

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>2447</u>
BUSINESS NAME	<u>SOTELO TIRES</u>
BUSINESS ADDRESS	<u>10700 Katella Ave #A</u>
APPROVED BY	<u>G</u> DATE <u>2/14/11</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	SOTELO TIRES			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	10700 KATELLA AVE #A				6
CITY	GARDEN GROVE	7	STATE CA	8	ZIP 92804
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	ANGEL GUZMAN			OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	CHRISTINA ROMAN			OWNER PHONE	17
OWNER MAILING ADDRESS	8891 PACIFIC #C				18
CITY	ANAHEIM	19	STATE CA	20	ZIP 92808

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	24		
CITY	25	STATE	26
		ZIP	27

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	CHRISTINA ROMAN	NAME	33	ANGEL GUZMAN
TITLE	29	OWNER	TITLE	34	MANAGER
BUSINESS PHONE	30	(714) 537-1520	BUSINESS PHONE	35	(714) 537 1520
24-HR. PHONE	31	[REDACTED]	24-HR. PHONE	36	
PAGER #	32		PAGER #	37	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TIRES & AUTO REPAIR	TOTAL # OF EMPLOYEES	39	1
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41	
PROPERTY OWNER NAME	42	DENNIS WILLUT	ADDRESS	43	10700 KATELLA #B
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45
			DATE	46	
NAME OF SIGNER (print)	47		NAME OF DOCUMENT PREPARER (print)	49	
TITLE OF SIGNER	48		TITLE OF DOCUMENT PREPARER	50	



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 1

I. FACILITY IDENTIFICATION

FACILITY ID#	3 0 0 3 5	1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		CAL000314 855	3.
SOTELO TIRES			

II. ACTIVITIES DECLARATION

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

Does your facility...

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

A. HAZARDOUS MATERIALS

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

YES NO

4.

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intent to upgrade existing or install new USTs?
- Need to report closing a UST?

YES NO

5.

UST FACILITY (Formerly SWRCB Form A)

YES NO

6.

UST TANK (one page per tank) (Formerly Form B)
 UST FACILITY
 UST TANK (one per tank)
 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

YES NO

7.

UST TANK (closure portion-one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

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

YES NO

8.

NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

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

YES NO

9.

EPA ID NUMBER - provide at the top of this page

YES NO

10.

RECYCLABLE MATERIALS REPORT (one per recycler)

YES NO

11.

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

YES NO

12.

CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

YES NO

13.

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

YES NO

14.

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

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

YES NO

15.

REGULATED SUBSTANCE REPORTING 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

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.).

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

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

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

Employee Responsibilities:

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

1. Notify employees. Initiate evacuation procedures.
2. Notify the Garden Grove Fire Department. Dial 911.
3. Try to identify the nature of the incident.
4. Report to the staging area and account for evacuated employees.
5. Report to the incoming fire units.
6. Activate any emergency mitigation procedures that 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)

National Response Center

Phone Numbers

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

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

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

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

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

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

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

Signature: _____

Name: _____

Title: _____

Date: _____



GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION

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

Hazardous Materials Business Emergency Plan And
Inventory Certification Statement

Business Name: Soto's Tire & Auto Repair Telephone: (714) 537-1520
Site Address: 10700 KATELLA AVE UNIT A Zip Code: 92804

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

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

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

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

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

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

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

Print Name ANGEL GUZMAN

Signature Angel Guzman

Job Title MECANICO

Date 04/05/10



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 Tire & Auto Repair Telephone: 714 537-1520
Site Address: 6700 cl. Katella Ave #A Zip Code: 92804

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

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- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

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

Print Name ANGEL GUZMAN

Signature Angel Guzman

Job Title Cristina Roman

Date 11/21/07

Fire Department Inspector D. Garcia

ID # 3592



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 10700 Kadella Ave #A1
~~Soto~~ Sotelo Tire and Auto Repair
 Occupant or DBA:
 Owner/Manager: Angel Guzman

Date: 11/21/07
 File No:
 Phone: 714 537-1520

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: Angel Guzman 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: D. Garcia ID #: 3529

