

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET

**SHORT VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>877Z</u>
BUSINESS NAME	<u>South Coast Car Company</u>
BUSINESS ADDRESS	<u>13831 Auburn Blvd</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u>  </u> CALARP: <u>  </u> CUPA: <u>  </u> GIS <u>  </u>
FEE	_____



**BUSINESS INFORMATION**

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	7	ENDING DATE	2
		5-21-08		12-31-08	
BUSINESS NAME	QUANTUM Auto Sales INC			BUSINESS PHONE	5
		714-265-0240			
BUSINESS SITE ADDRESS	13831 HARBOR BLVD South Coast Car Company				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
		5500		2023	
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	FRED BONLUS			OPERATOR'S PHONE	15

**BUSINESS OWNER**

OWNER NAME	FRED BONLUS			OWNER PHONE	17
		[REDACTED]			
OWNER MAILING ADDRESS	324 S. HARBOR BLVD				18
CITY	Santa Ana	STATE	CA	ZIP	92704

**ENVIRONMENTAL CONTACT**

CONTACT NAME	FRED BONLUS			CONTACT PHONE	23
		[REDACTED]			
CONTACT MAILING ADDRESS	324 S. HARBOR BLVD				24
CITY	Santa Ana	STATE	CA	ZIP	92704

**PRIMARY**

**EMERGENCY CONTACTS**

**SECONDARY**

NAME	FRED BONLUS	28	NAME	SAM MAHAMDI	33
TITLE	President	29	TITLE	Security	34
BUSINESS PHONE	714-265-0240	30	BUSINESS PHONE	714-265-0240	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	[REDACTED]	32	PAGER #	[REDACTED]	37

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DESCRIBE THE TYPE OF BUSINESS OPERATION:	used Car Sales & Repair	38	TOTAL # OF EMPLOYEES	10	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)				ATTENTION	41
PROPERTY OWNER NAME	Wesley N Taylor Co.	42	PHONE	[REDACTED]	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	[Signature]	45	DATE	5-21-08	46
NAME OF SIGNER (print)	FRED BONLUS	47	NAME OF DOCUMENT PREPARER (print)	FRED BONLUS	49
TITLE OF SIGNER	President	48	TITLE OF DOCUMENT PREPARER	President	50



## BUSINESS ACTIVITIES

### I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5										1. EPA ID # (Hazardous Waste Only)	2.
															CA 000261533	

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

QUANTUM Auto Sales INC

### II. ACTIVITIES DECLARATION

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

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



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	QUANTUM Auto Sales Inc	3
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## I. FACILITY INFORMATION

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME	Helium	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No 8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11
COMMON NAME	Helium	* If EPCRA see instructions			
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13		
TYPE (Check one item only)	<input 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	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 type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21
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	24	LARGEST CONTAINER 25	
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER 26
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27			
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28			

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

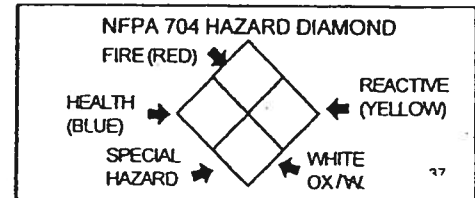
## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 33  
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

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	QUANTUM AUTO SALES INC
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	13831 HARBOR BLVD			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #	6
			GRID #	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	Diesel		WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME	Diesel					An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)				* If EPCRA see instructions * If EHS is "Yes", all amounts must be LBS			
TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	15	CURIES	16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18
						<input type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22		
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	24	LARGEST CONTAINER	55		
	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS					* If EHS amount must be in pounds.		
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26			
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> 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 type="checkbox"/> t. OTHER				
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28				

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

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

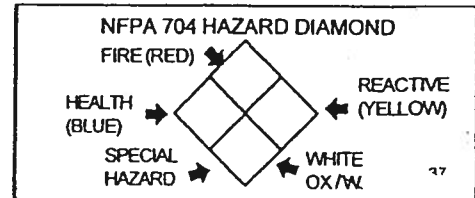
## PLACARDING INFORMATION

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

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

EPCRA  YES  NO

X \_\_\_\_\_ 35  
If EPCRA, Please Sign Here



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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FACILITY ID#	3 0 0 3 5	BUSINESS NAME	QUANTUM Auto Sales INC
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	13831 HARBOR BLVD GARDEN GROVE CA 92843		
CONFIDENTIAL LOCATION EPCRA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MAP #	1
GRID #	3B		

## 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				An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGF)	Class 3		
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 type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	55	MAXIMUM DAILY AMOUNT	55	ANNUAL WASTE AMOUNT	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	55
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 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"/> l. FIBER DRUM <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> j. BAG(S) <input type="checkbox"/> k. BOX(S)	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

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

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.

