOA	CTIVE	Yes	×	No	15	CUR	IES			16
	HYSICAL		a. SOLID	⊠ b. LIQU	ID	C. GAS		FED HAZ CATEGO		☐ a.			REACTIVE			PRESSU			18
				T				T			ACUTE HEA					CHRONI	C HEAL	.TH	
	VERAGE MOUNT		19	MAXIMUM DA AMOUNT	98		20	O ANNUA	AL WAST	E AMOU	JNT		21 ST n /		WAST	TE CODE			22
Ui	NITS	a. GALLON c. POUNDS			23	DAYS ON SI 365	TE				24	LARG	EST COM	NTAINE	ER	,			25
		CONTAINER that apply)	a. ABOVE	GROUND TANK GROUND TANK NSIDE BLDG		e. PLASTIC DI f. NONMETAL g. METAL COI h. CARBOY	LIC DRUM		. VAT . FIBER . BAG(S))	□ o 1	GLASS PLASTI	DER CONTAI C CONTA CH OR EC	AINER		☐ q. TA ☐ r. RA ☐ s. TO ☑ t. OTI	IL CAR TE BIN		26
Sī	ORAGE	PRESSURE		a. AMBIENT		□ ь.	ABOVE A	MBIENT			c. BELOW	AMBIEI	NT						27
ST	ORAGE	TEMPERATURE		a. AMBIENT		☐ b.	ABOVE A	MBIENT			c. BELOW	AMBIEI	NT] d. (CRYOGEN	NIC		28
	%۱	WΤ	HAZA	RDOUS CO	OMPO	NENT (Fo	r mixture	or wast	e only)			Ε	HS				CA	S#	
1	41	29	Sulfuri	c Acid (H₂S	O ₄)				30	⊠ Yes		□ No	31		7664-9	93-9		32
2	59	29	Water	(H ₂ O)						30	☐ Yes		⊠ No	31		n/a			32
3		29)							30	☐ Yes		□ No	31					32
4		29)					1-01		- 30	☐ Yes		□ No	31					32
5		29							***************************************	30	☐ Yes		□No	31					32
If m	ore hazar	dous components	are present at grea	ter than 1% by we	ight if no			0			h additional	sheets (of paper ca	pturing	g the	required in	formatio	on.	
1 11	JDOT	ш		200		PLACA	DNIUN	33	RIVIAT										10.4
UI	NDOT	# <u>2796</u>	Refer to st	nipping pap	ere or	· MSDS		55			NFPA FIRE (R		^	DIA	MO	ND			
					J10 01	111000					ealth 🙀	12				REACTIVE YELLOW			
DC	AH TC	ZARD CLAS		er to shippin	ıg pap	ers or MS	DS	34 35		(E	SPECIA			WH	HTE				
EF	PCRA	☑ YES	□ NO		1			50	.[HAZARI) 97	<u> </u>	OX					
	Х	·						20		MA	KE AS I								
			It EPCRA	, Please S	ıan H	ere		36			INVEN	TOR'	y for	M A	s N	EEDF	D)		

Revised 2/02 -- 2010 ba-bo-inv merge.doc

	•				HA	ZARI	<u> </u>	<u>US</u>	MA	TEF	RIA	LS	N	VEN	ITO	RY	'FC	ORM					
		ADI	D			DELETE		⊠R	REVISED	1								Pa	ige		4 of	f 4	2
FACILITY II	D#			FA00	361	110			38	BUSINE		ME obility			EN C	PO.	\/E (*	11603	`				3
			A man			And the second			11. FA			FORM			EN C	JKU	VL (11093		16			
CHEMICAL			o E I	. 01																	e e e		4
CONFIDEN				<u>L SI</u>		Yes		No.	5	MAP#	1					Τ	6 GR	RID#					7
EPCRA												NFORI	πΛπ	II OM	er ser								
CHEMICAL	NAME							l Transfer	ь сп		- (1 <u>-</u> 11)		/I/ANI /ASTE		Yes		B TR	ADE SEC	RET	T	Yes	⊠ No	11
Brom	ochlo	rod	lifluo	rome	thai	ne	· · · · · · · · · · · · · · · · · · ·									<u> </u>	igspace	* If EPCF	RA see i	nstru			<u> </u>
common n Halo	NAME n 1211															}	An	EHS Che	mical		Yes	⊠ No	12
CAS#					10	FIRE CODE	E HAZA	ARD CL	ASSES	(supplied	by GC	GFD)				<u> </u>	*If E	EHS is "Ye	es", all a	amou	ints must b	e LBS	13
353-59	200 W. C. C. C. C.		F-3		$\frac{1}{1}$			T		-	14	4 RADI	0.40	TIVE	П.,		NZI	15	CUR	IEC			16
TYPE (Check		"	⊠ a. I		╅	b. MIXTU	<u>-</u>		c. V	WASTE 17		HAZARD	ana I	a. F	Y		No D. REAC	٠			ESSURE R	EL EASE	18
PHYSICAL S (Check one its			a. :	SOLID		b. LIQUIE	<u>' </u>	⊠ c.	GAS			EGORIES		∐ a. r				SIIVE			RONIC HE		
AVERAGE D				19	MA	XIMUM DAII				20		NNUAL W	製業			IEALII	21	1 .	E WAST			ALIN	22
AMOUNT				<u> </u>			864	Τ	0.011.01			0			Ι.,		VILOTO T	n/a	NCD				25
	ightan de la de la deservación de la decembra de l	JNDS		⊠ ь. с	ONS	FEET	23	365	S ON SI	IE.				,	2		16	r contai	NEK				25
STORAGE C	ontaine					JND TANK	Td	e. PLA	ASTIC DI	RUM		☐ i. VA	Т			m CY	LINDER	· · · · · · · · · · · · · · · · · · ·			, TANK V	/AGON	26
(Check all th				. UNDER		UND TANK	+=			LIC DRUM		I. FIB		RUM				NTAINER ONTAINE		_	RAIL CA		
1.7		1, 1,		STEEL			_	h. CAF		· · · · · · · · · · · · · · · · · · ·		□ і. во						R EQUIP		_	OTHER_		
STORAGE P					a. Al	MBIENT			⊠ b.	ABOVE	AMBIE	ENT		+=	. BELC			1.					27
STORAGE T		URE			SW 1985	MBIENT				ABOVE					. BELO	W AM			∐ d. (CRY(OGENIC		28
% V \	7 [HAZA	(KD)	ous co	MISO	MEN	ll (Fo	r mixtur	e or v	waste on	ly)			,	EHS		. T	200	L.	AS#	
1		29	-											30				-+	31				32
2		29								,				30			0		31		-		32
3		29												30			D'	-	31				32
4		29	+			W. 2. W. T.								30					31				32
f more hazard	lous compo	29 ments		ent at grea	ater th	an 1% by wei	ght if no	on-carci	inogenic,	or 0.1% I	by welg	ht if carcli	nogen	30 ic, attaci	additio		ets of pa		ring the	requ	ired inform	ation.	32
												FORM											
UNDOT#	#		19	74							33		Γ		NFF	A 70	4 HAZ	ARD D	IAMO	ND			
					hipp	ing pape	ers or	r MSI	DS							(RED) 🔰 (\sqrt{c}	F	RFA	CTIVE	•	
DOT HAZ	7ADD (· 1 A 6	22	NONF	LAN	MABLE G					34			HE (B	Ealth Lue)	♦ <	2>	$\langle o \rangle$			LOW)		
DOT HAZ	LARD	LA	33	Ref	er to	shipping	g par	oers (or MS	DS	35	+				CIAL ARD			WHITE				
EPCRA	☐ YE	s	⊠ NO								\vdash	╆.	L 									_	
х														MA	KE A	S MA	ANY (COPIE	s of	CI	HEMICA	AL	
								36	MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED										_				