Condition Upon Re-inspection: _____ Date: _____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	7874	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Sotelo tires			4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS	10700 Katella Ave #A			6		
CITY	GARDEN GROVE	7	STATE	8	CA	9
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12	
COUNTY	ORANGE			13		
BUSINESS OPERATOR NAME	ANGE GUZMAN			14	OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	Cristina Roman			16	OWNER PHONE	17
OWNER MAILING ADDRESS	[REDACTED]			18		
CITY	[REDACTED]	19	STATE	20	CA	21

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	24		
CITY	25	STATE	26
		ZIP	27

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Cristina Roman		Angel Guzman	
TITLE	29	TITLE	34
owner		MANAGER	
BUSINESS PHONE	30	BUSINESS PHONE	35
(714) 537-1520		(714) 537-1520	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
[REDACTED]		[REDACTED]	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Tires & Auto repair		1	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
66 CA 92842			
PROPERTY OWNER NAME	42	ADDRESS	43
DEONIS		10700 KATELLA AVE #B	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
[REDACTED]		3-30-04	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Cristina Roman		Cristina Roman	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Cristina Roman		Cristina Roman	



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of ___

I. FACILITY IDENTIFICATION										
FACILITY ID#	3	0	0	3	5				2447	1. EPA ID # (Hazardous Waste Only)

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

Sotelo Tire

II. ACTIVITIES DECLARATION

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

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

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>8478</u>
BUSINESS NAME	<u>KAR TECH AUTO REPAIR</u>
BUSINESS ADDRESS	<u>10706 KATELLA AVE # C</u>
APPROVED BY	<u>BH</u> DATE <u>3/10/10</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE <u>3/10/13</u>
PICK	<u>4D</u> BUSLIST <u> </u> CALARP: <u> </u> CUPA: <u> </u> GIS <u> </u>
FEE	<u>\$ 200</u>



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page 1 of 4 3

BUSINESS INFORMATION

Facility # 30035, Beginning Date 2/6/10, Ending Date 12/31/10, Business Name KAR-TEK AUTO Repair, Business Site Address 10700 Katella AVE Unit C, City GARDEN GROVE, State CA, ZIP 92840, Business Operator Name Juan Gurrola, Operator's Phone 714-791-3889

BUSINESS OWNER

Owner Name Olivia Alcaraz, Owner Mailing Address [Redacted], City [Redacted], State CA, ZIP [Redacted]

ENVIRONMENTAL CONTACT

Contact Name OLIVIA ALCARAZ, Contact Mailing Address [Redacted], City [Redacted], State CA, ZIP [Redacted], Contact Phone (714) 791-3889

PRIMARY

EMERGENCY CONTACTS

SECONDARY

Primary: Olivia Alcaraz, Owner, 714-537-9550; Emergency: Juan Gurrola, Manager, 714-791-3889

ADDITIONAL LOCALLY COLLECTED INFORMATION

Describe the type of business operation: General AUTO Repair/Service, Total # of employees: one, Property Owner Name: Ron Willott, Signature of Owner/Operator: [Redacted], Date: 2/6/10



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 2 of 4 2

FACILITY ID# 30035 BUSINESS NAME Kar-Tek Auto Repair

I. FACILITY INFORMATION

CHEMICAL LOCATION In shop area, right far side

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 1 6 GRID # G-5 7

II. CHEMICAL INFORMATION

CHEMICAL NAME ArmaKleen mpc-solution WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME N/A 9 An EHS Chemical Yes No 12
*If EHS is "Yes", all amounts must be LBS

CAS # 1310-73-2 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 17 FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 18
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 30 gal. 19 MAXIMUM DAILY AMOUNT 35 gal. 20 ANNUAL WASTE AMOUNT 3,194 gal. 21 STATE WASTE CODE 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 35 gal. metal barrel 25
 c. POUNDS d. TONS
*If EHS, amount must be in pounds.

