CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 — 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103
2350 W. HIGHLAND AVENUE

CITY 104
SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	OXYGEN	2160	240	CF
6	ACETYLENE	720	120	CF
7	DIESEL FUEL NO. 2	0	10000	GAL
8	ASPHALT ANTI-STRIP	825	275	GAL
9	AQUEOUS PARTS WASHER SOLUTION WASTE	15	15	GAL
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (print) 136	DATE 134
John C Spear III	JOHN SPEAR	08/05/11

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 1

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(S) C-3
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME PG – GRADE PAVING ASPHALT (PG 64-10, PG 70-10)	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 103

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
100	165		

UNITS* *(Check one item only)* ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☒ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-100	PETROLEUM ASPHALT	☐ YES ☒ NO	8052424
2.	< 0.1	HYDROGEN SULFIDE	☐ YES ☒ NO	7783064
3.	0-100	VACUUM TOWER BOTTOMS	☐ YES ☒ NO	64741566
4.	4-60	HEAVY NAPH. PETROLEUM DISTILLATES	☐ YES ☒ NO	64741533
5.	< 30	AROMATIC EXTRACT OIL	☐ YES ☒ NO	64741116

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 2

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION		FACILITY MAP # 1 / GRID COORDINATE(s) C-3
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME
SC – GRADE PAVING ASPHALT (SC-800)

EHS* ☐ YES ☒ NO

CAS#

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 51

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
25	51		

UNITS* *(Check one item only)* ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☒ d. TONS ☐ E. OTHER:

DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☒ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER _____

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-100	ASPHALT	☐ YES ☒ NO	8052424
2.	20-60	GAS OIL	☐ YES ☒ NO	64741442
3.	2-10	KEROSENE	☐ YES ☒ NO	8008206
4.	0-3	NAPHTHALENE	☐ YES ☒ NO	91203
5.	0-3	n-NONANE	☐ YES ☒ NO	111842

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)
MAKE COPIES OF THIS FORM AS NEEDED.
ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 2

FACILITY ID #	F A 0 0 0 7 9 0 4 1	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	C-3
BUSINESS SITE ADDRESS: 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME
SC – GRADE PAVING ASPHALT (SC-800) (CONTINUED FROM PREVIOUS PAGE)

EHS* ☐ YES ☒ NO

CAS#

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 51

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
25	51		

UNITS* *(Check one item only)* ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☒ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

TORAGE ONTAINER *(Check all that apply)*
☒ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-2	HEXANE (OTHER ISOMERS)	☐ YES ☒ NO	MIXTURE
2.	0-2	N-HEPTANE	☐ YES ☒ NO	142825
3.	0-2	N-HEXANE	☐ YES ☒ NO	110543
4.	0-2	OCTANE (ALL ISOMERS)	☐ YES ☒ NO	111659
5.	< 0.5	XYLENE (O, M, P ISOMERS)	☐ YES ☒ NO	1330207

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)
MAKE COPIES OF THIS FORM AS NEEDED.
ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 2

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(s) C-3
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME SC – GRADE PAVING ASPHALT (SC-800) (CONTINUED FROM PREVIOUS PAGE)	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST | SIZE OF LARGEST CONTAINER: 51

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
25	51		

UNITS* *(Check one item only)* ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☒ d. TONS ☐ E. OTHER: | DAYS ON SITE 365

TORAGE ONTAINER *(Check all that apply)*
☒ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1. < 0.5	ETHYLBENZENE	☐ YES ☒ NO	100414
2. < 0.5	HYDROGEN SULFIDE	☐ YES ☒ NO	7783064
3. < 0.5	TOLUENE	☐ YES ☒ NO	108883
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA - HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 3

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted]	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(s) C-4
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME PROPANE	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME PROPANE	EHS* ☐ YES ☒ NO
CAS# 74986	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST — SIZE OF LARGEST CONTAINER: 250

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
125	250		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: — DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 4

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted]	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(s) D-3
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME ASPHALT EMULSION	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME SS-1H ASPHALT EMULSION	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST — SIZE OF LARGEST CONTAINER: 8500

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
4000	8000		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: — DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*

☒ a. ABOVEGROUND TANK	☐ e. PLASTIC/NONMETALLIC DRUM	☐ i. FIBER DRUM	☐ m. GLASS BOTTLE	☐ q. RAIL CAR
☐ b. UNDERGROUND TANK	☐ f. CAN	☐ j. BAG	☐ n. PLASTIC BOTTLE	☐ r. OTHER
☐ c. TANK INSIDE BUILDING	☐ g. CARBOY	☐ k. BOX	☐ o. TOTE BIN	
☐ d. STEEL DRUM	☐ h. SILO	☐ l. CYLINDER	☐ p. TANK WAGON	

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	< 10	ASPHALT	☐ YES ☒ NO	8052424
2.	36-45	WATER	☐ YES ☒ NO	7732185
3.	1-5	ALKALINE EMULSIFYING AGENT (NATURAL FATTY ACIDS SOAP OR LIGNIN SOAP)	☐ YES ☒ NO	MIXTURE
4.			☐ YES ☐ NO	
5.			☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA - HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 5

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION		FACILITY MAP # 1 / GRID COORDINATE(s) B-2
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME OXYGEN	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME OXYGEN	EHS* ☐ YES ☒ NO
CAS# 7782447	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST — SIZE OF LARGEST CONTAINER: 240

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
1080	2160		

UNITS* *(Check one item only)* ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: — DAYS ON SITE 365

TORAGE ONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK	☐ e. PLASTIC/NONMETALLIC DRUM	☐ i. FIBER DRUM	☐ m. GLASS BOTTLE	☐ q. RAIL CAR
☐ b. UNDERGROUND TANK	☐ f. CAN	☐ j. BAG	☐ n. PLASTIC BOTTLE	☐ r. OTHER
☐ c. TANK INSIDE BUILDING	☐ g. CARBOY	☐ k. BOX	☐ o. TOTE BIN	
☐ d. STEEL DRUM	☐ h. SILO	☒ l. CYLINDER	☐ p. TANK WAGON	

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 6

FACILITY ID #	F A 0 0 0 7 9 0 4 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION		FACILITY MAP # 1
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		GRID COORDINATE(s) B-2

CHEMICAL INFORMATION

CHEMICAL NAME
ACETYLENE

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME
ACETYLENE

EHS* ☐ YES ☒ NO

CAS#
74862

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 120

FED HAZARD CATEGORIES ☒ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
360	720		

UNITS* *(Check one item only)* ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

TORAGE ONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 7

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(s) C-3/C-4
BUSINESS SITE ADDRESS 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME WASTE AQUEOUS PARTS WASHER SOLVENT (Q-SOLV)	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST | SIZE OF LARGEST CONTAINER: 25

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
15	25	75	

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: | DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☒ r. OTHER PARTS WASHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1. 100	WATER WITH HYDROCARBONS	☐ YES ☒ NO	NA
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA - HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 8

FACILITY ID #	F A 0 0 0 7 9 0 4 1	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(S)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	E-3/E-4
BUSINESS SITE ADDRESS: 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME: FATTY ADIMOAMINE

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME: LIQUID ANTI-STRIP

EHS* ☐ YES ☒ NO

CAS#

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 275

FED HAZARD CATEGORIES: ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
500	825		

UNITS* *(Check one item only)*: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

TORAGE ONTAINER *(Check all that apply)*:
☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☒ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1. 90-100	FATTY AMIDOAMINE	☐ YES ☒ NO	14808607
2. 10	AMINOETHANOLAMINE	☐ YES ☒ NO	8052424
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 9

FACILITY ID #	F A 0 0 0 7 9 0 4 [redacted] 1	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	C-3/C-4
BUSINESS SITE ADDRESS: 2350 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME: DIESEL FUEL NO. 2	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 10000

FED HAZARD CATEGORIES: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
0	0		

UNITS* *(Check one item only)*: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*:

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-100	DISTILLATES, HYDRODESULFURIZED, MIDDLE	☐ YES ☒ NO	64742809
2.	0-100	DISTILLATES, STRAIGHT RUN MIDDLE (GAS OIL , LIGHT)	☐ YES ☒ NO	64741442
3.	0-25	KEROSINE	☐ YES ☒ NO	8008206
4.	0-25	KEROSINE, HYDRODESULFURIZED	☐ YES ☒ NO	64742810
5.	0-50	DISTILLATES (PETROLEUM), LIGHT CATALYTIC CRACKED	☐ YES ☒ NO	64741599

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return Certification within 30 Days of Receipt to Inspector MARK BECHEL

RESPONDENT: TOM LAVERA

VIOLATION(S) CITED ON: 10/26/2017 CERTIFICATE OF COMPLIANCE DATE: 10/26/2017

NAME: **VULCAN MATERIALS WESTERN DIVISION**	FACILITY ID: **FA0007904**
ADDRESS: **2350 W HIGHLAND AVE**	CERS ID:**10047694**
CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407**	

Attach the following documentation when returning the Certificate of Compliance:

A144 Submit a signed statement indicating that tests and inspections of containers are being properly conducted on a regular schedule or after repair.The last visual monthly inspection was documented in July of 2017.

I certify under penalty of law that:

- Respondent has corrected violations specified in the above-entitled action.
- I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- I am authorized to file this certification on behalf of the Respondent.
- I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE

11-10-17
DATE

John Janke
PRINT NAME

Env Specialist
TITLE

REC'D 11/14/17 MB

Vulcan
Materials Company

November 10, 2017

Inspector Mark Bechel

San Bernardino County Fire Department

Hazardous Materials Division

620 South "E" Street

San Bernardino, CA 92415-0153

Good Afternoon Mr. Bechel,

In regards to your inspection of Vulcan's San Bernardino batch asphalt plant, please be advised we have taken the appropriate measures to ensure the aboveground storage tanks will be inspected using the Steel Tank Institute's (STI) recommended form on a monthly basis and whenever material repairs are made. I personally visited the site and provided training to site employees on not only how to complete the inspection but also the importance of timely completion.

Thanks and please do not hesitate to contact me with any questions.

John R. Janke, P.E.

Senior Environmental Specialist

Vulcan Materials Company

WEST REGION
7220 TRADE STREET, SUITE 200 • SAN DIEGO, CALIFORNIA 92121 • TELEPHONE 858 530-9444 • FAX 858 530-9493

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WESTERN DIVISION** FACILITY ID: **FA0007904**

ADDRESS: **2350 W HIGHLAND AVE** CERS ID:**10047694**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **10/26/2017**

Inspector was given permission to: [X] photograph [X] inspect

Inspection Narrative (v020000)

An inspection was conducted on 10/26/2017 to determine compliance with hazardous materials handler, hazardous waste generator and Aboveground Petroleum Storage Act (APSA) laws and regulations. The facility escort was Tom Lavera, Plant Manager.

This facility is an asphalt batch plant. Hazardous materials are handled as raw materials for production. Hazardous waste is no longer generated at this site.

Hazardous Materials/ Hazardous Wastes Inventory:

- Inventory observed at the time of the inspection was consistent with reported inventory reported in the California Environmental Reporting System (CERS) on 04/17/2017.

Document Review and Notes:

- Permits were current. Expiration date: 8/31/2018. The hazardous waste generator permit will be updated to reflect current non-generator status. The APSA permit will be updated to reflect storage of (1) 10,000 gallon cutback oil tank.
- A Hazardous Materials Business Plan was submitted to the California Environmental Reporting System (CERS) on 04/17/2017. CERS ID # 10047694.
- Training relating to hazardous materials handling has been provided annually.
- EPA ID Number CAR000072991 was active. The parts washer, which was the only source of hazardous waste generation, has been placed out of service. A DTSC form 1358 was provided so that the facility operator could inactivate the EPA-ID number.
- A Spill Prevention, Control and Countermeasure (SPCC) plan was available for review. The plan, dated 12/17/2015, was certified by a Professional Engineer.

For questions regarding this report please contact Mark Bechel at (909) 386-8401 or mbechel@sbcfire.org.

CERS Helpline 909-386-8432

Submit a signed Certificate of Compliance, accompanied by all required documentation, within 30 days of receipt of this report.

The following lines marked in the V column are violations that must be corrected. Marked items in the N column require additional information to determine compliance.

VIOLATION CODE	DESCRIPTION	SECTION	V	N
40	**ABOVE GROUND PETROLEUM STORAGE TANK(SPCC)**			
A101	APSA Fee	CAL. HEALTH & SAFETY CODE 25270.6(b)		
A102	Annual Tank Facility Statement or Business Plan	CAL. HEALTH & SAFETY CODE 25270.6(a)(1), 2527		
A103	Release Reporting	CAL. HEALTH & SAFETY CODE 25270.8		
A110	SPCC Plan prepared	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A111	SPCC Plan Implemented	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A112	Tier I - SPCC Plan complete	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A113	Tier I - SPCC Plan certified	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A114	Tier I - Technical amendments properly certified	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A115	Tier I - Overfill prevention	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A116	Tier I- Secondary Containment for bulk storage container	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A120	SPCC Plan available onsite	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A121	SPCC Plan 5 year review	CAL. HEALTH & SAFETY CODE 25270.4.5 (a)		
A122	SPCC plan amended as necessary	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A123	SPCC Plan amendments implemented	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A124	SPCC Plan meets basic requirements	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A125	SPCC Plan Conformance Requirements	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A126	Person who reports to management designated for discharge prevention	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A130	Facility Description	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A131	Discharge prevention measures	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A132	Countermeasures for discharge discovery, response, and cleanup	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A133	Discharge reporting procedures	CAL. HEALTH & SAFETY CODE 25270.4.5(a);		
A134	Discharge response procedures	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A135	Containment/diversionary structures/equipment description	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A136	Oil type and storage capacity of storage containers	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A137	Bulk Storage Containers	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		

A138	Tanks compatible with stored materials	CAL. HEALTH ETY CODE 25270.4.5(a)		
A139	Permanently closed tanks closed appropriately	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A140	Appropriate containment	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A141	Containment for qualified oil-filled operational equipment	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A142	Leaks immediately addressed and oil promptly removed	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A143	Integrity testing and inspection procedures	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A144	Tanks properly integrity tested	CAL. HEALTH & SAFETY CODE 25270.4.5(a)	X	
Violation:	"Failure to test or inspect each aboveground container for integrity based on industry standards discussed in the SPCC Plan: 1. On a regular schedule. 2. After making material repairs. 3. Use non-destructive testing. 4. Inspect each container#s supports, foundations, and outside for signs of deterioration, discharges, or accumulation of oil inside diked areas. 40 CFR 1 112.8(c)(6) "			
Correction:	Submit a signed statement indicating that tests and inspections of containers are being properly conducted on a regular schedule or after repair.			
Observation:	The last visual monthly inspection was documented in July of 2017.			
	Comply by date: **11/25/2017**			
A145	Tanks inspected and/or tested by qualified person	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A146	Employee training requirements	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A147	Spill prevention briefings	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A150	Facility security documentation	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A151	Facility security measures	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A152	Facility drainage adequately discussed	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A153	Drainage from diked storage areas	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A154	Appropriate valves for drainage of diked areas	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A155	Drainage inspections and valves	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A156	Drainage records	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A157	Corrosion Protection	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A158	Aboveground piping inspections	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A159	Buried piping tested	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A160	Qualified facility # No longer meeting qualifying criteria	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A161	Conditions of a Qualified Facility	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A201	Tier II - SPCC Plan complete	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A202	Tier II - Professional engineer certification of alternative measures	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A203	Tier II - Professional engineer attestations complete	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A204	Tier II- Technical amendments properly certified	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A210	SPCC contains an adequate facility diagram	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A211	Disposal methods	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A212	Discharge Prediction	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A213	Equivalent environmental protection	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A214	Impracticability claims of appropriate containment clearly explained and certified	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A215	Secondary Containment Impracticability- Testing	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A216	Oil spill contingency plan prepared when claiming impracticability	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A217	Written commitment of manpower, equipment, materials when claiming impracticability	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A220	SPCC adequately discusses facility tank car and tank truck loading/unloading rack	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A221	Secondary containment at loading/unloading racks	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A222	Warning to prevent vehicular departure at loading/unloading rack	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A223	Inspection of drains and outlets at loading/unloading racks	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A224	Lift pumps for treatment of drainage water	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A225	Sized secondary containment	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A226	Secondary Containment Systems-Portable tanks	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A227	Mobile or portable tank positioning	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A228	Drainage from undiked areas	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A229	Diked areas sufficiently impervious to oil	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A230	Steam return/exhaust properly monitored	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A231	Risk Analysis- Field constructed tanks	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A232	Liquid level sensing devices	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A233	Liquid level sensing devices tested	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		
A234	Effluent treatment facilities	CAL. HEALTH & SAFETY CODE 25270.4.5(a)		

A235	Buried piping inspected and/or repaired	leterioration found	CAL. HEALTH ETY CODE 25270.4.5(a)	
A236	Buried piping protected		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A237	Standby piping		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A238	Pipe supports		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A239	Vehicles warned about aboveground piping		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A301	Professional engineer certification		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A302	Professional engineer attestations		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A303	Professional engineer certification of technical amendments		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A304	Substantial Harm Criteria		CAL. HEALTH & SAFETY CODE 25270.4.5(a)	
A401	Conditionally exempt facility conditions met		CAL. HEALTH & SAFETY CODE 25270.4.5(b)	

VIOLATION CODE	DESCRIPTION	SECTION	V	N
42	**HMRRP (HAZARDOUS MATERIALS HANDLER)**			
H201	Hazardous Material Handler Permit Current	23.0602(a)		
H202	Hazardous Materials Business Plan Established and Implemented	CAL. HEALTH & SAFETY CODE 25507		
H203	Hazardous Materials Business Plan Submittal	CAL. HEALTH & SAFETY CODE 25505, 25508(a)(1)		
H204	Immediately report any release or threatened release of a hazardous material	CAL. HEALTH & SAFETY CODE 25510(a)		
H205	Facility access for inspection granted	CAL. HEALTH & SAFETY CODE 25511		
H206	Business Plan Annual Review/Certification	CAL. HEALTH & SAFETY CODE 25508(a)(1), 25508.		
H209	Business plan update within 30 days of change	CAL. HEALTH & SAFETY CODE 25508.1(a)-(f)		
H210	Business Activities Page and/or Business Owner/Operator Identification Page	CAL. HEALTH & SAFETY CODE 25508(a)(1)		
H211	Hazardous materials inventory	CAL. HEALTH & SAFETY CODE 25505, 25506, 2550		
H212	Site map	CAL. HEALTH & SAFETY CODE 25505(a)(2), 25508(		
H213	Emergency response plan	CAL. HEALTH & SAFETY CODE 25505(a)(3), 25508(		
H214	Training Program not included and/or is not adequate	CAL. HEALTH & SAFETY CODE 25505(a)(4), 25508(		
H215	Training Documentation	CAL. HEALTH & SAFETY CODE 25505(a)(4)		
H216	Business plan readily available	CAL. HEALTH & SAFETY CODE 25505.		
H220	Property owner notification	CAL. HEALTH & SAFETY CODE 25505.1		
H221	Property owner business plan	CAL. HEALTH & SAFETY CODE 25505.1		
H222	Agricultural handler emergency response plan	CAL. HEALTH & SAFETY CODE 25508(a)(1), 25507.		
H223	Agricultural handler training program	CAL. HEALTH & SAFETY CODE 25508(a)(1), 25507.		
H224	Remote unstaffed facility	CAL. HEALTH & SAFETY CODE 25505,25506,25507		

VIOLATION CODE	DESCRIPTION	SECTION	V	N
44	**HAZARDOUS WASTE GENERATOR**			
0101	CUPA Hazardous Waste generator permit current	S.B. COUNTY CODE 23.0602(b)(1)		
0102	Facility access for inspection	CAL. HEALTH & SAFETY CODE 25185		
0103	Hazardous Waste determination	CAL. CODE OF REGULATIONS 66262.11		
0104	EPA ID Number	CAL. CODE OF REGULATIONS 66262.12(a)		
0105	Hazardous Waste treatment/storage authorization	CAL. HEALTH & SAFETY CODE 25201(a)		
0106	Facility Operated/Maintained to Prevent Release/Fire	CAL. CODE OF REGULATIONS 66265.31		
0107	Contingency Plan established	CAL. CODE OF REGULATIONS 66265.51(a)		
0108	Recyclable Materials managed lawfully	CAL. HEALTH & SAFETY CODE 25143.2		
0110	Hazardous Waste container(s) labeled	CAL. CODE OF REGULATIONS 66262.34(f)(3)		
0111	Hazardous Waste label(s) complete	CAL. CODE OF REGULATIONS 66262.34(f)(3)		
0112	Accumulation start date	CAL. CODE OF REGULATIONS 66262.34(f)(2)		
0113	Hazardous waste accumulation time exceeded	CAL. CODE OF REGULATIONS 66262.34(a)		
0114	Hazardous Waste stored in sound containers	CAL. CODE OF REGULATIONS 66265.171		
0115	Hazardous Waste containers leaking	CAL. CODE OF REGULATIONS 66265.173(b)		
0116	Hazardous Waste containers closed	CAL. CODE OF REGULATIONS 66265.173(a)		
0117	Contaminated containers managed lawfully	CAL. CODE OF REGULATIONS 66261.7		
0118	Weekly inspection of Hazardous Waste container storage area	CAL. CODE OF REGULATIONS 66265.174		
0119	Hazardous Waste managed lawfully	CAL. HEALTH & SAFETY CODE 25154		
0120	Daily inspection of Hazardous Waste tank storage area	CAL. CODE OF REGULATIONS 66265.195		
0125	Hazardous Waste transported with a manifest	CAL. CODE OF REGULATIONS 66262.20		
0126	Hazardous Waste Manifest complete	CAL. CODE OF REGULATIONS 66262.23		
0127	Hazardous Waste manifest sent to DTSC	CAL. CODE OF REGULATIONS 66262.23(a)(4)		
0128	Hazardous Waste uniform manifest retention	CAL. CODE OF REGULATIONS 66262.40(a)		
0129	Biennial Report	CAL. CODE OF REGULATIONS 66262.41		
0130	Hazardous Waste analyses retention	CAL. CODE OF REGULATIONS 66262.40(c)		
0131	Hazardous Waste management training	CAL. CODE OF REGULATIONS 66265.16		
0132	Source Reduction Evaluation Review and Plan (SB 14)	CAL. HEALTH & SAFETY CODE 25244.19(a)		
0135	Used Oil manage lawfully	CAL. HEALTH & SAFETY CODE 25250.4		

0136	Contamination of used oil	CAL. HEALTH & SAFETY CODE 25250.7		
0137	Consolidated manifest retention	CAL. HEALTH & SAFETY CODE 25250.8(b)(3)		
0138	Used Oil filters managed lawfully	CAL. CODE OF REGULATIONS 66266.130		
0139	Spent lead-acid batteries managed lawfully	CAL. CODE OF REGULATIONS 66266.81		
0145	Illegal disposal or abandonment of Hazardous Waste	CAL. HEALTH & SAFETY CODE 25189.5(a)		
0146	Unlawful disposal of used oil	CAL. HEALTH & SAFETY CODE 25250.5(a)		
0147	Transportation of Hazardous Waste without registration	CAL. HEALTH & SAFETY CODE 25163(a)		
0148	Hazardous Waste not hauled by registered transporter	CAL. CODE OF REGULATIONS 66262.10		
0149	Transportation of hazardous waste to an unauthorized facility	CAL. HEALTH & SAFETY CODE 25189.5(c)		
0152	Excluded Recyclable Materials Report	CAL. HEALTH & SAFETY CODE 25143.10		
1240	Unlawful consolidation of hazardous waste generated at remote sites	CAL. HEALTH & SAFETY CODE 25110.10		
1241	Failure to maintain remote consolidation documents for a minimum of 3 years	CAL. HEALTH & SAFETY CODE 25110.10(b)(7)		
1244	Ignitable or reactive wastes stored within 50' of a property line	CAL. CODE OF REGULATIONS 66264.176		
1245	Failure to store hazardous waste in compatible containers	CAL. CODE OF REGULATIONS 66265.172		
1247	Failure to test and maintain safety, fire/release control and response equipment	CAL. CODE OF REGULATIONS 66265.33		
1248	Failure to provide immediate access to alarm and emergency communications	CAL. CODE OF REGULATIONS 66265.34(a)		
1249	Failure to maintain adequate aisle space	CAL. CODE OF REGULATIONS 66265.35		
1262	Failure to provide secondary containment for aboveground hazardous waste tanks	CAL. CODE OF REGULATIONS 66265.193(a)		
1267	Unlawful management of hazardous waste containers	CAL. CODE OF REGULATIONS 66265.173(b)		
1268	Unlawful placing of wastes in the same container with incompatible waste or materials	CAL. CODE OF REGULATIONS 66265.177(a)		
1269	Unlawful placing waste in containers previously holding incompatible waste or materials	CAL. CODE OF REGULATIONS 66265.177(b)		
1270	Failure to separate incompatible materials	CAL. CODE OF REGULATIONS 66265.177(c)		
1271	Failure to equip facility with internal communication or alarm system	CAL. CODE OF REGULATIONS 66265.32(a)		
1272	Failure to equip facility with a device capable of summoning outside help	CAL. CODE OF REGULATIONS 66265.32(b)		
1273	Failure to equip facility with safety, fire/release control and response equipment	CAL. CODE OF REGULATIONS 66265.32(c)		
1274	Failure to provide facility with water at adequate volume and pressure	CAL. CODE OF REGULATIONS 66265.32(d)		
1278	Failure to submit an Exception Report to DTSC	CAL. CODE OF REGULATIONS 66262.42		
1279	Failure to maintain a copy of the Contingency Plan Onsite	CAL. CODE OF REGULATIONS 66265.53(a)		
1280	Failure to provide an Emergency Coordinator	CAL. CODE OF REGULATIONS 66265.55		
1281	Failure to remove spilled waste or precipitation from secondary tank containment within 24 hours	CAL. CODE OF REGULATIONS 66265.193(c)(4)		
1285	Knowing disposal and/or abandonment of hazardous waste at an unauthorized point	CAL. HEALTH & SAFETY CODE 25189.5(b)		
1291	Providing unlawful false statements or representations on hazardous waste documents	CAL. HEALTH & SAFETY CODE 25189.2		
1292	Failure to provide a written response to a Notice of Violation	CAL. HEALTH & SAFETY CODE 25185(c)(3)		
1293	Failure to report a release or threatened release of a hazardous material	CAL. HEALTH & SAFETY CODE 25507(a)		
1295	Failure to submit Contingency Plan to the CUPA	CAL. CODE OF REGULATIONS 66265.53(b)		
1296	Failure to implement the Contingency Plan	CAL. CODE OF REGULATIONS 66265.51(b)		
1297	Failure to review and amend the Contingency Plan	CAL. CODE OF REGULATIONS 66265.54		
1298	Failure to maintain used oil filter removal receipts on-site for 3 years	CAL. CODE OF REGULATIONS 66266.130(c)(5)		
1299	Unlawful placing of hazardous wastes or treatment reagents into tank that could cause failure	CAL. CODE OF REGULATIONS 66265.194(a)		
1300	Unlawful management of reusable soiled textile materials (contaminated rags and uniforms)	CAL. HEALTH & SAFETY CODE 25144.6		
1303	Failure to retain a copy of the Source Reduction Evaluation Review and Plan onsite	CAL. CODE OF REGULATIONS 67100.3(a)		
1304	Failure to make a copy of the Source Reduction Evaluation Review and Plan available to the public	CAL. CODE OF REGULATIONS 67100.3(b)		
1305	Unlawful, willful interference with a CUPA representative	CAL. HEALTH & SAFETY CODE 25195		
1307	Knowing treatment or storage of hazardous waste without a permit	CAL. HEALTH & SAFETY CODE 25189.5(d)		
1308	Enhancement-Unlawful violation of CHSC 25189.5(b), (c) or (d) causing great bodily injury or death	CAL. HEALTH & SAFETY CODE 25189.5(e)		
1309	Knowing transportation of hazardous waste without possession of a manifest	CAL. HEALTH & SAFETY CODE 25160(d)		
1310	Knowing or with reckless disregard treatment of hazardous waste causing unreasonable risk	CAL. HEALTH & SAFETY CODE 25189.6(a)		
1311	Knowing or with reckless disregard handling of hazardous waste causing unreasonable risk	CAL. HEALTH & SAFETY CODE 25189.6(a)		
1312	Knowing or with reckless disregard transportation of hazardous waste causing unreasonable risk	CAL. HEALTH & SAFETY CODE 25189.6(a)		
1313	Knowing or with reckless disregard disposal of hazardous waste causing unreasonable risk	CAL. HEALTH & SAFETY CODE 25189.6(a)		
1314	Knowing or with reckless disregard storage of hazardous waste causing unreasonable risk	CAL. HEALTH & SAFETY CODE 25189.6(a)		
1315	Enhancement - Knowing placement of another in imminent danger while violating CHSC 25189.6(a)	CAL. HEALTH & SAFETY CODE 25189.6(b)		
1316	Knowing burning of hazardous waste at an unauthorized point	CAL. HEALTH & SAFETY CODE 25189.7(a)		

1317	Enhancement - Knowing placement of a in imminent danger while violating CHSC 25189.7(a)	CAL. HEALTH ETY CODE 25189.7(b)		
1318	Knowing making of false statements or representations in any hazardous waste document	CAL. HEALTH & SAFETY CODE 25191(b)(1)		
1319	Knowing possession of altered or concealed hazardous waste document	CAL. HEALTH & SAFETY CODE 25191(b)(2)		
1320	Knowing destruction, alteration, or concealment of a hazardous waste document	CAL. HEALTH & SAFETY CODE 25191(b)(3)		
1321	Knowing withholding of information regarding real and substantial danger after request by an agency	CAL. HEALTH & SAFETY CODE 25191(b)(4)		
1322	Unlawful use of used oil or recycled oil as a dust suppresant, weed or insect control	CAL. HEALTH & SAFETY CODE 25250.5(b)		
1323	Failure to use controls and practices to prevent spills from hazardous waste tanks	CAL. CODE OF REGULATIONS 66265.194(b)		
1324	Failure to maintain sufficient hazardous waste tank freeboard	CAL. CODE OF REGULATIONS 66265.194(b)(3)		
1325	Failure to remove a leaking or unfit hazardous waste tank from use	CAL. CODE OF REGULATIONS 66265.196		
1326	Failure to remove or decontaminate waste residues when closing a tank system	CAL. CODE OF REGULATIONS 66265.197(a)		
1327	Failure to provide adequate security of hazardous waste storage area(s)	CAL. CODE OF REGULATIONS 66265.14(a)		
1328	Failure to post warning signs around hazardous waste storage area(s)	CAL. CODE OF REGULATIONS 66265.14(c)		
1329	Failure to maintain hazardous waste management training records	CAL. CODE OF REGULATIONS 66265.16(e)		
1401	Large Quantity Generator: New hazardous waste tank system P.E. certification	CAL. CODE OF REGULATIONS 66265.192(a) & (h)		
1402	Large Quantity Generator: New Tank Assessment Standards	CAL. CODE OF REGULATIONS 66265.192(k)		
1403	Large Quantity Generator: Secondary Containment	CAL. CODE OF REGULATIONS 66265.193		
W501	Certified Appliance Recycler: Certification	CAL. HEALTH & SAFETY CODE 25211.4		
W502	Certified Appliance Recycler: Certification	CAL. HEALTH & SAFETY CODE 25211.2, 25211.3		
W503	Certified Appliance Recycler: Materials that Require Special Handling (MRSH) properly managed	CAL. HEALTH & SAFETY CODE 25211.3, 25212, 252		
W504	Certified Appliance Recycler: Proper Removal of Materials that Require Special Handling (MRSH)	CAL. HEALTH & SAFETY CODE 25211.3, 25212(a)		

INSPECTED BY: MARK BECHEL

NAME ICC#8080427-UI

RECEIVED BY: Tom Lavera

NAME

INSPECTION DATE: 10/26/2017

Signature Date Time: 10/26/17 10:43:36AM

LTR:10/26/2017 10:35:19AM

Plant Manager

TITLE

PRINTED ON: 10/26/17 10:44 am

[X] **NOTICE OF VIOLATION: THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN THE SPECIFIED TIMEFRAME. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION.**

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return Certification within 30 Days of Receipt to Inspector MARK BECHEL

RESPONDENT: TOM LAVERA

VIOLATION(S) CITED ON: 10/26/2017 CERTIFICATE OF COMPLIANCE DATE: 10/26/2017

NAME: **VULCAN MATERIALS WESTERN DIVISION** FACILITY ID: **FA0007904**

ADDRESS: **2350 W HIGHLAND AVE** CERS ID:**10047694**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407**

Attach the following documentation when returning the Certificate of Compliance:

A144 Submit a signed statement indicating that tests and inspections of containers are being properly conducted on a regular schedule or after repair.The last visual monthly inspection was documented in July of 2017.

I certify under penalty of law that:

- o Respondent has corrected violations specified in the above-entitled action.
- o I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- o Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- o I am authorized to file this certification on behalf of the Respondent.
- o I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE DATE

PRINT NAME TITLE

PHOTO NARRATIVE

PHOTO 1



PHOTO 2



Facility/Case Name:	Vulcan Materials Western Division	Facility ID#: FA0007904
Address: 2350 W Highland Ave., San Bernardino, CA 92407		
Description #1: Front of the facility.		
Description #2: Asphalt batch plant. The silver tank at right is the (1) 10,000 gallon cutback oil tank subject to the Aboveground Petroleum Storage Act.		
Date Taken: 10/26/2017	Taken By: Mark Bechel	

Signature: Mark Bechel

PHOTO NARRATIVE

PHOTO 3



PHOTO 4

Facility/Case Name:	Vulcan Materials Western Division	Facility ID#: FA0007904
Address: 2350 W Highland Ave., San Bernardino		
Description #3: (1) 30 gallon parts washer has been placed out of service.		
Description #4: No Photo		
Date Taken: 10/26/2017	Taken By: Mark Bechel	

Signature: Mark Bechel

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: FA0007904 Facility Name: Vulcan Materials Inspection Date: 8/14/14

Site Address: 2350 W. Highland Ave Phone #: 909 875 5180

City: San Bernardino Zip Code: 92407 EPA ID #: CAR000072991

Consent Granted by: ☒ Inspect ☐ Photograph Name: Andy Meeder Title: Foreman # Emp: 4 Packet left on site? Yes/No

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 and 6.95 of the California Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC)

THE FOLLOWING SECTIONS ARE IN VIOLATION IF THEY ARE CHECKED

General Requirements:

☐ 101. / 201. Hazardous Waste and/or Materials Permits not current. (CC 23.0602(a)) Good through 8/31/14
Compliance requirement: Submit fees within 30 days of billing.

☐ 104. EPA ID Number not obtained for waste generation. (CCR 66262.12(a)) active
Compliance Requirement: Obtain permanent EPA ID Number by submitting Form 1358 to DTSC. Submit your EPA ID Number to this Division.