AT&T Site ID#: LAC299

Ops District: 3 Ops Zone: 3C1 FILE THIS DOCUMENT IN THE ENVIRONMENTAL COMPLIANCE RED BINDER



Hazardous Materials Business Plan

YEAR 2009

AT&T Mobility - GARDEN GROVE (13326/11693)
(Facility Name and ID)
10700 KATELLA AVENUE, SUITE G
(Facility Address)
GARDEN GROVE
(Facility City)
ORANGE
(Facility County)
GARDEN GROVE FIRE DEPARTMENT FA0036110
(Administering Agency / CUPA ID#)

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



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

CUPA

BUSINESS ACTIVITIES

Page 1 of 4

	·	rage i or									
I. FACILITY IDENTIFICATION											
FACILITY ID # 3 0 0 3 5	EPA ID # (Hazardor	us Waste Only)									
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 AT&T Mobility - GARDEN GROVE (13326/ 11693)											
II. ACTIVITIES [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 to10 CFR Parts 30, 40 or 70?	⊠YES □NO4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)									
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	□YES ⊠NO5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)									
2. Intend to upgrade existing or install new USTs?	□YES 図NO6	 ✓ 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?	☐YES 図NO7	✓ UST TANK (closure portionone page per tank)									
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8	NO FORM REQUIRED TO CUPAS									
D. HAZARDOUS WASTE 1. Generate hazardous waste?	□YES ⊠NO9	✓ EPA ID NUMBERprovide at the top of this page									
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC ∋25143.2)?	□YES ⊠NO10										
3. Treat hazardous waste on site?	□YES ⊠NO11	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)									
 Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 	□YES ⊠NO12	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)									
5. Consolidate hazardous waste generated at a remote site?	□YES ⊠NO	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)									
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	□YES ⊠NO14	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)									
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	□YES ⊠NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)									
The state of the s											



City Of Garden Grove Fire Department 11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Page

Hazardous Materials Business Information Form

BUSINE	SS IN	NFOR	MATION					
FACILITY # (Supplied by GGFD) 3 0 0 3 5		100	GINNING DATE /01/2009			1	ENDING DATE 12/31/2009	
BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)						4	BUSINESS PHONE 800-638-2822 *2	
BUSINESS SITE ADDRESS 10700 KATELLA AVENUE, SUITE G								
GARDEN GROVE				7	STATE CA	8	ZIP 92840	
DUN & BRADSTREET 10-202-6754		10	SIC CODE (4 I	DIGIT #	<i>‡</i>)	11	FIRE DISTRIC	12
COUNTY ORANGE		•						13
BUSINESS OPERATOR NAME AT&T Mobility				14	OPERAT	OR'S	PHONE	15
BUSI	NESS	s ow	NER					east a
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility						16	OWNER PHONE 562-468-6161	17
OWNER MAILING ADDRESS								18
EH&S, 12900 Park Plaza Dr, 339C				19	STATE	20	ZIP	21
Cerritos				30	CA		90703	9K-2K-8450(3)
CONTACT NAME	<i>I</i> ENT	TAL C	ONTACT			22	CONTACT PHONE	20
Environmental Health & Safety Department, attn: Robert F	ields	3	****			22	CONTACT PROMP	23
CONTACT MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C								24
CITY				25	STATE	2 6	ZIP	27
Cerritos PRIMARY EMERGE	NCY	CON	TACTS		CA		90703 SECONDARY	
NAME	28 1	NAME		- 10			GEOGNBART	33
		Caro TITLE	l Nichols					34
Call Center BUSINESS PHONE			Region, C	Com	pliance			
800-638-2822 *2			ss phone 277-0939				·	35
24-HR. PHONE 866-HELP-EHS (866-435-7347)			PHONE HELP-EHS	S (86	6-435-	734 ⁻	7)	36
PAGER#	32 P	PAGER	#					37
ADDITIONAL LOCALLY	COL	LECT	ED INFORM	MATIO	NC.			The second
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications						38	TOTAL # OF EMPLOYEES 0	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703						40	аттентіон Robert Fields	41
PROPÈRTY OWNER NAME 42 ADDRESS						43	PHONE	44
Certification: Based on my inquiry of those individuals responsite personally examined and am familiar with the information submitted.	ole for	r obtaind bel	ining the info	ormat rmati	ion, I cer	tify u e. ac	nder penalty of law that I h	ave
SIGNATURE OF CHANGE CONTROL OF CHANGE OF CHANG		201					DATE 4/14/2009	46
NAME OF SIGNER (print) 4 Steve Skanderson			F DOCUMENT I		ARER (print	t)		49
TITLE OF SIGNER Sr. Project Manager	8 TI	TLE OF	DOCUMENT F	PREPA	RER			50