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

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 0.5-15 ²⁹	Sodium Carbonate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	497 19-8 32
2 0.5-1.5 ²⁹	Alcohols C9-C11 ethoxylated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	66439-46-3 32
3 0.5-15 ²⁹	Fatty Acids, C9-13-neo	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	68938-07-8 32
4 0.5-15 ²⁹	Neo-decanoic acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	28898-20-8 32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	

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

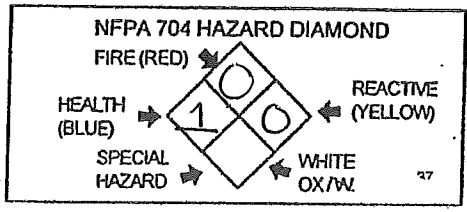
PLACARDING INFORMATION

UNDOT # _____ 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Kar-Tek Auto Repair
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I. FACILITY INFORMATION

CHEMICAL LOCATION	In Shop area, right far side		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP#	1
GRID #	I-5		

II. CHEMICAL INFORMATION

CHEMICAL NAME	waste oil	WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	used oil	* If EPCRA see instructions			
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)			

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

AVERAGE DAILY AMOUNT	20 gal.	MAXIMUM DAILY AMOUNT	35 gal.	ANNUAL WASTE AMOUNT	3,194 gal.	STATE WASTE CODE
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	DAYS ON SITE	365
	*If EHS, amount must be in pounds.				LARGEST CONTAINER	55 gal. drum

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

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 80-100	Lubricating oils, used	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	70514-12-4
2 0-20	water / solids	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
3 0-10	Hydrocarbon solvents (gasoline, diesel, jet fuel)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

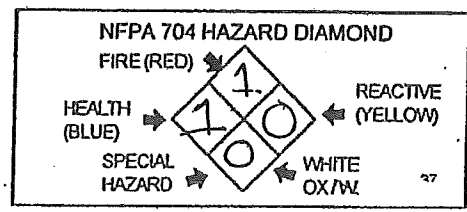
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 4 of 4 2

FACILITY ID#	30035	BUSINESS NAME	Kar-Tek Auto Repair
--------------	-------	---------------	---------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	In shop area, right far side		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	H-5		

II. CHEMICAL INFORMATION

CHEMICAL NAME	Ethylene	WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Used Antifreeze	* If EPCRA see instructions			
CAS #	107-21-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)			

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

AVERAGE DAILY AMOUNT	20 gal.	MAXIMUM DAILY AMOUNT	35 gal.	ANNUAL WASTE AMOUNT	3,194 gal.	STATE WASTE CODE
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	DAYS ON SITE	365
	* If EHS, amount must be in pounds.				LARGEST CONTAINER	55 gal. drum

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 30-87	water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
2 2-68	Ethylene glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
3 4-44	Propylene glycol, 1,2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	57-55-6
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

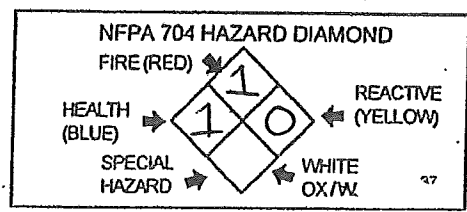
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Vocal

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

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

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

Alley behind shop, J-4

Employee Responsibilities:

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

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

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

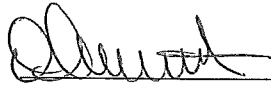
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency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

Front office (by fax machine)

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

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

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

Signature: 
Name: Olivia Alcaraz
Title: owner
Date: 2/6/10



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 10700 KATELLA AVE SUITE "C" Date: 02/01/10
 Occupant or DBA: KAR-TEK AUTO REPAIR File No: _____
 Owner/Manager: TONY GURROLA Phone: XXXXXXXXXX

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

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

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

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

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

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

Additional Violations and/or Notes:
FORM 3 CHEMICALS: OXYGEN, ACETYLENE, WASTE OIL, ANTIFREEZE
MSDS: MATERIAL SAFETY DATA SHEET

Responsible Party: [Signature] Re-inspection Date: 02/15/10 + 1 week

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

Fire Dept. Inspector: CORY NELSON ID #: _____

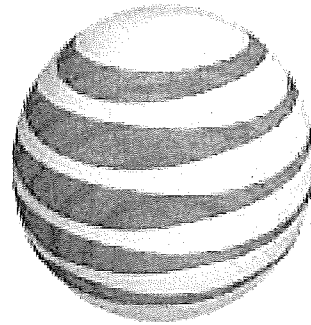
Condition Upon Re-inspection: _____ Date: _____

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**

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

Facility Name: AT&T Mobility - GARDEN GROVE (11693) FA0036110

Facility Street Address: 10700 KATELLA AVENUE, SUITE G City: GARDEN GROVE
GROVE Zip: 92840

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 4/16/2009 and certify that: *(Check one.)*