☐ 106. Facility not operated to prevent a spill or release. (CCR 66265.31) No spills
Compliance Requirement: Facility must conduct housekeeping & operate to prevent all spills. Signature on certification below denotes compliance.

☐ 107. A Contingency Plan has not been established. (CCR 66265.51(a))

☐ 202. A Business Plan has not been established. (CHSC 25503.5)

INVENTORY: Submittal of inventory 2/27/2013 shall be updated to include TPH Dust suppressant + Quik-slik (both in 330gal. Totes)

☒ 203. A Business Plan has not been submitted / updated. (CHSC 25505 25508)
Compliance Requirement: Submit the original and one copy of the Business Emergency/Contingency Plan to this Division. NOTE: You must keep a current copy of your Business Emergency/Contingency Plan onsite and available at all times.

☐ 131. Training documentation not complete or available. (CCR 66262.34(d)(2)) annual Training Provided
Compliance Requirement: Submit training documentation as required.

Container Storage and Labeling Requirements:

☐ 110. Hazardous waste containers are not labeled/marked. (CCR 66262.34(f)(3)) No waste observed - parts washer in use

☐ 111. Hazardous waste label is incomplete. (CCR 66262.34(f)(3)) N/A

☐ 112. Accumulation start date is missing from tank/container. (CCR 66262.34(f)(2)) N/A
Compliance Requirement: Hazardous waste label is to be applied to the tank/container. All fields and lines are to be correctly completed.

☐ 113. Accumulation time exceeded. (CCR 66262.34) N/A
Compliance Requirement: Dispose of waste using a licensed waste hauler within 30 days. Submit copies of disposal documents to this Division.

☐ 114. Hazardous waste container not sound. (CCR 66265.171) N/A

☐ 115. Hazardous waste container leaking. (CCR 66265.173(b)) N/A

☐ 116. Hazardous waste container open when not in use. (CCR 66265.173(a)) N/A
Compliance Requirement: Waste containers must be sound, not leaking and closed when not in use.

Waste Management: Safety Kleen manages parts washer waste - Unifirst provides uniform service

☐ 119. Hazardous waste managed unlawfully. (CHSC 25134) OK
Compliance Requirement: Hazardous waste containers and aboveground tanks must be labeled, closed, and inspected (weekly or daily, as appropriate). Waste is to be removed by a licensed waste hauler within the allowed time periods.

☐ 128. Failure to retain **manifested** waste disposal records for 3 years. (CCR 66262.40(a)) Observed - onsite

☐ 137. Failure to retain **consolidated** waste disposal records for 3 years. (CHSC 25160.2(b)(3)) N/A
Compliance Requirement: Submit copies of waste disposal records for the past N/A

☐ 138. Unlawful management of used oil filters. (CCR 66266.130) No filters
Compliance Requirement: Label all used oil filter containers with "DRAINED USED OIL FILTERS" and the accumulation start date.

Business Description: Asphalt Mixing plant - generate ~~550~~ 40 gal. waste parts washer / month

Inspected By: Sign Name — Grey Zeigler, Print Name

Received By: x Andy Meeder, Sign Name — x Andy Meeder, Print Name

Title: x Foreman

Report Date: 8/14/14

Sign and submit the yellow copy of this form within 30 days with the required documents listed in each "Compliance Requirement" section.

I certify that I have met the compliance requirements of this Notice of Violation: Name _____ Date _____

Vulcan
Materials Company
WEST REGION

RECEIVED
NOV 05 2012
S.B. CO. FIRE DEPT.

Nov. 1, 2012 Certified Mail Return Receipt Requested

San Bernardino County Fire Department
Hazardous Materials Division
620 South E Street
San Bernardino, CA 92415-0153

Dear Sir or Madam:

Please be advised that as of May 7, 2012, our office was physically relocated to 500 North Brand Blvd., Suite 500, Glendale, CA 91203. Please send correspondence invoices, and permits for the following facilities to the above address.

FA 007904	2350 W. Highland Ave. San Bernardino
FA 001676	2400 W. Highland Ave. San Bernardino
FA 0010129	19401 N. Cajon Blvd. San Bernardino
FA 007169	20161 National Trails Highway, Oro Grande
FA 0003937	4711 Huntington Dr., Montclair

Please contact me at (818) 553-8938 or email at stjohnc@vmcmail.com if you have any questions.

Respectfully,

Charles St. John
Los Angeles Region Environmental Mgr.

500 North Brand Boulevard, Suite 500
Glendale, CA 91203
818-553-8800

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2350 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	OXYGEN	2160	240	CF
6	ACETYLENE	720	120	CF
7	DIESEL FUEL NO. 2	0	10000	GAL
8	ASPHALT ANTI-STRIP	825	275	GAL
9	AQUEOUS PARTS WASHER SOLUTION WASTE	15	15	GAL
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (print) 136	DATE 134
John C. Spear III	JOHN SPEAR	08/05/11

BD of 3/1/12
Replaces this plan

MB

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

For Dept Use Only – Log In/Date Stamp
RECEIVED
MAR 01 2012
S.B. CO. FIRE DEPT.

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ *Items with an '*' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☐ Please incorporate the following into my business emergency/contingency plan.
- ☐ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☐ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☒ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is <u>not</u> being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
John C Spear III	02/21/12	John R. Janke 135
NAME OF SIGNER (print)	TITLE OF SIGNER (print)	
JOHN SPEAR	HMA DIST. OP. MGR.	

ENTERED
MAR 2 2 2012
BY:

FD SENT
MAR 02 2012

San Bernadino HMA.

RECEIVED
MAR 01 2012

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

S.B. CO. FIRE DEPT.

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	7	9	0	4	[redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS COMPANY	CAR000072991

BUSINESS ADDRESS	CITY	ZIP CODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...	If YES, the following additional information is required... (Items with an '*' must be submitted to this department)	
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs) . Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 7904 Facility Name: Vulcan Materials Inspection Date: 7/13/2011

Site Address: 2350 W Highland Phone #: 909 875-1150

City: San Bernardino Zip Code: 92407 EPA ID #: CAR000072991

Consent Granted by:

☒ Inspect ☒ Photograph Name: ANDY MEEDER Title: Plant Foreman # Emp: 4 Packet left on site? Yes/No

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 and 6.95 of the California Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC)

THE FOLLOWING SECTIONS ARE IN VIOLATION IF THEY ARE CHECKED

General Requirements:

☒ 101. / 201. Hazardous Waste and/or Materials Permits not current. (CC 23.0602(a)) Handler 0-10 Permit Expires 8/31/11 SPECIAL Generator permit not obtained DTSC Form 1358

Compliance requirement: Submit fees within 30 days of billing.

☒ 104. EPA ID Number not obtained for waste generation. (CCR 66262.12(a)) CAR000072991 IS INACTIVE Provided

Compliance Requirement: Obtain permanent EPA ID Number by submitting Form 1358 to DTSC. Submit your EPA ID Number to this Division.

☐ 106. Facility not operated to prevent a spill or release. (CCR 66265.31) No Spills observed

Compliance Requirement: Facility must conduct housekeeping & operate to prevent all spills. Signature on certification below denotes compliance.

☐ 107. A Contingency Plan has not been established. (CCR 66265.51(a))

☐ 202. A Business Plan has not been established. (CHSC 25503.5)

Last BP Submitted 7/9/10

☒ 203. A Business Plan has not been submitted / updated. (CHSC 25505)

Compliance Requirement: Submit the original and one copy of the Business Emergency/Contingency Plan to this Division. NOTE: You must keep a current copy of your Business Emergency/Contingency Plan onsite and available at all times.

INVENTORY: (4) 12,000gal ASPHALT UST; (1) 1000gal AST ASPHALT
(1) 30g Aqueous Parts washer
(16) 240 Ft³ oxygen (3) 275gal AD-HERE Amino ethyl/ethanolamine
(4) 120 Ft³ Acetylene
(2) 55gal Motor oil (1) 850gal Asphalt Emulsion AST

☐ 131. Training documentation not complete or available. (CCR 66262.34(d)(2)) ANNUAL TRAINING PROVIDED

Compliance Requirement: Submit training documentation as required.

Container Storage and Labeling Requirements:

☐ 110. Hazardous waste containers are not labeled/marked. (CCR 66262.34(f)(3)) No waste observed - ~~Solvent tank~~ Aqueous Parts Washer

☐ 111. Hazardous waste label is incomplete. (CCR 66262.34(f)(3)) No waste observed

☐ 112. Accumulation start date is missing from tank/container. (CCR 66262.34(f)(2)) No waste observed

Compliance Requirement: Hazardous waste label is to be applied to the tank/container. All fields and lines are to be correctly completed.

☐ 113. Accumulation time exceeded. (CCR 66262.34) TIME NOT Exceeded

Compliance Requirement: Dispose of waste using a licensed waste hauler within 30 days. Submit copies of disposal documents to this Division.

☐ 114. Hazardous waste container not sound. (CCR 66265.171) No waste observed

☐ 115. Hazardous waste container leaking. (CCR 66265.173(b)) No waste observed

☐ 116. Hazardous waste container open when not in use. (CCR 66265.173(a)) No Waste observed

Compliance Requirement: Waste containers must be sound, not leaking and closed when not in use.

Waste Management:

☐ 119. Hazardous waste managed unlawfully. (CHSC 25154) Aqueous Parts Washer ~~Solvent tank~~ serviced by Safety-Kleen Rags laundered by Cintas

Compliance Requirement: Hazardous waste containers and aboveground tanks must be labeled, closed, and inspected (weekly or daily, as appropriate). Waste is to be removed by a licensed waste hauler within the allowed time periods.

☐ 128. Failure to retain **manifested** waste disposal records for 3 years. (CCR 66262.40(a)) Available last pickup 4/21/11 manifest #003609347FL

☐ 137. Failure to retain **consolidated** waste disposal records for 3 years. (CHSC 25160.2(b)(3)) N/A

Compliance Requirement: Submit copies of waste disposal records for the past N/A

☐ 138. Unlawful management of used oil filters. (CCR 66266.130) No drained USED OIL Filters observed

Compliance Requirement: Label all used oil filter containers with "DRAINED USED OIL FILTERS" and the accumulation start date.

Business Description: FACILITY IS AN ASPHALT HOT batch MIX plant using UST Asphalt Storage & AST Asphalt STORAGE ON 3 Acres

Inspected By: Mark Bechel (Sign Name) MARK BECHEL (Print Name) Received By: Andy Meeder (Sign Name) Andy Meeder (Print Name) Title: Foreman Report Date: 7-13-11

Sign and submit the yellow copy of this form within 30 days with the required documents listed in each "Compliance Requirement" section.

I certify that I have met the compliance requirements of this Notice of Violation: Name Date

PHOTO NARRATIVE

PHOTO 1

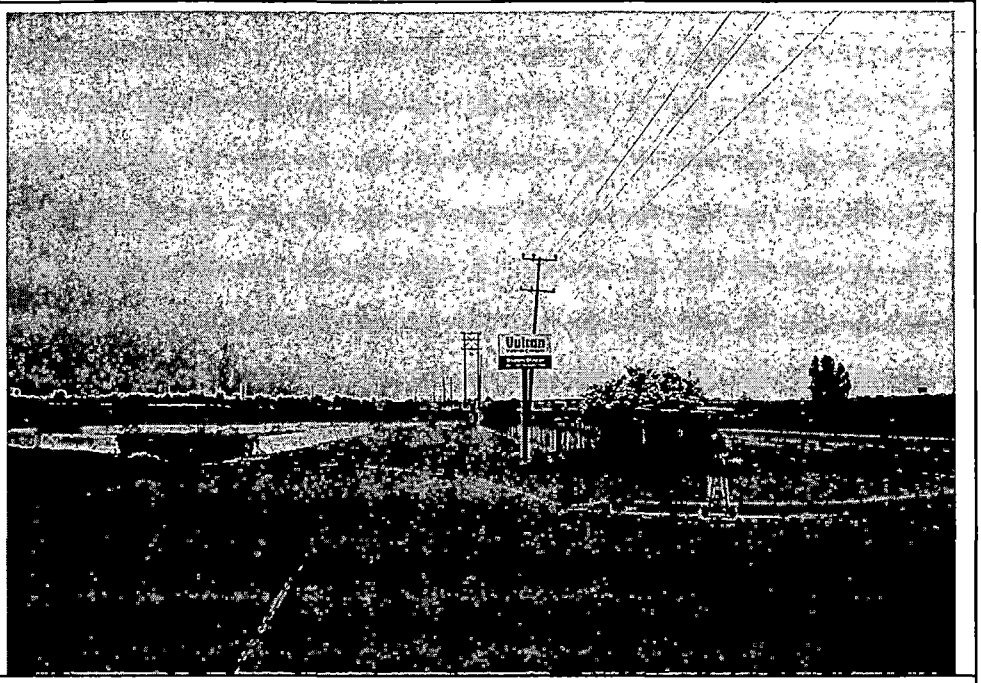


PHOTO 2



Facility/Case Name:	**Vulcan Materials Western Division**	Facility ID #:	**7904**
Address:	**2350 W Highland Ave., San Bernardino**		
1) Description:	**Front entrance to facility located on the north side of Highland Ave.**		
2) Description:	**(1) 30 gallon aqueous parts washer serviced by Safety Kleen.**		
Date Taken:	**July 13, 2011**	Signature:	
Taken By:	**Mark Bechel**		

Revised 02/27/03

PHOTO NARRATIVE

PHOTO 1

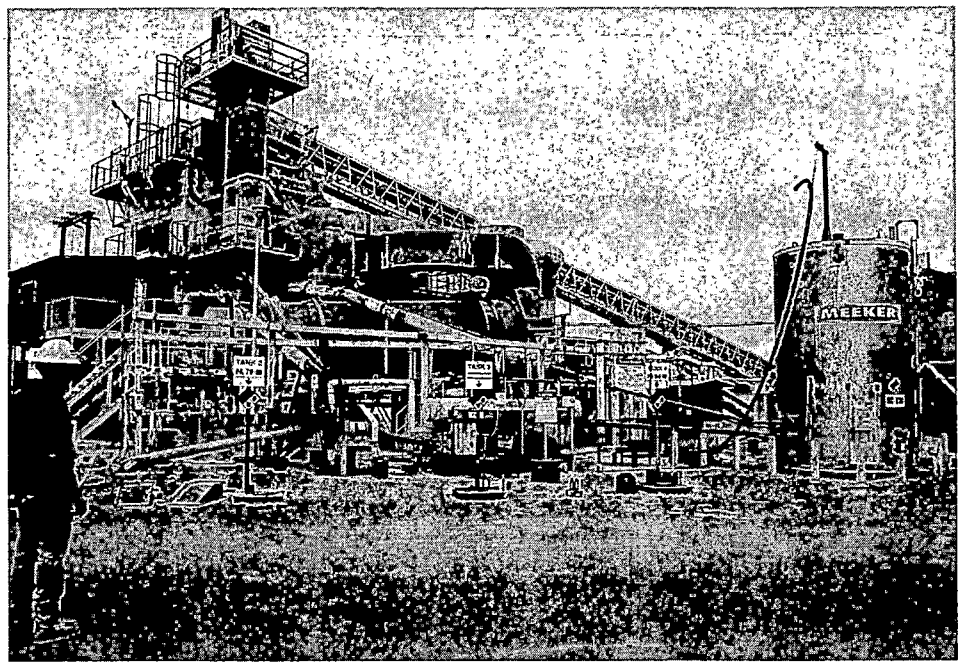
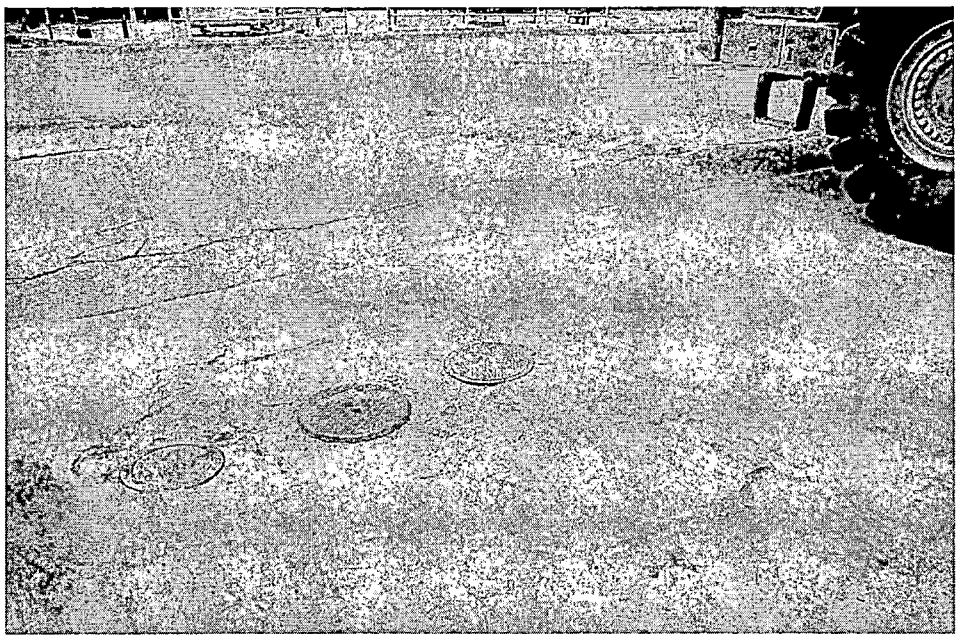


PHOTO 2



Facility/Case Name:	**Vulcan Materials Western Division**	Facility ID #:	**7904**
Address:	**2350 W Highland Ave., San Bernardino**		
1) Description:	**Left to right: (4) 10,000 gallon asphalt USTs, (1) 10,000 gallon Asphalt AST.**		
2) Description:	**Underground storage tank has never been put into service.**		
Date Taken:	**July 13, 2011**	Signature:	
Taken By:	**Mark Bechel**		

Revised 02/27/03

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 (This number is on your CUPA permit)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS (103)	CITY (104)
2350 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	OXYGEN	2160	240	CF
6	ACETYLENE	720	120	CF
7	DIESEL FUEL NO. 2	0	10000	GAL
8	ASPHALT ANTI-STRIP	825	275	GAL
9	AQUEOUS PARTS WASHER SOLUTION WASTE	15	15	GAL
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) (136)	DATE (134)
John C. Spear III	JOHN SPEAR	08/05/11

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
AUG 08 2011
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☒ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. **(EPCRA requires complete annual submission)**

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

FD SENT

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
John C. Spear III	08/05/11	John R. Janke

135

AUG 29 2011

NAME OF SIGNER (print)	TITLE OF SIGNER (print)
JOHN SPEAR	DISTRICT MINE PRODUCTION MGR.

ENTERED
OCT 25 2011

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	7	9	0	4	[redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS COMPANY	CAR000072991

BUSINESS ADDRESS	CITY	ZIP CODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2350 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	GUARDTOP	8000	8400	GAL
6	OXYGEN	2160	240	CF
7	ACETYLENE	720	120	CF
8	DIESEL FUEL NO. 2	0	10000	GAL
9				
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
John C. Spear	JOHN SPEAR	03/03/11

Replaced by
8/05/2011

San Bernardino C ty Fire Department • Hazardous terials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F A 0 0 0 7 9 0 4	1	EPA ID # (Hazardous Waste Only) CAD98158579	2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)
Calmat Co. DBA Vulcan Materials Company 3

BUSINESS SITE ADDRESS
2350 W. Highland Ave 103

BUSINESS SITE CITY	104		ZIP CODE	105
San Bernardino		CA	92407	

II. ACTIVITIES DECLARATION

Does your facility...	If Yes, please complete these pages of the UPCF*....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, 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
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	☒ YES ☐ NO 5	UST FACILITY UST TANK
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	☒ YES ☐ NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE Generate hazardous waste?	☐ YES ☒ NO 9	EPA ID NUMBER – provide at the top of this page
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on-site?	☐ YES ☒ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
Need to report the closure/removal of a tank that was classified as containing hazardous waste and cleaned on-site?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of Federal RCRA hazardous waste; or generate in any single calendar month, or accumulate at any time 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acutely hazardous waste.	☐ YES ☒ NO 14a	Obtain Federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Household Hazardous Waste (HHW) Collection site?	☐ YES ☒ NO 14b	See CUPA for required forms.
F. LOCAL REQUIREMENTS		

*Unified Program Consolidated Forms

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp
RECEIVED
MAR 10 2011
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my business emergency/contingency plan.
  - ☒ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
  - ☒ New Supplemental Emergency Contact Page.
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
John C. Spear III	03/03/11	John R. Janke

ED SENT MAR 18 2011

135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
JOHN SPEAR	HMA DISTRICT PRODUCTION MGR.

ENTERED SEP 15 2011

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

INVENTORY SUMMARY FORM

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 (This number is on your CUPA permit)

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

Calmat Co. DBA Vulcan Materials Company

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1 , 2	PG Grade Paving Asphalt	23,200	10,000	Gallons Gallons
3	SC Grade Paving Asphalt	27,700	14,300	Gallons
4	Propane	250	250	Gallons
5	Asphalt Emulsion	8000	8500	Gallons
6	Guardtop	10500	10000	Gallons
7	Oxygen	2160	240	Ft^3
8	Acetylene	720	120	Ft^3
9	Diesel Fuel	0	10000	Gallons

Summarize the Business Plan inventory on this page. Place this summary in front of the inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Matt Bransletter	Matt Bransletter	7-24-09

Inventory Summary Page ___ of ___

Replaced By
6/29/10

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
JUL 09 2010
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☐ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. **(EPCRA requires complete annual submission)**

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER 135
John C. Spear	06/29/10	John R. Janke
NAME OF SIGNER (print) JOHN SPEAR	TITLE OF SIGNER (print) HMA DISTRICT AGGT MANAGER	

FD SENT

ENTERED
JUL 21 2010

FD SENT

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2350 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	GUARDTOP	8000	8400	GAL
6	OXYGEN	2160	240	CF
7	ACETYLENE	720	120	CF
8	DIESEL FUEL NO. 2	0	10000	GAL
9				
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Matt Branstetter	Matt Branstetter	2-14-08

Inventory Summary Page 1 of 1

BP of 2/19/10
Replaces this Plan
MB

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
FEB 19 2010
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA) 3
Calmat Co. DBA Vulcan Materials Company

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. Highland Ave	San Bernardino	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire Business Emergency/Contingency Plan whether new or revised)

Submission Checklist ☒ *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☒ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan
- ☒ Submit the original and 1 copy to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my Business Emergency/Contingency Plan
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected)
  - ☐ New Supplemental Emergency Contact Page
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER 135
	2-11-10	John R. Janke
NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*	
John R Janke	Environmental Specialist.	

ENTERED
MAR 04 2010

FD SENT
FEB 23 2010

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #		EPA ID # (Hazardous Waste Only)
F A 0 0 0 7 9 0 4	1	CAD98158579 2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)
Calmat Co. DBA Vulcan Materials Company 3

BUSINESS SITE ADDRESS
2350 W. Highland Ave 103

BUSINESS SITE CITY		ZIP CODE
San Bernardino 104	CA	92407 105

II. ACTIVITIES DECLARATION

Does your facility...	If Yes, please complete these pages of the UPCF*....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, 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
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	☒ YES ☐ NO 5	UST FACILITY UST TANK
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	☒ YES ☐ NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE Generate hazardous waste?	☐ YES ☒ NO 9	EPA ID NUMBER – provide at the top of this page
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on-site?	☐ YES ☒ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
Need to report the closure/removal of a tank that was classified as containing hazardous waste and cleaned on-site?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of Federal RCRA hazardous waste; or generate in any single calendar month, or accumulate at any time 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acutely hazardous waste.	☐ YES ☒ NO 14a	Obtain Federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Household Hazardous Waste (HHW) Collection site?	☐ YES ☒ NO 14b	See CUPA for required forms.
F. LOCAL REQUIREMENTS		

*Unified Program Consolidated Forms

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2350 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	PG – GRADE PAVING ASPHALT	165	103	TONS
2	SC – GRADE PAVING ASPHALT	51	51	TONS
3	PROPANE	250	250	GAL
4	SS-1H EMULSION	8000	8500	GAL
5	GUARDTOP	8000	8400	GAL
6	OXYGEN	2160	240	CF
7	ACETYLENE	720	120	CF
8	DIESEL FUEL NO. 2	0	10000	GAL
9				
10				
11				
12				

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) 136	DATE 134
Matt Branstetter	Matt Branstetter	04/10/2007

Inventory Summary Page 1 of 1

BP of 2/26/08
Replaces this Plan
MB

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

For Dept Use Only – Log In/Date Stamp
RECEIVED
FEB 26 2008
S.B. CO. FIRE DEPT.

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my business emergency/contingency plan.
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
  - ☐ New Supplemental Emergency Contact Page.
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Matt Branstetter	2-14-08	Marizel S. Miller 135
NAME OF SIGNER (*print*)	TITLE OF SIGNER (*print*)	
Matt Branstetter	Plant Manager	

ENTERED
FEB 29 2008

ENTERED
FEB 26 2008

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	7	9	0	4	[redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	

BUSINESS ADDRESS	CITY	ZIP CODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☐ YES ☒ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

Business Emergency/Contingency Plan Receipt

Mail to: VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Site Address: VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Service Request ID: SR0013842
Facility ID: FA0007904

The Business Emergency/Contingency Plan was received on April 24, 2007 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.
2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.
3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.
4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.
5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
APR 24 2007
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☒ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER	
Matt Branstetter	04/10/2007	Marizel S. Miller	135
NAME OF SIGNER (*print*)		TITLE OF SIGNER (*print*)	
Matt Branstetter		Plant Manager	

ENTERED
APR 20 2007

FD SENT
APR 27 2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 7 9 0 4 [redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

EPA ID # (Hazardous Waste Only)

BUSINESS ADDRESS
2350 W. HIGHLAND AVENUE

CITY
SAN BERNARDINO

ZIP CODE
92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☐ YES ☒ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 0007904 Facility Name: Vulcan Materials Inspection Date: 4-24-07

Site Address: 2350 Highland Ave Phone #: 909 875-5180

City: San Bernardino Zip Code: 92407 EPA ID #: N/A

Consent Granted by:

[X] Inspect [X] Photograph Name: Andy Meeder Title: Foreman # Emp: 4 Packet left on site? (Yes/No)

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 and 6.95 of the California Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC)

THE FOLLOWING SECTIONS ARE IN VIOLATION IF THEY ARE CHECKED

General Requirements:

☐ 101. / 201. Hazardous Waste and/or Materials Permits not current. (CC 23.0602(a)) Current

Compliance requirement: Submit fees within 30 days of billing.

☐ 104. EPA ID Number not obtained for waste generation. (CCR 66262.12(a)) N/A

Compliance Requirement: Obtain permanent EPA ID Number by submitting Form 1358 to DTSC. Submit your EPA ID Number to this Division.

☐ 106. Facility not operated to prevent a spill or release. (CCR 66265.31) OK

Compliance Requirement: Facility must conduct housekeeping & operate to prevent all spills. Signature on certification below denotes compliance.

☐ 107. A Contingency Plan has not been established. (CCR 66265.51(a))

☐ 202. A Business Plan has not been established. (CHSC 25503.5)

☐ 203. A Business Plan has not been submitted / updated. (CHSC 25505)

INVENTORY: Compressed Gas Cylinders 6 x 100 ft3 Acetylene, 6 x 215 ft3 Oxygen 5,000 gal Asphalt Emulsion

Compliance Requirement: Submit the original and one copy of the Business Emergency/Contingency Plan to this Division. NOTE: You must keep a current copy of your Business Emergency/Contingency Plan onsite and available at all times.

☐ 131. Training documentation not complete or available. (CCR 66262.34(d)(2))

Compliance Requirement: Submit training documentation as required.

Container Storage and Labeling Requirements:

☐ 110. Hazardous waste containers are not labeled/marked. (CCR 66262.34(f)(3)) N/A

☐ 111. Hazardous waste label is incomplete. (CCR 66262.34(f)(3)) N/A

☐ 112. Accumulation start date is missing from tank/container. (CCR 66262.34(f)(2)) N/A

Compliance Requirement: Hazardous waste label is to be applied to the tank/container. All fields and lines are to be correctly completed.

☐ 113. Accumulation time exceeded. (CCR 66262.34) N/A

Compliance Requirement: Dispose of waste using a licensed waste hauler within 30 days. Submit copies of disposal documents to this Division.

☐ 114. Hazardous waste container not sound. (CCR 66265.171) N/A

☐ 115. Hazardous waste container leaking. (CCR 66265.173(b)) N/A

☐ 116. Hazardous waste container open when not in use. (CCR 66265.173(a)) N/A

Compliance Requirement: Waste containers must be sound, not leaking and closed when not in use.

Waste Management:

☐ 119. Hazardous waste managed unlawfully. (CHSC 25154) Discussed Universal Waste

Compliance Requirement: Hazardous waste containers and aboveground tanks must be labeled, closed, and inspected (weekly or daily, as appropriate). Waste is to be removed by a licensed waste hauler within the allowed time periods.

☐ 128. Failure to retain **manifested** waste disposal records for 3 years. (CCR 66262.40(a)) N/A

☐ 137. Failure to retain **consolidated** waste disposal records for 3 years. (CHSC 25160.2(b)(3)) N/A

Compliance Requirement: Submit copies of waste disposal records for the past N/A

☐ 138. Unlawful management of used oil filters. (CCR 66266.130) N/A

Compliance Requirement: Label all used oil filter containers with "DRAINED USED OIL FILTERS" and the accumulation start date.

Business Description:

Inspected By: Jerry Nows (Sign Name) Jerry Nows (Print Name)

Received By: Andrew Meeder (Sign Name) Andrew Meeder (Print Name) Title: Foreman

Report Date: 4-24-07

Sign and submit the yellow copy of this form within 30 days with the required documents listed in each "Compliance Requirement" section.

I certify that I have met the compliance requirements of this Notice of Violation:

Name Date

PHOTO NARRATIVE

PHOTO 1

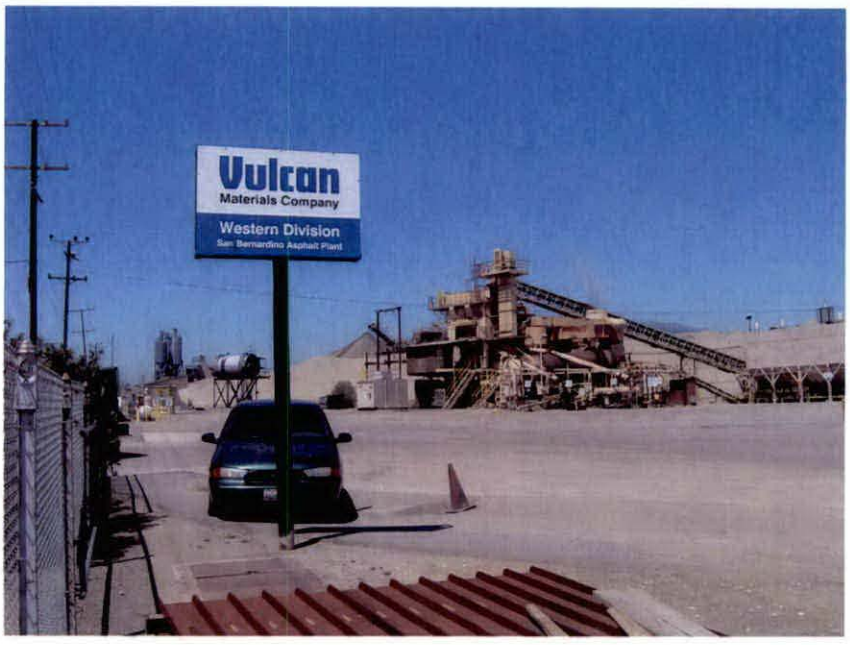


PHOTO 2



Facility/Case Name: **Vulcan Materials - Asphalt** Facility ID #: **FA0007904**

Address: **2350 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the Vulcan Materials asphalt batching plant**

2) Description: **Compressed gas cylinder storage, 6-Oxygen and 6-acetylene**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: _____

PHOTO NARRATIVE

PHOTO 1

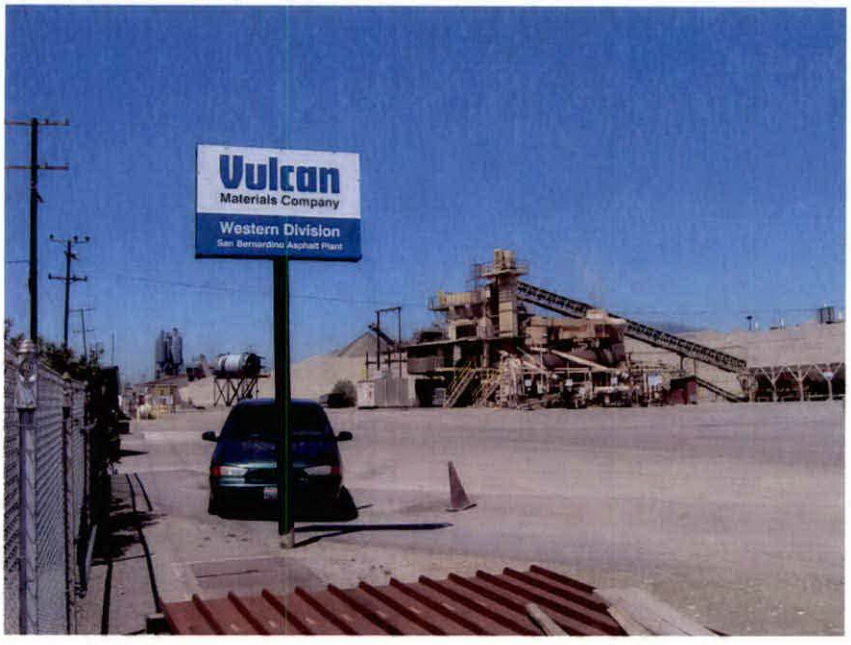


PHOTO 2



Facility/Case Name: **Vulcan Materials - Asphalt** Facility ID #: **FA0007904**

Address: **2350 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the Vulcan Materials asphalt batching plant**

2) Description: **Compressed gas cylinder storage, 6-Oxygen and 6-acetylene**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: _____

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
ECONOMIC DEVELOPMENT
AND PUBLIC SERVICES GROUP

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 South "E" Street • San Bernardino, CA 92415-0153
(909) 386-8401 • Fax (909) 386-8460

PETER R. HILLS
Fire Chief
County Fire Warden

27 AUGUST 2004

CALMAT CO DBA VULCAN-ASPHALT PLANT
ATTN: ANDY MEEDER
2400 W. HIGHLAND AVENUE
SAN BERNARDINO, CA 92407

SUBJECT: BUSINESS PLAN ACCEPTANCE –2350 W. HIGHLAND, SAN BERNARDINO

The Hazardous Materials Division has reviewed the Business Emergency/Contingency plan of **CALMAT CO DBA VULCAN-ASPHALT PLANT** submitted and determined that the data submitted meets the requirements of this CUPA, the California Health and Safety Code, Chapter 6.95, and Title 19 of the California Code of Regulations. The contents of this plan are subject to field verification and inspection and a current copy of this plan must be available on site.