	☐ AE	D	DELETE	REVISE) 1						P	age	3	of	4	_ 2
F/	ACILITY ID# 3 0	0 3 5		38		SS NAME	litv - G	ARD	EN GF	ROV	E (11693	·				3
				[]. F/			RMATI				_ (11000	7	14.70 14.70			
Cł	HEMICAL LOCATION	E CELL S	ITF		0.00	in .							State of the state			4
	ONFIDENTIAL LOCATION	·	Yes	No 5	MAP#				-	6	GRID#	3,	L			7
	OTA		- HE ()	II. CH	IEMIC/	AL INFO	ORMAT	ION								-33
CH	HEMICAL NAME						WASTE	= [Yes	8	TRADE SEC	RET] Yes	⊠ No	11
	Lead DMMON NAME Lead-Acid Batter	37								9	* If EPCF An EHS Che		instructior	ns] Yes	⊠ No	12
	S#	У	10 FIRE CODE	UAZADD OLAROSO	(1:d	h 00FD)					*If EHS is "Y	es", all a	amounts n	nust be t	LBS	
1	7439-92-1		10 FIRE CODE	HAZARD CLASSES	(supplied	by GGFD)										13
TY	PE (Check one item only)	a. PURE	☐ b. MIXTUF	RE C. V	WASTE	14	RADIOACT	ΓIVE	Yes	\boxtimes	No 15	CUR	IES			16
	YSICAL STATE eck one item only)	🛚 a. SOLID	☐ b. LIQUID	☐ c. GAS	17	FED HAZ		a. F	IRE [] b. I	REACTIVE	☐ c.	PRESSU	JRE REL	-EASE	18
			1				1] d. A	CUTE HEA	ALTH		🛭 е.	CHRON	IC HEAL	.TH	
1	ERAGE DAILY OUNT 3365	19	MAXIMUM DAILY	y 3365	20	ANNU. O	AL WASTE	IUOMA	ΝT		21 STATE n/a	E WAST	TE CODE			22
UNI	C. POUNDS	=		23 DAYS ON SI 365	TE				24	14°	GEST CONTAI	NER				25
	DRAGE CONTAINER eck all that apply)	a. ABOVE	GROUND TANK RGROUND TANK NSIDE BLDG	e. PLASTIC DE	LIC DRUM	·	. VAT . FIBER DI . BAG(S) . BOX(S)	RUM	□ o 1	GLASS PLAST	DER S CONTAINER IC CONTAINE CH OR EQUIP	R	q. TA r. RA s. TO t. OTI	IL CAR TE BIN		26
STO	RAGE PRESSURE		a. AMBIENT	☐ b.	ABOVE A	AMBIENT		П°	. BELOW	AMBIE	NT					27
STO	RAGE TEMPERATURE		a. AMBIENT	☐ b.	ABOVE A	AMBIENT		☐ c	. BELOW .	AMBIEI	NT	d. (CRYOGEN	4IC		28
	%WT	HAZA	RDOUS CON	IPONENT (Fol	r mixture	or wast	e only)			E	HS .			CAS	s#	
1	29							30	☐ Yes		□ No 3	31				32
2	29							30	☐ Yes		□ No 3	31				32
3	29						····	30	☐ Yes		□ No 3	31		·····		32
4	29							30	☐ Yes		□ No 3	1				32
5	29							30	☐ Yes		□ No 3					32
If mor	re hazardous components	are present at grea	ter than 1% by weigh	t if non-carcinogenic, PLACA					additional	sheets o	of paper captur	ing the I	required in	formatio	n.	
UNI	DOT#				M-2/Me	33									7.5	
	<u>3796</u>	D. (MODO					NFPA :		AZARD DI	IOMA	ND			
		Refer to si	hipping paper	s or IVISDS				HE	ALTH		$\langle \rangle \langle$		EACTIVE (ELLOW)			
DO	T HAZARD CLAS		or to objection	nanara ar MOI	ne	34		(BL	UE) P SPECIA		\bigvee_{v}	vhite				
EPC	CRA □ YES	Rete ⊠ NO	er to suibbing	papers or MS	υS	35			HAZARI			X\M				
	x							MAŁ	(E AS I	MAN	Y COPIES	S OF	CHEM	IICAL		
		If EPCRA	, Please Sig	n Here		36			INVEN	TOR	Y FORM	AS N	EEDEI	D		

Revised 2/02 -- ba-bo-inv merge 2009.doc

	AI	DD	DELETE	REVISED	1					Pa	ige —	4 of	4	_ 2
F	ACILITY ID# 3 0	0 3 5				ss name 「Mobility	- GARI	DEN GF	ROVE	(11693)			3
	er eine gegen deuen Eugenschaft von der Greit Jehne leg		Vestrality			Y INFORI								1
C	HEMICAL LOCATION	E CELL S	SITE											4
1	ONFIDENTIAL LOCATIO		Yes	No 5	MAP#		(6	GRID#	31	L		7
Ei	PCRA			III. CHI	EMIC/	AL INFOR	MATION							
CI	HEMICAL NAME		ı			T T	WASTE	Yes	8	TRADE SEC	RET	Yes	⊠ No	11
	Battery Electroly	rte							9 ,			structions		
1	Lead-Acid Batte	ry							'	An EHS Chei If EHS is "Ve		Yes nounts must b	⊠ No	12
C/	ns# 7664-93-9		10 FIRE CODE HA	AZARD CLASSES (supplied	by GGFD)			1	REIOG TO	55 , dit dir	nounte must b	e LDO	13
TY	PE (Check one item only)	a. PURE	b. MIXTURE	☐ c. W	'ASTE	14 RAI	DIOACTIVE	Yes	1	lo 15	CURIE	ES		16
	YSICAL STATE eck one item only)	a. SOLID	🛭 b. LIQUID	C. GAS	17	FED HAZARI CATEGORIE	s 🗀 🖫	FIRE	☑ b. RE	ACTIVE		PRESSURE R		18
AV	ERAGE DAILY	19	MAXIMUM DAILY		20	ANNUAL \	VASTE AMOI		21	STATE	WASTE		ALIII	22
ΑN	OUNT 98		AMOUNT 98			- 0				n/a				
UN	ITS a. GALLON c. POUND: *If EHS, amount			DAYS ON SIT	E			24	LARGE 5	ST CONTAI	NER			25
	ORAGE CONTAINER seck all that apply)	a. ABOVI	EGROUND TANK [RGROUND TANK [INSIDE BLDG [e. PLASTIC DR f. NONMETALLI g. METAL CON h. CARBOY	IC DRUN		BER DRUM AG(S)	□ n.	PLASTIC	ER CONTAINER CONTAINE I OR EQUIP	R [q. TANK W r. RAIL CA s. TOTE BI t. OTHER_	R N	26
ST	DRAGE PRESSURE		a. AMBIENT	☐ b.	ABOVE A	AMBIENT		c. BELOW	AMBIEN	T				27
ST	ORAGE TEMPERATURE		a. AMBIENT	□ ь.	ABOVE A	AMBIENT		c. BELOW	AMBIENT	r [d. CF	RYOGENIC		28
	%WT	HAZA	ARDOUS COMP	PONENT (For	mixtur	e or waste o	nly)		= =	IS I		· C	AS#	
1	41 2	⁹ Sulfur	ic Acid (H₂S	SO ₄)			30	⊠ Ye	s [] No 3	31 7	7664-93-9)	32
2	59 2	⁹ Water	(H ₂ O)				30	☐ Ye:	s 🗵	No 3	31 n	n/a		32
3	2	9					30	☐ Yes	s [] No 3	31			32
4	2	9					30	☐ Yes	3 [] No 3	31			32
5	2	Э					30	☐ Yes	s [] No 3	31			32
If m	ore hazardous component	s are present at gre	eater than 1% by weight ii	ir sus sama sa				ch additional	sheets of	paper captur	ing the re	equired informa	tion.	
7 A.		2 PM		PLACA	RDING	S INFORM	IATION							
UN	IDOT # <u>2796</u>					33			704 HA	ZARD DI	AMON	ID		
		Refer to s	shipping papers	or MSDS				·	(CD)	0		EACTIVE		
DC	T HAZARD CLA	SS Corro	sive			34	4	(EALTH	\ 3	$\left< < \right> $, (€ (YI	ELLOW)		
			fer to shipping p	apers or MSI	OS	. 35		SPECI HAZAF			DX <i>I</i> XX WHITE			
EP	CRA ⊠ YES	□NO												
	х	<i>II</i> 5000	A Diese Oi	Have		- 36	MA					CHEMICA	AL	
		II EPCR	A, Please Sign	nere				INVEN	HUKY	FORM	A9 NE	ここりにり		

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE PROGRAM BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

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

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

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

Awa	y from equi	ipment/building	g.	

Employee Responsibilities:

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

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

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

1 ~~~~

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

Dhana Mumbana

Agency	Phone Numbers
Garden Grove Fire Department, Police,	
Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 OR (916) 845-8911
National Response Center	(800) 424-8802

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1.	Drum storage and/or above ground tank storage areas:							
	a	Isolation and separation of incompatible materials						
	b	Diking areas to contain spills						
	c	Storage on paved ground						
2.	Compresse	d 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 <u>√</u>	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.						