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* *(See below for details); or*
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:
- Business Activities form
 - Business Owner/Operator Identification form
 - Hazardous Materials Inventory form(s)
 - Site Map form
 - Emergency Response Plans and Procedures
 - Employee Training Program

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

- ✓ The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; **and**
- ✓ There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; **and**
- ✓ No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; **and**
- ✓ There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; **and**
- ✓ The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

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

Signature of Owner/Operator:  Title: Agent for AT&T

Name of Owner/Operator *(Print)*: Steve Skanderson Date: 02/25/10

Return all forms to:
GARDEN GROVE FIRE DEPARTMENT
11301 ACACIA PARKWAY
GARDEN GROVE, CA. 92840
714-741-5636



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page 1 of 4 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	FA0036110	BEGINNING DATE	1	ENDING DATE	2
		01/01/2010		12/31/2010	
BUSINESS NAME				4	BUSINESS PHONE
AT&T Mobility - GARDEN GROVE (11693)					800-638-2822 *2
BUSINESS SITE ADDRESS					
10700 KATELLA AVENUE, SUITE G					
CITY			7	STATE	8
GARDEN GROVE				CA	9
DUN & BRADSTREET		10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT
10-202-6754			4812		12
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME				14	OPERATOR'S PHONE
AT&T Mobility					562-468-6161

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17
New Cingular Wireless PCS, LLC dba AT&T Mobility		562-468-6161	
OWNER MAILING ADDRESS			
EH&S, 12900 Park Plaza Dr, 339C			
CITY	19	STATE	20
Cerritos		CA	21
		ZIP	21
		90703	

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
Environmental Health & Safety Department, attn: Robert Fields		562-468-6161	
CONTACT MAILING ADDRESS			
EH&S, 12900 Park Plaza Dr, 339C			
CITY	25	STATE	2
Cerritos		CA	6
		ZIP	27
		90703	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Robert Fields		Wireless Network Control Center	
TITLE	29	TITLE	34
Regulatory Affairs Analyst		Call Center	
BUSINESS PHONE	30	BUSINESS PHONE	35
562-468-6161		800-638-2822 *2	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		800 KNOW EHS (800-566-9347)	
Email:	32	Pager#:	37
RF0886@att.com			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Telecommunications		0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703		Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44
		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 OR DESIGNATED REPRESENTATIVE	45	DATE	46
		2/25/2010	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Services Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 2 of 4 2

FACILITY ID#	FA0036110	38	BUSINESS NAME	3
AT&T Mobility - GARDEN GROVE (11693)				

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
Lead				* If EPCRA see instructions		
COMMON NAME	9			An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
Lead-Acid Battery				*If EHS is "Yes", all amounts must be LBS		
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13			
7439-92-1						

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

AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
3365		3365		0		n/a	

UNITS	<input type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	24	LARGEST CONTAINER	25
	<input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS		365		141	
*If EHS, amount must be in pounds.							

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

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

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

PLACARDING INFORMATION

UNDOT # 3796 33

Refer to shipping papers or MSDS

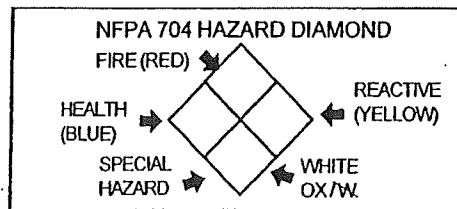
DOT HAZARD CLASS _____ 34

Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> REVISED	1	Page	4	of	4	2
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FACILITY ID#	FA0036110	38	BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION Inside CELL SITE					4			
CONFIDENTIAL LOCATION EPCRA		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Bromochlorodifluoromethane				WASTE		<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11		
COMMON NAME Halon 1211				FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	An EHS Chemical		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12	
CAS # 353-59-3				FIRE CODE HAZARD CLASSES (supplied by GGFD)		10		*If EHS is "Yes", all amounts must be LBS				13	
TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	CURIES		16	
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS	17	d. ACUTE HEALTH		e. CHRONIC HEALTH				18	
AVERAGE DAILY AMOUNT 864		19	MAXIMUM DAILY AMOUNT 864		20	ANNUAL WASTE AMOUNT 0		21	STATE WASTE CODE n/a			22	
UNITS		<input type="checkbox"/> a. GALLONS	<input checked="" type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	23	DAYS ON SITE 365		24	LARGEST CONTAINER 216			25
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT	<input checked="" type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
		<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> s. TOTE BIN	<input type="checkbox"/> t. OTHER			
STORAGE PRESSURE		<input type="checkbox"/> a. AMBIENT		<input checked="" type="checkbox"/> b. ABOVE AMBIENT		<input type="checkbox"/> c. BELOW AMBIENT						27	
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT		<input type="checkbox"/> b. ABOVE AMBIENT		<input type="checkbox"/> c. BELOW AMBIENT		<input type="checkbox"/> d. CRYOGENIC				28	