This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/wastes and employees are expected to be familiar with its relevant portions. The contents of this plan are also available for public inspection, with the exception of: substantiated trade secrets, the separate confidential emergency contact page, and portions of the plan (e.g. facility map) specifying the precise locations of hazardous materials/wastes. A copy of this plan has also been sent to the local fire jurisdiction.

Within 30 days of any of the following events, the above business must submit to this office an amendment to the appropriate portions of the inventory:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Department typically does not send individual notices of this statutory deadline, so please note the date for future action.

An electronic version of the Business Emergency/Contingency Plan Forms and Guidelines is available at our website www.sbcfire.org. Click on the HAZMAT bar located on the left side of the page. Then click on Forms & Guidelines in the title bar. Finally, click on the Business Plan title, this will link you to all forms associated with the Business Plan Program. Should you have any further questions, comments, or concerns, please feel free to contact me at (909) 386-8401 or lheaviside@fire.sbcounty.gov.

LESLIE HEAVISIDE, REHS
Business Plan Program

Interim County Administrative Officer
REGINALD A. RANDLE
Assistant County Administrator
Economic Development and
Public Services Group

Board of Supervisors
BILL POSTMUS ..... First District
PAUL BIANE ..... Second District
CLIFFORD YOUNG ..... Fifth District

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2350 W. HIGHLAND AVE.	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	AR- GRADE PAVING ASPHALT	165	103	TONS
2	SC-GRADE PAVING ASPHALT	51	51	TONS
3	OXYGEN	1440	240	CF
4	ACETYLENE	720	120	CF
5	PROPANE	250	250	GAL
6	OIL/GREASE	63	12	GAL
7	SS-1H EMULSION	8000	8500	GAL
8	GUARDTOP	8000	8400	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, or 200 cubic feet. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities: Also sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) 136	DATE 134
Tony Varisco	TONY VARISCO	8/15/03

BP of 3-2004 replaced this plan LA

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
MAR 02 2004
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

FACILITY ID #	F	A	0	0	0	7	9	0	4

BUSINESS NAME (Same as FACILITY NAME or DBA) 3
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my business emergency/contingency plan.
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
  - ☐ New Supplemental Emergency Contact Page.
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER 135
Tony Varisco	3/1/04	THERESA THOMPSON
NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*	
TONY VARISCO	PRINCIPAL ENVIRONMENTAL SPECIALIST	

FD SENT
03 03 04

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	7	9	0	4	[redacted]	EPA ID # (Hazardous Waste Only) CAR000073007

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS ADDRESS	CITY	ZIP CODE
2350 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...	If YES, please complete these portions of the application...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	X YES ☐ NO	BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold planning quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES X NO	BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) CalARP REGISTRATION FORM
C. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	X YES ☐ NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES X NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank) UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES X NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products?	☐ YES X NO	IF YOU ANSWERED YES, PREPARE AND MAINTAIN A SPCC PLAN AS PART OF YOUR CONTINGENCY PLAN TO ADDRESS OIL SPILLS AND RELEASES FROM THE ASTs AT YOUR FACILITY.
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☐ YES X NO	EPA ID NUMBER---provide at the top of this page BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES X NO	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES X NO	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES X NO	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidated hazardous waste generated at a remote site?	☐ YES X NO	REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

Name & Address correction

HAZ DOUS MATERIAL FIELD SERV S
COM. TER DATABASE UPDATE AUT. IZATION

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: O

O- OWNER INFORMATION

OWNER ID: OW0001423

NAME: CAL MAT CO. DBA Vulcan Materials

ADDRESS 1: P O BOX 2950/TRMNL ANNEX ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY:

PHONE: EXT: FAX:

ALT PHONE: 213-258-2777 EXT: DRIVER LICENSE:

TAX ID: OWNER SWITCH DATE: LAST UPDATED: 8/15/2002

OWNER MAILING ADDRESS

CARE OF: PETER CHIU DBA: CAL MAT CO.

ADDRESS1: P O BOX 2950/TRMNL ANNEX ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051 COUNTRY:

F- FACILITY INFORMATION

FACILITY ID: FA0007904

NAME: ~~VULCAN MATERIALS~~ CalMat DBA Vulcan Materials - Asphalt Div

ADDRESS 1: ~~2400~~ W HIGHLAND 2350 ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407

SIC CODE: 2951 BUSINESS CODE: 01 BUSINESS TYPE: 06

CENSUS: NA SUPERVISORIAL DISTRICT: 005 INSPECTION DISTRICT: 07

PHONE: 909-875-5180 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: EXT: FAX: LAST UPDATED: 12/5/2003

FACILITY MAILING ADDRESS

BUSINESS NAME: VULCAN MATERIALS

CARE OF: DARYL CHARLSON

ADDRESS 1: ~~2400~~ W HIGHLAND AVE 2350 ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407 COUNTRY: USA

EMAIL:

A- A/R INFORMATION

ACCOUNT ID: AR0008313

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: 2/5/2004

ALT PHONE: EXT: ANNIVERSARY DATE: 8/31/2003

TAX ID:

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT0013[illegible]	PR0012216	4260	[illegible]	8/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0013815	PR0012215	4104	ACTIVE	8/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
ADD NEW P.E.						
	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	

NUMBER OF EMP. _____ NUMBER OF UST'S 1 MFR # _____

DATE SUBMITTED: _____ DATE ENTERED: 3/2/04 FISCAL DATE: _____

SUBMITTED BY: _____ ENTERED BY: _____

COMMENTS/REMARKS:

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
AUG 21 2003
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

FACILITY ID # F A

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2350 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- X * Business Activities Form
- X * Business Owner/Operator Identification Form
- X * Supplemental Emergency Contact Page
- X Emergency Response Plans and Procedures
- X * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- X * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- X * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- X Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- X Area map - photocopied city map with location of site indicated
- X Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- X Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- X ***Retain one copy of the business emergency/contingency at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

X Please incorporate the following into my business emergency/contingency plan.

- X New Business Owner/Operator Identification Form
- X New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- X New Supplemental Emergency Contact Page.

X Other: PURSUANT TO INSPECTOR C. ARMSTRONG'S REQUEST, A SEPARATE BUSINESS PLAN IS BEING SUBMITTED FOR THE ASPHALT PLANT LOCATED ADJACENT TO VULCAN'S AGGREGATE PLANT.

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Tony Varisco	8/13/03	DWIGHT BEAVERS

135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
TONY VARISCO	PRINCIPAL ENVIRONMENTAL SPECIALIST

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	[redacted]	EPA ID # (Hazardous Waste Only)
				CAR000073007

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS ADDRESS	CITY	ZIP CODE
2350 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...	If YES, please complete these portions of the application...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	X YES ☐ NO	BUSINESS EMERGENCY/CONTINGENCY PLA (Used in place of OES Form 2730 and 2731)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold planning quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES X NO	BUSINESS EMERGENCY/CONTINGENCY PLA (Used in place of OES Form 2730 and 2731) CalARP REGISTRATION FORM
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	X YES ☐ NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES X NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank) UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES X NO	UST FACILITY UST TANK (Pages 1 and 2) (One set per tank) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products?	☐ YES X NO	IF YOU ANSWERED YES, PREPARE AND MAINTAIN SPCC PLAN AS PART OF YOUR CONTINGENCY PLA TO ADDRESS OIL SPILLS AND RELEASES FROM TH ASTs AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☐ YES X NO	EPA ID NUMBER---provide at the top of this page BUSINESS EMERGENCY/CONTINGENCY PLA (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES X NO	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES X NO	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTS Forms 1772A, B, C and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES X NO	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidated hazardous waste generated at a remote site?	☐ YES X NO	REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

Vulcan
Materials Company
Western Division

RECEIVED
AUG 21 2003
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

August 20, 2003

County of San Bernardino
Fire Department
620 South "E" Street
San Bernardino, CA. 92415-0153

RE: New Emergency Plan--CalMat DBA Vulcan Materials-2350 West Highland Ave., San Bernardino, 92407.

Please find enclosed 2-updated new business emergency/contingency plans for the above referenced facility. The facility which is a hot-mix asphalt operation, was linked in the past to our aggregate mining operation at 2400 West Highland Avenue under its emergency/contingency plan (Est. No. 86008958). During a recent inspection by the San Bernardino Fire Department, Mr. Curtis Armstrong mandated that we create a separate emergency/contingency plan for our asphalt operation because it's address is listed as 2350 West Highland Avenue. Although there is a separate entrance for each operation, the properties are contiguous and always have been.

Forwarded herewith is the new emergency/contingency plan for our asphalt operation. It will need an assigned EST No. for identification purposes.

If you have any questions or need additional information contact me at (619) 298-0551. Thank you.

Respectfully,

Tony Varisco
Principal Environmental Specialist
CalMat Co. DBA Vulcan Material Co.

Cc Dave Mundt-Plant Manager

FD SENT 9/11/03

5745 MISSION CENTER ROAD • SAN DIEGO, CALIFORNIA 92108-4300
P.O. BOX 3098 • SAN DIEGO, CALIFORNIA 92163-3098
TELEPHONE 619 298-0551 • FAX 619 298-1355

Business Emergency/Contingency Plan Receipt

Mail to: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Site Address: VULCAN MATERIALS
2350 W HIGHLAND AVE
SAN BERNARDINO,CA 92407

Service Request ID: SR0001917
Facility ID: FA0007904

The Business Emergency/Contingency Plan was received on August 21, 2003 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.

2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.

3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.

4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.

5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.

2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.

3. Change of business address, business ownership, or business name.

4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

SAN BERNARDINO COUNTY CUPA
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

EP: AP:7 AR:0.00

CHARLES ST JOHN
CHARLES ST JOHN
500 N. BRAND BLVD, STE 500
GLENDALE, CA 91203

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 11/1/2014 **Expiration Date: 10/31/2015**

CUPA Facility Type: 5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

Permit Number	Program Element	Related ID
PT0020774	4031 APSA 1,320-10,000 GAL FAC CAPACITY	PR0020026
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001692
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001694
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001695
PT0002283	4243 HAZARDOUS MATERIALS 4-10 CHEMICALS	PR0002527
PT0002284	4454 LARGE QUANTITY GENERATOR	PR0002528

Permitted by:
San Bernardino County CUPA
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mike Horton, Fire Marshal

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

CUPA PERMIT CONDITIONS

As a condition of the Certified Unified Program Agency (CUPA) permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7 and Title 23 CCR, Chapter 16.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **San Bernardino County Fire Protection District Fire Code (SBCFPD FC), Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part2, Chapter 1,Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25504, **SBCFPD FC** Chapter 4 Section 407.5, Section 407.6, Chapter 50, Section 5001.5.1 and Section 5001.5.2.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY CUPA
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

EP: AP:8 AR:0.00

VULCAN MATERIALS WEST DIVISION #2
500 N. BRAND BLVD, STE 500
GLENDALE, CA 91203

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 11/1/2013 **Expiration Date: 10/31/2014**

Permit Number	Program Element	Related ID
PT0020774	4031 APSA 1,320-10,000 GAL FAC CAPACITY	PR0020026
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001692
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001694
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001695
PT0002283	4243 HAZARDOUS MATERIALS 4-10 CHEMICALS	PR0002527
PT0002284	4453 SMALL QUANTITY GENERATOR	PR0002528
PT0024512	5012 CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2	PR0032381

Permitted by:
San Bernardino County CUPA
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mike Horton, Fire Marshal

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

CUPA PERMIT CONDITIONS

As a condition of the Certified Unified Program Agency (CUPA) permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7 and Title 23 CCR, Chapter 16.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **San Bernardino County Fire Protection District Code (SBCFPD FC), Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25504, **SBCFPD FC** Chapter 4, Section 407.5, Section 407.6, Chapter 50, Section 5001.5.1 and Section 5001.5.2.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY

TEMPORARY UST PERMIT TO OPERATE

VULCAN MATERIALS
WEST DIVISION #2
500 N. BRAND BLVD, STE
500

This Unified Permit is hereby issued to:

VULCAN MATERIALS
WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO CA

Temporary Permit is issued to Facility:FA0001676

Effective Date: 10/31/2013

Permit Number	Program Element
TA0001692 TA0001693 TA0001694 TA0001695	2013-2014 TEMPORARY PERMIT TO OPERATE FOR ALL EXISTING USTS ONSITE ACCORDING TO THEIR APPROVED MONITORING PLAN IS VALID UNTIL THE INVOICE FOR THE 2013-2014 ANNUAL PERMIT IS RECEIVED BY THE PERMITHOLDER. PLEASE CONTACT ANGIE SAMAYOA AT ASAMAYOA@SBCFIRE.ORG WITH ANY QUESTIONS REGARDING THIS TEMPORARY PERMIT TO OPERATE.

Permitted by:
San Bernardino County Fire Protection District
Hazardous Materials Division
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mark A. Hartwig, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

As a condition of the permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7, 6.75, and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code, Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25509.2, California Fire Code Chapter 27, Section 2701.5.1 and Section 2701.5.2, formerly referred to as UFC Section 80.103.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:8 AR:0.00

ATTN : SCOTT BEVAN
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 11/1/2011 **Expiration Date: 10/31/2012**

Permit Number	Program Element	Related ID
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001692
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001694
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001695
PT0020774	4031 APSA 1,320-10,000 GAL FAC CAPACITY	PR0020026
PT0024512	4270 EPCRA FACILITY	PR0032381

Mark A. Hartwig, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:6 AR:0.00

ATTN : MATT BRANSTETTER
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2010 **Expiration Date: 7/31/2011**

Permit Number	Program Element	Related ID
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001695
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001692
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001694
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527

Danny R. Wurl

Danny R. Wurl, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:8 AR:0.00

ATTN : PETER CHIU
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2009 Expiration Date: 7/31/2010

Permit Number	Program Element	Related ID
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001692
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001695
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0001694
PT0020774	4002 ABOVEGROUND PETROLEUM STORAGE (AST) (SPCC)	PR0020026

Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.

Pat A. Dennen, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
VULCAN MATERIALS WEST
DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2008 Expiration Date: 7/31/2009

Permit Number	Program Element	Related ID
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001695
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001694
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001693
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001692
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527

Pat A. Dennen, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT/ DBA VULCAN
MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2007 Expiration Date: 7/31/2008

Permit Number	Program Element	Related ID
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001692
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001693
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001695
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001694

Pat A. Dennen, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT/ DBA VULCAN
MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2006 **Expiration Date: 7/31/2007**

Permit Number	Program Element	Related ID
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001695
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001694
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001693
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001692
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT/ DBA VULCAN
MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2005 **Expiration Date: 7/31/2006**

Permit Number	Program Element	Related ID
PT0002283	4223 HAZMAT HANDLER 26-50 EMPLOYEES	PR0002527
PT0002284	4420 SPECIAL GENERATOR(B)	PR0002528
PT0011813	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001692
PT0011814	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001693
PT0011815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001694
PT0011816	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0001695

Peter R. Hills

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051-9005

This Unified Permit is hereby issued to:
CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA
92405-0000

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2003 Expiration Date: 7/31/2004

Permit Number	Program Element	Related ID
PT0011813	4104 UST Ownership/Operating Permit (per UST)	TA0001692
PT0011814	4104 UST Ownership/Operating Permit (per UST)	TA0001693
PT0011815	4104 UST Ownership/Operating Permit (per UST)	TA0001694
PT0011816	4104 UST Ownership/Operating Permit (per UST)	TA0001695
PT0002283	4223 Hazmat Handler 26-50 Employees	PR0002527
PT0002284	4420 Special Generator(B)	PR0002528

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051-9005

This Unified Permit is hereby issued to:
CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA
92405-0000

Permit is issued to Facility: FA0001676 for a period not to exceed one year from effective date.

Effective Date: 8/1/2002 **Expiration Date: 7/31/2003**

Permit Number	Program Element	Related ID
PT0011813	4104 UST Ownership/Operating Permit (per UST)	TA0001692
PT0011814	4104 UST Ownership/Operating Permit (per UST)	TA0001693
PT0011815	4104 UST Ownership/Operating Permit (per UST)	TA0001694
PT0011816	4104 UST Ownership/Operating Permit (per UST)	TA0001695
PT0002283	4223 Hazmat Handler 26-50 Employees	PR0002527
PT0002284	4420 Special Generator(B)	PR0002528

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

0002934
0015072

SAN BERNARDINO COUNTY CUPA
FACILITY INFORMATION

CLEAR VIOLATION

☐ Update/Assign PEs ☐ Update Non-CERS Fields ☐ Referral to Team CERS ☐ 0202 ☐ Closure ☐ Other ☐ Invoice Reversal ☐ 5054 Attached ☐ Demand Bill

OWNER INFORMATION — OWNER ID: OW0003269

NAME: **Calmat Co. dba Vulcan Materials Co.**

ADDRESS: **500 N. Brand Blvd. Suite 500** ADDRESS 2:

CITY: **Glendale, CA** STATE: **CA** ZIP CODE: **91203** COUNTRY: **US**

PHONE: **818-553-8938** EXT: FYI LAST UPDATED: **09/13/2017**

FACILITY INFORMATION — FACILITY ID: FA0001676

BUSINESS NAME: **VULCAN MATERIALS WEST DIVISION** CERS ID: **10036714**

SITE ADDRESS: **2400 W HIGHLAND AVE** ADDRESS 2:

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** FAX: **323-312-9960**

BUSINESS PHONE: **909-875-1150** EXT:

BUSINESS OPERATOR NAME: **Calmat Co. dba Vulcan Materials Co.**

OPERATOR PHONE: **909-875-1150** EXT: FYI LAST UPDATED: **03/09/2018**

FACILITY MAILING ADDRESS

MAILING ADDRESS: **2400 W HIGHLAND AVE** ADDRESS 2:

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** COUNTRY: **USA**

BILLING CONTACT — ACCOUNT ID: AR0001676

BILLING CONTACT NAME: **John Janke**

ADDRESS 1: **7220 Trade Street, Suite 200** ADDRESS 2:

CITY: **San Diego** STATE: **CA** ZIP CODE: **92121** COUNTRY: **US**

PHONE: **323-312-9960** EXT: EMAIL: **jankej@vmcmail.com**

ENVIRONMENTAL CONTACT

NAME: **John Janke** PHONE: **323-312-9960** EXT:

EMAIL: **jankej@vmcmail.com**

NON-CERS INFORMATION

FACILITY EMAIL (OPTIONAL): **STJOHNC@VMCMAIL.COM; SIBOLEF@VMCMAIL.COM**

LOCAL FACILITY PHONE (OPTIONAL): EXT:

CENSUS: MILITARY SCHOOL MEDICAL BUSINESS CODE: **CORPORATION** BUSINESS TYPE: **OTHER**

SUPERVISORIAL DISTRICT: **005** INSPECTION DISTRICT: **07** FIRE JURISDICTION: **SAN BDNO CITY FIRE**

FYI ACCOUNT STATUS: **ACTIVE ACCOUNT** FYI ANNIVERSARY DATE: **10/31/2002** FYI LAST BILLING: **09/15/2017**

FYI EXEMPT FROM BILLING: **NO** FYI TOTAL DUE: **0.00**

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

FOR OFFICE USE ONLY:

☐ EC Entry Complete	☐ QC Complete	☐ ☐ Fiscal Entry Complete (N/A)	☐ ☐ Referral to Team CERS (N/A)
Date Initials	Date Initials	Date Initials	Date Initials

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0020774 PERMIT NUMBER	ACTIVE PERMIT STATUS	4031-APSA 1,320-10,000 GAL FA ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
			PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002283 PERMIT NUMBER	ACTIVE PERMIT STATUS	4243-HAZARDOUS MATERIALS ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
			PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024806 PERMIT NUMBER	INACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0032845 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002284 PERMIT NUMBER	ACTIVE PERMIT STATUS	4454-LARGE QUANTITY GENER ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
			PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011813 PERMIT NUMBER	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011814 PERMIT NUMBER	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011815 PERMIT NUMBER	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011816 PERMIT NUMBER	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2017 EFFECTIVE DATE	10/31/2018 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

☐ UPDATE
☐ INACTIVATE
☐ ZERO OUT BALANCE

*NEW CUPA Admin P.E.

NUMBER OF ACTIVE UST'S **4**

DATE SUBMITTED: _____ SUBMITTED BY: _____

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

FOR FISCAL USE ONLY: Fiscal comments / re s / instruction area (for use between OFM Fiscal an nin Fiscal)

☐ 5050 scanned and emailed to Fiscal Date Initials ☐ 5054 scanned and emailed to Fiscal Date Initials

OPEN VIOLATIONS:

FA0001676

INSPECTION DATE: **6/27/17** VIOLATION ID: **IVQW0GGOL** COMPLY BY: **07/27/2017**

INSPECTOR:**ADRIAN SAGUAN** COMPLIED ON: 2/5/18

VIOLATION: 4103034100-Owner/Operator shall complete and submit the required UST permit application.

COMMENTS:

TANK INFORMATION AS PART OF THE UST APPLICATION ON LINE IN THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WAS DEFICIENT AS FOLLOWS:
-TANK #2 - MISSING TANK INSTALLATION DATE
-TANK #3 - MISSING TANK INSTALLATION DATE
-TANK #4 - MISSING TANK INSTALLATION DATE
*NOTE: ALL THREE TANKS IS A 3 COMPARTMENT TANK WHICH WILL HAVE THE SAME TANK INSTALLATION DATE.
UPDATE TANK INFORMATION ON LINE IN CERS ADDRESSING THE ABOVE DEFICIENCIES WITHIN 30 DAYS.

X Adrian Saguan

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A Update CURRENT INVOICE MAILING CODE: A

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: 500 N BRAND BLVD STE 500 ADDRESS 2:

*CITY: GLENDALE *STATE: CA *ZIP CODE: 91203 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 02/13/2013

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: 3200 SAN FERNANDO ROAD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 07/08/2013

FACILITY MAILING ADDRESS

☐ Same as Owner Mailing Address ☐ Same as Facility

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: FLOYD SIBOLE

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; SIBOLEF@VMCMAIL.COM

☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name")

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: VULCAN MATERIALS WEST DIVISION #2 ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 500 N. BRAND BLVD, STE 500 ADDRESS 2:

CITY: GLENDALE STATE: CA ZIP CODE: 91203 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI Last Billing: 09/15/2013

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

ENVIRONMENTAL CONTACT NAME: CHARLES ST JOHN EMAIL: STJOHNC@VMCMAIL.COM

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to complete all fields on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	:TIVE PERMIT STATUS	4031-APSA 1,320-10,000 GAL ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4243-HAZARDOUS MATERIALS ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024806 PERMIT NUMBER.	INACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0032845 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)	UPDATED P.E.
☒ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4453-SMALL QUANTITY GENER ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	4454 UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024512 PERMIT NUMBER.	ACTIVE PERMIT STATUS	5012-CUPA ANNUAL ADMIN PEF ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0032381 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes (No)

*Should this facility be inactivated upon verification that there is no balance due? Yes (No)

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes (No)

*Does this 5050 have attached documents? Yes (No)

ENTERED JUN 16 2014

*DATE SUBMITTED: 6/12/14 DATE ENTERED: FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: G.Z ENTERED BY: *Demand bill for updated PEs: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

JS

QC ENTERED JUL 29 2014

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

Update SQG to LQG - This based on site inspection findings 6/10/2014.

Sara

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to complete all fields on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☑ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A Update

CURRENT INVOICE MAILING CODE: A

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: 500 N BRAND BLVD STE 500 ADDRESS 2:

*CITY: GLENDALE *STATE: CA *ZIP CODE: 91203 *COUNTRY: USA

*PHONE: ~~323-258-2777~~ 818-553-8800 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 02/13/2013

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: ~~5200 SAN FERNANDO ROAD~~ 500 N Brand Blvd Ste 500 ADDRESS 2:

CITY: ~~LOS ANGELES~~ Glendale STATE: CA ZIP CODE: ~~90065~~ 91203 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 07/08/2013

FACILITY MAILING ADDRESS

☐ Same as Owner Mailing Address ☐ Same as Facility

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: FLOYD SIBOLE

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; SIBOLEF@VMCMAIL.COM

☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name")

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: VULCAN MATERIALS WEST DIVISION #2 ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 500 N. BRAND BLVD, STE 500 ADDRESS 2:

CITY: GLENDALE STATE: CA ZIP CODE: 91203 COUNTRY: USA

PHONE: 818-553-8938 EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI Last Billing: 09/15/2013

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

ENVIRONMENTAL CONTACT NAME: CHARLES ST JOHN EMAIL: STJOHNC@VMCMAIL.COM

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	CTIVE PERMIT STATUS	4031-APSA 1,320-10,000 GA ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4243-HAZARDOUS MATERIALS ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024806 PERMIT NUMBER.	INACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0032845 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4454-LARGE QUANTITY GENER ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024512 PERMIT NUMBER.	ACTIVE PERMIT STATUS	5012-CUPA ANNUAL ADMIN PEF ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
			PR0032381 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2013 EFFECTIVE DATE	10/31/2014 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

ENTERED

*DATE SUBMITTED: 7-2-14 DATE ENTERED: JUL 03 2014 FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: Admin Sr ENTERED BY: [signature] ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

ENTERED JGQ

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to **complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

San rnardino County Fire Dep ment

UST FACILITY INFORMATION SHEET

FACILITY ID: FA0001676
CROSS REFERENCE: 86008958
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

OWNER ID: OW0003269
CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION
3200 SAN FERNANDO ROAD
LOS ANGELES, CA 90065

Record ID	STATUS	EXPIRATION DATE	PROGRAM ELEMENT
PMT: PT0020774	ACTIVE	10/31/2014	4031 - APSA 1,320-10,000 GAL FAC CAPACITY
GHP: PR0020026	ACTIVE, BILLABLE		4031-APSA 1,320-10,000 GAL FAC CAPACITY
PMT: PT0011813	ACTIVE	10/31/2014	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001692	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 2	Agency Tank #: 2	Manufactured by:JOOR	Capacity: 20,000 Date Installed:
# of Compartments: 1	Type of System: DOUBLE-WALL		Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUELING	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: DIESEL			
Additional Description of Tank:			
Location Within Site:W			
PMT: PT0011814	ACTIVE	10/31/2014	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001693	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 3	Agency Tank #: 3	Manufactured by:JOOR	Capacity: 4,500 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: USED OIL
Type of Use: HAZARDOUS WASTE (INCLUDES USED	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: WASTE OIL			
Additional Description of Tank:			
Location Within Site:SE			
PMT: PT0011815	ACTIVE	10/31/2014	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001694	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 4	Agency Tank #: 4	Manufactured by:JOOR	Capacity: 3,500 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: OTHER
Type of Use: OTHER	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance:			
Additional Description of Tank: NOT CURRENTLY USED			
Location Within Site:E CENTER COMPARTMENT PREVIOUSLY HELD NEW OIL			
PMT: PT0011816	ACTIVE	10/31/2014	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001695	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 1	Agency Tank #: 1	Manufactured by:JOOR	Capacity: 12,000 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUELING	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: CLEAR DIESEL			
Additional Description of Tank:			
Location Within Site:NE			
PMT: PT0002283	ACTIVE	10/31/2014	4243 - HAZARDOUS MATERIALS 4-10 CHEMICALS
GHP: PR0002527	ACTIVE, BILLABLE		4243-HAZARDOUS MATERIALS 4-10 CHEMICALS
PMT: PT0024806	INACTIVE	10/31/2011	4270 - EPCRA FACILITY
GHP: PR0032845	INACTIVE, NON-BILLABLE		4270-EPCRA FACILITY
PMT: PT0002284	ACTIVE	10/31/2014	4454 - LARGE QUANTITY GENERATOR
GHP: PR0002528	ACTIVE, BILLABLE		4454-LARGE QUANTITY GENERATOR
PMT: PT0024512	ACTIVE	10/31/2014	5012 - CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2
GHP: PR0032381	ACTIVE, BILLABLE		5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

D.O. SUBMITTED DATE (D1 on Facility):03/07/2011

PLAN_SUBMITTED	RECORD_ID	ASSIGNED TO	STATUS	DATE_PLAN_APPROVED	DATE_PLAN_REJECTED
03/01/2012	SR0038681	JACOB KOOYMAN	REVIEWED	07/05/2013	

Type of System	Type of Use	Product Type
02-DOUBLE-WALL	1c-AVIATION FUELING	06-AVIATION GAS
01-SINGLE-WALL	03-CHEMICAL PRODUCT STORAGE	03-DIESEL
95-UNKNOWN	05-EMERGENCY GENERATOR FUEL	10-ETHANOL
	04-HAZARDOUS WASTE (INCLUDES USED OIL)	05-JET FUEL
	1b-MARINA FUELING	1c-MIDGRADE UNLEADED
	1a-MOTOR VEHICLE FUELING	09-OTHER
	99-OTHER	11-OTHER NON-PETROLEUM
	06-OTHER GENERATOR FUEL	08-PETROLEUM BLEND FUEL
	95-UNKNOWN	1b-PREMIUM UNLEADED
		1a-REGULAR UNLEADED
		07-USED OIL

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A UPDATE CURRENT INVOICE MAILING CODE: A

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: 500 N BRAND BLVD STE 500 ADDRESS 2:

*CITY: GLENDALE *STATE: CA *ZIP CODE: 91203 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 02/13/2013

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: 3200 SAN FERNANDO ROAD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 01/02/2013

FACILITY MAILING ADDRESS

☐ Same as Owner Mailing Address ☐ Same as Facility

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: ~~SCOTT BEVAN~~ FLOYD ~~FRANK~~ SIBOLE

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; ~~BEVANS@VMCMAIL.COM~~ SIBOLEF@VMCMAIL.COM

☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name")

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: VULCAN MATERIALS WEST DIVISION #2 ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 500 N. BRAND BLVD, STE 500 ADDRESS 2:

CITY: GLENDALE STATE: CA ZIP CODE: 91203 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI Last Billing: 09/17/2012

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

ENVIRONMENTAL CONTACT NAME: ~~TONY VARISCO~~ CHARLES ST. JOHN EMAIL: STJOHNC@VMCMAIL.COM

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774	CTIVE	4031-APSA 1,320-10,000 GA	11/01/2012	10/31/2013
	GHP OR UST ID	CURRENT STATUS(BILLING)			UPDATED P.E.
	PR0020026	ACTIVE, BILLABLE			
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283	ACTIVE	4223-HAZMAT HANDLER 26-50 E	11/01/2012	10/31/2013
	GHP OR UST ID	CURRENT STATUS(BILLING)			UPDATED P.E.
	PR0002527	ACTIVE, BILLABLE			
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024512	ACTIVE	4270-EPCRA FACILITY	11/01/2012	10/31/2013
	GHP OR UST ID	CURRENT STATUS(BILLING)			UPDATED P.E.
	PR0032381	ACTIVE, BILLABLE			
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024806	INACTIVE	4270-EPCRA FACILITY	11/01/2010	10/31/2011
	GHP OR UST ID	CURRENT STATUS(BILLING)			UPDATED P.E.
	PR0032845	INACTIVE, NON-BILLAB			
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284	ACTIVE	4420-SPECIAL GENERATOR	11/01/2012	10/31/2013
	GHP OR UST ID	CURRENT STATUS(BILLING)			UPDATED P.E.
	PR0002528	ACTIVE, BILLABLE			

Underground Storage Tank(s)

	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813	ACTIVE	4104-UST OWNERSHIP/OPERAT	11/01/2012	10/31/2013
PR0002529	ACTIVE, EXEMPT FROM BILLING	TA0001692	ACTIVE, BILLABLE		
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)	GHP OR UST ID	CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814	ACTIVE	4104-UST OWNERSHIP/OPERAT	11/01/2012	10/31/2013
PR0002529	ACTIVE, EXEMPT FROM BILLING	TA0001693	ACTIVE, BILLABLE		
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)	GHP OR UST ID	CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815	ACTIVE	4104-UST OWNERSHIP/OPERAT	11/01/2012	10/31/2013
PR0002529	ACTIVE, EXEMPT FROM BILLING	TA0001694	ACTIVE, BILLABLE		
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)	GHP OR UST ID	CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816	ACTIVE	4104-UST OWNERSHIP/OPERAT	11/01/2012	10/31/2013
PR0002529	ACTIVE, EXEMPT FROM BILLING	TA0001695	ACTIVE, BILLABLE		
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)	GHP OR UST ID	CURRENT STATUS(BILLING)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

ENTERED
JUL 08 2013

*DATE SUBMITTED: _____ DATE ENTERED: _____ FISCAL ENTRY DATE/ INITIAL: _____

*SUBMITTED BY: _____ ENTERED BY: _____ ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to complete all fields on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

San Bernardino County Fire Department

UST FACILITY INFORMATION SHEET

FACILITY ID: FA0001676
CROSS REFERENCE: 86008958
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

OWNER ID: OW0003269
CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION
3200 SAN FERNANDO ROAD
LOS ANGELES, CA 90065

Record ID	STATUS	EXPIRATION DATE	PROGRAM ELEMENT
PMT: PT0020774	ACTIVE	10/31/2013	4031 - APSA 1,320-10,000 GAL FAC CAPACITY
GHP: PR0020026	ACTIVE, BILLABLE		4031-APSA 1,320-10,000 GAL FAC CAPACITY
PMT: PT0011813	ACTIVE	10/31/2013	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001692	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 2	Agency Tank #: 2	Manufactured by:JOOR	Capacity: 20,000 Date Installed:
# of Compartments: 1	Type of System: DOUBLE-WALL		Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUELING	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: DIESEL			
Additional Description of Tank:			
Location Within Site:W			
PMT: PT0011814	ACTIVE	10/31/2013	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001693	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 3	Agency Tank #: 3	Manufactured by:JOOR	Capacity: 4,500 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: USED OIL
Type of Use: HAZARDOUS WASTE (INCLUDES USED	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: WASTE OIL			
Additional Description of Tank:			
Location Within Site:SE			
PMT: PT0011815	ACTIVE	10/31/2013	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001694	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 4	Agency Tank #: 4	Manufactured by:JOOR	Capacity: 3,500 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: OTHER
Type of Use: OTHER	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance:			
Additional Description of Tank: NOT CURRENTLY USED			
Location Within Site:E CENTER COMPARTMENT PREVIOUSLY HELD NEW OIL			
PMT: PT0011816	ACTIVE	10/31/2013	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD
TANK ID: TA0001695	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)
Tank Owner's ID: 1	Agency Tank #: 1	Manufactured by:JOOR	Capacity: 12,000 Date Installed: 01/01/1987
# of Compartments: 3	Type of System: DOUBLE-WALL		Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUELING	Chemical Form:		ELD (Tank Leak Detection):
Common Name of Substance: CLEAR DIESEL			
Additional Description of Tank:			
Location Within Site:NE			
PMT: PT0002283	ACTIVE	10/31/2013	4223 - HAZMAT HANDLER 26-50 EMPLOYEES
GHP: PR0002527	ACTIVE, BILLABLE		4223-HAZMAT HANDLER 26-50 EMPLOYEES
PMT: PT0024512	ACTIVE	10/31/2013	4270 - EPCRA FACILITY
GHP: PR0032381	ACTIVE, BILLABLE		4270-EPCRA FACILITY
PMT: PT0024806	INACTIVE	10/31/2011	4270 - EPCRA FACILITY
GHP: PR0032845	INACTIVE, NON-BILLABLE		4270-EPCRA FACILITY
PMT: PT0002284	ACTIVE	10/31/2013	4420 - SPECIAL GENERATOR
GHP: PR0002528	ACTIVE, BILLABLE		4420-SPECIAL GENERATOR

D.O. SUBMITTED DATE (D1 on Facility):03/07/2011

PLAN_SUBMITTED	RECORD_ID	ASSIGNED TO	STATUS	DATE_PLAN_APPROVED	DATE_PLAN_REJECTED
03/01/2012	SR0038681	JERRY WONG	NOT REVIEWED		

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

File

☑ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A Update CURRENT INVOICE MAILING CODE: A

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: ~~3200 SAN FERNANDO RD~~ 500 N. Brand Blvd. ADDRESS 2: Ste 500

*CITY: ~~LOS ANGELES~~ Glendale *STATE: CA *ZIP CODE: ~~90065~~ 91203 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/03/2012

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: 3200 SAN FERNANDO ROAD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 03/22/2012

FACILITY MAILING ADDRESS

☐ Same as Owner Mailing Address ☐ Same as Facility

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: SCOTT BEVAN

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; BEVANS@VMCMAIL.COM

☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name")

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: VULCAN MATERIALS WEST DIVISION #2 ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 500 N. BRAND BLVD, STE 500 ADDRESS 2:

CITY: GLENDALE STATE: CA ZIP CODE: 91203 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI Last Billing: 09/17/2012

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

ENVIRONMENTAL CONTACT NAME: TONY VARISCO EMAIL:

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	CTIVE PERMIT STATUS	4031-APSA 1,320-10,000 GAI ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
	PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)			UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4223-HAZMAT HANDLER 26-50 E ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
	PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)			UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024512 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
	PR0032381 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)			UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024806 PERMIT NUMBER.	INACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
	PR0032845 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)			UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420-SPECIAL GENERATOR ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
	PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)			UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2012 EFFECTIVE DATE	10/31/2013 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: _____ DATE ENTERED: 1/2/13 FISCAL ENTRY DATE/ INITIAL: _____

*SUBMITTED BY: _____ ENTERED BY: _____ ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

OPEN VIOLATIONS: FA0001676

INSPECTION DATE: **12/26/12** VIOLATION ID: **IVJBZY0CT** COMPLY BY: **01/25/2013**

INSPECTOR:**ADRIAN SAGUAN** COMPLIED ON: _____

VIOLATION: 4103124100-Owner/Operator shall submit a signed Designated UST Operator Statement that is current within 30 days of any change in the Designated UST Operator.