BUSINESS EMERGENCY PROGRAM

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITNIN 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

State where your disclosure and Emergency Business Plan will be kept.

Within the cell site.

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

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

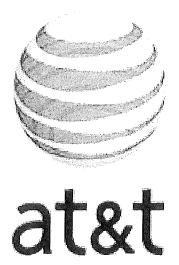
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009

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.



Hazardous Materials Business Plan

YEAR 2008

AT&T Mobility - GARDEN GROVE (13326/11693)
(Facility Name and ID)
10700 KATELLA AVENUE, SUITE G
(Facility Address)
GARDEN GROVE
(Facility City)
ORANGE
(Facility County)
ORANGE
(Administering Agency)

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

×

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

FACILITY INFORMATION

CUPA

BUSINESS ACTIVITIES

		Page 1 of 4
I. FACILITY IDENTIFICATION		
FACILITY ID # 3 0 0 3 5	EPA ID # (Hazardous	s Waste Only)
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 AT&T Mobility - GARDEN GROVE (13326/ 11693)		
II. ACTIVITIES DI	ECLARATION	
NOTE: If you check YES	to any par	t of this list,
please submit the Business Own	-	
Does your facility	If Yes	, please complete these pages of the UPCF
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	⊠YES □NO4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	□YES ⊠NO5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	□YES 図NO6	✓ 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?	□YES ⊠NO7	✓ UST TANK (closure portionone 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, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste?	□YES ⊠NO9	✓ EPA ID NUMBERprovide at the top of this page
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC ∋25143.2)? 	□YES ⊠NO10	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	□YES ⊠NO11	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	□YES ⊠NO12	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	13 □YES ⊠NO	✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	□YES ⊠NO14	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	□YES ⊠NO	✓ 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

Page

_2 of <u>4</u>

Hazardous Materials Business Information Form

BUSINESS	INFORMATION			
FACILITY# 3 0 0 3 5	BEGINNING DATE 01/01/2008	1	ENDING DATE 12/31/2008	2
BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)		4	BUSINESS PHONE UNMANNED	5
BUSINESS SITE ADDRESS 10700 KATELLA AVENUE, SUITE G			•	6
GARDEN GROVE	7	STATE 8 CA	ZIP 92840	9
DUN & BRADSTREET 10-202-6754	10 SIC CODE (4 DIGIT #, 4812) 11	FIRE DISTRIC	12
ORANGE				13
BUSINESS OPERATOR NAME AT&T Mobility	14	OPERATOR'S	PHONE	15
BUSINE	SS OWNER			
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility		16	OWNER PHONE 425-580-4902	. 17
OWNER MAILING ADDRESS				18
EH&S, P.O. Box 97061	19	STATE 20	ZIP	21
Redmond	10	WA	98073-9761	-1
ENVIRONME	NTAL CONTACT			
CONTACT NAME Environmental Health & Safety Department		22	CONTACT PHONE 425-580-4902	23
CONTACT MAILING ADDRESS EH&S, P.O. Box 97061				24
CITY	25	STATE 2 WA 6	ZIP 98073-9761	27
Redmond PRIMARY EMERGENO	CY CONTACTS	VVA	SECONDARY	
NAME 28	NAME			33
Wireless Network Control Center TITLE 29	Carol Nichols			34
Call Center	West Region, Com	pliance		0-1
800-832-6662 30	BUSINESS PHONE 562-468-6296			35
24-HR. PHONE 31	24-HR. PHONE			36
PAGER# 32				37
ADDITIONAL LOCALLY O	OLLECTED INFORMATION	NC		
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications		38	TOTAL # OF EMPLOYEES 0	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 97061, Redmond, WA 98073		40	ATTENTION EH&S Dept.	41
PROPERTY OWNER NAME 42 ADDRESS		43	PHONE	44
Certification: Based on my inquiry of those individuals responsible personally examined and am familiar with the information submitted	for obtaining the informat	ion, I certify ion is true, a	under penalty of law that ccurate, and complete.	I have
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45	Z-19.08	46
NAME OF SIGNER (print) Gary Chimienti	NAME OF DOCUMENT PREPARHL Design Group, Inc.	ARER (print)		49
TITLE OF SIGNER Sr. Administrator, EH&S	TITLE OF DOCUMENT PREPA Environmental Manag			50

HAZARDOUS MATERIALS INVENTORY FORM

ADD	☐ DELETE ☐	REVISED 1		Page	9 3 of 4	_ 2
FACILITY ID# 3 0 0 3 5		38 BUSINESS NAME	ity - GARDEN GI	ROVF (11693)		3
		I. FACILITY INFO				
CHEMICAL LOCATION						4
INSIDE CELL CONFIDENTIAL LOCATION	SIIE	No. 5 MAP#	ì	6 GRID#		7
EPCRA		II. CHEMICAL INFO) DBMATION		The state of the s	
CHEMICAL NAME	Control of the Contro	II. CHEWICALINE	WASTE Yes	8 TRADE SECRE	iT ☐ Yes ☒ No	11
Lead					see instructions	
common name Lead-Acid Battery				9 An EHS Chemic	all amounts must be LBS	12
CAS#		D CLASSES (supplied by GGFD)		"II EHO IS Tes,	all allounts must be EBS	13
7439-92-1	Health		RADIOACTIVE Yes	s 🛛 No 15 (CURIES	16
Z a. PORL	b. MIXTURE	c. WASTE 14 C. GAS 17 FED HAZ		. 57.40	c. PRESSURE RELEASE	18
PHYSICAL STATE (Check one Item only)	L B. EIQOID L	CATEGO			☑ e. CHRONIC HEALTH	
	9 MAXIMUM DAILY		AL WASTE AMOUNT	21 STATE W	VASTE CODE	22
AMOUNT 2390	AMOUNT 2390	0	24	n/a		25
UNITS a. GALLONS b. c. POUNDS d. *If EHS, amount must be in pour	TONS	days on site 365	24	100	л.	25
STORAGE CONTAINER	VEGROUND TANK			n CYLINDER	q. TANK WAGON	26
c. TAN	K INSIDE BLDG 🔲 g.	METAL CONTAINER	I. BAG(S)	n. GLASS CONTAINER D PLASTIC CONTAINER	r. RAIL CAR	
STORAGE PRESSURE			I. BOX(S)	. IN MACH OR EQUIP	t. OTHER Battery	27
	a. AMBIENT a. AMBIENT	b. ABOVE AMBIENT	☐ c. BELOV		d. CRYOGENIC	28
		IENT (For mixture or was		EHS	CAS#	
4 . 20	/ \		30 🗆 Y	es ⊠No 31	7439-92	32
2 29	reod		30 □ Y	es 🗌 No 31		32
3 29			30 🗆 Y	es 🗌 No 31		32
4 29			30 🔲 Ye	es 🗌 No 31		32
5 29			30 🗆 Ye			32
If more hazardous components are present at g	greater than 1% by weight if non	-carcinogenic, or 0.1% by weight if			g the required information.	
A CONTRACT OF THE PARTY OF THE		PLACARDING INFO	Table 1 Collection Service Service 140			
UNDOT#		33	NFP	A 704 HAZARD DIA	MOND	
<u>3796</u> Refer to	— shipping papers or l	MSDS	FIRE	(RED)	REACTIVE	
		34	HEALTH (BLUE)	4 × 0>	(YELLOW)	
DOT HAZARD CLASS R	efer to shipping pape		SPEC	N / 1997	HITE (/w.	
EPCRA ☐ YES ☒ NO				V OA	I V V V	
x			MAKE AS	S MANY COPIES	OF CHEMICAL	
If EPC	RA, Please Sign He	ere ³⁶	INVE	NTORY FORM A	S NEEDED	