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

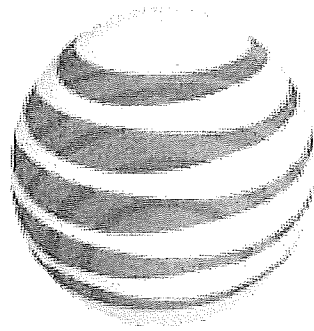
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT #	1974	33	<p style="font-size: x-small;">NFPA 704 HAZARD DIAMOND FIRE (RED) 2 HEALTH (BLUE) 0 SPECIAL HAZARD OX/W REACTIVE (YELLOW) 0 WHITE OX/W</p>
Refer to shipping papers or MSDS			
DOT HAZARD CLASS	NONFLAMMABLE GAS	34	
Refer to shipping papers or MSDS		35	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
X			
<i>If EPCRA, Please Sign Here</i>		36	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>

AT&T Site ID#: LAC299
Ops District: 3
Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

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 Fire Department

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

Hazardous Materials Business Information Form

Page 2 of 4 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2		
						01/01/2009		12/31/2009			
BUSINESS NAME	AT&T Mobility - GARDEN GROVE (11693)							4	BUSINESS PHONE	5	
									800-638-2822 *2		
BUSINESS SITE ADDRESS	10700 KATELLA AVENUE, SUITE G									6	
CITY	GARDEN GROVE						7	STATE	8	ZIP	9
						CA		92840			
DUN & BRADSTREET	10-202-6754				10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12		
						4812					
COUNTY	ORANGE									13	
BUSINESS OPERATOR NAME	AT&T Mobility						14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	New Cingular Wireless PCS, LLC dba AT&T Mobility							16	OWNER PHONE	17	
									562-468-6161		
OWNER MAILING ADDRESS	EH&S, 12900 Park Plaza Dr, 339C									18	
CITY	Cerritos						19	STATE	20	ZIP	21
						CA		90703			

ENVIRONMENTAL CONTACT

CONTACT NAME	Environmental Health & Safety Department, attn: Robert Fields							22	CONTACT PHONE	23	
CONTACT MAILING ADDRESS	EH&S, 12900 Park Plaza Dr, 339C									24	
CITY	Cerritos						25	STATE	26	ZIP	27
						CA		90703			

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-638-2822 *2		562-277-0939	
24-HR. PHONE	31	24-HR. PHONE	36
866-HELP-EHS (866-435-7347)		866-HELP-EHS (866-435-7347)	
PAGER #	32	PAGER #	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Telecommunications		0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703		Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43
			44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
		4/14/2009	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1

Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	31L	7
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II. CHEMICAL INFORMATION

CHEMICAL NAME Lead	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME Lead-Acid Battery	9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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*If EHS is "Yes", all amounts must be LBS

CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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7439-92-1

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	---	----	--------	----

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

AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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3365 3365 0 n/a

UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	24	LARGEST CONTAINER	25
-------	--	----	--------------	----	-------------------	----

365 141

*If EHS, amount must be in pounds.

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

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

STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
---------------------	--	----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

PLACARDING INFORMATION

UNDOT # <u>3796</u> Refer to shipping papers or MSDS	33	<p style="font-size: small;">NFPA 704 HAZARD DIAMOND FIRE (RED) HEALTH (BLUE) SPECIAL HAZARD REACTIVE (YELLOW) WHITE OX/W.</p>
DOT HAZARD CLASS _____ Refer to shipping papers or MSDS	34	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
X _____ If EPCRA, Please Sign Here	36	