COMMENTS: Signed UST Designated Operator Statement not available on site for review at the time of inspection.

INSPECTION DATE: **12/26/12** VIOLATION ID: **IVV623OKI** COMPLY BY: **01/25/2013**

INSPECTOR:**ADRIAN SAGUAN** COMPLIED ON: _____

VIOLATION: 4103074100-Owner/Operator of a UST system shall maintain evidence of financial responsibility for releases from the UST system.

COMMENTS: Evidence of financial responsibility for UST system not available for review at the time of inspection.

INSPECTION DATE: **12/26/12** VIOLATION ID: **IVYLOWKPT** COMPLY BY: **01/25/2013**

INSPECTOR:**ADRIAN SAGUAN** COMPLIED ON: _____

VIOLATION: 4103034100-Owner/Operator shall complete and submit the required UST permit application.

COMMENTS: UST Permit Application on site is not on current forms. Update UST Permit Application on current forms and submit a copy to this Department within 30 days.

Vulcan
Materials Company
WEST REGION

RECEIVED
NOV 05 2012
S.B. CO. FIRE DEPT.

Nov. 1, 2012 Certified Mail Return Receipt Requested

San Bernardino County Fire Department
Hazardous Materials Division
620 South E Street
San Bernardino, CA 92415-0153

Dear Sir or Madam:

Please be advised that as of May 7, 2012, our office was physically relocated to 500 North Brand Blvd., Suite 500, Glendale, CA 91203. Please send correspondence invoices, and permits for the following facilities to the above address.

FA 007904	2350 W. Highland Ave. San Bernardino
FA 001676	2400 W. Highland Ave. San Bernardino
FA 0010129	19401 N. Cajon Blvd. San Bernardino
FA 007169	20161 National Trails Highway, Oro Grande
FA 0003937	4711 Huntington Dr., Montclair

Please contact me at (818) 553-8938 or email at stjohnc@vmcmail.com if you have any questions.

Respectfully,

Charles St. John
Los Angeles Region Environmental Mgr.

500 North Brand Boulevard, Suite 500
Glendale, CA 91203
818-553-8800

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

Fiscal

Quick Submit-Correct minor information without full verification.

INACTIVATE PE A270

RDC

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: CALMAT CO/DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

*CITY: LOS ANGELES *STATE: CA *ZIP CODE: 90065 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/03/2012

OWNER MAILING ADDRESS

Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: 3200 SAN FERNANDO ROAD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 10/21/2011

FACILITY MAILING ADDRESS

Same as Facility

Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: SCOTT BEVAN

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; BEVANS@VMCMAIL.COM NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: VULCAN MATERIALS WEST DIVISION #2

Same as Owner Mailing Address Same as Facility Mailing Address

CARE OF: MATT BRANSTETTER

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI Last Billing: 11/08/2011

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

ENVIRONMENTAL CONTACT NAME: TONY VARISCO EMAIL:

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency

Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to **complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE T APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4031-APSA 1,320-10,000 G/ ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
		PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4223-HAZMAT HANDLER 26-50 E ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
		PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024512 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
		PR0032381 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☒INACTIVATE ☐ZERO OUT BALANCE	PT0024806 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4270-EPCRA FACILITY ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
		PR0032845 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420-SPECIAL GENERATOR ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
		PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2011 EFFECTIVE DATE	10/31/2012 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)	TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes (No)

*Should this facility be inactivated upon verification that there is no balance due? Yes (No)

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes (No)

*Does this 5050 have attached documents? Yes (No)

ENTERED JAN 27 2012

*DATE SUBMITTED: 1-19-12 DATE ENTERED: FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: M. BECHEL ENTERED BY: DW ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

INACTIVE Duplicate PE 4270

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

Demand Bill

☐ Quick Submit-Correct minor information without full verification.

UPDATE

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A 74242 +8030

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0003269

Legal Owner

*NAME: ~~VULCAN MATERIALS~~ CALMAT CO. / DBA VULCAN MATERIALS, WESTERN DIVISION

*ADDRESS 1: PO BOX 380607 RD ADDRESS 2:

*CITY: BIRMINGHAM *STATE: AL *ZIP CODE: 35238-0607 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/31/2011

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: PO BOX 380607 RD ADDRESS 2:

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35238-0607 COUNTRY: USA

F- FACILITY INFORMATION

FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 12-29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: 01 *BUSINESS TYPE: 06 FYI LAST UPDATED: 04/20/2011

FACILITY MAILING ADDRESS

☐ Same as Facility

☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: MATT BRANSTETTER

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM; BEVANS@VMCMAIL.COM ☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION

ACCOUNT ID: AR0001676

☐ Same as Owner Mailing Address ☒ Same as Facility Mailing Address

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 06/06/2011

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to **complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	CTIVE PERMIT STATUS	4031-APSA 1,320-10,000 GA ORIGINAL P.E.	11/01/2009 EFFECTIVE DATE	10/31/2010 EXPIRATION DATE
			PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4223-HAZMAT HANDLER 26-50 E ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420-SPECIAL GENERATOR(B) ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.:

4270 NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S **4**

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes (No)

*Should this facility be inactivated upon verification that there is no balance due? Yes (No)

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes (No)

*Does this 5050 have attached documents? Yes (No)

*DATE SUBMITTED: 10/20/11 DATE ENTERED: 10/21/11 FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: J. Kong ENTERED BY: YJ *Demand bill for updated PEs: (Yes) No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

PER INSPECTION;

- FACILITY MAINTAINS GREATER THAN 10,000-POUNDS OF NON-RETAIL FUEL.
- DEMAND BILL FOR EFCRA P.E.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

San Bernardino County Fire Department

UST FACILITY INFORMATION SHEET

FACILITY ID: FA0001676
CROSS REFERENCE: 86008958
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

OWNER ID: OW0003269
VULCAN MATERIALS
PO BOX 380607 RD
BIRMINGHAM, AL 35238

Record ID	STATUS	EXPIRATION DATE	PROGRAM ELEMENT
PMT: PT0020774	ACTIVE	10/31/2010	4031 - APSA 1,320-10,000 GAL FAC CAPACITY
GHP: PR0020026	ACTIVE, BILLABLE		4031-APSA 1,320-10,000 GAL FAC CAPACITY
PMT: PT0011813	ACTIVE	10/31/2011	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001692	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: 2 Agency Tank #: 2 Manufactured by:JOOR Capacity: 20,000 Date Installed:
# of Compartments: 1 Type of System: DOUBLE WALLED Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUEL Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: DIESEL
Additional Description of Tank:
Location Within Site:W

PMT: PT0011814	ACTIVE	10/31/2011	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001693	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: 3 Agency Tank #: 3 Manufactured by:JOOR Capacity: 4,500 Date Installed: 01/01/1987
# of Compartments: 3 Type of System: DOUBLE WALLED Product Type: USED OIL
Type of Use: HAZ. WASTE(USED OIL) Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: WASTE OIL
Additional Description of Tank:
Location Within Site:SE

PMT: PT0011815	ACTIVE	10/31/2011	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001694	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: 4 Agency Tank #: 4 Manufactured by:JOOR Capacity: 3,500 Date Installed: 01/01/1987
# of Compartments: 3 Type of System: DOUBLE WALLED Product Type: OTHER PETROLEUM
Type of Use: NON-FUEL PETROLEUM Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance:
Additional Description of Tank: NOT CURRENTLY USED
Location Within Site:E CENTER COMPARTMENT PREVIOUSLY HELD NEW OIL

PMT: PT0011816	ACTIVE	10/31/2011	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001695	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: 1 Agency Tank #: 1 Manufactured by:JOOR Capacity: 12,000 Date Installed: 01/01/1987
# of Compartments: 3 Type of System: DW Product Type: DIESEL
Type of Use: MOTOR VEHICLE FUEL Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: CLEAR DIESEL
Additional Description of Tank:
Location Within Site:NE

PMT: PT0002283	ACTIVE	10/31/2011	4223 - HAZMAT HANDLER 26-50 EMPLOYEES
GHP: PR0002527	ACTIVE, BILLABLE		4223-HAZMAT HANDLER 26-50 EMPLOYEES
PMT: PT0002284	ACTIVE	10/31/2011	4420 - SPECIAL GENERATOR(B)
GHP: PR0002528	ACTIVE, BILLABLE		4420-SPECIAL GENERATOR(B)

D.O. SUBMITTED DATE (D1 on Facility):03/07/2011

PLAN_SUBMITTED	RECORD_ID	ASSIGNED TO	STATUS	DATE_PLAN_APPROVED	DATE_PLAN_REJECTED
03/10/2011	SR0030985	FIRAS TAHER	NOT REVIEWED		

Type of System

02-DOUBLE WALLED
01-SINGLE WALLED
95-UNKNOWN

Type of Use

1c-AVIATION FUELING
03-CHEMICAL PRODUCT
05-EMERGENCY GEN. FUEL
04-HAZ. WASTE(USED OIL)
1b-MARINA FUELING
1a-MOTOR VEHICLE FUEL
02-NON-FUEL PETROLEUM
99-OTHER
06-OTHER GENERATOR
95-UNKNOWN

Product Type

06-AVIATION GAS
06A-AVIATION GAS
03-DIESEL
03A-DIESEL
10-ETHANOL
10A-ETHANOL
04-GASOHOL
05-JET FUEL
05A-JET FUEL
02-LEADED
01C-MIDGRADE UNLEADED
1c-MIDGRADE UNLEADED
99-OTHER
11-OTHER NON-PETROLEUM
09-OTHER PETROLEUM
08A-PETROLEUM BLEND
08-PETROLEUM BLEND FUEL
01B-PREMIUM UNLEADED
1b-PREMIUM UNLEADED
01A-REGULAR UNLEADED
1a-REGULAR UNLEADED
95-UNKNOWN
07-USED OIL
07A-USED OIL

File

HAZ DOUS MATERIAL FIELD SERV ES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: VULCAN MATERIALS

*ADDRESS 1: PO BOX 380607 RD ADDRESS 2:

*CITY: BIRMINGHAM *STATE: AL *ZIP CODE: 35238-0607 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/31/2011

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: PO BOX 380607 RD ADDRESS 2:

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35238-0607 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 12

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: *BUSINESS TYPE: FYI LAST UPDATED: 03/18/2011

FACILITY MAILING ADDRESS

☐ Same as Facility

☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: MATT BRANSTETTER

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM Bevans@vmcmail.com ☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION — ACCOUNT ID: AR0001676

☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 04/06/2011

FYI ANNIVERSARY DATE: 07/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774	CTIVE	4031-APSA 1,320-10,000 GA	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0020026	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283	ACTIVE	4223-HAZMAT HANDLER 26-50 E	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0002527	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284	ACTIVE	4420-SPECIAL GENERATOR(B)	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0002528	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001692	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001693	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001694	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2010	07/31/2011
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001695	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes (No)

*Should this facility be inactivated upon verification that there is no balance due? Yes (No)

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes (No)

*Does this 5050 have attached documents? Yes (No)

ENTERED
APR 20 2011

*DATE SUBMITTED: 4-18-11 DATE ENTERED: _____ FISCAL ENTRY DATE/ INITIAL: _____

*SUBMITTED BY: Monica Roncletti ENTERED BY: _____ ***Demand bill for updated PEs**: Yes (No)

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

Add APSA Contact email Bevans@vmcmail.com

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to complete all fields on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: VULCAN MATERIALS

*ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

*CITY: LOS ANGELES *STATE: CA *ZIP CODE: 90065 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 06/10/2010

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: JOHN JANKE DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: P O BOX 2950 ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251

FAX: 323-258-3289 CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: *BUSINESS TYPE: FYI LAST UPDATED: 03/31/2010

FACILITY MAILING ADDRESS

☐ Same as Facility ☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: MATT BRANSTETTER

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

EMAIL: STJOHNC@VMCMAIL.COM

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 06/17/2010

FYI ANNIVERSARY DATE: 07/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 3,772.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774	CTIVE	4031-APSA 1,320-10,000 GA	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0020026	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283	ACTIVE	4223-HAZMAT HANDLER 26-50 E	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0002527	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284	ACTIVE	4420-SPECIAL GENERATOR(B)	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0002528	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001692	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001693	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001694	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816	ACTIVE	4104-UST OWNERSHIP/OPERAT	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002529	ACTIVE, EXEMPT FROM BILLING		TA0001695	ACTIVE, BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF EMP.: 12 NUMBER OF ACTIVE UST'S 4 MFR # _____

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: 7/9/11 DATE ENTERED: 9/24/10 FISCAL ENTRY DATE/ INITIAL: _____

*SUBMITTED BY: Monica ENTERED BY: YFara ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

Uptake tank info & violations.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

OPEN VIOLATIONS: FA0001676

INSPECTION DATE: **6/25/09**	VIOLATION ID: **IV0041276**	COMPLY BY: **07/25/2009**
INSPECTOR:**CATHERINE RICHARDS**		COMPLIED ON:
VIOLATION: 4103124100-Failure to submit Designated Operator statement		
INSPECTION DATE: **6/25/09**	VIOLATION ID: **IV0041277**	COMPLY BY: **07/25/2009**
INSPECTOR:**CATHERINE RICHARDS**		COMPLIED ON:
VIOLATION: 4103054100-Prior UST violations not corrected within 30 days		
INSPECTION DATE: **6/25/09**	VIOLATION ID: **IV0041278**	COMPLY BY: **07/25/2009**
INSPECTOR:**CATHERINE RICHARDS**		COMPLIED ON:
VIOLATION: 4103284100-Secondary containment components not tested		
INSPECTION DATE: **6/25/09**	VIOLATION ID: **IV0041279**	COMPLY BY: **07/25/2009**
INSPECTOR:**CATHERINE RICHARDS**		COMPLIED ON:
VIOLATION: 4103294100-UST system does not meet design, construction, and monitoring requirements		
INSPECTION DATE: **7/9/09**	VIOLATION ID: **IV0044717**	COMPLY BY: **07/19/2009**
INSPECTOR:**GREG BEACH**		COMPLIED ON:
VIOLATION: 4103244100-Line leak detector(s) not installed or functioning		
INSPECTION DATE: **7/9/09**	VIOLATION ID: **IV0044718**	COMPLY BY: **08/08/2009**
INSPECTOR:**GREG BEACH**		COMPLIED ON:
VIOLATION: 4203114200-Failure to submit/update the Business Plan		

7/19/11

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to **complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

San _ _rnardino County Fire Dep..ment

UST FACILITY INFORMATION SHEET

FACILITY ID: FA0001676
CROSS REFERENCE: 86008958
VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

OWNER ID: OW0003269
VULCAN MATERIALS
P O BOX 2950
LOS ANGELES, CA 90051

Record ID	STATUS	EXPIRATION DATE	PROGRAM ELEMENT
PMT: PT0020774	ACTIVE	07/31/2010	4031 - APSA 1,320-10,000 GAL FAC CAPACITY
GHP: PR0020026	ACTIVE, BILLABLE		4031-APSA 1,320-10,000 GAL FAC CAPACITY
PMT: PT0011813	ACTIVE	07/31/2010	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001692	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: Agency Tank #: Manufactured by: Joor Capacity: ~~10,000~~ Date Installed:
# of Compartments: Type of System: 02 Product Type: 3
Type of Use: 1a Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: ~~G~~ Diesel
Additional Description of Tank:
Location Within Site: W

PMT: PT0011814	ACTIVE	07/31/2010	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001693	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: Agency Tank #: Manufactured by: Joor Capacity: 1 Date Installed: 1987
# of Compartments: 3 Type of System: 02 Product Type: 7 4500-gal
Type of Use: 04 Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: waste oil ~~Red Dye~~ L
Additional Description of Tank:
Location Within Site: SE

PMT: PT0011815	ACTIVE	07/31/2010	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001694	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: Agency Tank #: Manufactured by: Joor Capacity: 1 Date Installed: 1987
# of Compartments: 3 Type of System: 02 Product Type: 09 3500-gal
Type of Use: ~~02~~ Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance:
Additional Description of Tank:
Location Within Site: E Center Compartment previously held new oil

PMT: PT0011816	ACTIVE	07/31/2010	4104 - UST OWNERSHIP/OPERATING PERMIT (PER UST)
GHP: PR0002529	ACTIVE, EXEMPT FROM BILLING		4102-UST GENERAL HEALTH PROGRAM RECORD(PH)
TANK ID: TA0001695	ACTIVE, BILLABLE		4104-UST OWNERSHIP/OPERATING PERMIT (PER UST)

Tank Owner's ID: Agency Tank #: Manufactured by: Joor Capacity: 1 Date Installed: 1987
# of Compartments: 3 Type of System: ~~Pressure~~ 02 Product Type: 3 12000
Type of Use: 1a Chemical Form: ELD (Tank Leak Detection):
Common Name of Substance: Clear Diesel
Additional Description of Tank:
Location Within Site: NE

PMT: PT0002283	ACTIVE	07/31/2010	4223 - HAZMAT HANDLER 26-50 EMPLOYEES
GHP: PR0002527	ACTIVE, BILLABLE		4223-HAZMAT HANDLER 26-50 EMPLOYEES
PMT: PT0002284	ACTIVE	07/31/2010	4420 - SPECIAL GENERATOR(B)
GHP: PR0002528	ACTIVE, BILLABLE		4420-SPECIAL GENERATOR(B)

D.O. SUBMITTED DATE (D1 on Facility):01/03/2005

PLAN SUBMITTED	RECORD ID	ASSIGNED TO	STATUS	DATE PLAN APPROVED	DATE PLAN REJECTED
02/19/2010	SR0025858	JERRY WONG	NOT REVIEWED		

Type of System

01-SINGLE WALLED
02-DOUBLE WALLED
95-UNKNOWN

Type of Use

1a-MOTOR VEHICLE FUEL
02-NON-FUEL PETROLEUM
03-CHEMICAL PRODUCT
04-HAZ. WASTE(USED OIL)
05-EMERGENCY GEN. FUEL
95-UNKNOWN
99-OTHER
1b-MARINA FUELING
1c-AVIATION FUELING
06-OTHER GENERATOR

Product Type

02-LEADED
03-DIESEL
04-GASOHOL
05-JET FUEL
06-AVIATION GAS
1a-REGULAR UNLEADED
1b-PREMIUM UNLEADED
1c-MIDGRADE UNLEADED
95-UNKNOWN
99-OTHER
07-USED OIL
08-PETROLEUM BLEND FUEL
09-OTHER PETROLEUM
10-ETHANOL
11-OTHER NON-PETROLEUM

Update PE 4002

Full

HA[illegible]RDOUS MATERIAL FIELD SERV[illegible]ES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: VULCAN MATERIALS

*ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

*CITY: LOS ANGELES *STATE: CA *ZIP CODE: 90065 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 10/09/2009

TAX ID: XX-XXX5790 DRIVER LICENSE:

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: JOHN JANKE DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: P O BOX 2950 ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

CENSUS: MILITARY SCHOOL MEDICAL *BUSINESS CODE: *BUSINESS TYPE:

SIC CODE: Construction Sand and Gravel *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07

*PHONE: 909-875-1150 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289 FYI LAST UPDATED: 08/04/2009

FACILITY MAILING ADDRESS

☐ Same as Facility

☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: PETER CHIU

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

EMAIL: MILLERM@VMCMAIL.COM

A- A/R INFORMATION — ACCOUNT ID: AR0001676

☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: TAX ID: XX-XXX5790 DRIVER LICENSE:

ALT PHONE: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 11/05/2009

ALT PHONE: EXT: FYI TOTAL DUE: 0.00

FYI ANNIVERSARY DATE: 07/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to **complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE TH[illegible] APPLY)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002[illegible]	ACTIVE	4223	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002527	ACTIVE, BILLABLE	NA	NA		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0002284	ACTIVE	4420	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0002528	ACTIVE, BILLABLE	NA	NA		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011813	ACTIVE	4104	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
TA0001692	ACTIVE, BILLABLE	PR0002529	ACTIVE, EXEMPT FROM BILLING		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011814	ACTIVE	4104	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
TA0001693	ACTIVE, BILLABLE	PR0002529	ACTIVE, EXEMPT FROM BILLING		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011815	ACTIVE	4104	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
TA0001694	ACTIVE, BILLABLE	PR0002529	ACTIVE, EXEMPT FROM BILLING		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0011816	ACTIVE	4104	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
TA0001695	ACTIVE, BILLABLE	PR0002529	ACTIVE, EXEMPT FROM BILLING		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☒ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0020774	ACTIVE	4002	08/01/2009	07/31/2010
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0020026	ACTIVE, BILLABLE	NA	NA		4032
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF EMP.: 12 NUMBER OF ACTIVE UST'S 4 MFR #

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes (No)

*Should this facility be inactivated upon verification that there is no balance due? Yes (No)

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes (No)

*Does this 5050 have attached documents? Yes (No)

ENTERED

*DATE SUBMITTED: 12-15-09 DATE ENTERED: JAN 11 2010 FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: N Schlatthauer ENTERED BY: ***Demand bill for updated PEs**: Yes (No)

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

Per Tank Facility Statement of 11-26-08 update PE 4002 to 4032.

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICE COMPUTER DATABASE UPDATE AUTHORIZATION

File

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0003269

NAME: CALMAT CO

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY:

PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: DRIVER LICENSE:

TAX ID: 95-0645790 LAST UPDATED: 01/11/2006

OWNER MAILING ADDRESS

CARE OF: PETER CHIU DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: P O BOX 2950 ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY:

F- FACILITY INFORMATION

FACILITY ID: FA0001676

NAME: VULCAN MATERIALS WEST DIVISION #2

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 CITY CODE: SAN BERNARDINO

SIC CODE: Construction Sand and Gravel BUSINESS CODE: BUSINESS TYPE:

CENSUS: SUPERVISORIAL DISTRICT: 005 INSPECTION DISTRICT: 07

PHONE: 909-875-1150 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289 LAST UPDATED: 05/20/2008

FACILITY MAILING ADDRESS

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: PETER CHIU

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

EMAIL: MILLERM@VMCMAIL.COM

A- A/R INFORMATION

ACCOUNT ID: AR0001676

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: 10/06/2008

ALT PHONE: EXT: EXEMPT FROM BILLING: NO TAX ID: 95-0645790

ANNIVERSARY DATE: 07/31/2002 TOTAL DUE: 0.00 ACCOUNT STATUS: ACTIVE ACCOUNT

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT000228 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4223 (ORIGINAL P.E.)	01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
PR0002527 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	NA (GHP FOR UST(PH))	NA (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0002284 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4420 (ORIGINAL P.E.)	08/01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
PR0002528 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	NA (GHP FOR UST(PH))	NA (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0011813 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4104 (ORIGINAL P.E.)	08/01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
TA0001692 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	PR0002529 (GHP FOR UST(PH))	ACTIVE, EXEMPT FROM BILLING (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0011814 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4104 (ORIGINAL P.E.)	08/01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
TA0001693 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	PR0002529 (GHP FOR UST(PH))	ACTIVE, EXEMPT FROM BILLING (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0011815 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4104 (ORIGINAL P.E.)	08/01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
TA0001694 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	PR0002529 (GHP FOR UST(PH))	ACTIVE, EXEMPT FROM BILLING (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0011816 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4104 (ORIGINAL P.E.)	08/01/2008 (EFFECTIVE DATE)	07/31/2009 (EXPIRATION DATE)
TA0001695 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	PR0002529 (GHP FOR UST(PH))	ACTIVE, EXEMPT FROM BILLING (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)

ADD NEW P.E. 4002 (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.)

(NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.) | (NEW P.E.)

NUMBER OF EMP.: 12 NUMBER OF ACTIVE UST'S 4 MFR #

DATE SUBMITTED: Oct. 21, 2008 DATE ENTERED: 10.22.08 FISCAL DATE:

SUBMITTED BY: N. Schlotthauer ENTERED BY: Demand bill for updated PEs: Yes No

COMMENTS/REMARKS:

Per BP of 2-20-08, add PE 4002.

HAZ)OUS MATERIAL FIELD SERVI S
COMPUTER DATABASE UPDATE AUTHORIZATION

✓ Bmc 12-11-07

RCD SDID FIRE FISCAL
07 JUL 30 AM 8:07

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0001423

NAME: CAL MAT CO.

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY: USA

PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 909-875-1150 EXT: DRIVER LICENSE:

TAX ID: 95-0645790 LAST UPDATED: 06/29/2005

OWNER MAILING ADDRESS

CARE OF: PETER CHIU DBA: VULCAN MATERIALS

ADDRESS1: PO BOX 2950/TRMNL ANNEX ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051 COUNTRY: USA

F- FACILITY INFORMATION

FACILITY ID: FA0001676

NAME: VULCAN MATERIALS WEST DIVISION #2

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407 CITY CODE: SAN BERNARDINO

SIC CODE: BUSINESS CODE: BUSINESS TYPE:

CENSUS: SUPERVISORIAL DISTRICT: 005 INSPECTION DISTRICT: 07

PHONE: 909-875-1150 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: 323-258-2777 EXT: 3251 FAX: 909-421-8141 LAST UPDATED: 07/20/2007

FACILITY MAILING ADDRESS

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: PETER CHIU

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407 COUNTRY: USA

EMAIL: MILLERM@VMCMAIL.COM

A- A/R INFORMATION

ACCOUNT ID: AR0001676

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: 06/26/2007

ALT PHONE: EXT: EXEMPT FROM BILLING: NO TAX ID: 95-0645790

ANNIVERSARY DATE: 07/31/2002 TOTAL DUE: 0.00 ACCOUNT STATUS: ACTIVE ACCOUNT

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT00022 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4223 ORIGINAL P.E.	8/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	NA GHP FOR UST(PH)	NA CURRENT STATUS FOR UST(PH)		UPDATED P.E.	
UPDATE/CLOSE/Z.O.B.	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420 ORIGINAL P.E.	08/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	NA GHP FOR UST(PH)	NA CURRENT STATUS FOR UST(PH)		UPDATED P.E.	
UPDATE/CLOSE/Z.O.B.	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104 ORIGINAL P.E.	08/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		UPDATED P.E.	
UPDATE/CLOSE/Z.O.B.	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104 ORIGINAL P.E.	08/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		UPDATED P.E.	
UPDATE/CLOSE/Z.O.B.	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104 ORIGINAL P.E.	08/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		UPDATED P.E.	
UPDATE/CLOSE/Z.O.B.	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104 ORIGINAL P.E.	08/01/2007 EFFECTIVE DATE	07/31/2008 EXPIRATION DATE	
TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		UPDATED P.E.	

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF EMP: ENTERED NUMBER OF UST'S: ENTERED 4 MFR #

DATE SUBMITTED: JUL 20 2007 DATE ENTERED: JUL 20 2007 FISCAL DATE:

SUBMITTED BY: Jose Cisneros ENTERED BY: Jose Cisneros

COMMENTS/REMARKS:

Per BP review the Name of the Facility has been Changed.

HAZ OUS MATERIAL FIELD SERV ES
COM. ER DATABASE UPDATE AUTHORIZATION

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0001423

NAME: CAL MAT CO. DBA Vulcan Materials

ADDRESS 1: ~~P O BOX 2950/TRMNL ANNEX~~ 3200 ADDRESS 2: San Fernando Rd

CITY: LOS ANGELES STATE: CA ZIP CODE: ~~90051-9005~~ 90065 COUNTRY:

PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: ~~213-258-2777~~ EXT: DRIVER LICENSE:

TAX ID: 95-0645790 OWNER SWITCH DATE: LAST UPDATED: 8/15/2002

OWNER MAILING ADDRESS

CARE OF: PETER CHIU DBA: CAL MAT CO.

ADDRESS1: P O BOX 2950/TRMNL ANNEX ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051 COUNTRY:

F- FACILITY INFORMATION

FACILITY ID: FA0001676

NAME: CAL MAT CO. DBA Vulcan Materials - Rock & Sand

ADDRESS 1: 2400 HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92405-0000

SIC CODE: BUSINESS CODE: BUSINESS TYPE:

CENSUS: SUPERVISORIAL DISTRICT: 005 INSPECTION DISTRICT: 07

PHONE: ~~714-875-1150~~ 909-875- EXT: 5180 FIRE JURISDICTION:

ALT PHONE: 800-225-6280 EXT: 3251 FAX: ~~714-875-1150~~ 909-820-7256 LAST UPDATED: 8/15/2002

FACILITY MAILING ADDRESS

BUSINESS NAME: CAL MAT CO.

CARE OF: PETER CHIU

ADDRESS 1: 2400 HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92405-0000 COUNTRY:

EMAIL:

A- A/R INFORMATION

ACCOUNT ID: AR0001676

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: 2/5/2004

ALT PHONE: EXT: ANNIVERSARY DATE: 7/31/2002

TAX ID: 95-0645790

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT0002	PR0002527	4223	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0002284	PR0002528	4420	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0011813	PR0002529	4104	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0011814	PR0002529	4104	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0011815	PR0002529	4104	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0011816	PR0002529	4104	ACTIVE	7/31/2004	
	PERMIT NUMBER.	PROGRAM RECORD	ORIGINAL P.E.	STATUS	EXPIRATION DATE	UPDATED P.E.
ADD NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	

NUMBER OF EMP. _____ NUMBER OF UST'S 4 MFR # _____

DATE SUBMITTED: 2-19-04 DATE ENTERED: 3/2/04 FISCAL DATE: _____

SUBMITTED BY: _____ ENTERED BY: _____

COMMENTS/REMARKS:

Per conversation w/ Theresa Thompson of Vulcan Materials: Please update owner and facility info.