Revised 2/02 -- ba-bo-inv merge.doc

HAZARDOUS MATERIALS INVENTORY FORM

	☐ ADE		DELETE	REVISE:) 1						Pa	age	4	of	4	- 2
SF AN	FACILITY ID# 3 0	0 3 5		38	AT&T				EN GR	OVE	(11693)				3
	CHEMICAL LOCATION			I. F	ACILIT	Y INFO	RMATIO	N						ka da	ref.	4
		E CELL S	ITE													
	ONFIDENTIAL LOCATION PCRA	ŀ	Yes	⊠ No 5	MAP#					6	GRID#					7
		1000		II. Cł	IEMICA	AL INFO	ORMATIC	MC			MARK.					
С	HEMICAL NAME						WASTE		Yes	8	TRADE SEC		_	Yes	⊠ No	11
C	Battery Electrolyton OMMON NAME Lead-Acid Battery						l	-		9	* If EPC! An EHS Che		instruction	ns Yes	⊠ No	12
C	AS#		10 FIRE CODE F	JAZARD CLASSES	(supplied	by GGFD)					*If EHS is "Y	es", all	amounts i	must be l	LBS	13
L	7664-93-9		CE	rrosive	2	· · · · · ·										
T	YPE (Check one Item only)	a. PURE	b. MIXTURE	c.	WASTE	22,000,000,000	RADIOACTIV	Æ	Yes		No 15	<u> </u>	RIES			16
	HYSICAL STATE heck one liem only)	a. SOLID	🛭 b. LIQUID	C. GAS	17	FED HAZA	RIES	a. Fl			REACTIVE		c. PRESS			18
_		40	L			T	10 0 P.U-1-16 (94)		CUTE HEA		1 0747		e. CHRON		LTH	
l	/ERAGE DAILY MOUNT 77	19	MAXIMUM DAILY AMOUNT 7	7	20	O ANNUA	AL WASTE A	MOUN	1	2	21 STATI n/a	= WAS	STE CODE	,		22
U	a. GALLONS c. POUNDS	☐ d. T0	ONS	23 DAYS ON S 365	ITE				24	LARG	EST CONTA	INER				25
	*If EHS, amount n	·	GROUND TANK	e. PLASTIC D	RUM	☐ i.	VAT			CYLINI	DER ·		☐ q. T/	ANK WA	GON	26
C	heck all that apply)		RGROUND TANK NSIDE BLDG	☐ f. NONMETAL ☐ g. METAL CO			FIBER DRU BAG(S)	JM			CONTAINER C CONTAINE		☐ r. RA	OTE BIN		
781		d STEEL		h. CARBOY			BOX(S)	P===1			H OR EQUIP		⊠ t. 07	THER	Battery	
4105 	ORAGE PRESSURE ORAGE TEMPERATURE		a. AMBIENT		, ABOVE A	······································			BELOW			<u> </u>				27
31	%WT		a. AMBIENT		. ABOVE A			c.	BELOW		ihs	∐ d.	CRYOGE		S#	26
1	41 ²⁹		ic Acid (H ₂		r mixture	e or wast		30	⊠ Yes			31	7664-		S #:	32
2	59 29	 	•	304)				30	Yes			31	n/a			32
3	29		(1120)					30	☐ Yes			31				32
4	29						:	30	☐ Yes		□ No :	31				32
5	29						:	30	☐ Yes		□ No :	31				32
If m	ore hazardous components a	are present at grea	ater than 1% by weight	if non-carcinogenic	c, or 0.1% by	y weight if c	arcinogenic,	attach .	additional :	sheets o	of paper captu	ring the	e required i	informati	on.	
				PLACA	ARDING	INFO	RMATIO	41			12.5		1			
U١	NDOT # <u>2796</u>					33			NFPA	704 H	AZARD D	IAMC	DND			
	<u> </u>	Refer to sl	hipping papers	or MSDS					FIRE (R	ED) 🖠			REACTIV	Æ		
חר	OT HAZARD CLAS	Corros	sive			34			ALTH 📦 UE)	·<3	\times ()		(YELLOV			
DC	T FINZAIND OLAG		er to shipping p	papers or MS	SDS	35			SPECIA	.		MHITE X/XC				
ΕP	CRA 🛮 YES [□ NO 🔒														
	х	R FRAN	A 1012	. University		36					Y COPIE				L	
		If EPCRA	A, Rigase Sigr	n Here		30			INVEN	IOR	Y FORM	AS I	NEEDE	:D		1

Revised 2/02 -- ba-bo-inv merge.doc

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE PROGRAM BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

 Vocal
- 2. All employees shall be trained to evacuate the facility through at least one exit.

 Alternate exit routes shall be designated if available.
- 3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

Away from equipment/building.	
-------------------------------	--

Employee Responsibilities:

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

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

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

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency	Phone Numbers
Garden Grove Fire Department, Police,	
Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 OR (916) 845-8911
National Response Center	(800) 424-8802

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1.	Drum storage and/or above ground tank storage areas:							
	a	Isolation and separation of incompatible materials						
	b	Diking areas to contain spills						
	c	Storage on paved ground						
2.	Compresse	d 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.						

BUSINESS EMERGENCY PROGRAM

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

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

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

Within the	cell site.			 	

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

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

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

SIGNATURE:
V
NAME: Gary Chimienti
TITLE: Sr. Administrator, EH&S
DATE: February 19, 2008

GENERAL NOTES

BEIRN WAGNER

- THE PURPOSE OF CONSTRUCTION DRAWING, THE FOLLOWING DEFINITIONS SHALL APPLY. PACTOR BECHTEL FOR THE PURPOSE OF CONSTRUCTION DRAWING, THE FOLLOY CONTRACTOR — BEN'TEL.
 SUBCONTRACTOR — GENERAL CONTRACTOR (CONSTRUCTION) OWNER — AT&T WIRELESS SERVICES
- PRIOR TO THE SUBMISSION OF BIDS, THE BIDDING SUBCONTRACTOR SHALL WIST THE CELL SITE TO ACKNIGHAGE WITH THE CORNING CONCINIONS NO TO CONTRUC THAT THE WARK CAN BE TANDAULISHED SO SHOWN ON THE CONSTRUCTION DRAWNES. ANY DISCREDANCY FOUND SHALL BE BROUGHT TO THE ATTENTION OF CONTRACTOR. N

rj

AS-BUILT

AL WORK CHEET OUT SHALL CANELY WITH CULPORAL BAILDNG CODE, LATEST EDTRON, MELKHANICA, WAS ESCREDAL WARKS SHALL BY A ACCOUNTING WITH ALL PACKLOSEE WHINGHAL, WAS CERTICATIONS, AND LOCAL, MISSICIPIANL, CODES, CREDIANCES, MID PAPELLEE FEGGLAPHY, SECREDATIONS, ALL WERK SHALL BE IN ACCORDANCE WITH NEPA-70, 1999 INTIDINAL ELECTRIC CODE, AND CALLORING LECTRIC CODE, AND CA

AT&T WIRELESS SERVICES, INC.