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE	4
CONFIDENTIAL LOCATION EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5
MAP # <u>1</u>	6
GRID # <u>31L</u>	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
<small>* If EPCRA see instructions</small>				
COMMON NAME Lead-Acid Battery			An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
<small>*If EHS is "Yes", all amounts must be LBS</small>				
CAS # 7664-93-9	10		FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input checked="" type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14
	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CURIES	15
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17
	FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE	18
			<input checked="" type="checkbox"/> b. REACTIVE	18
			<input type="checkbox"/> c. PRESSURE RELEASE	18
			<input checked="" type="checkbox"/> d. ACUTE HEALTH	18
			<input type="checkbox"/> e. CHRONIC HEALTH	18
AVERAGE DAILY AMOUNT 98	19	MAXIMUM DAILY AMOUNT 98	20	ANNUAL WASTE AMOUNT 0
				21
				STATE WASTE CODE n/a
				22
UNITS <input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE 365	24
<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS			LARGEST CONTAINER 5
				25
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER
	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP
				<input checked="" type="checkbox"/> q. TANK WAGON
				<input type="checkbox"/> r. RAIL CAR
				<input type="checkbox"/> s. TOTE BIN
				<input checked="" type="checkbox"/> t. OTHER <u>Battery</u>
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	28
	<input type="checkbox"/> d. CRYOGENIC			28

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	41	Sulfuric Acid (H₂SO₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H₂O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

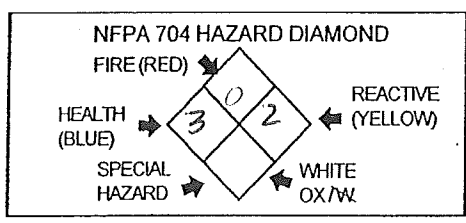
PLACARDING INFORMATION

UNDOT # 2796 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE 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

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

Agency

Phone Numbers

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

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

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

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

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

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

BUSINESS EMERGENCY PROGRAM

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

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

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

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.

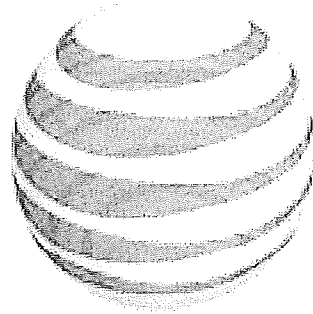
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

NAME: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009



at&t

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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

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

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) ³
AT&T Mobility - GARDEN GROVE (13326/ 11693)

II. ACTIVITIES DECLARATION

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

Does your facility...

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

A. HAZARDOUS MATERIALS

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

YES NO ⁴

✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

YES NO ⁵

✓ 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 NO ⁶

✓ UST FACILITY
 ✓ UST TANK (one per tank)
 ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

3. Need to report closing a UST?

YES NO ⁷

✓ UST TANK (closure portion--one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:
 ---any tank capacity is greater than 660 gallons, or
 ---the total capacity for the facility is greater than 1,320 gallons?

YES NO ⁸

NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

1. Generate hazardous waste?

YES NO ⁹

✓ EPA ID NUMBER---provide at the top of this page

2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?

YES NO ¹⁰

✓ RECYCLABLE MATERIALS REPORT (one per recycler)

3. Treat hazardous waste on site?

YES NO ¹¹

✓ 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)

4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

YES NO ¹²

✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

5. Consolidate hazardous waste generated at a remote site?

YES NO ¹³

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

6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

YES NO ¹⁴

✓ 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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		01/01/2008		12/31/2008	
BUSINESS NAME	4			BUSINESS PHONE	5
AT&T Mobility - GARDEN GROVE (11693)				UNMANNED	
BUSINESS SITE ADDRESS					
10700 KATELLA AVENUE, SUITE G					
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92840	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
10-202-6754		4812		2121	
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME	14			OPERATOR'S PHONE	15
AT&T Mobility				[REDACTED]	

BUSINESS OWNER

OWNER NAME	16			OWNER PHONE	17
New Cingular Wireless PCS, LLC dba AT&T Mobility				425-580-4902	
OWNER MAILING ADDRESS					
EH&S, P.O. Box 97061					
CITY	19	STATE	20	ZIP	21
Redmond		WA		98073-9761	