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
07/31/2002

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - SPECIAL GENERATOR

FEE PAID $279.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

FILE COPY

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
07/31/2002

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER, 26-50 EMPLOYEES

FEE PAID $580.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard W. Lewis
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

FILE COPY

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
07/31/2002

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 9709099832

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - STATE MANDATED FACILITY SERVICE FEE

FEE PAID $10.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

FILE COPY

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
07/31/2001

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER, 26-50 EMPLOYEES

FEE PAID $514.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard W. Lewis
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

FILE COPY

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

AL MAT CO.
400 HIGHLAND AVE
AN BERNARDINO, CA 92405
ST - 86008958 PERMIT - 8610290005

THIS PERMIT EXPIRES:
07/31/2001

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - SPECIAL GENERATOR

FEE PAID $247.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard W. Lewis
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

FILE COPY

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
07/31/2001

CAL MAT CO.
1400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 9709099832

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - STATE MANDATED FACILITY SERVICE FEE

FEE PAID $10.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A
CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
ANNUAL INVOICE FOR PERMIT FEES DUE

Establishment No. **86008958**

ANNUAL INVOICE

06/28/2000

POSTED 7/10/00

PAID
Amt. 1508
Date 7/10/00
By CK
R-1616122

Element Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	07/31/2000	08/01/2000-07/31/2001	737.00
8701071107	226011	07/31/2000	08/01/2000-07/31/2001	514.00
9709099832	227001	07/31/2000	08/01/2000-07/31/2001	10.00
8610290005	228707	07/31/2000	08/01/2000-07/31/2001	247.00

BILL TO: CAL MAT CO.
ATTN: TOM LOWRY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 1,508.00

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

Office SB Co Trs — San Bernardino County

ORIGINAL

1616122

, Calif., 7/10/00 19

RECEIVED FROM Vulcan $ 2745

Two Thousand Seven hundd fifty five DOLLARS

Court _____ Case Name _____ vs. _____

NATURE OF FEES		
SKX 10615594I5	2725	—
NUH 10610699D	20	—
83982		
☐ CASH ☒ CHECK ☐ MONEY ORDER	2745	—

Case No. 8600534

Cindy Echols
(SIGNATURE)

A/C H
(TITLE)

992

01-188A-123 REV. 3-80

10-83

HAZARDOUS MATERIALS FIELD SERVICES
COMPUTER DATA BASE UPDATE AUTHORIZATION

CHANGE [ ]

(Circle one) INACTIVATE PERMIT/FACILITY [X]

BILL TO: E A O LOC/DIST NO:_____ EST NO: 100099158

(Former Est. Name (if applicable)

E – Establishment Information
Name: Cal Mat

Street No: 2400 Fraction:_____ Direction:_____

Street Name: Highland ave Apt/Ste/Unit No:_____

City: Highland State: CA Zip Code: 92405

Attn: Telephone: ( )

A – Applicant Information
Name:_____

Street No:_____ Fraction:_____ Direction:_____

Street Name:_____ Apt/Ste/Unit No:_____

City:_____ State:_____ Zip Code:_____

Attn: Telephone: ( )

O – Owner Information
Name:_____

Street No:_____ Fraction:_____ Direction:_____

Street Name:_____ Apt/Ste/Unit No:_____

City:_____ State:_____ Zip Code:_____

Attn: Telephone: ( )

Program Information: MFR Number_____

Number of Employees:_____ Number of UST's:_____

Federal Tax I.D.Number/Social Security Number:

Permit Information: (Circle those that apply)
Change/Inactivate/Add: 2277023 Permit No: 980009600B2

Change/Inactivate/Add:_____ Permit No:_____

Change/Inactivate/Add:_____ Permit No:_____

Change/Inactivate/Add:_____ Permit No:_____

Change/Inactivate/Add:_____ Permit No:_____

Date Submitted: 8/10/99 Date Entered: 8/30/99

Submitted By: JMC Entered By: Dina Thomas

Comments/Remarks: State fee no longer applies

Refund $41.50

County of San Bernardino

FAS

PAYMENT VOUCHER

COPY

Page 1 of 1

DOCUMENT ID: PV (TRANS) 106 (DEPT.) B3322TT (PV NUMBER)

☐ USE TAX

COMMENTS (12)

SCHEDULED PAY mm/dd/yy	CHECK CATG	SINGLE CK FLAG	VENDOR CODE (11)	COMMENTS (96)
			PERMITREFU	EST#86008958 (24)
				PERMIT NO LONGER APPLIES (24)
				REC#1586038 8/18/99 (24)
				CAL MAT (24)

CC: CINDY HAZMAT

VENDOR NAME: VULCAN MATERIALS

ADDRESS LINE #1: P.O. BOX 2950/TRMNL ANNEX

ADDRESS LINE #2: Cal mat Highland S'B

ADDRESS LINE #3: LOS ANGELES (CITY (17)) CA (STATE (2)) 90051 (ZIP (9))

DOCUMENT TOTAL: $ 41.50

NO	VENDOR INVOICE NUMBER (12)	FUND	DEPT	ORGANIZATION	APPR	OBJECT	REV SOURCE	GRC/PROJ/JOB NUMBER	I/D
01		SKX	106	155			9970	101REFUND	

DESCRIPTION (27)	AMOUNT	TAXABLE AMOUNT
PERMIT NO LONGER APPLIES	41.50	

LINE NO	VENDOR INVOICE NUMBER (12)	FUND	DEPT	ORGANIZATION	APPR	OBJECT	REV SOURCE	GRC/PROJ/JOB NUMBER	I/D
02									

DESCRIPTION (27)	AMOUNT	TAXABLE AMOUNT

LINE NO	VENDOR INVOICE NUMBER (12)	FUND	DEPT	ORGANIZATION	APPR	OBJECT	REV SOURCE	GRC/PROJ/JOB NUMBER	I/D

DESCRIPTION (27)	AMOUNT	TAXABLE AMOUNT

DESCRIPTION OF MATERIALS OR SERVICE:	PURPOSE OF EXPENDITURES:
	REFUND

I hereby certify upon my own personal knowledge that the articles or services specified herewith were necessary and were ordered by me for use by the department and for the purpose indicated above; that the items billed have been delivered or performed as per invoice except as otherwise indicated in "COMMENTS" above; that no part thereof has been previously paid.

PREPARED BY:

/s/ JENNY THOMPSON — 387-9603 (Phone No.) — 02/17/00 (Date)

DEPARTMENT HEAD:

/s/ Elizabeth A. Hull — 2/17/00 (Date)

AUDITOR/CONTROLLER'S APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certifications, and checking of computations required by County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER By _____ Date / /

08-16470-000 Rev 4/99 PC

EH013TP
SD005A

...S Permit Billing System
Fiscal Summary

02/15/00
13:46:56

Permit nbr . . 9806096082 CONDITIONAL EXEMPTION STA Balance: .00
Estab nbr . . 86008958 CAL MAT CO.

Sel	Tran Date	Seq	Type	Amount	Amt Applied	Rev	Comment
	08/18/1999	001	301	20.75	.00	N	REFUND 1586038
	08/18/1999	002	305	20.75	.00	N	REFUND 1586038
	06/29/1999	101	101	20.75	.00	Y	
	06/29/1999	105	105	20.75	.00	Y	Never entered in system
	07/14/1998	001	200	20.75	.00	N	
	06/09/1998	001	101	20.75	20.75	N	FEE FOR 1996/97 FY

F1=Help
F15=Prmt

Office SBCo Fire — San Bernardino County — DUPLICATE 1586038

Calif., 8-18 19 99

RECEIVED FROM Vulcan Materials $ 276.50

Two Thousand seven hundred sixty one + 50/100 DOLLARS

Court _____ Case Name _____ vs. _____

86008958

NATURE OF FEES		
SKX106.15594/5	200	00
NUH 106106 99.90	20	00
SKX106155 9970 Rpt 13819	41.	50
☐ CASH ☒ CHECK ☐ MONEY ORDER	261.	50

Case No. 86009344

Cindy Cobb (SIGNATURE)

A/C Tr (TITLE)

01-188A-123 REV. 3-80 10-83

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/1999

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - SPECIAL GENERATOR

FEE PAID $229.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard W. Lewis
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/1999

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 9709099832

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - STATE MANDATED FACILITY SERVICE FEE

FEE PAID $18.50

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
ANNUAL INVOICE FOR PERMIT FEES DUE

Establishment No. **86008958**

ANNUAL INVOICE

03/27/1998

Element Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1998	05/01/1998-04/30/1999	542.00
8701071107	226011	04/30/1998	05/01/1998-04/30/1999	476.00
9709099832	227001	04/30/1998	05/01/1998-04/30/1999	18.50
8610290005	228707	04/30/1998	05/01/1998-04/30/1999	229.00

PAID
Amt #1265.50
Date APR 14 1998
By vam

BILL TO: CAL MAT CO.
ATTN: TOM LOWRY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 1,265.50

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

COUNTY FIRE
HAZARDOUS MATERIALS

98 APR 14 AM 11:05

ORIGINAL

1455822

Of Fire Dept. San Bernardino County

San Bernardino, Calif., 4-14 19 98

RECEIVED FROM CalMat $ 1265.50

ONE THOUSAND, TWO HUNDRED, SIXTY-FIVE and 50/100ths DOLLARS

Court _____ Case Name _____ vs. _____

NATURE OF FEES		
155-9415	1247	00
N4H-9990	18	50
# 941090		
☐ CASH ☒ CHECK ☐ MONEY ORDER	1265	50

Case No. 86008958

V. A. McCrery
(SIGNATURE)

Acct. Clerk II
(TITLE)

01-[illegible] 123 REV. 3-80

10-83

P.O. BOX 2950 LOS ANGELES, CALIFORNIA 90051 (213) 258-2777

039820 CO.OF SAN BERNARDINO FIRE 04/09/98 941090

INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT	COMMENTS
04/03/98	SAN BERNAR	1,265.50	0.00	1,265.50	86008958
		1,265.50	0.00	1,265.50	

CHECK BELOW IS PRESENTED IN FULL PAYMENT OF THE ITEMS LISTED HEREON.

REMITTANCE ADVICE - DETACH BEFORE DEPOSITING.

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
04/30/1998

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER, 26-50 EMPLOYEES

FEE PAID $476.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/1998

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - SPECIAL GENERATOR

FEE PAID $229.00

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
ANNUAL INVOICE FOR PERMIT FEES DUE

Establishment No. **86008958**

ANNUAL INVOICE

03/29/1997
PAGE 1 OF 1

Permit Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1997	05/01/1997-04/30/1998	542.00
8701071107	226011	04/30/1997	05/01/1997-04/30/1998	476.00
8610290005	228707	04/30/1997	05/01/1997-04/30/1998	229.00

APR 29

PAID
Amt. 1247.00
Date APR 25 1997
CK

BILL TO: CAL MAT CO.
ATTN: TOM LOWRY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

per attached receipt #137250

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 1,247.00

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

0700 (Return Top Portion With Payment)

COUNTY FIRE
HAZARDOUS MATERIALS

97 APR 25 PM 1:55

ORIGINAL

1372500

Office SB Co Fire — San Bernardino County

, Calif., 4-25 19 97

RECEIVED FROM Cal Mat — $ 2535.00

Two Thousand five hundred thirty five — DOLLARS

Court — Case Name — vs.

NATURE OF FEES		
155415	2535	—
872554		
☐ CASH ☐ CHECK ☐ MONEY ORDER	2535	—

860093444-860094464
8600895B

Case No.

Cindy Eckl
(SIGNATURE)

Acct Clerk II
(TITLE)

01-188A-123 REV. 3-80

10-83

HAZARDOUS MATERIALS FIELD SERVICES
COMPUTER DATA BASE UPDATE AUTHORIZATION

Change ☒

Inactivate Permit/Facility (circle one) ☐

Bill To: E A O Location/District No: _____ Est No: 86008958
(cirle one)
Former Est. Name: (if applicable): _____

Name: Cal Mat Co.
Street No.: 2400 E Fraction: ___ Direction: ___
Street Name: Highland Ave Apt/Sp No.: _____
City: San Bernardino State: _____ Zip Code: _____
Telephone No.: ( ) _____

Attn: Tom Lowry
Name: _____
Street No.: _____ Fraction: ___ Direction: ___
Street Name: _____ Apt/Sp No.: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: ( ) _____

A

Name: _____
Street No.: _____ Fraction: ___ Direction: ___
Street Name: _____ Apt/Sp No.: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: ( ) _____

Program Information:

~~Number of Employees~~: 95-0645790 Number of UGST's: _____
Federal Tax I.D. Number/Social Security Number: _____

Permit Information: (Circle those that apply)

Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____

Date Submitted: 1-2-97 Date Entered: JAN 07 1997
Submitted By: J Adams Entered By: Pam

Comments/Remarks: change Attn:

H RDOUS MATERIALS FIELD SEI CES
COMI ER DATA BASE UPDATE AUTHO ATION

Change ☐
Inactivate Permit/Facility (circle one) ☒

Bill To: E A O Location/ District No: _____ Est No: 86009111
(cirle one)
Former Est. Name: (if applicable): _____

Name: Industrial Asphalt
Street No.: 2340 Fraction: ___ Direction: ___
Street Name: Highland Apt/Sp No.: _____
City: San Bernardino State: CA Zip Code: _____
Telephone No.: ( ) _____

Name: _____
Street No.: _____ Fraction: ___ Direction: ___
Street Name: _____ Apt/Sp No.: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: ( ) _____

Name: _____
Street No.: _____ Fraction: ___ Direction: ___
Street Name: _____ Apt/Sp No.: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: ( ) _____

Program Information:

Number of Employees: _____ Number of UGST's: _____
Federal Tax I.D. Number/Social Security Number: _____

Permit Information: (Circle those that apply)

Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____
Change/Inactivate/Add _____ Permit No.: _____

Date Submitted: 11-13-96 Date Entered: NOV 18 1996
Submitted By: J Adams Entered By: Dan

Comments/Remarks: Combine with Cal mat 2400 Highland
EST # 86008958
per BP

TRACKING SHEET FOR BUSINESS PLANS

Facility Name: Industrial Asphalt

Facility site address: 2340 W. Highland

City: San Bernardino

Fire Agency:

Trade Secrets: _____ Y _____ N

_____ (# of copies)		Sent to FD	Sent to PD
Business Plan Received	6/17/87	___/___/___	___/___/___
Result of Review(s)			
Deficiency	10/2/87		
Conditional Approval	___/___/___		
Approval	11/2/87		

		Sent to FD	Sent to PD
Revised Plan(s) Received	10/28/87	___/___/___	___/___/___
	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	___/___/___

Other Date	Action/documentation (update, new plan, etc.)
1/20/89	BP update
3/18/91	BP update
1/18/95	Update - new plan Approved/FD 2-21-95
___/___/___	File combined w/ Cal Mat → new owner
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	

Field Services

LTERM: EHS RENEWABLE PERMIT SYSTEM 12/10/90
EH000 ESTABLISHMENT INFORMATION 12:43:50
RETRIEVE
OPTION: TRAN: 6ES KEY: 86009111

DEC 1 1 1990

ESTAB NUMBER: 86009111
ESTAB DATE : 03/04/86 LOCATION: 64 STATUS: BILL TO: O
INACT DATE : 00/00/00 PROBLEM PROGRAM:

********** ESTABLISHMENT **********
INDUSTRIAL ASPHALT
2340 0/0 W HIGHLAND AV
SAN BERNARDINO CA 92410 - 0000 000 - 000 - 0000

********** OWNER **********
INDUSTRIAL ASPHALT
0/0 P O BOX ~~9263~~ 7607 91409
~~IRWINDALE~~ VAN NUYS CA ~~91706~~ - 0000 818 - ~~969~~ - 7951 781 - 6080

DEC 1 0 1990

********** APPLICANT **********
INDUSTRIAL ASPHALT
3200 0/0 ~~P O BOX 2263~~ SAN FERNANDO Rd. 781 - 6080
~~IRWINDALE~~ LOS ANGELES CA ~~91706~~ - 0000 818 - ~~969~~ - ~~7951~~
~~91409~~ 90065

* PFK1 FOR PERMIT INFORMATION *

Changes made to all establishments accts.
Per attached ~~correspondence~~ CORRESPONDENCE (#8??/0X).

```
 LTERM:                    EHS RENEWABLE PERMIT SYSTEM                  12/10/90
    EH000                   ESTABLISHMENT INFORMATION                   12:44:05
 RETRIEVE
OPTION:          TRAN: 6ES     KEY: 86009464
```

DEC 1 1 1990 Of Ana

```
ESTAB NUMBER:  86009464
ESTAB DATE  :  03/06/86        LOCATION:  63  STATUS:        BILL TO:  O
INACT DATE  :  00/00/00        PROBLEM PROGRAM:

************************* ESTABLISHMENT ********************************
 INDUSTRIAL ASPHALT
            265      0/0  E   SANTA ANA
            RIALTO                CA   92376  - 0000   000 - 000 - 0000
***************************** OWNER ************************************
 INDUSTRIAL ASPHALT
                     0/0       P O BOX 2263   7607 [illegible] 91409  (818) 781-6080
            IRWINDALE VAN NUYS    CA   91706  - 0000   000 - 000 - 0000
************************** APPLICANT ***********************************
 INDUSTRIAL ASPHALT
            3200     0/0       P O BOX 2263 SAN FERNANDO RD
            IRWINDALE LOS ANGELES CA   91706  - 0000   000 - 000 - 0000
                                             90065     (818) 781-6080

     * PFK1 FOR PERMIT INFORMATION *
```

DEC 1 1 1990

LTERM: EHS RENEWABLE PERMIT SYSTEM 12/10/90
EH000 ESTABLISHMENT INFORMATION 12:44:19
RETRIEVE
OPTION: TRAN: 6ES KEY: 86009992

DEC 11 1990

ESTAB NUMBER: 86009992
ESTAB DATE : 03/18/86 LOCATION: 71 STATUS: BILL TO: O
INACT DATE : 00/00/00 PROBLEM PROGRAM:

********** ESTABLISHMENT **********
INDUSTRIAL ASPHALT
0/0 NATIONAL TRAILS HWY
ORO GRANDE CA 92368 - 0000 000 - 000 - 0000
********** OWNER **********
INDUSTRIAL ASPHALT
0/0 P O BOX ~~2263~~ 7607
~~IRWINDALE~~ VAN NUYS CA ~~91706~~ 91409 - 0000 818 - ~~969 - 7951~~ 781-6080
DEC 10 1990
********** APPLICANT **********
INDUSTRIAL ASPHALT
0/0 NATIONAL TRAILS HWY
~~ORO GRANDE~~ LOS ANGELES CA ~~92368~~ 90065 - 0000 ~~000 - 000 - 0000~~ (818) 781-6080

* PFK1 FOR PERMIT INFORMATION *

LTERM: EHS RENEWABLE PERMIT SYSTEM 12/10/90
EH000 ESTABLISHMENT INFORMATION 12:44:36
RETRIEVE
OPTION: TRAN: 6ES KEY: 86011431

DEC 11 1990
of Van

ESTAB NUMBER: 86011431
ESTAB DATE : 06/12/86 LOCATION: 58 STATUS: BILL TO: O
INACT DATE : 00/00/00 PROBLEM PROGRAM:

********** ESTABLISHMENT **********
INDUSTRIAL ASPHALT
4711 0/0 HUNTINGTON DR
MONTCLAIR CA 91711 - 0000 000 - 000 - 0000
********** OWNER **********
INDUSTRIAL ASPHALT
0/0 P O BOX ~~2263~~ 7607
~~IRWINDALE~~ VAN NUYS CA ~~91706~~ 91409 - 0000 ~~000 - 000 - 0000~~ 818-781-6080
********** APPLICANT **********
INDUSTRIAL ASPHALT
~~4711~~ 3200 0/0 ~~HUNTINGTON~~ SAN FERNANDO ~~DR~~ Rd. DEC 10 1990
~~MONTCLAIR~~ LOS ANGELES CA ~~91711~~ 90065 - 0000 ~~000 - 000 - 0000~~ 818-781-6080

* PFK1 FOR PERMIT INFORMATION *

INDUSTRIAL ASPHALT

A T T E N T I O N

On Monday, December 31, 1990, Industrial Asphalt's General Office located in Irwindale is moving from 6623 Calle Eva Miranda, Irwindale, CA 91706 (P.O. Box 2263, Irwindale, CA 91706) to:

3200 San Fernando Road
Los Angeles, CA 90065
(818) 781-6080

P.O. Box 7607
Van Nuys, CA 91409

Please change your records accordingly.

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/1997

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $177.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL
FILE COPY

POST IN A
CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

THIS PERMIT EXPIRES:
04/30/1997

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $708.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard W. Lucas
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

THIS PERMIT EXPIRES:
04/30/1996

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $708.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Pamella V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A
CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
04/30/1996

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $177.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Pamella V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL
FILE COPY

POST IN A
CONSPICUOUS PLACE

COUNTY OF SAN BERNARDINO
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
ANNUAL INVOICE FOR PERMIT FEES DUE

ANNUAL INVOICE

Establishment No. 86008958

03/30/1995
PAGE 1 OF 1

Permit Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1995	05/01/1995-04/30/1996	401.00
8701071107	226003	04/30/1995	05/01/1995-04/30/1996	177.00
8610290005	228702	04/30/1995	05/01/1995-04/30/1996	708.00

BILL TO: CAL MAT CO.LUCERO, TONY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 1,286.00

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

APR 24 1995

0700 (Return Top Portion With Payment)

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/1994

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $708.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P C BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Pamilla V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
04/30/1994

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $177.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Pamilla V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

COUNTY OF SAN BERNARDINO
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
ANNUAL INVOICE FOR PERMIT FEES DUE

ANNUAL INVOICE

Establishment No. **86008958**

03/30/1993
PAGE 1 OF 1

Permit Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1993	05/01/1993-04/30/1994	401.00
8701071107	226003	04/30/1993	05/01/1993-04/30/1994	177.00
8610290005	228702	04/30/1993	05/01/1993-04/30/1994	708.00

APR 28 1993
APR 28 1993
APR 28 1993

PAID
1286.00
Amt.
APR 19 1993
Date
By CC

BILL TO: CAL MAT CO.LUCERO, TONY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 1,286.00

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

0700

(Return Top Portion With Payment)

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

THIS PERMIT EXPIRES:
04/30/93

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $680.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

Pamella V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/93

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by Environmental Health Services for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $170.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Pamella V. Bennett
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 4/92

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:

04/30/92

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $480.00

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/91

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $390.00

CAL MAT CO. C/O J BENNETT
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

Director
ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/90

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $90.00

CAL MAT CO. C/O J BENNETT
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

Director
ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/90

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $325.00

CAL MAT CO. C/O J BENNETT
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

Director
ENVIRONMENTAL HEALTH SERVICES

COUNTY OF SAN BERNARDINO, CALIFORNIA
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
I N V O I C E

PAGE 1
BILL DATE 03/28/89
HEALTH PERMIT EXPIRATION DATE 04/30/89

Bill to A

APR 17 1989

** REMIT COPY ***

ESTABLISHMENT NBR 86008958

CAL MAT CO.
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

ERM	3R	CATEGORY	DESCRIPTION	BILL CODE	AMOUNT
603040060		222800	PREVIOUS BALANCE		0.00
			UNDERGROUND STORAGE TANKS	101	209.00
			PERMIT TOTAL		209.00 APR 17 1989
610290005		228702	PREVIOUS BALANCE		0.00
			HAZARDOUS WASTE GENERATOR	101	325.00
			PERMIT TOTAL		325.00 APR 17 1989
701071107		226003	PREVIOUS BALANCE		0.00
			HAZARDOUS MATERIAL HANDLER	101	90.00
			PERMIT TOTAL		90.00 APR 17 1989
			TOTAL DUE		624.00

PAID
Amt #624-
Date 4-18-89
By

LL FEES ARE NOW DUE AND PAYABLE. FAILURE TO PAY WITHIN 30 DAYS AFTER THE EXPIRATION DATE OF YOUR
UR PERMIT WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. DO NOT SEPARATE THESE FORMS.
EV UPDATE, AND SIGN THE ATTACHED RENEWAL APPLICATION(S). RETURN REMIT COPY OF THE INVOICE
ND APPLICATION(S) WITH REMITTANCE TO: ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0160

F YOU HAVE QUESTIONS CONCERNING YOUR BILLING PLEASE CALL:

OOD ESTABLISHMENT PERMITS -- 387-4637
WIMMING POOL PERMITS -- 387-4637
ILK & DAIRY ESTABLISHMENTS -- 387-4608
AZARDOUS OR INFECTIOUS WASTE GENERATORS -- 387-3080
NDERGROUND STORAGE TANK PERMITS -- 387-3080
AZARDOUS MATERIAL HANDLER PERMITS -- 387-3044
MOBILEHOME PARK PERMITS -- 387-4670
MOTEL, CAMP, MASSAGE PARLOR PERMITS -- 387-4670
HOME OCCUPATION PERMITS -- 387-4678
TEMPORARY OFFICES/SIGNS -- 387-4678
REFUSE HAULERS -- 387-4655
REFUSE DISPOSAL SITES -- 387-4655
DESIGNATED MAINTENANCE AREA -- 387-4655
WATER SYSTEMS -- 387-4666
WELL DRILLERS -- 387-4666
SPECIAL USE PERMITS -- 387-4678

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

LEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION
ND ADDING THE CHANGES. *** PLEASE PRINT. ***

STABLISHMENT INFO CAL MAT CO.
213) 680-2316 2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

< > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT
(213) 680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

EGAL OWNER INFO CAL MAT CO.
213)-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

MPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER X APPLICANT

APR 17 1989

NUMBER OF UNDERGROUND STORAGE TANKS: 002

EMERGENCY CONTACT:	POSITION:	WORK PHONE:	24-HR PHONE:
Jay LuKKarila	Mgr.	(714) 875-1150	(800) 282-4924
Rawleigh Tougas	Prod. mgr	(714) 875-1150	(800) 282-4924

OFFICE USE ONLY	
EST NBR	86008958
PERMIT NBR	8603040060
FORMER EST NBR	
PERMIT CATEGORY	222800
EXPIR DATE	04/30/89
NEW, TRANS, RENEW	R
LOC CODE	64
SANI DIST	2200
MFR NBR	
APN	
PERMIT FEE	$209-
STATE FEE	
DELINQUENT FEE	
TOTAL FEE REC'D	$209-

HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED USINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY EREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF AN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS NCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

IGNED _____ DATED 4/17/89 TITLE ENVIRONMENTAL COORDINATOR

OTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE.
APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

LEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION
ND ADDING THE CHANGES. *** PLEASE PRINT. ***

STABLISHMENT INFO CAL MAT CO.
213) 680-2316 2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

EGAL OWNER INFO CAL MAT CO.
213)-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

< > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT
(213) 680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

MPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER X APPLICANT

NUMBER OF EMPLOYEES: 00035

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8610290005
FORMER EST NBR
PERMIT CATEGORY 228702
EXPIR DATE 04/30/89
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR 220086
APN
PERMIT FEE $325 —
STATE FEE
DELINQUENT FEE
TOTAL FEE REC'D $325 —

HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED
USINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY
EREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF
AN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS
NCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

IGNED Jay M Stang DATED 4/17/89 TITLE Environmental Coordinator

OTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE.
APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

LEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION
ND ADDING THE CHANGES. *** PLEASE PRINT. ***

STABLISHMENT INFO CAL MAT CO.
213) 680-2316 2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

< > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT
(213) 680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

EGAL OWNER INFO CAL MAT CO.
213 -2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____
FORMER OWNER _____

MPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER X APPLICANT

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8701071107
FORMER EST NBR _____
PERMIT CATEGORY 226003
EXPIR DATE 04/30/89
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR
APN
PERMIT FEE $90 —
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D $90 —

HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED
USINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY
EREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF
AN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS
NCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

IGNED _____ DATED 4/12/89 TITLE ENVIRONMENTAL COORDINATOR

OTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE.
APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/89

MAT CO
5709 20TH ST
UPLAND, CA 91786
EST - 86009344 PERMIT - 8706020001

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $120.00

CAL MAT CO/JOHN BENNETT
DBA CAL MAT CO
P O BOX 2950 TERM ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 14

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A
CONSPICUOUS PLACE

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/89

CAL MAT CO
5709 20TH ST
UPLAND, CA 91786
EST - 86009344 PERMIT - 8701261026

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $40.00

CAL MAT CO/JOHN BENNETT
DBA CAL MAT CO
P O BOX 2950 TERM ANNEX
LOS ANGELES, CA 90051

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A
CONSPICUOUS PLACE

COUNTY OF SAN BERNARDINO, CALIFORNIA
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
I N V O I C E

PAGE 1
BILL DATE 03/29/88
HEALTH PERMIT EXPIRATION DATE 04/30/88

*** REMIT COPY ***

ESTABLISHMENT NBR 86009344

CAL MAT CO
DBA: CAL MAT CO
~~1975 N BENSON AV~~ PO BOX 2950/TRMNL ANNEX
~~UPLAND, CA 91786~~ LOS ANGELES, CA 90051

CAL MAT CO
5709 20TH ST
UPLAND, CA 91786

PERMIT NBR	CATEGORY	DESCRIPTION	BILL CODE	AMOUNT
86 0003	222800	PREVIOUS BALANCE		0.00
		UNDERGROUND STORAGE TANKS	101	112.00
		PERMIT TOTAL		112.00
8701261026	226002	PREVIOUS BALANCE		0.00
		HAZARDOUS MATERIAL HANDLER	101	40.00
		PERMIT TOTAL		40.00
8706[illegible]0001	228700	PREVIOUS BALANCE		0.00
		HAZARDOUS WASTE GENERATOR	101	120.00
		PERMIT TOTAL		120.00
		TOTAL DUE		272.00

APR 27 1988
APR 27 1988 PAID
Amt 272.00
APR 27 1988
Date
APR 27 1988
By

ALL FEES ARE NOW DUE AND PAYABLE. FAILURE TO PAY WITHIN 30 DAYS AFTER THE EXPIRATION DATE OF YOUR CURRENT PERMIT WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. DO NOT SEPARATE THESE FORMS.
RE\ UPDATE, AND SIGN THE ATTACHED RENEWAL APPLICATION(S). RETURN REMIT COPY OF THE INVOICE
AN 'LICATION(S) WITH REMITTANCE TO: ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0160

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

IF YOU HAVE QUESTIONS CONCERNING YOUR BILLING PLEASE CALL:

FOOD ESTABLISHMENT PERMITS -- 387-4637
SWIMMING POOL PERMITS -- 387-4637
MILK & DAIRY ESTABLISHMENTS -- 387-4608
HAZARDOUS OR INFECTIOUS
WASTE GENERATORS -- 387-3080
UNDERGROUND STORAGE
TANK PERMITS -- 387-3080
HAZARDOUS MATERIAL HANDLER
PERMITS -- 387-3044

MOBILEHOME PARK PERMITS -- 387-4670
MOTEL, CAMP, MASSAGE PARLOR PERMITS -- 387-4670
HOME OCCUPATION PERMITS -- 387-4678
TEMPORARY OFFICES/SIGNS -- 387-4678
REFUSE HAULERS -- 387-4655
REFUSE DISPOSAL SITES -- 387-4655
DESIGNATED MAINTENANCE AREA -- 387-4655
WATER SYSTEMS -- 387-4666
WELL DRILLERS -- 387-4666
SPECIAL USE PERMITS -- 387-4678

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO
CAL MAT CO
5709 20TH ST
UPLAND, CA 91786

< ✓ > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO
~~CAL MAT CO~~ / JOHN BENNETT
~~PO Box 2950 Terminal Annex~~
~~(213) 680-2316~~
~~1975 N BENSON AV~~
(213) 258-2777
LOS ANGELES, CA. 90051
~~UPLAND, CA 91786~~

LEGAL OWNER INFO
CALMAT CO
~~CAL MAT CO~~
PO Box 2950 Terminal Annex
~~(2 680-2316~~
~~1975 N BENSON AV~~
(2 258-2777
LOS ANGELES, CA. 90051
~~UPLAND, CA 91786~~

APR 27 1988

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER X APPLICANT

NUMBER OF UNDERGROUND STORAGE TANKS: 001

EMERGENCY CONTACT:	POSITION:	WORK PHONE:	24-HR PHONE:
Rick MARTINDALE	Sales/Service Rep	(714) 982-8514	800 282-4924
RAWLEIGH TOUGAS	Production Manager	(714) 982-8514	800 282-4924

OFFICE USE ONLY	
EST NBR	86009344
PERMIT NBR	8603060003
FORMER EST NBR	
PERMIT CATEGORY	222800
EXPIR DATE	04/30/88
NEW, TRANS, RENEW	R
LOC CODE	65
SANI DIST	2200
MFR NBR	
APN	
PERMIT FEE	112.00
STATE FEE	
DELINQUENT FEE	
TOTAL FEE REC'D	112.00

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

SIGNED _____ DATED 4/20/88 TITLE Div Env Mgr

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO
CAL MAT CO
5709 20TH ST
UPLAND, CA 91786

< ✓ > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO
~~CAL MAT CO~~ CALMAT CO / JOHN BENNETT
PO BOX 2950 TERMINAL ANNEX
~~1975 N BENSON AV~~
LOS ANGELES CA 90051
~~UPLAND, CA 91786~~
(213) 680-2316

LEGAL OWNER INFO
CALMAT CO
~~CAL MAT CO~~
PO BOX 2950 TERMINAL ANNEX
(2[illegible] 680-2316
~~1975 N BENSON AV~~
LOS ANGELES CA 90051
~~UPLAND, CA 91786~~

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER _X_APPLICANT

OFFICE USE ONLY
EST NBR 86009344
PERMIT NBR 8701261026
FORMER EST NBR _____
PERMIT CATEGORY 226002
EXPIR DATE 04/30/88
NEW, TRANS, RENEW R
LOC CODE 65
SANI DIST 2200
MFR NBR
APN
PERMIT FEE 40.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D ~~40.00~~

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

SIGNED [signature] DATED 4/30/88 TITLE Div Envir Mgr

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO CAL MAT CO

5709 20TH ST

UPLAND, CA 91786

< ✓ > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO ~~CAL MAT CO~~ CALMAT CO / JOHN BENNETT
PO BOX 2950 TERMINAL ANNEX
~~1975 N BENSON AV~~
LOS ANGELES CA, 90051
~~UPLAND, CA 91786~~

(213) 680-2316

LEGAL OWNER INFO ~~CAL MAT CO~~ CALMAT CO
PO BOX 2950 TERMINAL ANNEX
(2 680-2316 ~~1975 N BENSON AV~~
LOS ANGELES, CA 90051
~~UPLAND, CA 91786~~

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER ✓ APPLICANT

NUMBER OF EMPLOYEES: 00014

OFFICE USE ONLY
EST NBR 86009344
PERMIT NBR 8706020001
FORMER EST NBR _____
PERMIT CATEGORY 228700
EXPIR DATE 04/30/88
NEW, TRANS, RENEW N
LOC CODE 65
SANI DIST 0000
MFR NBR 221303
APN
PERMIT FEE 120.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D 120.00

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

SIGNED _____ DATED 4/25/87 TITLE _____

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/89

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $250.00

CAL MAT CO.
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO CAL MAT CO.
(213) 680-2316 2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

< ✓ CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT
(213) 680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

LEGAL OWNER INFO CAL MAT CO.
(680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER ✓APPLICANT

NUMBER OF EMPLOYEES: 00035

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8610290005
FORMER EST NBR _____
PERMIT CATEGORY 228701
EXPIR DATE 04/30/88
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR 220086
APN
PERMIT FEE 250.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D 250.00

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

SIGNED _____ DATED 4/14/88 TITLE Dir Envir Mgt Svcs

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
04/30/88

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $75.00

CAL MAT CO.
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO CAL MAT CO.

(213) ~~680-2316~~ 258-2777

2400 HIGHLAND AV

SAN BERNARDINO, CA 92405

< > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT

(213) ~~680-2316~~ 258-2777

P O BOX 2950/TRMNL ANNEX

LOS ANGELES, CA 90051

LEGAL OWNER INFO CAL MAT CO.

(~~680-2316~~ 258-2777

P O BOX 2950/TRMNL ANNEX

LOS ANGELES, CA 90051

IS THIS A TRANSFER? _____

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER X APPLICANT

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8701071107
FORMER EST NBR _____
PERMIT CATEGORY 226003
EXPIR DATE 04/30/87
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR
APN
PERMIT FEE 75.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D 75.00

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

SIGNED Jay M Bennett DATED 5/26/87 TITLE Environmental Coordinator

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8610290005

THIS PERMIT EXPIRES:
04/30/88

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $191.00

CAL MAT CO.
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A
CONSPICUOUS PLACE

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO CAL MAT CO.

(213) ~~680-2316~~ 258-2777

2400 HIGHLAND AV

SAN BERNARDINO, CA 92405

< > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT

(213) ~~680-2316~~ 258-2777

P O BOX 2950/TRMNL ANNEX

LOS ANGELES, CA 90051

LEGAL OWNER INFO CAL MAT CO.

(___ ~~680-2316~~ 258-2777

P O BOX 2950/TRMNL ANNEX

LOS ANGELES, CA 90051

IS THIS A TRANSFER? _____

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER __X__APPLICANT

NUMBER OF EMPLOYEES: 00035

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8610290005
FORMER EST NBR _____
PERMIT CATEGORY 228701
EXPIR DATE 04/30/87
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR 220086
APN
PERMIT FEE 191.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D 191.00

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

SIGNED Jay M Bennett DATED 3/26/87 TITLE Environmental Coordinator

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
02/28/87

C MAT CO.
2400 W HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 85004231 PERMIT - 8510080057

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS WASTE GENERATOR

FEE PAID $180.00

CAL MAT CO.
PO BOX 2950/TERMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPL - 35

9/m 3/6/86 ar

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO ~~CONROCK CO. SAN BDNO.~~ CalMat Co.