SITE NAME: GARDEN GROVE

REV

SITE NUMBER: C299

AT&T

- DRAWINGS PROVIDED HERE ARE NOT TO BE SCALED AND ARE INTENDED TO SHOW CUTLINE ONLY, UNIESS NOTED OTHERMISE, THE WORK SHALL INCLIDE FURNISHING MATERALIS, EQUIPMENT, APPURENANCES, AND LABOR NECESSARY TO COMPLETE ALL INSTALLATIONS AS INDICATED ON THE DRAWING.
 - - THE SUBCONTRACTOR SHALL INSTALL ALL ECUIPHENT AND MATERALS IN ACCORDANCE WITH MANUFACTUREN'S RECOMMENDATIONS LALESS SPECIFICALLY STATED OTHERWISE. MATERIAL SPECIFICD IN THE TABLE "THE BILL OF MATERIALS" MILL BE SUPPLIED BY THE CONTRACTOR, THE SUBCONTRACTOR, ALL OTHER MATERIALS SHALL BE SUPPLIED BY THE SUBCONTRACTOR,

PROJECT INFORMATION

UNMANNED TELECOMMUNICATIONS FACILITY MODIFICATIONS 19700 KATELA AVE, SUITE C CARDEN CROVE, CA 92804

SCOPE OF WORKS

0 0

TITLE SHEET AND GENERAL NOTES

DRAWING INDEX

EQUIPMENT LAYOUT PLAN

LAB-C299-02 LAB-C299-03

LAB-C299-01

CABLES TO BTS CABINET (NOKIA) (IBBU & 24VDC RF CABINET)

ANTENNA CONFIGURATION

- If the specified equipment cannot be installed as shown on these drawings, the sabgronication space for approval by the contractions.
 - SJBCONTRACTOR SHALL DETEXNINE ACTUAL ROUTING OF CONDUT, POWER AND TIL CUREES GROUNDE CABLES AS SHOWN ON THE POWER, GROUNDEN ON DIELO PLAN DEARNING. SHOWN THE ACTUAL AND THE OFFER THAN SHE STRAY, SJBCONTRACTOR SHALL UTILIZE DISTING TRAYS AND TOWN SHALL AND THE TRAY THAN SHE STRAYS. SJBCONTRACTOR SHALL CHARRY THE ACTUAL ROUTING WITH THE CONTRACTOR.
- THE SUBCONTRACTOR SHALL PROTECT EXISTING IMPROVEMENTS, PAYSUENTS, CURBS, LANDSCAPING AND STREETINES. ANY DAMAGED PART SHALL BE REPAIRED AT SUBCONTRACTOR'S EXPRISE TO THE SATISFACTION OF OWNER. ö Ë
 - SHECKITACING SALL LEGALLY REPORTLY DISPOSE OF ALL SCRAP MATERALS SUCH AS COAMAL, CASIES AND OTHER TIENS REMONED THE DESTRIP FACILITY, ANTENNAS REMONED SHALL BE RETURNED TO OMERT'S DESIGNATED LOCATION.
 - 12. SUBCONTRACTOR SHALL LEAVE PREMISES IN CLEAN CONDITION, ij
- ALL CONCRETE REPAIR WORK SHALL BE DONE IN ACCORDANCE WITH AMERICAN CONCRETE INSTITUTE (A.G.) 301.
- 14. ANY NEW CONSTRENCED FOR THE CONSTRUCTION SMALL HAVE 400D PS STRENGTH AT 28 REQUIREMENTS. ALL CONSCERING WORSK SHALL BE DONE IN ACCORDANCE WITH ACI 319 COOK.
 - 15. ALL STRUCTURAL STEEL WORK SHALL BE DONE IN ACCORDANCE WITH AISC SPECIFICATION.
- 17. SJBCNITACTOR SHALL VERFY ALL EXSTING DAIBNISONS AND CONDITIONS PRICE TO COMMENCE ANY WORK, LLA DIADSDOORS OF ESTING CONSTRUCTION SHOWN OF THE DRAININGS MUST BE FERRINGS. BILDSTON SHALL NOTIFY THE CONTRACTOR OF MYT DISCREPANICES PRICE TO GROEGING MATH CONSTRUCTION. CONSTRUCTION SHALL COMPLY WITH SPECIFICATION 24423-033-395-4002-00002, "GINERAL CONSTRUCTION SERVICES FOR CONSTRUCTION OF ANS 36 STEES."
- THE EMSTRIO CELL STE IS IN PULL COMMERCIAL, DPENTION, ANY CONSTRUCTION WORK BY SUBCONTRACTIONS SHALL NO DISARYT THE CENSTRION CHANGLA DEPENTION, ANY WORK ON EXISTING SCHEDULED THE CONSTRUCTION SHALL OF SCHEDULED FOR AN APPROPRIATE MAINTENANCE, AND CONTRACTIONS OFTEN, WORK MAY BE SCHEDULED FOR AN APPROPRIATE MAINTENANCE WINDOW USJALLY IN LUFF TRAFFIC PERSONS.
- SINCE THE CELL SITE IS ALTING, ALL SAFETY PRECAUTIONS NUST BE TAKEN WHEN WORKING CHANGES, THE CHANGES, THE CHANGES, THE CHANGES, THE CHANGES THE SHEET SHEET
 - RIGHORMACOR SALL PANT THE ANTENNA, MAY, TAA, DIPLEER, COAX, COAX, FITHERS ANTENNA, MICHES AND OTHER REW MATERALLS. TO BE INSTALLED TO MATER THE EXSTENCE BULDING/TORIER/POEE, AS APPLICABLE.

WARELESS BERVICES, THOS PARK PLAZA DRIVE, CENRITOR, CA AT&T

걸





BUILDING CODE: UNFORM BUILDING CODE 1997

APPLICABLE CODES AND STANDARDS

STRUCTURAL REVIEW

TELECOMMUNICATIONS FACELTY TELECOMMUNICATIONS FACELTY

CURRENT USE PROPOSED USE

ORANGE COUNTY

URISDICTION ELEVATION:

BILL OF MATERIALS AND CONSTRUCTION NOTES

LAB-C299-05 LAB-C299-06

LAB-C299-04

CONSTRUCTION DETAILS AND NOTES

VICINITY MAP

-117,94600

LATITUDE: LONGTUDE:

THE USEN, UNITED HERO, CODE STABORES AND ANDIQUEITS, UNFORM HICHMICAL CODE STANDARDS AND ANDIQUEITS, UNITED HIC CODE, STANDARDS AND ANDIQUEITS, UNITED HIC CODE, STANDARDS AND ANDIQUEITS, UNITED HICKORY PLANDER CODE, STANDARDS AND ANDIQUEITS, LOCAL, BULLING CODE, GIT/YOUNT ORDINANCES. all work is to coaply with the 1899 californa Builday code(CBC) ambidiants and standards. Nollobyc the polloning codes in order of precedence: TIA/DA-222-1998 F, 607 COMMERCIAL, BUILDING GROUNDING AND BONDING REQUIREMENTS FOR TELECOMMUNICATIONS