ENVIRONMENTAL CONTACT

CONTACT NAME	22			CONTACT PHONE	23
Environmental Health & Safety Department				425-580-4902	
CONTACT MAILING ADDRESS					
EH&S, P.O. Box 97061					
CITY	25	STATE	26	ZIP	27
Redmond		WA		98073-9761	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-832-6662		562-468-6296	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38		TOTAL # OF EMPLOYEES	39	
Telecommunications			0		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41	
P.O. Box 97061, Redmond, WA 98073			EH&S Dept.		
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45		DATE	46
[REDACTED]			2-19-08	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49	
Gary Chimienti		RHL Design Group, Inc.		
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50	
Sr. Administrator, EH&S		Environmental Manager		

HAZARDOUS MATERIALS INVENTORY FORM

ADD
 DELETE
 REVISED
 1
 Page 3 of 4
 2

FACILITY ID#	3	0	0	3	5									38	BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)	3
--------------	---	---	---	---	---	--	--	--	--	--	--	--	--	----	---	---

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead						WASTE <input type="checkbox"/> Yes 8		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11			
COMMON NAME Lead-Acid Battery						9		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12			
CAS # 7439-92-1 10						FIRE CODE HAZARD CLASSES (supplied by GGFD) <i>Health Hazard</i> 13					
TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 14		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15		CURIES 16					
PHYSICAL STATE (Check one item only)		<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 17		FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE 18		<input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT 2390 19			MAXIMUM DAILY AMOUNT 2390 20			ANNUAL WASTE AMOUNT 0 21			STATE WASTE CODE n/a 22		
UNITS		<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET 23		DAYS ON SITE 365 24		LARGEST CONTAINER 100 25					
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY		<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)		<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP		<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>	
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		27							
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		28							

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100 29 <i>Lead</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	<i>7439-92-1</i> 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

PLACARDING INFORMATION

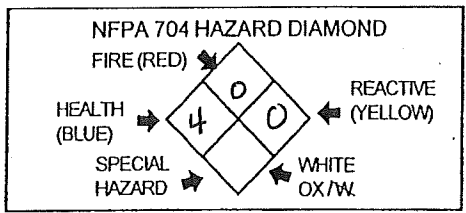
UNDOT # 33
3796
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 34

 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - GARDEN GROVE (11693)	3
--------------	-----------	----	---	---

I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME Lead-Acid Battery		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS # 7664-93-9		FIRE CODE HAZARD CLASSES (supplied by GGFD) <i>Corrosive</i>			
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	77	MAXIMUM DAILY AMOUNT	77	ANNUAL WASTE AMOUNT	
				0	
				STATE WASTE CODE	
				n/a	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	
				3	
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER <i>Battery</i>
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	41	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

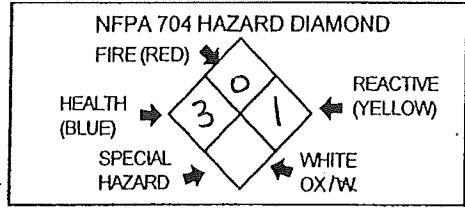
PLACARDING INFORMATION

UNDOT # 2796
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive
 Refer to shipping papers or MSDS

EPCRA YES NO

X [REDACTED]
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE 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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE 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

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

Agency

Phone Numbers

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

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

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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. Compressed and / or cryogenic gas storage areas:
 - a _____ Cylinders stored upright and secured
 - b _____ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
3. General:
 - a ✓ Safe work practices are exercised in daily routines.
 - b ✓ Employees who handle hazardous materials are properly trained.
 - c ✓ Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d ✓ Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
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 - f ✓ Posting of "No Smoking" signs where appropriate.

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

BUSINESS EMERGENCY PROGRAM

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

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

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

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: _____

NAME: Gary Chimienti

TITLE: Sr. Administrator, EH&S

DATE: February 19, 2008



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Reporting Form – Business Owner/Operator Identification Page

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#	BEGINNING DATE	100	ENDING DATE	101
	09/01/2006		09/01/2007	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3	BUSINESS PHONE	102	
CINGULAR WIRELESS PCS, LLC- GARDEN GROVE (13326)		(425) 580-4902		
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored)	103			
10700 KATELLA AVE, SUITE G				
CITY	104	CA	ZIP CODE	105
GARDEN GROVE			92840	
DUN & BRADSTREET	106	SIC CODE	107	
10-202-6754		(4 digit #) 4812		
COUNTY	ORANGE			
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR	110	
CINGULAR WIRELESS PCS, LLC		PHONE (425) 580-4902		