2400 W HIGHLAND AV

SAN BERNARDINO, CA 92405

FEB 28 1986

<X> CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO.

PO BOX 2950/TERMNL ANNEX

LOS ANGELES, CA 90051

LEGAL OWNER INFO CAL MAT CO.

PO BOX 2950/TERMNL ANNEX

LOS ANGELES, CA 90051

IS THIS A TRANSFER? NO

IF YES: FORMER ESTABLISHMENT NAME _____

FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS X LEGAL OWNER ___APPLICANT

NUMBER OF EMPLOYEES: 00035

TYPES OF WASTE GENERATED:	VOLUME:	CIRCLE ONE:	DISPOSAL METHOD:
# OF EMPLOYEES VARIES	25± VARIES	LBS/GALS	RECYCLE
WASTE OIL		LBS/GALS	
		LBS/GALS	

EMERGENCY CONTACT:	POSITION:	WORK PHONE:	24-HR PHONE:
JOHN BENNETT	DIR ENV MATTERS	(213) 6802316	SAME
RALEIGH TOUGAS	PROD MGR	(714) ~~[illegible]~~ 8751150	SAME

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

OFFICE USE ONLY	
EST NBR	85004231
PERMIT NBR	8510080057
FORMER EST NBR	
PERMIT CATEGORY	228701
EXPIR DATE	02/28/86
NEW, TRANS, RENEW	R
LOC CODE	64
SANI DIST	0000
MFR NBR	220086
APN	
PERMIT FEE	180.00
STATE FEE	
DELINQUENT FEE	
TOTAL FEE REC'D	180.00

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

SIGNED _____ DATED 2-6-86 TITLE DIRECTOR ENVIRONMENTAL MATTERS

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

COUNTY OF SAN BERNARDINO, CALIFORNIA
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
I N V O I C E

BILL DATE 01/11/86

*** REMIT COPY ***

ESTABLISHMENT NBR 85004231

CAL MAT CO.
PO BOX 2950/TERMNL ANNEX
LOS ANGELES, CA 90051

CONROCK CO.-SAN BDNO.
2400 W HIGHLAND AV
SAN BERNARDINO, CA 92405

PERMIT NBR	CATEGORY	DESCRIPTION	BILL CODE	AMOUNT
85 1057	228701	PREVIOUS BALANCE		0.00
		HAZARDOUS WASTE GENERATOR	101	180.00
		PERMIT TOTAL		180.00
		TOTAL DUE		180.00

FEB 28 1986

ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. DO NOT SEPARATE THESE FORMS. REVIEW, UPDATE, AND SIGN THE ATTACHED RENEWAL APPLICATION(S). RETURN REMIT COPY OF THE INVOICE AND APPLICATION(S) WITH REMITTANCE TO:

ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVENUE
SAN BERNARDINO, CA. 92415-0160
PHONE 714-383-2760

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

PAID
Amt 180.00
Date FEB 27 1986
By

HEALTH INSPECTION FEE RECEIPT

THIS IS NOT A PERMIT TO OPERA

COUNTY OF SAN BERNARDINO, CALIFORNIA

No. 128899

DATE: February 14, 1985

PERMIT EXPIRES: FEBRUARY 28, 1986

Fee Paid $ 160.00

TYPE: HAZ WASTE GENERATOR

DIST/MFR: 220086

Employees
~~XXXXXX~~ ☐ S.C./☐ S.F. 35

Est. Loc:
2400 W. Highland
San Bernardino

THIS RECEIPT, when properly countersigned, certifies payment of the sum shown above for the San Bernardino County Environmental Health Services Department inspection fee.

COUNTER RECEIPT ☐

CHECK ☑

CASH ☐

M.O. ☐

007445

NAME CALMAT CO.
D.B.A. CONROCK DIVISION - San Bernardino
ADDRESS P.O. BOX 2950 Terminal Annex
CITY & STATE LOS ANGELES CA 90051

By: [signature]

THIS IS AN INSPECTION FEE RECEIPT
TRIPLICATE AUDITOR'S COPY

PM

EALTH INSPECTION FEE RENEWAL NOTICE TRANSFER ☐

ronmental Health Service Dep ıent

County of San Bernardino, California

TOTAL FEES DUE $ 160.00

THIS IS NOT A PERMIT TO OPERATE

DATE: 2-16-84

PERMIT EXPIRES: 2-16-85

TYPE: Haz Waste Generator

DIST/MFR: 22086

Employees:

☐ S.C./☐ S.P. 25

Location:
2400 W. Highland Avenue
San Bernardino, CA 92405

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO OPERATE A BUSINESS OR SERVICE AS DESCRIBED ON THIS APPLICATION IN ACCORDANCE WITH THE LAWS, ORDINANCES AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA AND THE COUNTY OF SAN BERNARDINO.

SIGNED

DATE 2-1-85

FEES ARE DUE AND PAYABLE UPON RECEIPT OF THIS NOTICE. PAYMENTS RECEIVED AFTER 30 DAYS ARE SUBJECT TO A 50% PENALTY FEE.

2/14/85
1985 PERMIT
DATE
AMOUNT
RECEIPT NO.
BY
PAID RENEWAL

All fees are due and payable within 30 days after expiration date of current permit or a 50% penalty will be charged. On all CHANGES OF OWNERSHIP, application & fee must be submitted prior to operation by new owner or a 50% penalty will be charged.

NAME CALMAT CO.
D.B.A. CONROCK ~~CO., San Bernardino~~ DIVISION
ADDRESS P.O. Box 2950 Terminal Annex
CITY & STATE Los Angeles, CA 90051

IF ANY OF THE ABOVE INFORMATION HAS CHANGED CONTACT OUR OFFICE FOR A NEW APPLICATION
Mail or deliver this notice and remittance to: Dept. of Environmental Health Services, ~~1111 E. Mill St., Bldg. 1~~
San Bernardino, CA 92415 (Telephone: 383-~~2760~~)

PM

7170

[redacted] Year 1985

HAZARDOUS WASTE GENERATOR PERMIT APPLICATION/RENEWAL

Facility Name: CONROCK [redacted] SAN BERNARDINO Date: 2-1-85

Site Address: 2400 W. HIGHLAND BLVD City: SAN BERNARDINO Zip: 92405

Mailing Address: P.O. Box 2950 TERMINAL ANNEX City: LOS ANGELES Zip: 90051

Assessor's Parcel Number: 264-43-431 EPA# CAX000057240 SIC# 1442 3273

Former Business Name (If, changed from previous year): _____

No. of Employees: 35

****

Legal Owner: CAL MAT CO Mailing Address: P.O. Box 2950 TERMINAL ANNEX LOS ANGELES CA 90051

Contact Person: JOHN BENNETT Title: DIR. ENVIR MATTERS Phone No.: (213) 6802316

Emergency Contact Person: RAWLEIGH TOUGAS Title Prod MGR Phone No.: 714-797-7562

Address: 12548 CALIF ST YUCAIPA 24 Hr. Phone No.: " " "

DO YOU HAVE ANY OTHER PERMITS ISSUED BY THE COUNTY OF SAN BERNARDINO?

Yes ____ (List Below) No ____

HOW MANY UNDERGROUND STORAGE TANKS DOES THIS FACILITY HAVE? 4

****

TYPES OF WASTES GENERATED (Use additional sheet if necessary)	VOLUME PER MONTH	DISPOSAL METHOD
WST OIL	VARIES	RECYCLER

NAME(s) OF ~~HAULER~~/RECYCLER: AZTEC OIL / DEMENNO-KERDOON

YOUR PERMIT WILL EXPIRE ON [redacted] FEB 28 OF EACH YEAR.

I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

John Bennett 2-1-85

Signature Date

FORWARD TO: Department of Environmental Health Services
Hazardous Waste/Toxics Control
385 North Arrowhead Avenue
San Bernardino, CA 92415

County Use ONLY

DOR: 02-14-85

Amt. Rcv'd: $160.00 Ck #: 227445

MFR#: 220086 Permit #: 128899

RCV'D BY: Dop

228701

64

HEALTH INSPECTION FEE RECEIPT

THIS IS NOT A PERMIT TO OPERATE

COUNTY OF SAN BERNARDINO, CALIFORNIA

No. 119561

DATE: 2-16-84

PERMIT EXPIRES: 2-16-85

Fee Paid $ 150.00

TYPE: Haz Waste Generator

THIS RECEIPT, when properly countersigned, certifies payment of the sum shown above for the San Bernardino County Environmental Health Services Department inspection fee.

DIST/MFR: 22086

Employees:

☐ S.C./☐ S.F. 25

Location:
2400 W. Highland Avenue
San Bernardino, CA 92405

COUNTER RECEIPT ☐

CHECK ☐

CASH ☐

M.O. ☐

NAME
D.B.A. CONROCK CO., San Bernardino
ADDRESS P.O. Box 2950 Terminal Annex
CITY & STATE Los Angeles, CA 90051

By: _____

THIS IS AN INSPECTION FEE RECEIPT
TRIPLICATE AUDITOR'S COPY

Ⓟ M

Submit to:
San Bernardino County Department of Environmental Health Services
385 N. Arrowhead, San Bernardino, CA 92415

JAN 25 1984
~~JAN 20 1984~~

HAZARDOUS WASTE GENERATOR PERMIT APPLICATION

CONROCK CO. San Bernardino Facility (Installation) Name	1442 3273 SIC #, if known
P.O. Box 2950 Terminal Annex, Los Angeles, CA 90051 Mailing Address	CAX000057240 EPA #, if known
2400 West Highland Avenue, San Bernardino, CA 92405 Facility Address (if different from mailing address)	25 # of Employees
Mr. Rawleigh Tougas Contact Person	875-1150 Facility Phone # / Facility Phone #
CONROCK CO. Owner Name	

TYPES OF WASTES GENERATED (see list) (give specific chemical names, if known)	VOLUME PER MONTH (Pounds or Gallons)	DISPOSAL METHOD (see list/enter #)
Waste oil & solvent	varies	6 recycler

(ADD ADDITIONAL SHEET, IF NECESSARY)

Does your facility have underground storage of hazardous wastes? YES X NO ____

Does your facility have underground storage of hazardous material? YES X NO ____

Mr. Rawleigh Tougas Person to be Contacted in Case of Emergency	Mgr. Production Position
(714) 797-7562 Phone # / After Hrs. Phone # (CONF.)	

I declare, under penalty of perjury, the information provided herein is true and correct to the best of my knowledge.

John H. Bennett — 2-13-84
Signature / Date

Mgr. Environmental Affairs — (213)258-2777
Title / Phone #

COUNTY USE ONLY

DATE 2/16/84
AMOUNT $150.00
~~RECEIPT~~ Check NO. 197440
BY: CSB

PAID

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

THIS PERMIT EXPIRES:
04/30/89

CAL MAT CO.
2400 HIGHLAND AV
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the health officer for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California and the County of San Bernardino pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER

FEE PAID $75.00

CAL MAT CO.
DBA CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

Richard L. Roberts
Director
ENVIRONMENTAL HEALTH SERVICES

04-1804-631 REV. 3/85

PERMIT DOES NOT IMPLY APPROVAL

POST IN A CONSPICUOUS PLACE

(213) 466-5175 (805) 498-6756 (714) 942-3113

RENEWAL APPLICATION FOR HEALTH PERMIT INSPECTION AND HEALTH SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVE., SAN BERNARDINO, CA. 92415-0160

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY. MAKE CORRECTIONS DIRECTLY ON THE FORM BY CROSSING OUT THE PRE-PRINTED INFORMATION AND ADDING THE CHANGES. *** PLEASE PRINT. ***

ESTABLISHMENT INFO CAL MAT CO.
(213) 680-2316 2400 HIGHLAND AV
SAN BERNARDINO, CA 92405

< ✓ > CHECK HERE IF APPLICANT IS SAME AS LEGAL OWNER

APPLICANT INFO CAL MAT CO. C/O J BENNETT
(213) 680-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

LEGAL OWNER INFO CAL MAT CO.
(2) 30-2316 P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

IS THIS A TRANSFER? no

IF YES: FORMER ESTABLISHMENT NAME _____
FORMER OWNER _____

IMPORTANT: ALL CORRESPONDENCE SHOULD BE SENT TO: ___ESTABLISHMENT ADDRESS ___LEGAL OWNER ✓APPLICANT

OFFICE USE ONLY
EST NBR 86008958
PERMIT NBR 8701071107
FORMER EST NBR _____
PERMIT CATEGORY 226003
EXPIR DATE 04/30/88
NEW, TRANS, RENEW R
LOC CODE 64
SANI DIST 0000
MFR NBR
APN
PERMIT FEE 75.00
STATE FEE _____
DELINQUENT FEE _____
TOTAL FEE REC'D 75.00

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT TO ESTABLISH AND/OR OPERATE THE ABOVE MENTIONED BUSINESS, USE, OR SERVICE IN ACCORDANCE WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREINAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS INCIDENT TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS.

THIS FORM MUST BE RETURNED WITH YOUR REMITTANCE

SIGNED _____ DATED 4/14/87 TITLE Dir Envir Matters

NOTICE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

Vulcan
Materials Company

FLOYD SIBOLE
Plant Manager
Western Division

2400 W. HIGHLAND AVENUE • SAN BERNARDINO, CA 92407
PHONE 909-875-1150 EXT 223 • FAX 909-873-0658 • CELL 909-841-1081
www.vulcanmaterials.com E-MAIL sibolef@vmcmail.com

Vulcan
Materials Company

STEVE HALLMARK
Production Foreman
Western Division

2400 W. HIGHLAND AVENUE • SAN BERNARDINO, CA 92407
PHONE 909-875-1150 • FAX 909-873-0658 • CELL 909-361-1868
www.vulcanmaterials.com EMAIL hallmarkst@vmcmail.com

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return certification to inspector KARL WENDT within 30 days of inspection unless otherwise specified.

RESPONDENT: Floyd Sibole

VIOLATION(S) CITED ON: 10/31/2018

FACILITY NAME: VULCAN MATERIALS WEST DIVISION FACILITY ID: FA0001676

SITE ADDRESS: 2400 W HIGHLAND AVE CERS ID:10036714

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407

Summary of Violations:

IMPORTANT- Enclose all requested documentation when returning this certification.

W313 CORRECTIVE ACTION: Sign the Certificate of Compliance in attestation that all hazardous waste has been transported off site that has exceeded the facility's accumulation time frame. The accumulation time frame for this facility was 90 days at the time of the inspection.

I certify under penalty of law that:

- Respondent has corrected violations specified in the above-entitled action.
- I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- I am authorized to file this certification on behalf of the Respondent.
- I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE	DATE 11-9-18
PRINT NAME John Imke	TITLE Env Specialist.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: CAD981569579
2. Page 1 of: 1
3. Emergency Response Phone: (800) 424-9300
4. Manifest Tracking Number: 018193915 JJK

GENERATOR

5. Generator's Name and Mailing Address: VULCAN MATERIALS CO. 500 N. BRAND BLVD STE. 500 GLENDALE CA 91203
Generator's Phone: 909 875-1150
Generator's Site Address (if different than mailing address): 2400 W. HIGHLAND SAN BERNARDINO CA 92405

6. Transporter 1 Company Name: WORLD OIL ENVIRONMENTAL SERVICES
U.S. EPA ID Number: CAD983770936

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address: PACIFIC RESOURCE RECOVERY 3150 E. PICO BLVD. LOS ANGELES CA 90033
Facility's Phone: (800)499-7145
U.S. EPA ID Number: CAD009252405

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	1. UN1263, WASTE PAINT RELATED MATERIAL, 3 PGII	1	DM	1	G	D001	342	
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
1455 TRUCK #622
EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 WOES TERMINAL: FONTANA NAERG# 981: 139 * PROFILE# 981 : 16100919 WASTE PAINT/SOLVENT * P500-00065642 * APPROPRIATE PPE EQUIPMENT

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: PAUL ERICK
Signature:
Month: 11 Day: 20 Year: 19

INTL

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Cameron Robinson
Signature:
Month: 11 Day: 19 Year: 19

Transporter 2 Printed/Typed Name:
Signature:
Month: Day: Year:

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

18c. Signature of Alternate Facility (or Generator)
Month: Day: Year:

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: PAUL ERICK
Signature:
Month: Day: Year:

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. **GENERATOR'S INITIAL COPY**

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **10/31/2018**

Consent granted by:

☒ **photograph** ☒ **inspect** **Name:** Floyd Sibole **Title:** Plant Manager

An inspection was conducted on 10/31/2018 to determine compliance with applicable hazardous materials and hazardous waste laws and regulations. Floyd Sibole, Plant Manager, was the facility escort for the duration of the inspection. Steve Hallmark, Foreman, was also present for the duration of the inspection.

This facility mines aggregate for use in concrete production. The hazardous materials stored on site include gasoline utilized to operate vehicles and equipment, compressed gas cylinders utilized in welding processes, and automotive lubricants and fluids utilized in the routine maintenance and repair of facility operated vehicles and equipment. Hazardous waste is generated on site as a result of routine maintenance and repair of facility operated vehicles and equipment, and from an aerosol can puncturing process. This facility also maintains hazardous materials and hazardous waste in underground storage tanks (UST); this inspection did not cover any portion of the UST program.

Inventory:

-Consistent with the hazardous materials inventory submitted via the California Environmental Reporting System (CERS) on 10/31/2018

Document Review:

-Applicable CUPA permits are current; expiration date of 10/31/2019

-This facility has submitted a Hazardous Materials Business Plan via CERS on 06/25/2018. This facility has an established CERS ID number: 10036714

-This facility has an established and active EPA ID number. EPA ID number is CAD981568579

-Hazardous waste disposal records were available for review at the time of inspection. Asbury Environmental is the hazardous waste transporter utilized by this facility. The facility generates ~285 gallons used lubricating oil and ~900 pounds of oily debris per calendar month. The last hazardous waste transport occurred on 10/04/2018.

-Applicable hazardous materials training is conducted for employees that handle hazardous materials. Training documentation was available.

-Applicable hazardous waste training is conducted for employees that handle hazardous waste. Training documentation was available.

-Weekly inspections of the hazardous waste storage area were discussed.

-A Spill Prevention, Control, and Countermeasures Plan (SPCC Plan) was available for review at the time of the inspection. Professional Engineer certification provided by James Dill on 12/17/2015, and management certification was provided by Floyd Sibole, Plant Manager, on 08/11/2016. Training and Container inspection were conducted per SPCC Plan requirements.

Submit the completed Certificate of Compliance (CofC) provided along with all requested documentation, to this Division within 30 days of receipt of this report.

Notes:

This facility utilized a waste aerosol can puncturing device at the time of the inspection. As a part of utilizing this type of device, this facility is required to notify the local CUPA of such processes. Notification of this type of process has not been made to this CUPA. This facility needs to make notification of this process to the CUPA, or provide a signed statement indicating this process will no longer occur at the facility. Informational documentation will be provided with the delivery of this report.

Please contact Karl Wendt at (909) 386-8[illegible] by email at kwendt@sbcfire.org with any quest[illegible] egarding this report.

If you have any questions regarding CERS, please call the CERS Help Line at (909) 386-8432.

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67 and 6.95 of the California Health Safety Code (CHSC), and Division 3 of Title 2 of the San Bernardino County Code (SBCC). The following lines marked in the V column are violations that must be corrected.

VIOLATION CODE	DESCRIPTION	SECTION		V	
40	**ABOVE GROUND PETROLEUM STORAGE TANK(SPCC)**				
A101	APSA Fee	CHSC	25270.6(b)		
A102	Annual Tank Facility Statement or Business Plan	CHSC	25270.6(a)(1), 25270.6(a)		
A103	Release Reporting	CHSC	25270.8		
A110	SPCC Plan prepared	CHSC	25270.4.5(a)		
A111	Implementation of SPCC Plan	CHSC	25270.4.5(a)		
A113	Qualified Facility - Certification of SPCC Plan	CHSC	25270.4.5(a)		
A114	Tier I - Certification of Technical Amendments	CHSC	25270.4.5(a)		
A115	Tier I - Overfill prevention	CHSC	25270.4.5(a)		
A116	Tier I - Bulk storage container sized secondary containment	CHSC	25270.4.5(a)		
A117	SPCC Plan complete	CHSC	25270.4.5(a)		
A118	Tier I - Overfill prevention	CHSC	25270.4.5(a)		
A119	Tier I - Failure Analysis-Direction and Amount of Flow	CHSC	25270.4.5(a)		
A120	SPCC Plan available onsite	CHSC	25270.4.5(a)		
A121	Five-year SPCC Plan Review and Documentation of the Review	CHSC	25270.4.5 (a)		
A122	SPCC plan amended as necessary	CHSC	25270.4.5(a)		
A123	Implementation of SPCC Plan Amendments	CHSC	25270.4.5(a)		
A124	SPCC Plan meets basic requirements	CHSC	25270.4.5(a)		
A125	SPCC Plan Discussion of Conformance with Requirements	CHSC	25270.4.5(a)		
A126	Designated Person	CHSC	25270.4.5(a)		
A130	Facility Description	CHSC	25270.4.5(a)		
A131	Discharge prevention measures	CHSC	25270.4.5(a)		
A132	Countermeasures for discharge discovery, response, and cleanup	CHSC	25270.4.5(a)		
A133	Discharge reporting procedures	CHSC	25270.4.5(a)		
A134	Discharge response procedures	CHSC	25270.4.5(a)		
A135	General Containment Description	CHSC	25270.4.5(a)		
A136	Oil type and storage capacity of storage containers	CHSC	25270.4.5(a)		
A137	Bulk Storage Containers	CHSC	25270.4.5(a)		
A138	Tanks compatible with stored materials	CHSC	25270.4.5(a)		
A139	Permanently Closed Tanks	CHSC	25270.4.5(a)		
A140	General Containment	CHSC	25270.4.5(a)		
A141	Containment for qualified oil-filled operational equipment	CHSC	25270.4.5(a)		
A142	Leaks immediately addressed and oil promptly removed	CHSC	25270.4.5(a)		
A143	Integrity testing and inspection procedures	CHSC	25270.4.5(a)		
A144	Tanks Inspected and/or Integrity Tested	CHSC	25270.4.5(a)		
A145	Tanks inspected and/or tested by qualified person	CHSC	25270.4.5(a)		
A146	Employee training requirements	CHSC	25270.4.5(a)		
A147	Spill prevention briefings	CHSC	25270.4.5(a)		
A148	Employee Training and Spill Prevention Briefings Description	CHSC	25270.4.5(a)		
A149	Written records of tank inspections and integrity testing	CHSC	25270.4.5(a)		
A150	Facility Security Description	CHSC	25270.4.5(a)		
A151	Facility security measures	CHSC	25270.4.5(a)		
A152	Facility drainage adequately discussed	CHSC	25270.4.5(a)		
A153	Drainage from diked storage areas	CHSC	25270.4.5(a)		
A154	Valves for Drainage of Diked Areas	CHSC	25270.4.5(a)		
A155	Drainage inspections and valves	CHSC	25270.4.5(a)		
A156	Drainage records	CHSC	25270.4.5(a)		
A157	Corrosion Protection	CHSC	25270.4.5(a)		
A158	Inspection of Aboveground Piping	CHSC	25270.4.5(a)		
A159	Testing of Buried Piping	CHSC	25270.4.5(a)		
A161	Conditions of a Qualified Facility	CHSC	25270.4.5(a)		
A166	Secondary Containment and Leak Detection for TIUGA Piping		Multiple		
A202	Tier II - Certification of Alternative Measures by Professional Engineer	CHSC	25270.4.5(a)		
A203	Tier II - Professional Engineer Attestations	CHSC	25270.4.5(a)		

A204	Tier II - Certification of Technical Amendments	CHSC	25270.4.5(a)		
A210	SPCC contains an adequate facility diagram	CHSC	25270.4.5(a)		
A211	Disposal methods	CHSC	25270.4.5(a)		
A212	Discharge Prediction	CHSC	25270.4.5(a)		
A213	Equivalent environmental protection	CHSC	25270.4.5(a)		
A214	Impracticability claims of appropriate containment clearly explained and certified	CHSC	25270.4.5(a)		
A215	Secondary Containment Impracticability- Testing	CHSC	25270.4.5(a)		
A216	Oil spill contingency plan prepared when claiming impracticability	CHSC	25270.4.5(a)		
A217	Written commitment of manpower, equipment, materials when claiming impracticability	CHSC	25270.4.5(a)		
A218	Overfill Prevention	CHSC	25270.4.5(a)		
A220	SPCC adequately discusses facility tank car and tank truck loading/unloading rack	CHSC	25270.4.5(a)		
A221	Secondary containment at loading/unloading racks	CHSC	25270.4.5(a)		
A222	Warning to prevent vehicular departure at loading/unloading rack	CHSC	25270.4.5(a)		
A224	Lift Pumps for Treated Drainage Water	CHSC	25270.4.5(a)		
A225	Sized secondary containment	CHSC	25270.4.5(a)		
A226	Mobile or portable storage container positioning and sized containment	CHSC	25270.4.5(a)		
A227	Mobile or portable tank positioning	CHSC	25270.4.5(a)		
A228	Drainage from undiked areas	CHSC	25270.4.5(a)		
A229	Diked areas sufficiently impervious to oil	CHSC	25270.4.5(a)		
A230	Steam Return/Exhaust Monitored	CHSC	25270.4.5(a)		
A231	Risk Analysis- Field constructed tanks	CHSC	25270.4.5(a)		
A232	Overfill Prevention Implementation	CHSC	25270.4.5(a)		
A233	Liquid level sensing devices tested	CHSC	25270.4.5(a)		
A234	Observation of Effluent Discharge to Navigable Waters	CHSC	25270.4.5(a)		
A235	Inspection and/or Repair of Buried Piping	CHSC	25270.4.5(a)		
A236	Protection of Buried Piping	CHSC	25270.4.5(a)		
A237	Standby piping	CHSC	25270.4.5(a)		
A238	Pipe supports	CHSC	25270.4.5(a)		
A239	Warning to Vehicles About Aboveground Piping	CHSC	25270.4.5(a)		
A301	Professional engineer certification	CHSC	25270.4.5(a)		
A302	Professional engineer attestations	CHSC	25270.4.5(a)		
A303	Professional engineer certification of technical amendments	CHSC	25270.4.5(a)		
A304	Substantial Harm Criteria	CHSC	25270.4.5(a)		
A401	Conditionally Exempt Facility Conditions	CHSC	25270.4.5(b)		

VIOLATION CODE	DESCRIPTION	SECTION		V	
42	**HMRRP (HAZARDOUS MATERIALS HANDLER)**				
H201	Hazardous Material Handler Permit Current	SBCC	23.0602(a)		
H202	Hazardous Materials Business Plan Established and Implemented	CHSC	25507		
H203	Hazardous Materials Business Plan Submittal	CHSC	25505, 25508(a)(1)		
H204	Immediately report any release or threatened release of a hazardous material	CHSC	25510(a)		
H205	Facility access for inspection granted	CHSC	25511		
H206	Business Plan Annual Review/Certification	CHSC	25508(a)(1), 25508.2		
H209	Business plan update within 30 days of change	CHSC	25508.1(a)-(f)		
H210	Business Activities Page and/or Business Owner/Operator Identification Page	CHSC	25508(a)(1)		
H211	Hazardous materials inventory	CHSC	25505, 25506, 25508		
H212	Site map	CHSC	25505(a)(2), 25508(a)(1)		
H213	Emergency response plan	CHSC	25505(a)(3), 25508(a)(1)		
H214	Training Program not included and/or is not adequate		Multiple		
H215	Training Documentation	CHSC	25505(a)(4)		
H216	Business plan readily available	CHSC	25505.		
H220	Property owner notification	CHSC	25505.1		
H221	Property owner business plan	CHSC	25505.1		
H222	Agricultural handler emergency response plan	CHSC	25508(a)(1), 25507.1		
H223	Agricultural handler training program	CHSC	25508(a)(1), 25507.1		
H224	Remote unstaffed facility	CHSC	25505,25506,25507.2,255		
H225	Agricultural Handlers Warning Signs-Signs Posted		Multiple		

VIOLATION CODE	DESCRIPTION	SECTION		V	
44	**HAZARDOUS WASTE GENERATOR**				
0101	CUPA Hazardous Waste generator permit current	SBCC	23.0602(b)(1)		

W101	Hazardous Waste Generator CUPA P	SBCC	23.0602		
W102	Facility Access for Inspection	CHSC	25185		
W103	HWG: Hazardous Waste Determination	CCR	66262.11		
W104	HWG: Identification Number	CCR	66262.12		
W108	HWG: Excluded Recyclable Materials	CHSC	25143.2, 25143.9		
W110	HWG: Hazardous Waste Labeling Standards	CCR	66262.34(f)		
W111	HWG: Hazardous Waste Tank Label	CCR	66262.34(f)		
W117	HWG: Empty Containers >5 Gallons	CCR	66261.7		
W121	HWG: Quarantine Order	CHSC	25187.6		
W122	HWG: Reusable Soiled Textile Materials	CHSC	25144.6 (b)		
W124	HWG: Remote Consolidation Notification	CHSC	25110.10(d)		
W125	HWG: Preparation of the Hazardous Waste Manifest	CCR	66262.20		
W126	HWG: Hazardous Waste Manifest Completeness	CCR	66262.23(a)		
W127	HWG: Hazardous Waste Manifest Not Sent to DTSC	CCR	66262.23(a)(4)		
W128	HWG: Hazardous Waste Disposal Documentation	CCR	66262.40(a)		
W130	HWG: Maintaining Records of Test Result for Three Years	CCR	66262.40(c)		
W134	HWG: Used Oil Certification Form	CHSC	Multiple		
W136	HWG: Contamination of Used Oil	CHSC	25250.7		
W137	HWG: Consolidated Manifest	CHSC	25160.2		
W138	HWG: Used Oil and Fuel Filter and Handling Requirements	CCR	Multiple		
W139	HWG: Lead Battery Disposal Documentation	CCR	66266.81(a)(4)(B)		
W140	HWG: Management of Spent Vehicle Lead-Acid Batteries	CCR	66266.81(a)(1)		
W141	HWG: Management of 11 or More Spent Vehicle Lead-Acid Batteries	CCR	66266.81(a)(3)		
W142	HWG: Damaged Lead Battery Handling	CCR	66266.81(b)		
W145	HWG: Improper Disposal of Hazardous Waste	CHSC	25189.5(a), 25201(a)		
W148	HWG: Hazardous Waste Not Transported by Registered Hauler		Multiple		
W152	HWG: Excluded Recyclable Materials Report	CHSC	25143.10		
W155	HWG: Satellite Accumulation	CCR	66262.34(e)		
W156	HWG: Laboratory Waste	CHSC	25200.3.1(b)		
W157	HWG: Laboratory Waste Treatment	CHSC	25200.3.1 (c)		
W158	HWG: Program Data Electronic Report	CHSC	25404(e)(4)		
W159	HWG: Facility Information Reporting	SBCC	23.0602,23.0712		
W190	HWG: Land Disposal Restriction	CCR	Multiple		
W206	SQG: Facility Maintained to Prevent Fire/Explosion/Release	CCR	66262.34(d)(2)		
W207	SQG: Emergency Plan	CCR	66262.34(d)(2)		
W213	SQG: Time Exceeded for Hazardous Waste Conditional Accumulation (180 Days)		Multiple		
W214	SQG: Container in Poor Condition or Damaged	CCR	66262.34(d)(2)		
W216	SQG: Open Hazardous Waste Containers	CCR	66262.34(d)(2)		
W218	SQG: Acutely/Extremely Hazardous Waste Accumulation Time Exceeded (90 Days)		Multiple		
W227	SQG: Hazardous Waste Manifest Exception Reporting		Multiple		
W231	SQG: Employee Training	CCR	66262.34(d)(2)		
W238	SQG: Weekly Hazardous Waste Storage Area Inspection	CCR	66262.34(d)(2)		
W245	SQG: Hazardous Waste Container Incompatible with Material Stored	CCR	66262.34(d)(2)		
W249	SQG: Aisle Space	CCR	66262.34(d)(2		
W268	SQG: Incompatible Waste Storage	CCR	66262.34(d)(2)		
W269	SQG: Hazardous Waste Tank Spill Control/Overfill	CCR	66262.34(d)(2)		
W270	SQG: Daily Tank, Monitoring, and Discharge Inspection	CCR	66262.34(d)(2)		
W271	SQG: Weekly Hazardous Waste Tank Construction and System Fixture Inspection	CCR	66262.34(d)(2)		
W272	SQG: Hazardous Waste Facility Closure	CCR	66262.34(d)(2)		
W273	SQG: Tank 2ft Freeboard	CCR	66262.34(d)(2)		
W278	SQG: Hazardous Waste Minimization Certification	CCR	66262.27(b)		
W280	SQG: Emergency Coordinator	CCR	66262.34(d)(2)		
W281	SQG: Facility Emergency Equipment	CCR	66262.34(d)(2)		
W282	SQG: Emergency Equipment Maintenance	CCR	66262.34(d)(2)		
W306	LQG: Facility Maintained To Prevent Fire/Explosion/Release	CCR	66262.34(a)(4), 66265.31		
W307	LQG: Contingency Plan	CCR	66262.34(a)(4), 66265.51		
W308	LQG: Contingency Plan Copies	CCR	66262.34(a)(4), 66265.53		
W309	LQG: Contingency Plan Emergency Action Plan	CCR	66262.34(a)(4), 66265.52		

W313	**LQG: Hazardous Waste Accumulatic Exceeded**		Multiple	X	
Violation:	Failure to obtain a permit or grant of interim status after generator has accumulated hazardous waste on-site for longer than 90 days. 22 CCR 12 66262.34(a); CHSC 6.5 25123.3(b)(1), 25201				
CLASS 2	Observed (1) ~30 gallon drum containing waste discharged for the use of an aerosol can puncturing device, to have exceeded the accumulation time frame for this facility.				
	CORRECTIVE ACTION: Sign the Certificate of Compliance in attestation that all hazardous waste has been transported off site that has exceeded the facility's accumulation time frame. The accumulation time frame for this facility was 90 days at the time of the inspection.				
W314	LQG: Container in Poor Condition or Damaged	CCR	66262.34(a)(1), 66265.17		
W316	LQG: Open Hazardous Waste Container	CCR	66262.34(a)(1), 66265.17		
W318	LQG: Weekly Hazardous Waste Storage Areas Inspection	CCR	66262.34(a)(1), 66265.17		
W320	LQG: Hazardous Waste Tank Inspections	CCR	66262.34(a)(1), 66265.19		
W321	LQG: Hazardous Waste Tank Cathodic Inspection	CCR	66262.34(a)(1), 66265.19		
W324	LQG: Hazardous Waste Tank Equipment Replacement	CCR	66265.192(m)		
W325	LQG: Hazardous Waste Tank Release	CCR	66265.196		
W326	LQG: Tank Closure Requirements and Documentation	CCR	66265.111, 66265.114, 66		
W331	LQG: Employee Hazardous Waste Training	CCR	66262.34(a)(4), 66265.1		
W332	LQG: Source Reduction Evaluation Review and Plan	CCR	67100.7, 67100.8		
W333	LQG: Summary Progress Report	CCR	67100.9		
W334	LQG: Source Reduction Implementation	CCR	67100.5		
W340	LQG: Hazardous Waste Minimization Certification	CCR	66262.27(a)		
W345	LQG: Hazardous Waste Container Incompatible with Material Stored	CCR	66262.34(a)(1), 66265.17		
W349	LQG: Aisle Space	CCR	66262.34(a)(4), 66265.35		
W350	LQG: New Hazardous Waste Tank System P.E. Certification	CCR	66262.34(a)(1), 66265.19		
W351	LQG: Reassessment for Hazardous Waste Tank System P.E. Certification	CCR	66265.192(h)		
W352	LQG: New Tank Assessment Standards	CCR	66265.192(k)		
W353	LQG: Hazardous Waste Tank Standards	CCR	66262.34(a)(1), 66265.19		
W354	LQG: Secondary Containment	CCR	66262.34(a)(1), 66265.19		
W368	LQG: Incompatible Waste Storage	CCR	Multiple		
W369	LQG: Air Emissions for Waste in Containers	CCR	Multiple		
W371	LQG: Air Emissions for Wastes in Tanks	CCR	66262.34(a)(1), 66265.20		
W378	LQG: Hazardous Waste Manifest Exception Reporting	CCR	66262.42(a), (b), (d)		
W380	LQG: Emergency Coordinator	CCR	66262.34(a)(4), 66265.55		
W381	LQG: Facility Emergency Equipment	CCR	66262.34(a)(4), 66265.32		
W382	LQG: Emergency Equipment Maintenance	CCR	66262.34(a)(4), 66265.33		
W501	Certified Appliance Recycler: Certification	CHSC	25211.4		
W502	Certified Appliance Recycler: Certification	CHSC	25211.2, 25211.3		
W503	Certified Appliance Recycler: Materials that Require Special Handling (MRSH) properly managed	CHSC	25211.3, 25212, 25212(c)		
W504	Certified Appliance Recycler: Proper Removal of Materials that Require Special Handling (MRSH)	CHSC	25211.3, 25212(a)		
W901	Universal Waste Handler: Permit	SBCC	23.0602(B)(1)		
W902	Universal Waste Handler: Labeling Requirements	CCR	66273.34		
W903	Universal Waste Handler: Accumulation Time	CCR	66273.35		
W904	Universal Waste Handler: Employee Training	CCR	66273.36		
W907	Universal Waste: Accumulation of Aerosol Cans	CHSC	25201.16(f)		
W908	Universal Waste: Handling of Aerosol Cans	CHSC	25201.16(e)		
W911	Universal Waste Handler: Department Notification	CCR	66273.32(c)		
W912	Universal Waste Handler: Annual Report	CCR	66273.32(d)		
W913	Universal Waste Handler: Release	CCR	66273.33.5		
W914	Universal Waste Handler: USEPA Notification	CCR	66273.32(a)		
W915	Universal Waste Handler: Exporting Notification	CCR	66273.40(a)(3) and (4)		
W920	Universal Waste Handler: Illegal Disposal	CCR	66273.31(a)		
W923	Large Quantity Universal Waste Handler DTSC ID Number	CCR	66273.32(b)		

INSPECTED BY:	RECEIVED BY:	Signature Date Time: 10/31/18 3:35:19PM
		LTR:10/31/2018 3:33:45PM
KARL WENDT	Floyd Sibole	Plant Manager
NAME	NAME	TITLE
	INSPECTION DATE: 10/31/2018	REPORT DATE: 10/31/18 3:36 pm

[X] **This report shall serve as a notice to comply for minor violations and a notice of violation for all other violations. THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN 30 DAYS UNLESS OTHERWISE SPECIFIED. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.**

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return certification to inspector KARL WENDT within 30 days of inspection unless otherwise specified.