AISC, CONSTRUCTION MANUAL, 9th EDITION OR LATER. NEC (NATIONAL ELECTRIC CODE) 1999 (NFPA 70)

PROBLEM SITTE OF THE STATE OF T

MAY SPERTS CAS OR ONNIVER BETWEN SETTING OF ANY CODE REGARDING MATERALS, METHODS OF CONSTRUCTION, OR OFFICER RECEIVED THE NEST SETTING SHALL WENT AND SHALL METHOD SHALL SHALL SHOWN, A SPECIFIC RECURBABILITY AND A SPECIFIC RECURBABILITY SHALL SHOWN. MADIE THERE IS A CONFLICT BETWEEN CODES, AN EARLIER NAMED CODE TAKES PRECEDENCE OVER A LATER NAMED CODE. NORIA ULTRASTE DRAMMG BSUSGSOSCST21 OR LATER REVISION

AWS COMPLEX GROWTH TITLE SHEET AND GENERAL NOTES Table Mad Table

UAB-C299-01

24897

Bechtel Telecommunications
AWS - Complex Growth Project
12900 PARK PLAZA DRIVE
CERRITOS, CA 90703

GAFDEN GROVE SITE NO. C289 10709 KNELLA AE. SUITE C GAEDEN GROVE, CA 92804 USID: 11893

Page _ of _ I. IDENTIFICATION BEGINNING DATE 100 ENDING DATE 101 FACILITY ID# 09/01/2006 09/01/2007 **BUSINESS PHONE** 102 BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) (425) 580-4902 CINGULAR WIRELESS PCS, LLC- GARDEN GROVE (13326) BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored) 103 10700 KATELLA AVE, SUITE G 105 ZIP CODE 104 CA 92840 **GARDEN GROVE** SIC CODE 107 **DUN & BRADSTREET** 106 10-202-6754 (4 digit #) 4812 COUNTY ORANGE **BUSINESS OPERATOR** 110 BUSINESS OPERATOR NAME 109 CINGULAR WIRELESS PCS, LLC PHONE (425) 580-4902 **II. BUSINESS OWNER** 111 OWNER PHONE 112 OWNER NAME (425)480-4902 CINGULAR WIRELESS PCS, LLC 113 OWNER MAILING PO BOX 97061 ADDRESS 114 STATE 115 ZIP CODE 116 CITY 98073 WA REDMOND **III. BILLING INFORMATION** CONTACT PHONE 118 117 CONTACT NAME (425)480-4902 CINGULAR WIRELESS PCS, LLC 119 CONTACT MAILING PO BOX 97061 ADDRESS ZIP CODE STATE 120 98073 WA REDMOND IV. EMERGENCY CONTACTS -SECONDARY--PRIMARY-NAME WIRELESS NETWORK CONTROL CENTER NAME DEBRA OKANO 128 TITLE CONTROL CENTER 129 TITLE NETWORK MANAGER, COMPLIANCE 124 130 **BUSINESS PHONE 800-832-6662** 125 BUSINESS PHONE (562) 468-6495 131 126 24-HOUR PHONE 24-HOUR PHONE N/A PAGER # MOBILE PAGER # N/A 132 133 Additional Locally Collected Information: (a)Please describe the main operation of your business: WIRELESS TELECOMMUNICATIONS (b)Do you have a license to purchase commercial grade pesticides? \square Yes \square No If yes, give number: Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE NAME OF DOCUMENT PREPARER 135 134 09/15/2006 JENNIFER SALGADO TITLE OF SIGNER NAME OF SIGNER (print) DIRECTOR, ENVIRONMENTAL HEALTH & SAFETY DONALD HARRIS

FIRE

ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

□ADD	DELETE	☑ REVISE	2006					Page 3 of 4
		L FAC	CILITY INFO	RMATION				
CINGULAR WIF	ne as FACILITY NAME or DBA - Doing B RELESS PCS, LLC- GAR	DEN GROVE (133:	26)					3
10700 KATELL	(Where chemical is located, e.g. southw A AVENUE, SUITE G	est corner of warehouse)				CHEMICAL LOC CONFIDENTIAL EPCRA	ATION	Yes No 202
FACILITY ID#		1 MAP #		203	GRID#			204
ALCOHOL:		II. CHE	MICAL INFO	RMATION				
CHEMICAL NAME LEAD (LEAD A	CID BATTERIES)				205	TRADE SECRE		'es 🛭 No 206
COMMON NAME	***************************************				207	If Subject to	EPCRA, refer to	instructions es No 208
CAS # 7439-92-1	209	FIRE CODE HAZARD (CLASSES (See green	page 25)	210	*If EHS is"Yes", reported in their	all amounts belo physical state as	ow must be s well as pounds c
TYPE (Check one item	only). 🛛 a. PURE 🔲 b. MIXTU	RE C. WASTE	211	RADIOACTIVE Y	es 🛛 No	. 212	CURIES	213
PHYSICAL STATE (Check one liem only)	a. SOLID 🗌 b. LIQUID	c. GAS 214	FED HAZARD CATEGORIES	a. FIRE to		c. PRESSURE F		216
AVERAGE DAILY AMOUNT	2798 217 MAXIMUM AMOUNT	DAILY 2798	218				-	
🛛 c. POI	LLONS D. CUBIC FEET 221 JNDS d. TONS nount must be in pounds.	LARGEST CONTAINER 117		215	# of DAYS ON SITE 365			222
STORAGE CONTAINER (Check all lihat apply)	a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM	☐ f. PLASTIC CONTAIN☐ g. METAL CONTAIN☐ h. VAT☐ i. IN MACHINERY☐ j. ON TRUCK	ER . BOX . m. CYL	INDER SS CONTAINER	p. RAIL CAR q. SILO r. TANK INS s. CARBOY t. TOTE BIN	DE	□ u. TANK ⊠ v. OTHEI BATTERIE	
STORAGE PRESSURE	a. AMBIENT	☐ b. AE	BOVE AMBIENT	☐ c. BELOW	AMBIENT			224
STORAGE TEMPERATU		_	BOVE AMBIENT	☐ c. BELOW	AMBIENT	d. CRYO	3ENIC	225
%WT	HAZARDO	JS COMPONENT (Fo	r mixture or waste on	ע	EHS		CAS#	
1 226				227	Yes No 2	28		229
2 230				231	Yes No 2	32		233
3 234				235	Yes No 23	6		237
4 238				239	Yes No 24	10		241
5 242				243	Yes No 24	ļ		245
If more hazardous comp Additional locally co	onents are present at greater than 1%	by weight if non-carcinoge	enic, or 0.1% by wel	ght if carcinogenic, atta	ch additional sheets	of paper capturi	ng the required	
(a) Is this material (b) Is this material (c) Is this material (d) If this material (e) How is the mat (f) Is a waste prod (g) How is the mat	or any of its components a car prepackaged for retail sale? [a commercial grade pesticide? is radioactive, what type of emi erial disposed of? (Refer to Ta uced or left over after processi erial used/What is the material	☐ Yes ☑ No	☐ Beta ☐ e green pages)	Gamma <u>02</u>				246
Signature				FOR OFFICE USE ONLY	UUNDER U COMB U EXEMPT	□ CARO □ RAD □ CGP	C □ EXPL □ HTX □ RS	□ 1 □ 2 □ 3