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112	
CINGULAR WIRELESS PCS, LLC		(425)480-4902		
OWNER MAILING	113			
ADDRESS	PO BOX 97061			
CITY	114	STATE	115	ZIP CODE
REDMOND		WA		98073

III. BILLING INFORMATION

CONTACT NAME	117	CONTACT PHONE	118	
CINGULAR WIRELESS PCS, LLC		(425)480-4902		
CONTACT MAILING	119			
ADDRESS	PO BOX 97061			
CITY	120	STATE	121	ZIP CODE
REDMOND		WA		98073

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	128	
DEBRA OKANO		WIRELESS NETWORK CONTROL CENTER		
TITLE	124	TITLE	129	
NETWORK MANAGER, COMPLIANCE		CONTROL CENTER		
BUSINESS PHONE	125	BUSINESS PHONE	130	
(562) 468-6495		800-832-6662		
24-HOUR PHONE	126	24-HOUR PHONE	131	
N/A		[REDACTED]		
PAGER #	127	PAGER #	132	
MOBILE [REDACTED]		N/A		

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? Yes No If yes, give number: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
[REDACTED]	09/15/2006		JENNIFER SALGADO	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
DONALD HARRIS		DIRECTOR, ENVIRONMENTAL HEALTH & SAFETY		



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

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
CINGULAR WIRELESS PCS, LLC- GARDEN GROVE (13326)
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
10700 KATELLA AVENUE, SUITE G
FACILITY ID # MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME LEAD (LEAD ACID BATTERIES)
COMMON NAME LEAD
CAS # 7439-92-1
FIRE CODE HAZARD CLASSES (See green page 25)
TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE
RADIOACTIVE Yes No
CURIES
PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS
FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE
d. ACUTE HEALTH e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT 2798
MAXIMUM DAILY AMOUNT 2798
UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
LARGEST CONTAINER 117
of DAYS ON SITE 365
STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TAN b. UNDERGROUND TANK
c. PRESSURIZED TANK d. MAGAZINE e. DRUM
f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY
j. ON TRUCK k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS
p. RAIL CAR q. SILO r. TANK INSIDE s. CARBOY t. TOTE BIN
u. TANK WAGON v. OTHER: BATTERIES
STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Contains 5 rows of data for hazardous components.

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

Additional locally collected information:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for? BATTERIES

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



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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ADD DELETE REVISE 2006

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
CINGULAR WIRELESS PCS, LLC- GARDEN GROVE (13326)
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
10700 KATELLA AVENUE, SUITE G
FACILITY ID # MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME
ELECTROLYTE
COMMON NAME
ELECTROLYTE (LEAD ACID BATTERIES)
CAS #
7664-93-9
FIRE CODE HAZARD CLASSES (See green page 25)
TYPE (Check one item only)
a. PURE b. MIXTURE c. WASTE
RADIOACTIVE Yes No
CURIES
PHYSICAL STATE (Check one item only)
a. SOLID b. LIQUID c. GAS
FED HAZARD CATEGORIES
a. FIRE b. REACTIVE c. PRESSURE RELEASE
d. ACUTE HEALTH e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT 76
MAXIMUM DAILY AMOUNT 76
UNITS* a. GALLONS b. CUBIC FEET
c. POUNDS d. TONS
LARGEST CONTAINER 3
of DAYS ON SITE 365
STORAGE CONTAINER (Check all that apply)
a. ABOVEGROUND TAN b. UNDERGROUND TANK
c. PRESSURIZED TANK d. MAGAZINE
e. DRUM f. PLASTIC CONTAINER
g. METAL CONTAINER h. VAT
i. IN MACHINERY j. ON TRUCK
k. BAG l. BOX
m. CYLINDER n. GLASS CONTAINER
o. VARIOUS p. RAIL CAR
q. SILO r. TANK INSIDE
s. CARBOY t. TOTE BIN
u. TANK WAGON
v. OTHER: BATTERIES
STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Rows include SULFURIC ACID (H2SO4) and WATER (H2O).

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

Additional locally collected information:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
(b) Is this material prepackaged for retail sale? Yes No
(c) Is this material a commercial grade pesticide? Yes No
(d) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
(e) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02
(f) Is a waste produced or left over after processing? Yes No
(g) How is the material used/What is the material used for? BATTERIES

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