RESPONDENT: Floyd Sibole

VIOLATION(S) CITED ON: 10/31/2018

FACILITY NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

SITE ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407**

Summary of Violations:

IMPORTANT- Enclose all requested documentation when returning this certification.

W313 CORRECTIVE ACTION: Sign the Certificate of Compliance in attestation that all hazardous waste has been transported off site that has exceeded the facility's accumulation time frame. The accumulation time frame for this facility was 90 days at the time of the inspection.

I certify under penalty of law that:

- o Respondent has corrected violations specified in the above-entitled action.
- o I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- o Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- o I am authorized to file this certification on behalf of the Respondent.
- o I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE DATE

PRINT NAME TITLE

PHOTO NARRATIVE

PHOTO 1



PHOTO 2



Facility/Case Name: Vulcan Materials West Division Facility ID #: 0001676

Address: 2400 W Highland Ave., San Bernardino 92407

1) Description: The sump leading to (1) 4500 gallon underground storage tank (UST) containing used lubricating oil. No violations associated with the depicted UST

2) Description: Hazardous waste labeling affixed to the structure adjacent to UST depicted in photo 1.

Date Taken: **10/31/2018**

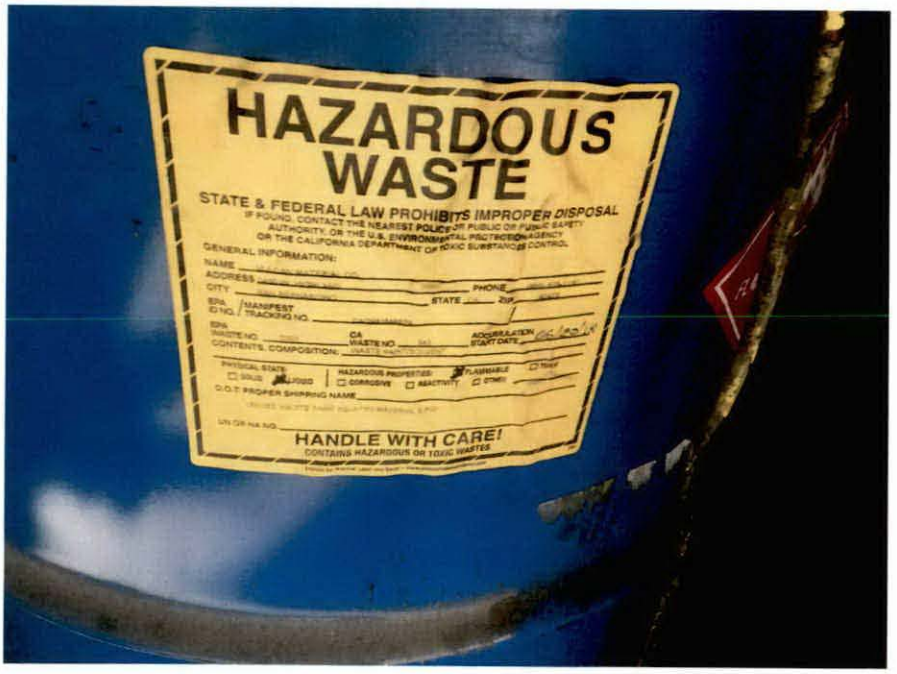
Taken By: **Karl Wendt** Signature:

PHOTO NARRATIVE

PHOTO 3



PHOTO 4



Facility/Case Name: Vulcan Materials West Division Facility ID #: 0001676

Address: 2400 W Highland Ave., San Bernardino 92407

3) Description: (1) ~30 gallon drum containing hazardous waste that is accumulated from a waste aerosol can puncturing process. This facility has not made notification of waste aerosol can treatment with this CUPA, and the contents of this drum has exceeded the accumulation time frame for this facility.

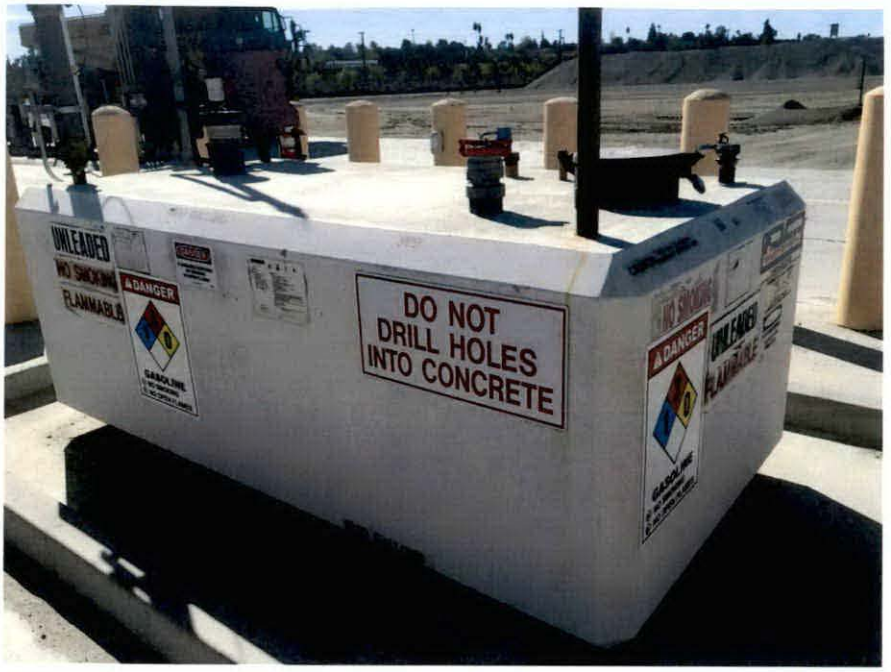
4) Description: Close up of the hazardous waste labeling affixed to the drum depicted in photo 3.

Date Taken: **10/31/2018**

Taken By: **Karl Wendt** Signature: _____

PHOTO NARRATIVE

PHOTO 5



Facility/Case Name:	Vulcan Materials West Division	Facility ID #:	0001676
Address:	2400 W Highland Ave., San Bernardino 92407		
5) Description:	(1) 1000 gallon aboveground storage tank (AST) containing gasoline. No violations associated with the depicted AST.		

Date Taken: **10/31/2018**

Taken By: **Karl Wendt**

Signature: _____

PHOTO NARRATIVE

Date Taken: **10/31/2018**

Taken By: **Karl Wendt**

Signature: _____

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **6/25/2018**

Inspector was given permission to: [X] photograph [X] inspect

Inspection Narrative (v020000)

PURPOSE AND PERSONNEL:

Annual Underground Storage Tank (UST) inspection conducted during Annual Monitoring Certification and Cold Start Final/Repair Job Card Sign off.

Consent to inspect and capture photographs granted by Floyd Sibole (Plant manager).

UST Contractor: Petrotech

UST Technician: Phillip Smith

Certifications: Current and appropriate for testing/repairs conducted

SITE DESCRIPTION:

Two spit Tanks- red diesel and clear diesel/waste oil/empty.

UST CONSTRUCTION/DESIGN AND MONITORING SYSTEMS

- Refer to the California Environmental Reporting System (CERS) Review.

DOCUMENTATION/VISUAL INSPECTION

- UST training conducted annually.
- Tank install date noted as 3/10/1987.
- Certificate of Financial Responsibility okay.
- Owner Letter okay.
- Last CUPA Generator and Handler inspection conducted on 6/13/14.
- Permits current with expiration 10/31/18.
- Monthly inspections documented and available for review.
- BOE #44011153 valid and current.

VISUAL INSPECTION/MONITORING CERT.:

- UST leak detection monitor programming was reviewed. No issues identified.
- All sensors functioning properly causing turbine shut down.
- Standalone sensors at UDC,s cause turbine shut down.
- ESO, Fail safe and sensor out cause turbine shut down and alarm at panel.
- ATG's Overfill Protection: Functional, cause visual/audible alarm at annunciator.
- No fuel alarm occurred in last 12 months.
- Spill buckets passed.

ADDITIONAL OBSERVATIONS/COMMENTS

Testing date reminders:

Last Monitoring Certification: 6/27/17

Annual monitoring system certifications are due within 365 days of test date. Annual Monitoring Certification conducted within required time frame. Next Certification due on or before 6/25/2019

-Last SB989 conducted: 1/26/18. Next SB989 due on or before 1/26/2021

Permits current, expire 10/31/18.

CALIFORINA ENVIRONMENTAL REPORTING SYSTEM (CERS) REVIEW FIELD VERIFICATION:

Facility Information: Submitted: 2/5/18-Reviewed/Accepted

Hazardous Materials Inventory: Submitted: 2/5/18-Not Accepted

Emergency Response and Training Plans: Submitted- 2/5/18: Reviewed/Accepted

Underground Storage Tanks: Submitted: 2/5/18-Reviewed/Accepted.

For questions regarding this inspection report, contact the inspector at botter@sbcfire.org.

Cold Start Final and Repair- All sUST Systems functional- Job Card signed off on this date.

The following lines marked in the V column are violations that must be corrected. Marked items in the N column require additional information to determine compliance.

VIOLATION CODE	DESCRIPTION	SECTION	V	N

41	UNDERGROUND STORAGE TANKS (UST)			
0301	Failure to obtain an underground storage tank (UST) permit for each UST	S.B. COUNTY CODE 23.0722(a)		
0303	Failure to complete and submit an application for a permit to operate a UST	CAL. HEALTH & SAFETY CODE 25286(a)		
0304	Failure to have UST monitoring and maintenance records available on site	C.C.R. TITLE 23 CH. 16 2712(b)		
0305	Failure to correct past UST violations within 30 days of receiving a UST inspection report	C.C.R. TITLE 23 CH. 16 2712(f)		
0306	Failure to establish a written agreement with the Operator of a UST to monitor the UST system	CAL. HEALTH & SAFETY CODE 25284(a)(3)(A)		
0307	Failure to maintain evidence of financial responsibility for a UST system	CAL. HEALTH & SAFETY CODE 25292.2(a)		
0308	Failure to submit change of ownership within 30 days from the date of the transfer of the UST	CAL. HEALTH & SAFETY CODE 25284(c)		
0309	Failure to properly monitor UST system as specified by the permit	CAL. HEALTH & SAFETY CODE 25293		
0310	Compatibility	C.C.R. TITLE 23 CH. 16 2631(j), 2631.1(b)		
0312	Failure to submit a signed Designated UST Operator Statement	C.C.R. TITLE 23 CH. 16 2715(a)		
0313	Failure to have monthly documented Designated UST Operator visual inspection reports	C.C.R. TITLE 23 CH. 16 2715(c)		
0314	Failure to affix a certification tag/sticker to each monitoring equipment component	C.C.R. TITLE 23 CH. 16 2638(f)		
0315	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2641(h)		
0317	Failure to certify the monitoring equipment annually	C.C.R. TITLE 23 CH. 16 2641(j)		
0318	Failure to have monitoring equipment located to properly detect a release	C.C.R. TITLE 23 CH. 16 2630(d)		
0322	Failure to test single-walled suction piping every 3 years	C.C.R. TITLE 23 CH. 16 2643(d)		
0323	Failure of secondary containment to prevent intrusion of liquid into sump/UDC(s)	CAL. HEALTH & SAFETY CODE 25291		
0324	Failure to install/maintain operational automatic line leak detector(s)	C.C.R. TITLE 23 CH. 16 2636(f)(2)		
0327	Failure to install/maintain an overfill prevention system	C.C.R. TITLE 23 CH. 16 2635(b)(2)		
0328	Failure to test the secondary containment systems	C.C.R. TITLE 23 CH. 16 2637(a)		
0329	Failure to meet the design, construction and monitoring requirements for "new" UST systems	C.C.R. TITLE 23 CH. 16 2630		
0331	Failure to certify the monitoring system annually	C.C.R. TITLE 23 CH. 16 2638(a)		
0333	Failure to annually test overspill containment structure	CAL. HEALTH & SAFETY CODE 25284.2		
0334	Failure to maintain a functioning audible and visual alarm	C.C.R. TITLE 23 CH. 16 2632(c)(2)(B)		
0335	Failure to install an approved emergency disconnect switch device (ESO)	CAL. FIRE CODE 2203.2		
0336	Failure to properly install, maintain and test approved emergency shutoff/shear valve at dispensers	CAL. FIRE CODE 2206.7.4		
0337	Failure to have approved portable fire extinguishers present and charged	CAL. FIRE CODE 2205.5		
0338	Failure to have approved address/building/identification numbers visible from the street	CAL. FIRE CODE 505.1		
0339	Failure to properly maintain Spill Container Drain Valve	C.C.R. TITLE 23 CH. 16 2635(b)(1)(C)		
0340	Failure to operate a UST system to prevent unauthorized release	CAL. HEALTH & SAFETY CODE 25292.1(a)		
0342	Unlawful abandonment of a UST system	CAL. HEALTH & SAFETY CODE 25298(a)		
0343	Failure to lawfully close a UST system	CAL. HEALTH & SAFETY CODE 25298(c)		
0344	Failure to temporarily close a UST system	CAL. HEALTH & SAFETY CODE 25298(b)		
0345	Failure of secondary containment to prevent intrusion of water into the system	CAL. HEALTH & SAFETY CODE 25290.1(c)(3)		
0346	Failure to meet the upgrade requirements for the UST system (existing)	CAL. HEALTH & SAFETY CODE 25292(d)		
0347	Unlawful deposit of petroleum into a Red-Tagged UST system	CAL. HEALTH & SAFETY CODE 25292.3(c)		
0349	Failure to implement an enhanced leak detection (ELD) program after notification	C.C.R. TITLE 23 CH. 16 2640(e)		
0354	Failure to conduct tank tests monthly using the Automatic Tank Gauging (ATG) (existing)	C.C.R. TITLE 23 CH. 16 2643(b)(1)		
0355	Failure to conduct monthly SIR in conjunction with a biennial UST integrity test	C.C.R. TITLE 23 CH. 16 2643(b)(3)		
0358	Failure to perform weekly manual tank gauging with UST integrity testing (existing)	C.C.R. TITLE 23 CH. 16 2645(b)		
0362	Failure to have a monthly test with an hourly PLLD on pressurized single-walled product pipe	C.C.R. TITLE 23 CH. 16 2643(c)(2)		
0363	Failure to conduct annual testing of the piping leak detection method	C.C.R. TITLE 23 CH. 16 2643(c)(3)		
0367	Failure to install a check valve directly below the suction pump	C.C.R. TITLE 23 CH. 16 2636(a)(3)(C)		
0368	Failure to conduct testing of the piping leak monitoring system on gravity fed piping	C.C.R. TITLE 23 CH. 16 2643(e)		
0369	Failure to have the cathodic protection system tested every three years	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		
0370	Failure to inspect the impressed-current cathodic protection system every 60 days	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		
0371	Failure to have interior lining inspected w/in 10 years of installation and every 5 years thereafter	C.C.R. TITLE 23 CH. 16 2663(h)		
0373	Failure to submit the monitoring system certification report within 30 days of test completion	C.C.R. TITLE 23 CH. 16 2638(d)		
0374	Failure to report an unauthorized release that has escaped the UST secondary containment	CAL. HEALTH & SAFETY CODE 25295(a)(1)		
0375	Failure to meet design, construction and monitoring requirements for tank(s) installed prior to 1984	C.C.R. TITLE 23 CH. 16 2640		
0378	Failure to install/maintain approved monitoring equipment for existing UST system(s)	C.C.R. TITLE 23 CH. 16 2641(a)		

0379	Monitoring Plan Approval	C.C.R. TITLE 23 CH. 16 2632(d)(1)		
0380	Response Plan Approval	C.C.R. TITLE 23 CH. 16 2632(d)(2)		
0399	Failure to obtain a UST construction permit and plan approval	S.B. COUNTY CODE 23.0603(a)		

INSPECTED BY:	RECEIVED BY:	Signature Date Time: 6/25/18 11:07:37AM LTR:6/25/2018 11:03:56AM
BRIAN OTTER	Floyd Sibole	Plant Manager
NAME	NAME INSPECTION DATE: 06/25/2018	TITLE PRINTED ON: 6/25/18 11:14 am

NOTICE OF VIOLATION: THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN THE SPECIFIED TIMEFRAME. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **6/27/2017**

Inspector was given permission to: [X] photograph [X] inspect

Inspection Narrative (v020000)

An annual UST inspection with monitoring system certification was conducted. Rick Teran, Assistant Plant Manager, granted consent to the inspection. Phillip Smith, with Petrotech Service, was the technician on site with the following certifications verified:

-ICC UST Service Technician #5263352 expires 9/9/2017
-Veeder Root Technician Level 4 #A30819 expires 2/8/2018
-Vaporless#3231 expires 1/20/2019

UST system consists of:
-(1) – 20,000 gallon diesel double walled tank
-(1) – 12,000 gallon diesel double walled tank
-(1) – 3,500 gallon motor oil double walled tank
-(1) – 4,500 gallon waste oil double walled tank
-(3) – UDCs
*Note: the 12k diesel, motor oil and waste oil tanks are a 3 compartment tank with shared annular.
Tanks: Joor

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM ELEMENTS (CERS) REVIEWED:
-FACILITY INFORMATION: submitted 4/13/2017 – Reviewed and Approved
-UNDERGROUND STORAGE TANKS: submitted 4/13/2017 – Reviewed and Not Approved
- See Violation #0303 for return to compliance requirements.

Documents Reviewed:
-Permits current.
-UST Designated Operator reports on site.
-Board of Equalization Number (BOE) # 44011153 valid.
-Previous Monitoring System Certification was on 6/29/2016.
-Previous Secondary Containment (SB989) Test was on 1/20/2015. Next SB989 Test will be due on or before 1/20/2018.

UST sensors/components tested:
-STP/Fill/Piping sump sensors (VR208) –Pass
-Annulars (VR420) –Pass
-Mechanical Line Leak Detectors – Pass
-UDC's (VR208) –Pass
-Spill Buckets (1 hour visual water test) – Pass
-Failsafe –Pass
-Sensor Out –Pass
-ESO –Pass
-Overfill Prevention (ATG's for the fuel tanks and VR420 for the Motor Oil/Used Oil tanks) – Pass

Correct all violations immediately within the time frames specified in this report.

Sign, date and submit copy of the "Certificate of Compliance" page at the end of this report upon correction of all violations.

*Note: If you have any questions regarding CERS, please call the CERS Help Line at (909) 386-8432.

The following lines marked in the V column are violations that must be corrected. Marked items in the N column require additional information to determine compliance.

VIOLATION CODE	DESCRIPTION	SECTION	V	N
41	**UNDERGROUND STORAGE TANKS (UST)**			
0301	Failure to obtain an underground storage tank (UST) permit for each UST	S.B. COUNTY CODE 23.0722(a)		

0303	Failure to complete and submit application for a permit to operate a UST	CAL. HEALTH & SAFETY CODE 25286(a)	X	
Violation:	Owner/Operator shall complete and submit the required UST permit application.			
Correction:	Complete and submit a UST permit application for the facility and each UST system.			
Observation:	TANK INFORMATION AS PART OF THE UST APPLICATION ON LINE IN THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WAS DEFICIENT AS FOLLOWS: -TANK #2 - MISSING TANK INSTALLATION DATE -TANK #3 - MISSING TANK INSTALLATION DATE -TANK #4 - MISSING TANK INSTALLATION DATE *NOTE: ALL THREE TANKS IS A 3 COMPARTMENT TANK WHICH WILL HAVE THE SAME TANK INSTALLATION DATE. UPDATE TANK INFORMATION ON LINE IN CERS ADDRESSING THE ABOVE DEFICIENCIES WITHIN 30 DAYS. Comply by date: **7/27/2017**			
0304	Failure to have UST monitoring and maintenance records available on site	C.C.R. TITLE 23 CH. 16 2712(b)		
0305	Failure to correct past UST violations within 30 days of receiving a UST inspection report	C.C.R. TITLE 23 CH. 16 2712(f)		
0306	Failure to establish a written agreement with the Operator of a UST to monitor the UST system	CAL. HEALTH & SAFETY CODE 25284(a)(3)(A)		
0307	Failure to maintain evidence of financial responsibility for a UST system	CAL. HEALTH & SAFETY CODE 25292.2(a)		
0308	Failure to submit change of ownership within 30 days from the date of the transfer of the UST	CAL. HEALTH & SAFETY CODE 25284(c)		
0309	Failure to properly monitor UST system as specified by the permit	CAL. HEALTH & SAFETY CODE 25293		
0312	Failure to submit a signed Designated UST Operator Statement	C.C.R. TITLE 23 CH. 16 2715(a)		
0313	Failure to have monthly documented Designated UST Operator visual inspection reports	C.C.R. TITLE 23 CH. 16 2715(c)		
0314	Failure to affix a certification tag/sticker to each monitoring equipment component	C.C.R. TITLE 23 CH. 16 2638(f)		
0315	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2641(h)		
0317	Failure to certify the monitoring equipment annually	C.C.R. TITLE 23 CH. 16 2641(j)		
0318	Failure to have monitoring equipment located to properly detect a release	C.C.R. TITLE 23 CH. 16 2630(d)		
0322	Failure to test single-walled suction piping every 3 years	C.C.R. TITLE 23 CH. 16 2643(d)		
0323	Failure of secondary containment to prevent intrusion of liquid into sump/UDC(s)	CAL. HEALTH & SAFETY CODE 25291		
0324	Failure to install/maintain operational automatic line leak detector(s)	C.C.R. TITLE 23 CH. 16 2636(f)(2)		
0327	Failure to install/maintain an overfill prevention system	C.C.R. TITLE 23 CH. 16 2635(b)(2)		
0328	Failure to test the secondary containment systems	C.C.R. TITLE 23 CH. 16 2637(a)		
0329	Failure to meet the design, construction and monitoring requirements for "new" UST systems	C.C.R. TITLE 23 CH. 16 2630		
0330	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2632(d)		
0331	Failure to certify the monitoring system annually	C.C.R. TITLE 23 CH. 16 2638(a)		
0333	Failure to annually test overspill containment structure	CAL. HEALTH & SAFETY CODE 25284.2		
0334	Failure to maintain a functioning audible and visual alarm	C.C.R. TITLE 23 CH. 16 2632(c)(2)(B)		
0335	Failure to install an approved emergency disconnect switch device (ESO)	CAL. FIRE CODE 2203.2		
0336	Failure to properly install, maintain and test approved emergency shutoff/shear valve at dispensers	CAL. FIRE CODE 2206.7.4		
0337	Failure to have approved portable fire extinguishers present and charged	CAL. FIRE CODE 2205.5		
0338	Failure to have approved address/building/identification numbers visible from the street	CAL. FIRE CODE 505.1		
0339	Failure to properly maintain Spill Container Drain Valve	C.C.R. TITLE 23 CH. 16 2635(b)(1)(C)		
0340	Failure to operate a UST system to prevent unauthorized release	CAL. HEALTH & SAFETY CODE 25292.1(a)		
0342	Unlawful abandonment of a UST system	CAL. HEALTH & SAFETY CODE 25298(a)		
0343	Failure to lawfully close a UST system	CAL. HEALTH & SAFETY CODE 25298(c)		
0344	Failure to temporarily close a UST system	CAL. HEALTH & SAFETY CODE 25298(b)		
0345	Failure of secondary containment to prevent intrusion of water into the system	CAL. HEALTH & SAFETY CODE 25290.1(c)(3)		
0346	Failure to meet the upgrade requirements for the UST system (existing)	CAL. HEALTH & SAFETY CODE 25292(d)		
0347	Unlawful deposit of petroleum into a Red-Tagged UST system	CAL. HEALTH & SAFETY CODE 25292.3(c)		
0349	Failure to implement an enhanced leak detection (ELD) program after notification	C.C.R. TITLE 23 CH. 16 2640(e)		
0354	Failure to conduct tank tests monthly using the Automatic Tank Gauging (ATG) (existing)	C.C.R. TITLE 23 CH. 16 2643(b)(1)		
0355	Failure to conduct monthly SIR in conjunction with a biennial UST integrity test	C.C.R. TITLE 23 CH. 16 2643(b)(3)		
0358	Failure to perform weekly manual tank gauging with UST integrity testing (existing)	C.C.R. TITLE 23 CH. 16 2645(b)		
0362	Failure to have a monthly test with an hourly PLLD on pressurized single-walled product pipe	C.C.R. TITLE 23 CH. 16 2643(c)(2)		
0363	Failure to conduct annual testing of the piping leak detection method	C.C.R. TITLE 23 CH. 16 2643(c)(3)		
0367	Failure to install a check valve directly below the suction pump	C.C.R. TITLE 23 CH. 16 2636(a)(3)(C)		
0368	Failure to conduct testing of the piping leak monitoring system on gravity fed piping	C.C.R. TITLE 23 CH. 16 2643(e)		
0369	Failure to have the cathodic protection system tested every three years	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		
0370	Failure to inspect the impressed-current cathodic protection system every 60 days	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		

0371	Failure to have interior lining in d w/in 10 years of installation and every 5 years thereafter	C.C.F E 23 CH. 16 2663(h)		
0373	Failure to submit the monitoring system certification report within 30 days of test completion	C.C.R. TITLE 23 CH. 16 2638(d)		
0374	Failure to report an unauthorized release that has escaped the UST secondary containment	CAL. HEALTH & SAFETY CODE 25295(a)(1)		
0375	Failure to meet design, construction and monitoring requirements for tank(s) installed prior to 1984	C.C.R. TITLE 23 CH. 16 2640		
0378	Failure to install/maintain approved monitoring equipment for existing UST system(s)	C.C.R. TITLE 23 CH. 16 2641(a)		
0399	Failure to obtain a UST construction permit and plan approval	S.B. COUNTY CODE 23.0603(a)		

INSPECTED BY:	RECEIVED BY:	Signature Date Time: 6/27/17 9:37:40AM
		LTR:6/27/2017 9:04:55AM
ADRIAN SAGUAN	RICK TERAN	ASSISTANT PLANT MANAGER
NAME ICC#8019654	NAME INSPECTION DATE: 06/27/2017	TITLE PRINTED ON: 6/27/17 9:38 am

[X] **NOTICE OF VIOLATION: THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN THE SPECIFIED TIMEFRAME. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION.**

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return Certification within 30 Days of Receipt to Inspector ADRIAN SAGUAN

RESPONDENT: RICK TERAN

VIOLATION(S) CITED ON: 6/27/2017 CERTIFICATE OF COMPLIANCE DATE: 6/27/2017

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407**

Attach the following documentation when returning the Certificate of Compliance:

0303 Complete and submit a UST permit application for the facility and each UST system.
TANK INFORMATION AS PART OF THE UST APPLICATION ON LINE IN THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WAS DEFICIENT AS FOLLOWS:
-TANK #2 - MISSING TANK INSTALLATION DATE
-TANK #3 - MISSING TANK INSTALLATION DATE
-TANK #4 - MISSING TANK INSTALLATION DATE
*NOTE: ALL THREE TANKS IS A 3 COMPARTMENT TANK WHICH WILL HAVE THE SAME TANK INSTALLATION DATE.
UPDATE TANK INFORMATION ON LINE IN CERS ADDRESSING THE ABOVE DEFICIENCIES WITHIN 30 DAYS.

I certify under penalty of law that:

- o Respondent has corrected violations specified in the above-entitled action.
- o I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- o Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- o I am authorized to file this certification on behalf of the Respondent.
- o I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE DATE

PRINT NAME TITLE

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **6/29/2016**

Inspector was given permission to: [X] photograph [X] inspect

Inspection Narrative (v020000)
Onsite for the Annual Underground Storage Tank (UST) CUPA inspection and the Monitoring Certification Testing. Tad Barnett (Asst Manager) granted consent to inspect.

Contractor Onsite: Petrotech Service
Technician Onsite: Philip Smith
Certifications: ICC#5063352 Exp.09/09/2017, VMI#3231 Exp.12/24/2017 & VR#A30819 Exp.02/02/2018.

UST SYSTEM:
- Two (2) Joor Double Walled USTs
- 20K-Gallon Red Diesel (Pressure System)
- 20K-Gallon 3-Way Split Tank
  - 12K-Gallon Clear Diesel (Pressure System)- 1 of 3 compartments
  - 3.5K-Gallon New Oil (Suction System)-2 of 3 compartments
  - 4.5K-Gallon Used Oil (Gravity System)-3 of 3 compartments

MONITORING SYSTEM:
- Veeder Root Monitoring Panel (VR) TLS-350 (Software Version 17.02)
- Tank Top Sumps (6)- VR 208
- Annulars (2)- VR 420
- -Over fill (2)- VR 420 (New Oil/ Waste Oil)
- Under Dispenser Containment (UDC) (3)- VR 208
- (Red Diesel & Clear Diesel) Mechanical Line Leak Detectors (2)
- Overfill protection-
  Flappers were observed in Red Diesel and Clear Diesel fill tubes
  External audible/ visual alarm

DOCUMENTATION INSPECTION:
Last Monitoring Certification was conducted by Petrotech Service on 06/30/2015
Last SB989 Certification was conducted by Petrotech Services on 01/20/2015 .Violations were documented and corrected.
Pacific Compliance provides the facility with (DO) Designated Operator Services.
The DO monthly inspection reports were reviewed and were consistent with alarm history. Employees training records available for review.
CUPA permit expires 10/31/2016

SPILL BUCKET CERTIFICATION RESULTS
- Overfill buckets were tested hydrostatically (visual). Buckets held liquid for 1 hour test(87 –Passed

MONITORING CERTIFICATION TEST RESULTS:
- Sensors in the tank tops sumps, UDCs and in the annular spaces caused audible/ visual alarms at the Veeder Root monitor-Passed.
- Sensors in the UDCs, annulars spaces & (Red Diesel & Clear Diesel) tank top sumps caused turbine shutdown- Passed
- ESO-Passed, Failsafe-Passed, & Sensor Out-Passed.
- Mechanical line leak detectors tested at 3 gph/ 10 psi.-Passed.
- Veeder Root Monitor audible/ visual alarms-Passed
- ATG Probes were removed from each UST. The external alarm and internal overfill alarms were test at 90% capacity.
  - External audible/ visual alarm-Passed.
  - Monitor audible/ visual alarms-Passed

The next annual Monitoring Certification is due no later than 06/29/2017

The next SB989 tests are due no later tha 20/2018

For information regarding the California Environmental Reporting System (CERS), please visit our website sbcfire.org and/ or call (909) 386-8432

For questions concerning this report, contact Shane Barbao at (909) 386-8401.

The following lines marked in the V column are violations that must be corrected. Marked items in the N column require additional information to determine compliance.