THE STATE OF THE S

ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463,

□ADD	☐ DELETE	☑ REVISE	2006					Page 4 of 4
	and the second s	L.FA	CILITY INFO	RMATION				
CINGULAR WIF	e as FACILITY NAME or DBA - Doing I RELESS PCS, LLC- GAR	DEN GROVE (133	26)					3
10700 KATELL	(Where chemical is located, e.g. souths A AVENUE, SUITE G	vest corner of warehouse)			201	CHEMICAL LC CONFIDENTIA EPCRA	CATION [Yes ⊠ No 202
FACILITY ID #		1 MAP#		203	GRID#			204
		II. CHI	EMICAL INFO	RMATION			784244	
CHEMICAL NAME ELECTROLYTE					205	TRADE SECR	ET [Yes 🛭 No 206
COMMON NAME			CALL TO SERVICE AND ADDRESS OF THE PARTY OF	777	207	If Subject t	o EPCRA, refe	
ELECTROLYTE	(LEAD ACID BATTERIES		CLAPPEC (Canada	05)				Yes 🛭 No 208
7664-93-9			CLASSES (See Green	r page 25)	210	*If EHS is Yes reported in the	, all amounts b r physical state	elow must be as well as pounds
TYPE (Check one item			211	RADIOACTIVE Y	es 🛛 No	212	CURIES	213
PHYSICAL STATE (Check one ilem only)	a. SOLID Ab. LIQUI	D 🗌 c. GAS 214	FED HAZARD CATEGORIES	□ a. FIRE ☑ b ☑ d. ACUTE HEALT		c. PRESSURE		216
AMOUNT	6 217 MAXIMUN AMOUNT	1 DAILY 76	218					
C. POL	LONS b. CUBIC FEET 221 INDS d. TONS nount must be in pounds.	LARGEST CONTAINER 3		215	# of DAYS ON SITE 365			222
STORAGE CONTAINER (Check all that apply)	a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM	f. PLASTIC CONTAIN g. METAL CONTAIN h. VAT i. IN MACHINERY j. ON TRUCK	VER . BOX . m. CYL	INDER SS CONTAINER	p. RAIL CAF q. SILO r. TANK INS s. CARBOY t. TOTE BIN		U. TAN V. OTH	
STORAGE PRESSURE	a. AMBIENT	☐ b. A	ABOVE AMBIENT	☐ c. BELOW	AMBIENT			224
STORAGE TEMPERATU	RE a. AMBIENT	☐ b. A	BOVE AMBIENT	☐ c. BELOW	AMBIENT	d. CRYC	GENIC	225
- %WT	HAZARDO	US COMPONENT (F	or mixture or waste on	על <u></u>	EHS	1.22	CAS	
1 50-60 226	SULFURIC ACID (H2SO	94)		227	☐ Yes ☒ No 2	28 7664-9	93-9	229
2 40-50 230	WATER (H2O)			231	Yes No 2	32		233
3 234				235	Yes No 23	6		237
4 238				239	Yes No 24	0		241
5 242				243	Yes No 24			245
Additional locally col	nents are present at greater than 1%	by weight if non-carcinog	genic, or 0.1% by welg	ght if carcinogenic, atta	ch additional sheets	of paper captui	ing the require	
(a) Is this material (b) Is this material (c) Is this material (d) If this material (e) How is the mate (f) Is a waste proof (g) How is the mate	or any of its components a cal prepackaged for retail sale? [a commercial grade pesticide? s radioactive, what type of em trial disposed of? (Refer to Ta aced or left over after process trial used/What is the material	☐ Yes ☑ No ? ☐ Yes ☑ No itter is it? ☐ Alpha able #2, page 25 of tr ing? ☐ Yes ☑	☐ Beta ☐ ne green pages) No	Gamma 02				246
Signature				FOR OFFICE USE ONLY	□UNDER □ COMB □ EXEMPT	□ CAF □ RAD □ CGF		-



OC CUPA 1241 E. Dyer Road Suite 120 Santa Ana CA 92705 (714) 433-6000

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

BUSINESS ACTIVITIES

12774450	The same state and services	Stille Error - N. C. O.	et et a talla la constitue et	Code and a	aren -								age i oi	
1	I. FACILITY IDENTIFICATION													
100.00									EPA ID # (Hazardous Waste Only)					
CIN	BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) CINGULAR WIRELESS PCS, LLC- GARDEN GROVE (13326)													
18	II. ACTIVITIES DECLARATION													
NOTE: If you check YES to any part of this list,														
please submit the Business Owner/Opera														
Does your facility									If Ye	es,	please	complete these pages of	the UPCF	
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 (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?								XYES ONO A	4	√	HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION (OES 2731)			
<u>B.</u> U	NDERGROUND ST	ORAGE	TANK	S (US	Ts)				0	1		LIOT EA OU EV		
1.	Own or operate	underg	round s	storage	∍ tank	s?			OYES XNO 5	5	√	UST FACILITY (Formerly S) UST TANK (one page per tan	NRCB Form A) k) (Formerly Form B)	
2.	Intend to upgra	de existi	ng or ir	nstall n	iew U	STs?	1		OYES XNO 6		* * *	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CI COMPLIANCE (one page p	ERTIFICATE OF	
3.	Need to report	closing a	ı UST?						OYES XNO 7		✓	UST TANK (closure portionc		
C. A	BOVE GROUND PE	TROLE	UM ST	ORAG	E TA	NKS (ASTs)			T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Own or operateany tank capathe total capa	acity is g	reater t	than 6	60 gal	llons.	or 1,320 gallons?		OYES XNO 8			NO FORM REQUIRED TO	O CUPAS	
D. H	AZARDOUS WASTI	Ē							_	T	,		,	
1.		Generate hazardous waste?							OYES XNO 9		✓	EPA ID NUMBERprovide	at the top of this page	
2.	Recycle more the recyclable mate	an 100 erials (pe	kg/mon er HSC	th of e §2514	xclud 13.2)?	ed or	exempted		OYES XNO 10		✓	RECYCLABLE MATERIAL (one per recycler)	LS REPORT	
3.	Treat hazardous								OYES XNO 11	,	√ √	ONSITE HAZARDOUS W TREATMENT - FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS W TREATMENT - UNIT (one p (Formerly DTSC Forms 1772A,B,C	/ASTE page per unit) ,D, and L)	
4.	Treatment subje by Rule and Co	nditiona	I Autho	rizatio	n)?		·		OYES XNO 12	`	✓	CERTIFICATION OF FINA ASSURANCE (Formerly DTSC	NOIAL Form 1232)	
5.	Consolidate haz								OYES XNO 13	•	/	REMOTE WASTE / CONS ANNUAL NOTIFICATION DTSC Form 1196)	OLIDATION SITE (Formerly	
3.	Need to report th hazardous wast	e closur e and cl	e/remo eaned	val of onsite:	a tank ?	that	was classified as		OYES XNO 14	*	/	HAZARDOUS WASTE TAI CERTIFICATION (Formerly)	NK CLOSURE DTSC Form 1249)	
E. <u>LC</u>	CAL REQUIREME	NTS												
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								OYES XNO15	v	•	REGULATED SUBSTANCE FORM (Orange County CUPA)	EREPORTING		