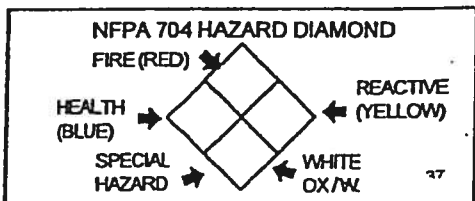
## PLACARDING INFORMATION

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



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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FACILITY ID#	3 0 0 3 5	BUSINESS NAME	QUANTUM AUTO Sales INC	3
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### I. FACILITY INFORMATION

CHEMICAL LOCATION	13831 HARBOR BLVD GARDEN GROVE Ca 92843				4
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CONFIDENTIAL LOCATION EPCRA	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	3B	7
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### II. CHEMICAL INFORMATION

CHEMICAL NAME	Coolant / ANTI FREEZE	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Antifreeze	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Class 3	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
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AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	55	25
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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"/> l. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN	<input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> j. BAG(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> l. OTHER
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	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 ANTI FREEZE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30
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.

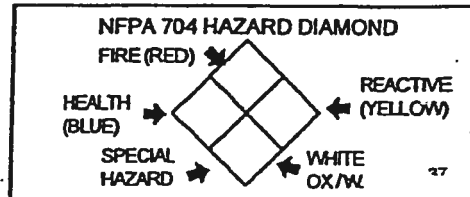
### PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 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



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME <b>QUANTUM Auto Sales Inc</b>
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## I. FACILITY INFORMATION

CHEMICAL LOCATION  
**13831 HARBOUR BLVD GARDEN GROVE CA 92843**

CONFIDENTIAL LOCATION  Yes  No 5 MAP # \_\_\_\_\_ 6 GRID # **3B** 7

## II. CHEMICAL INFORMATION

CHEMICAL NAME **ENGINE OIL** WASTE  Yes 8 TRADE SECRET  Yes  No 11  
\* If EPCRA see instructions

COMMON NAME **waste oil** 9 An EHS Chemical  Yes  No 12  
"If EHS is "Yes", all amounts must be LBS

CAS # \_\_\_\_\_ 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) **Class 3** 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 HAZARD CATEGORIES  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE 18  
 d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **3 Galon** 19 MAXIMUM DAILY AMOUNT **5 Galon** 20 ANNUAL WASTE AMOUNT **300** STATE WASTE CODE \_\_\_\_\_ 22

UNITS  a. GALLONS  b. CUBIC FEET 23 DAYS ON SITE \_\_\_\_\_ 24 LARGEST CONTAINER **220** 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	29 <b>waste oil</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 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**

NFPA 704 HAZARD DIAMOND

FIRE (RED) REACTIVE (YELLOW)

HEALTH (BLUE) WHITE OX/IV

SPECIAL HAZARD

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



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

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

**BUSINESS EMERGENCY PLAN**

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

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

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

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

Exemptions

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

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

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

VOCAL

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

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

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

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: *Fred Bonlus*  
Name: FRED BONLUS  
Title: President  
Date: 5-21-08



Linda S. Adams  
Secretary for  
Environmental Protection

## Department of Toxic Substances Control

Maureen F. Gorsen, Director  
1001 "I" Street  
P.O. Box 806  
Sacramento, California 95812-0806



Arnold Schwarzenegger  
Governor

ATTN: FRED BOULUS  
QUANTUM AUTO SALES INC  
13831 HARBOR BLVD  
GARDEN GROVE CA 92843

EPA ID Number Issued: May 07, 2008  
**Location Address:**  
13831 HARBOR BLVD  
GARDEN GROVE CA 92843

**PERMANENT RECORD - DO NOT DESTROY**  
**YOUR CALIFORNIA EPA IDENTIFICATION NUMBER IS:**

# CAL000332408

This is to acknowledge that a permanent California Environmental Protection Agency Identification (EPA ID) Number has been assigned to your place of business.

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***An EPA ID Number is assigned to a person or business at a specific site. It is only valid for the location and person or business to which it was assigned. If your business has multiple generation sites, each site must have its own unique number. If you stop handling hazardous waste, move your business, change ownership, change mailing address, or change the type or amount of waste you handle, you must notify the Department of Toxic Substances Control immediately. If your business has moved, your EPA ID Number must be canceled. A new number must be obtained for your new location if you continue to generate hazardous waste.***

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This EPA ID Number must be used for all manifesting, record keeping, and reporting requirements. Please retain this notice in your files.

Department of Toxic Substances Control  
Office of Data Evaluation and Environmental Indicators  
Generator Information Services Section  
Telephone: (916) 255-1136 or California Only Toll-free Number: (800) 618-6942

**Operator's Initials:** mbarrett

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