VIOLATION CODE	DESCRIPTION	SECTION	V	N
41	**UNDERGROUND STORAGE TANKS (UST)**			
0301	Failure to obtain an underground storage tank (UST) permit for each UST	S.B. COUNTY CODE 23.0722(a)		
0303	Failure to complete and submit an application for a permit to operate a UST	CAL. HEALTH & SAFETY CODE 25286(a)		
0304	Failure to have UST monitoring and maintenance records available on site	C.C.R. TITLE 23 CH. 16 2712(b)		
0305	Failure to correct past UST violations within 30 days of receiving a UST inspection report	C.C.R. TITLE 23 CH. 16 2712(f)		
0306	Failure to establish a written agreement with the Operator of a UST to monitor the UST system	CAL. HEALTH & SAFETY CODE 25284(a)(3)(A)		
0307	Failure to maintain evidence of financial responsibility for a UST system	CAL. HEALTH & SAFETY CODE 25292.2(a)		
0308	Failure to submit change of ownership within 30 days from the date of the transfer of the UST	CAL. HEALTH & SAFETY CODE 25284(c)		
0309	Failure to properly monitor UST system as specified by the permit	CAL. HEALTH & SAFETY CODE 25293		
0312	Failure to submit a signed Designated UST Operator Statement	C.C.R. TITLE 23 CH. 16 2715(a)		
0313	Failure to have monthly documented Designated UST Operator visual inspection reports	C.C.R. TITLE 23 CH. 16 2715(c)		
0314	Failure to affix a certification tag/sticker to each monitoring equipment component	C.C.R. TITLE 23 CH. 16 2638(f)		
0315	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2641(h)		
0317	Failure to certify the monitoring equipment annually	C.C.R. TITLE 23 CH. 16 2641(j)		
0318	Failure to have monitoring equipment located to properly detect a release	C.C.R. TITLE 23 CH. 16 2630(d)		
0322	Failure to test single-walled suction piping every 3 years	C.C.R. TITLE 23 CH. 16 2643(d)		
0323	Failure of secondary containment to prevent intrusion of liquid into sump/UDC(s)	CAL. HEALTH & SAFETY CODE 25291		
0324	Failure to install/maintain operational automatic line leak detector(s)	C.C.R. TITLE 23 CH. 16 2636(f)(2)		
0327	Failure to install/maintain an overfill prevention system	C.C.R. TITLE 23 CH. 16 2635(b)(2)		
0328	Failure to test the secondary containment systems	C.C.R. TITLE 23 CH. 16 2637(a)		
0329	Failure to meet the design, construction and monitoring requirements for "new" UST systems	C.C.R. TITLE 23 CH. 16 2630		
0330	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2632(d)		
0331	Failure to certify the monitoring system annually	C.C.R. TITLE 23 CH. 16 2638(a)		
0333	Failure to annually test overspill containment structure	CAL. HEALTH & SAFETY CODE 25284.2		
0334	Failure to maintain a functioning audible and visual alarm	C.C.R. TITLE 23 CH. 16 2632(c)(2)(B)		
0335	Failure to install an approved emergency disconnect switch device (ESO)	CAL. FIRE CODE 2203.2		
0336	Failure to properly install, maintain and test approved emergency shutoff/shear valve at dispensers	CAL. FIRE CODE 2206.7.4		
0337	Failure to have approved portable fire extinguishers present and charged	CAL. FIRE CODE 2205.5		
0338	Failure to have approved address/building/identification numbers visible from the street	CAL. FIRE CODE 505.1		
0339	Failure to properly maintain Spill Container Drain Valve	C.C.R. TITLE 23 CH. 16 2635(b)(1)(C)		
0340	Failure to operate a UST system to prevent unauthorized release	CAL. HEALTH & SAFETY CODE 25292.1(a)		
0342	Unlawful abandonment of a UST system	CAL. HEALTH & SAFETY CODE 25298(a)		
0343	Failure to lawfully close a UST system	CAL. HEALTH & SAFETY CODE 25298(c)		
0344	Failure to temporarily close a UST system	CAL. HEALTH & SAFETY CODE 25298(b)		
0345	Failure of secondary containment to prevent intrusion of water into the system	CAL. HEALTH & SAFETY CODE 25290.1(c)(3)		
0346	Failure to meet the upgrade requirements for the UST system (existing)	CAL. HEALTH & SAFETY CODE 25292(d)		
0347	Unlawful deposit of petroleum into a Red-Tagged UST system	CAL. HEALTH & SAFETY CODE 25292.3(c)		
0349	Failure to implement an enhanced leak detection (ELD) program after notification	C.C.R. TITLE 23 CH. 16 2640(e)		
0354	Failure to conduct tank tests monthly using the Automatic Tank Gauging (ATG) (existing)	C.C.R. TITLE 23 CH. 16 2643(b)(1)		
0355	Failure to conduct monthly SIR in conjunction with a biennial UST integrity test	C.C.R. TITLE 23 CH. 16 2643(b)(3)		
0358	Failure to perform weekly manual tank gauging with UST integrity testing (existing)	C.C.R. TITLE 23 CH. 16 2645(b)		
0362	Failure to have a monthly test with an hourly PLLD on pressurized single-walled product pipe	C.C.R. TITLE 23 CH. 16 2643(c)(2)		
0363	Failure to conduct annual testing of the piping leak detection method	C.C.R. TITLE 23 CH. 16 2643(c)(3)		
0367	Failure to install a check valve directly below the suction pump	C.C.R. TITLE 23 CH. 16 2636(a)(3)(C)		
0368	Failure to conduct testing of the piping leak monitoring system on gravity fed piping	C.C.R. TITLE 23 CH. 16 2643(e)		

0369	Failure to have the cathodic protectio[illegible]m tested every three years	C.C.R. TITL[illegible]CH. 16	2635(a)(2)(A)
0370	Failure to inspect the impressed-curre[illegible]athodic protection system every 60 days	C.C.R. TITL[illegible]CH. 16	2635(a)(2)(A)
0371	Failure to have interior lining inspected w/in 10 years of installation and every 5 years thereafter	C.C.R. TITLE 23 CH. 16	2663(h)
0373	Failure to submit the monitoring system certification report within 30 days of test completion	C.C.R. TITLE 23 CH. 16	2638(d)
0374	Failure to report an unauthorized release that has escaped the UST secondary containment	CAL. HEALTH & SAFETY CODE	25295(a)(1)
0375	Failure to meet design, construction and monitoring requirements for tank(s) installed prior to 1984	C.C.R. TITLE 23 CH. 16	2640
0378	Failure to install/maintain approved monitoring equipment for existing UST system(s)	C.C.R. TITLE 23 CH. 16	2641(a)
0399	Failure to obtain a UST construction permit and plan approval	S.B. COUNTY CODE	23.0603(a)

INSPECTED BY:

SHANE BARBAO

NAME **ICC#8274577**

RECEIVED BY:

Signature Date Time: 6/29/16 10:50:04AM

LTR:6/29/2016 10:47:07AM

TAD BARNETT

NAME

INSPECTION DATE: 06/29/2016

ASST PLANT MANAGER

TITLE

PRINTED ON: 6/29/16 10:50 am

NOTICE OF VIOLATION: THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN THE SPECIFIED TIMEFRAME. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION.

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CUPA COMPLIANCE INSPECTION REPORT

NAME: **VULCAN MATERIALS WEST DIVISION** FACILITY ID: **FA0001676**

ADDRESS: **2400 W HIGHLAND AVE** CERS ID:**10036714**

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** INSPECTION DATE: **6/30/2015**

Inspector was given permission to: [X] photograph [X] inspect

Inspection Narrative (v020000)

Onsite for annual Underground Storage Tank (UST) CUPA inspection and monitoring certification testing. Consent to inspect granted by Plant Manager Floyd Sibole.

Contractor Onsite: Petrotech Service
Technician Onsite: Philip Smith
Certifications: ICC #5263352 Exp. 9/19/15, Veeder Root #A30819 Exp. 2/8/16, VMI #3231 Exp. 1/27/17

UST SYSTEMS

- Four (4) Joor double-walled UST systems.
- 20K-gallon Red Dye Diesel pressurized stand-alone UST.
- 12K-gallon Clear Diesel pressurized UST system contained in a three comparted UST
- 3.5K-gallon New Oil UST contained in a three comparted UST. This is the second compartment of a 3 compartment tank. This compartment is monitored but is not in use. Product piping is capped.
- 4.5K-gallon Used Oil UST contained in a three comparted UST

MONITORING SYSTEMS

- Veeder Root TLS-350 Monitoring Panel. The Veeder Root monitor is located on the west wall of a metal garage adjacent to the tank top pad.
- Tank top sumps and three (3) UDC's are monitored by Veeder Root 208 sensors.
- The interstitial spaces of the USTs are monitored with Veeder Root 420 liquid sensors.
- The primary containment of the two oil USTs are monitored with Veeder Root 420 sensors for overfill.
- An external overfill alarm is located on the external side of the west wall of the metal garage.
- Mechanical line leak detectors (LD-2000) monitor the primary product piping of the Diesel fuel products.

DOCUMENTATION INSPECTION

- The last Monitoring Certification was conducted by Petrotech Services on 7/1/14.
- The most current Business Plan and the UST Documentation were available for review through the California Environmental Reporting System (CERS).
- Pacific Systems Electric provides Designated Operator Services.
- Designated Operator monthly inspection reports were reviewed and compared with one year of alarm history. Designated Operator is documenting alarms and filing alarm history with each monthly inspection. Training for the current facility employees was documented and available for review. Last employee training occurred on 4/7/15.
- CUPA Permit is current. Expiration date is 10/31/2015.

MONITORING CERTIFICATION TEST RESULTS

- All sensors caused positive shutdown along with audible and visual alarms at the Veeder Root monitor.
- Emergency Fuel Shutoff (ESO) functionality – OK
- Failsafe Tested – OK
- Sensor Out Tested – OK
- Mechanical line leak detectors tested at 3 gph/10 psi: Red Dye and Clear Diesel – Passed.
- Overspill buckets were hydrostatically tested (visual). Buckets held liquid for one hour - Passed.

The next annual Monitoring Certification is due no later than 6/30/16.

For information regarding the California Environmental Reporting System (CERS), please visit our website at sbcfire.org and/or contact our CERS Helpline at (909) 386-8432.

For questions regarding this inspection report, contact Jose May at (909) 386-8401. Thank You.

The following lines marked in the V column are violations that must be corrected. Marked items in the N column requi additional information to determine compliance.

Petrotech Service
A- 991520

Philip Smith
Owner

(951)210-5745
31080 Park Blvd.
Nuevo, Ca. 92567
Fax (951)928-8970
E-Mail Address philsmith193@gmail.com

VIOLATION CODE	DESCRIPTION	SECTION	V	N
41	**UNDERGROUND STORAGE TANKS (UST)**			
0301	Failure to obtain an underground storage tank (UST) permit for each UST	S.B. COUNTY CODE 23.0722(a)		
0303	Failure to complete and submit an application for a permit to operate a UST	CAL. HEALTH & SAFETY CODE 25286(a)		
0304	Failure to have UST monitoring and maintenance records available on site	C.C.R. TITLE 23 CH. 16 2712(b)		
0305	Failure to correct past UST violations within 30 days of receiving a UST inspection report	C.C.R. TITLE 23 CH. 16 2712(f)		
0306	Failure to establish a written agreement with the Operator of a UST to monitor the UST system	CAL. HEALTH & SAFETY CODE 25284(a)(3)(A)		
0307	Failure to maintain evidence of financial responsibility for a UST system	CAL. HEALTH & SAFETY CODE 25292.2(a)		
0308	Failure to submit change of ownership within 30 days from the date of the transfer of the UST	CAL. HEALTH & SAFETY CODE 25284(c)		
0309	Failure to properly monitor UST system as specified by the permit	CAL. HEALTH & SAFETY CODE 25293		
0312	Failure to submit a signed Designated UST Operator Statement	C.C.R. TITLE 23 CH. 16 2715(a)		
0313	Failure to have monthly documented Designated UST Operator visual inspection reports	C.C.R. TITLE 23 CH. 16 2715(c)		
0314	Failure to affix a certification tag/sticker to each monitoring equipment component	C.C.R. TITLE 23 CH. 16 2638(f)		
0315	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2641(h)		
0317	Failure to certify the monitoring equipment annually	C.C.R. TITLE 23 CH. 16 2641(j)		
0318	Failure to have monitoring equipment located to properly detect a release	C.C.R. TITLE 23 CH. 16 2630(d)		
0322	Failure to test single-walled suction piping every 3 years	C.C.R. TITLE 23 CH. 16 2643(d)		
0323	Failure of secondary containment to prevent intrusion of liquid into sump/UDC(s)	CAL. HEALTH & SAFETY CODE 25291		
0324	Failure to install/maintain operational automatic line leak detector(s)	C.C.R. TITLE 23 CH. 16 2636(f)(2)		
0327	Failure to install/maintain an overfill prevention system	C.C.R. TITLE 23 CH. 16 2635(b)(2)		
0328	Failure to test the secondary containment systems	C.C.R. TITLE 23 CH. 16 2637(a)		
0329	Failure to meet the design, construction and monitoring requirements for "new" UST systems	C.C.R. TITLE 23 CH. 16 2630		
0330	Failure to have a written monitoring program with monitoring procedures and response plan	C.C.R. TITLE 23 CH. 16 2632(d)		
0331	Failure to certify the monitoring system annually	C.C.R. TITLE 23 CH. 16 2638(a)		
0333	Failure to annually test overspill containment structure	CAL. HEALTH & SAFETY CODE 25284.2		
0334	Failure to maintain a functioning audible and visual alarm	C.C.R. TITLE 23 CH. 16 2632(c)(2)(B)		
0335	Failure to install an approved emergency disconnect switch device (ESO)	CAL. FIRE CODE 2203.2		
0336	Failure to properly install, maintain and test approved emergency shutoff/shear valve at dispensers	CAL. FIRE CODE 2206.7.4		
0337	Failure to have approved portable fire extinguishers present and charged	CAL. FIRE CODE 2205.5		
0338	Failure to have approved address/building/identification numbers visible from the street	CAL. FIRE CODE 505.1		
0339	Failure to properly maintain Spill Container Drain Valve	C.C.R. TITLE 23 CH. 16 2635(b)(1)(C)		
0340	Failure to operate a UST system to prevent unauthorized release	CAL. HEALTH & SAFETY CODE 25292.1(a)		
0342	Unlawful abandonment of a UST system	CAL. HEALTH & SAFETY CODE 25298(a)		
0343	Failure to lawfully close a UST system	CAL. HEALTH & SAFETY CODE 25298(c)		
0344	Failure to temporarily close a UST system	CAL. HEALTH & SAFETY CODE 25298(b)		
0345	Failure of secondary containment to prevent intrusion of water into the system	CAL. HEALTH & SAFETY CODE 25290.1(c)(3)		
0346	Failure to meet the upgrade requirements for the UST system (existing)	CAL. HEALTH & SAFETY CODE 25292(d)		
0347	Unlawful deposit of petroleum into a Red-Tagged UST system	CAL. HEALTH & SAFETY CODE 25292.3(c)		
0349	Failure to implement an enhanced leak detection (ELD) program after notification	C.C.R. TITLE 23 CH. 16 2640(e)		
0354	Failure to conduct tank tests monthly using the Automatic Tank Gauging (ATG) (existing)	C.C.R. TITLE 23 CH. 16 2643(b)(1)		
0355	Failure to conduct monthly SIR in conjunction with a biennial UST integrity test	C.C.R. TITLE 23 CH. 16 2643(b)(3)		
0358	Failure to perform weekly manual tank gauging with UST integrity testing (existing)	C.C.R. TITLE 23 CH. 16 2645(b)		
0362	Failure to have a monthly test with an hourly PLLD on pressurized single-walled product pipe	C.C.R. TITLE 23 CH. 16 2643(c)(2)		
0363	Failure to conduct annual testing of the piping leak detection method	C.C.R. TITLE 23 CH. 16 2643(c)(3)		
0367	Failure to install a check valve directly below the suction pump	C.C.R. TITLE 23 CH. 16 2636(a)(3)(C)		
0368	Failure to conduct testing of the piping leak monitoring system on gravity fed piping	C.C.R. TITLE 23 CH. 16 2643(e)		
0369	Failure to have the cathodic protection system tested every three years	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		
0370	Failure to inspect the impressed-current cathodic protection system every 60 days	C.C.R. TITLE 23 CH. 16 2635(a)(2)(A)		

0371	Failure to have interior lining inspected w/in 10 years of installation and every 5 years thereafter	C.C.R. TITLE 23 CH. 16 2663(h)	
0373	Failure to submit the monitoring system certification report within 30 days of test completion	C.C.R. TITLE 23 CH. 16 2638(d)	
0374	Failure to report an unauthorized release that has escaped the UST secondary containment	CAL. HEALTH & SAFETY CODE 25295(a)(1)	
0375	Failure to meet design, construction and monitoring requirements for tank(s) installed prior to 1984	C.C.R. TITLE 23 CH. 16 2640	
0377	Failure to comply by UST Owner/Operator	CAL. HEALTH & SAFETY CODE 25280.6	
0378	Failure to install/maintain approved monitoring equipment for existing UST system(s)	C.C.R. TITLE 23 CH. 16 2641(a)	
0399	Failure to obtain a UST construction permit and plan approval	S.B. COUNTY CODE 23.0603(a)	

VIOLATION CODE	DESCRIPTION	SECTION	V	N
42	**HMRRP (HAZARDOUS MATERIALS HANDLER)**			
0201	Failure to obtain a CUPA Hazardous Materials Handler permit.	23.0602(a)		
0202	Failure to establish a Business Plan.	CAL. HEALTH & SAFETY CODE 25507		
0203	Failure to submit a Business Plan.	CAL. HEALTH & SAFETY CODE 25508		
0204	Failure to immediately report any release or threatened release of a hazardous material.	CAL. HEALTH & SAFETY CODE 25510		
0205	Failure to allow a hazardous materials handler inspection.	CAL. HEALTH & SAFETY CODE 25511		
0206	Failure to update the Business Plan	CAL. HEALTH & SAFETY CODE 25508.2		
0209	Failure to submit an amendment to the inventory form within 30 days of change.	CAL. HEALTH & SAFETY CODE 25508.1		
1231	Failure to submit a corrected Business Plan within 30 days after notification of deficiencies.	CAL. HEALTH & SAFETY CODE 25508		
1232	Failure to submit a Business Plan revision within 30 days of a substantial change in operation.	CAL. HEALTH & SAFETY CODE 25505(b)		

INSPECTED BY:

JOSE MAY

NAME **ICC#8014665-UI**

RECEIVED BY:

Floyd Sibole

NAME

Signature Date Time: 6/30/15 11:47:47A

LTR:6/30/2015 11:45:55A

Plant Manager

TITLE

INSPECTION DATE: 06/30/2015

PRINTED ON: 6/30/15 11:48 am

NOTICE OF VIOLATION: THE VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED WITHIN THE SPECIFIED TIMEFRAME. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION.

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

2/2/15

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

CHARLES ST JOHN
500 N. BRAND BLVD, STE 500
GLENDALE CA 91203

PS Form 3800, August 2006 — See Reverse for Instructions

;ertified Mail Provides:

- A mailing [redacted]eceipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

mportant Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. Fo valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof o delivery. To obtain Return Receipt service, please complete and attach a Retur Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver fo a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee o addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the arti cle at the post office for postmarking. If a postmark on the Certified Mai receipt is not needed, detach and affix label with postage and mail.

MPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHARLES ST JOHN
500 N. BRAND BLVD, STE 500
GLENDALE CA 91203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A Serrano ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* A Serrano C. Date of Delivery 2-4-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from s*
7012 0470 0001 0037 7438

PS Form 3811 July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

County of San Bernardino
Office Of The Fire Marshal
Attn: Adrian Saguan
620 South "E" Street
San Bernardino, CA 92415-0153

RECEIVED
FEB 09 2015
S.B. CO. FIRE DEPT

SAN BERNARDINO COUNTY FIRE DISTRICT

620 South "E" Street San Bernardino, CA 92415-0153 (909) 386-8401 Fax (909) 386-8460

Office of the Fire Marshal
Hazardous Materials Division
sbcfire.org

Mark A. Hartwig
Fire Chief/Fire Warden

Michael A. Horton
Fire Marshal

January 30, 2015

CHARLES ST JOHN
500 N. BRAND BLVD, STE 500
GLENDALE, CA 91203

ATTN: CALMAT CO/VULCAN MATERIALS CO/ CHARLES ST JOHN

SUBJECT: REVIEW OF SUBMITTED OF SECONDARY CONTAINMENT TEST RESULTS AND NOTICE OF VIOLATION

FACILITY: FA0001676-VULCAN MATERIALS WEST DIVISION
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

As a result of a recent records review, this facility has been identified as not being in compliance with Chapter 6.7 of the California Health and Safety Code (CHSC) and Title 23, Chapter 16 of California Code of Regulations (CCR). The following deficiencies are violations that may result in legal action if not corrected within 30 days:

TITLE 23 CCR §2637 - Secondary Containment Testing - failures noted on **January 20, 2015** have not been legally corrected and re-tested.

You are hereby ordered to:

1. Obtain an Underground Storage Tank (UST) modification/repair permit and submit plans to make all necessary repairs to the failed or untestable secondary containment components that require correction or repair within 30 days.
2. Upon correction by a properly licensed and certified contractor, all failed or previously untested components shall be tested in the presence of an inspector from this department.

Failure to comply with this Notice of Violation may result in legal action by this Department.
23 CCR §2717,et al RED TAG AUTHORITY - This CUPA has the authority to place a Red Tag on all UST fill pipes at the above mentioned facility until full compliance is met, including, but not limited to testing and any permitted repairs/modifications that may be required upon inspection. Application of a Red Tag prohibits fuel delivery and may only be removed by this agency.

The San Bernardino County Fire Department reserves the right to issue an Administrative Enforcement Order or refer this matter to the District Attorney's office for review and prosecution of any or all violations which have occurred regardless of your compliance with this directive.

If you have any questions, contact the Department representative below at (909) 386-8464.

ADRIAN SAGUAN, R.E.H.S.
Hazardous Materials Specialist
UST Section

BOARD OF SUPERVISORS

Robert A. Lovingood	Janice Rutherford	James Ramos	Curt Hagman	Josie Gonzales	Gregory Devereaux
First District	Chair, Second District	Third District	Fourth District	Fifth District	Chief Executive Officer

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: FA0001676 Facility Name: Vulcan Materials West Division #2 Inspection Date: 6/10/2014

Site Address: 2400 W. Highland Ave. Phone #: (909) 875-1150

City: San Bernardino Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by:

☒ Inspect ☒ Photograph Name: Tad Barnett Title: Asst. Plant Manager # Emp: 31

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 of the Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC). The following code sections are either in Violation (V) of, in Compliance (C) with, the applicable laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS FOR GENERATORS		V	C	N
101. Hazardous Waste Generator Permit current	CC 23.0602(b)(1)		X	
102. Facility access for inspection granted - HW only	CHSC 25185		X	
103. Hazardous Waste determination made	CCR 66262.11		X	
104. EPA ID Number obtained	CCR 66262.12(a)		X	
105. Hazardous Waste storage/treatment authorization	CHSC 25189.5(d)			X
106. Facility operated/maintained to prevent release/fire	CCR 66265.31		X	
107. Contingency Plan established	CCR 66265.51(a)		X	
108. Recyclable materials managed lawfully	CHSC 25143.2			X
905. Universal Waste managed lawfully	CCR 66273.1		X	
STORAGE AND LABELING REQUIREMENTS				
110. Tank/container labeled/marked "Hazardous Waste"	CCR 66262.34(f)(3)		X	
111. Hazardous Waste label complete	CCR 66262.34(f)(3)		X	
112. Accumulation start date on tank/container	CCR 66262.34(f)(2)		X	
113. Hazardous Waste accumulation time not exceeded	CCR 66262.34		X	
114. Hazardous Waste containers sound	CCR 66265.171		X	
115. Hazardous Waste containers not leaking	CCR 66265.173(b)		X	
116. Hazardous Waste containers closed	CCR 66265.173(a)		X	
117. Contaminated containers managed properly	CCR 66261.7		X	
118. Container storage area inspected weekly	CCR 66265.174		X	
119. Hazardous Waste managed lawfully	CHSC 25154		X	
120. Hazardous Waste aboveground tank system inspected	CCR 66262.34			X
HAZARDOUS WASTE RECORDS AND MANIFESTS				
125. Hazardous Waste transported with a manifest	CCR 66262.20(a)		X	
126. Hazardous Waste manifest complete	CCR 66262.23		X	
127. Hazardous Waste manifests sent to DTSC	CCR 66262.23(a)(4)		X	
128. Manifests retained for at least 3 years	CCR 66262.40(a)		X	
129. Biennial Report prepared	CCR 66262.41			X
130. Hazardous Waste analyses retained for 3 years	CCR 66262.40(c)			X
131. Training documentation complete & available	CCR 66265.16		X	
132. Copy of completed SB 14 available	CCR 67100.3			X
135. Used oil managed properly	CHSC 25250.4		X	
136. Used oil not contaminated with Hazardous Waste	CHSC 25250.7			X
137. Consolidated manifesting records available	CHSC 25160.2(b)(3)		X	
138. Used oil filters managed lawfully	CCR 66266.130		X	
139. Spent lead acid batteries managed lawfully	CCR 66266.81		X	
DISPOSAL AND TRANSPORTATION				
145. Illegal disposal/abandonment of Hazardous Waste	CHSC 25189.5(a)			X
146. Illegal disposal of used oil	CHSC 25250.5(a)			X
147. Transporting Hazardous Waste w/o valid registration	CHSC 25163			X
148. Hazardous Waste hauled by transporter w/o valid registration	CHSC 25163			X
149. Hazardous Waste transported to an unauthorized facility	CHSC 25189.5(c)			X

GENERAL REQUIREMENTS FOR HANDLERS		V	C	N
201. Hazardous Material Handler permit current	CC 23.0602(b)(3)		X	
202. Business Plan established	CHSC 25503.5		X	
203. Business Plan submitted/updated	CHSC 25508	X		
204. Hazardous Materials release reported	CHSC 25507			X
205. Facility access for inspection granted – HM	CHSC 25508		X	
206. Regulated Substances registration filed	CHSC 25533			X
207. SPCC Plan prepared	CHSC 25270.4.5		X	

INSPECTION NARRATIVE

This was an unannounced compliance inspection to verify compliance with hazardous materials and waste laws and regulations. Tad Barnett and Jeff Ludy (Plant Foreman) provided consent and escort for the inspection. Photographs taken.

Facility operations are consistent with those described in the report from the last inspection on July 14th, 2011 by M. Bechel of this agency.

Hazardous Materials and Waste Inventory:
During the inspection, it was observed that the hazmat inventory onsite is, for the most part, consistent with that disclosed in the California Environmental Reporting System (CERS) on February 25th, 2013. There were, however, multiple items that were not disclosed in CERS (see next page).

Continued On Supplemental Form

☒ NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspected By: _____ (Sign Name) Greg Zeigler (Print Name)

Received By: Sent by Certified Mail (Sign Name) _____ (Print Name)

Title: _____

Report Date: 6/13/2014

Form Revised 1/16/2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

SUPPLEMENTAL INSPECTION REPORT

INSPECTION DATE: 6/10/2014		
FACILITY ID **FA0001676**	FACILITY NAME: **Vulcan Materials West Division #2**	FACILITY LOCATION: **2400 W. Highland Ave. San Bernardino, 92407**
Consent Granted by: ☒Inspect ☒Photograph	NAME **Tad Barnett**	TITLE **Asst. Plant Manager**

Hazardous Materials and Waste Inventory not disclosed in CERS (continued from title page):

- **4 – 55 gallon drums of grease (storage dock area)**
- **1 – 55 gallon drum coolant (storage dock area)**
- **2- 55 gallon drums hydraulic oil (storage dock area)**
- **5 – 55 gallon drums used oil & fuel filters (storage dock area)**
- **Mobile refueling truck onboard fuels / oils (2000 gallons red dye diesel, 500 gallons used oil, ~300 gallons new oil, ~400 gallons gear oil, ~200 gallons hydraulic fluid)**

Documentation Review:

- **Hazardous waste manifests: onsite and available going back 3 years – Asbury Environmental hauls hazardous waste including oil, filters, etc. The facility generates 300 to 500 gallons of waste oil per month.**
- **Training Records: onsite and available for review; online training covers hazardous waste management, SPCC, SWPPP, spill prevention procedures, etc.**
- **Spill Prevention Control and Countermeasure Plan (SPCC): The plan and all related inspection and test records were onsite and available for review; The plan did not address the mobile refueler.**

Correct the Following Violations:

#203. Business plan has not been updated accurately and annually (CHSC 25508):

- **As noted above, there were several items observed onsite that were not listed in the CERS inventory. The last update was submitted in February of 2013. Annual update is required. It was also noted that facility maps submitted in CERS are not sufficient and do not show all areas of storage completely and/or accurately.**

Compliance Requirement: Update the information in CERS to accurately show all hazardous materials and hazardous waste stored onsite. Update facility maps to accurately show the locations of all hazardous materials and hazardous waste. Signature on Certificate of Compliance denotes compliance.

The following is a list of APSA - SPCC related violations to be corrected within 30 days:

Failure to adequately discuss bulk storage containers within the SPCC Plan CHSC 25270.4.5(a) (Ref. CFR 112.8 (c)) Owner/Operator shall adequately discuss bulk storage containers within the SPCC Plan.

- **During review of the SPCC plan, it was noted that the contents of the mobile fuel truck were not addressed in the plan.**

Compliance Requirement: Submit a signed statement indicating that all bulk storage containers, including the mobile refueler, have been added to the SPCC Plan.

Submit the above requested documentation along with the signed Certificate of Compliance within 30 days of receipt of this report.

If you have any questions, please contact me at (909) 386-8430 or email me at gzeigler@sbcfire.org

☒ NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspected By: _____ (Sign Name) Greg Zeigler (Print Name)

Received By: Sent by Certified Mail (Sign Name) _____ (Print Name)

Title: _____

Report Date: 6/13/2014

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 1676 Facility Name: VULCAN MATERIALS, WESTERN DIVISION #2 Inspection Date: July 14, 2011

Site Address: 2400 W. HIGHLAND AVE. Phone #: 909 875-1150

City: SAN BERNARDINO Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by:

☒ Inspect ☒ Photograph Name: TAD BARNETT Title: ASSISTANT PLANT MANGER # Emp: 29

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 of the Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC). The following code sections are either in Violation (V) of, in Compliance (C) with, the applicable laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS FOR GENERATORS		V	C	N
101. Hazardous Waste Generator Permit current	CC 23.0602(b)(1)		X	
102. Facility access for inspection granted - HW only	CHSC 25185		X	
103. Hazardous Waste determination made	CCR 66262.11			X
104. EPA ID Number obtained	CCR 66262.12(a)		X	
105. Hazardous Waste storage/treatment authorization	CHSC 25189.5(d)			X
106. Facility operated/maintained to prevent release/fire	CCR 66265.31		X	
107. Contingency Plan established	CCR 66265.51(a)		X	
108. Recyclable materials managed lawfully	CHSC 25143.2			X
905. Universal Waste managed lawfully	CCR 66273.1		X	
STORAGE AND LABELING REQUIREMENTS				
110. Tank/container labeled/marked "Hazardous Waste"	CCR 66262.34(f)(3)		X	
111. Hazardous Waste label complete	CCR 66262.34(f)(3)	X	C	
112. Accumulation start date on tank/container	CCR 66262.34(f)(2)		X	
113. Hazardous Waste accumulation time not exceeded	CCR 66262.34		X	
114. Hazardous Waste containers sound	CCR 66265.171		X	
115. Hazardous Waste containers not leaking	CCR 66265.173(b)		X	
116. Hazardous Waste containers closed	CCR 66265.173(a)		X	
117. Contaminated containers managed properly	CCR 66261.7		X	
118. Container storage area inspected weekly	CCR 66265.174		X	
119. Hazardous Waste managed lawfully	CHSC 25154		X	
120. Hazardous Waste aboveground tank system inspected	CCR 66262.34		X	
HAZARDOUS WASTE RECORDS AND MANIFESTS				
125. Hazardous Waste transported with a manifest	CCR 66262.20(a)		X	
126. Hazardous Waste manifest complete	CCR 66262.23		X	
127. Hazardous Waste manifests sent to DTSC	CCR 66262.23(a)(4)		X	
128. Manifests retained for at least 3 years	CCR 66262.40(a)		X	
129. Biennial Report prepared	CCR 66262.41			X
130. Hazardous Waste analyses retained for 3 years	CCR 66262.40(c)		X	
131. Training documentation complete & available	CCR 66265.16		X	
132. Copy of completed SB 14 available	CCR 67100.3			X
135. Used oil managed properly	CHSC 25250.4		X	
136. Used oil not contaminated with Hazardous Waste	CHSC 25250.7		X	
137. Consolidated manifesting records available	CHSC 25160.2(b)(3)		X	
138. Used oil filters managed lawfully	CCR 66266.130		X	
139. Spent lead acid batteries managed lawfully	CCR 66266.81			X
DISPOSAL AND TRANSPORTATION				
145. Illegal disposal/abandonment of Hazardous Waste	CHSC 25189.5(a)			X
146. Illegal disposal of used oil	CHSC 25250.5(a)			X
147. Transporting Hazardous Waste w/o valid registration	CHSC 25163			X
148. Hazardous Waste hauled by transporter w/o valid registration	CHSC 25163			X
149. Hazardous Waste transported to an unauthorized facility	CHSC 25189.5(c)			X

GENERAL REQUIREMENTS FOR HANDLERS		V	C	N
201. Hazardous Material Handler permit current	CC 23.0602(b)(3)		X	
202. Business Plan established	CHSC 25503.5		X	
203. Business Plan submitted/updated	CHSC 25505		X	
204. Hazardous Materials release reported	CHSC 25507			X
205. Facility access for inspection granted – HM	CHSC 25508		X	
206. Regulated Substances registration filed	CHSC 25533			X
207. SPCC Plan prepared	CHSC 25270.4.5		X	

INSPECTION NARRATIVE

An inspection was conducted to determine compliance with hazardous material handler and hazardous waste generator laws and regulations. Consent to conduct the inspection and photograph the facility was given by Assistant Plant Manger, Tad Barnett. Also present during the inspection was Vulcan Materials Plant Manager, Scott Bevan; Vulcan Materials Western Division Environmental Specialist, John Janke; and Vulcan Materials Mobile Equipment Foreman, Jeff Ludy. Steel toed boots, safety glasses and hard hats are required safety gear at this facility.

Vulcan Materials operates a sand and gravel mining company at this facility location. The facility is located on 240 acres and consists of 3 buildings and a vehicle fueling station.

This facility receives aggregates of various sizes from the "Pit" (quarry) and separates the materials by size into several different stock piles ready for customer use.

Hazardous materials are store onsite and hazardous waste is generated as a result of fleet and equipment maintenance.

☒ **NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.**

Inspected By: _____ (Sign Name) Received By: CERTIFIED MAIL (Sign Name) Title: _____

Mark Bechel (Print Name) _____ (Print Name) Report Date: July 14, 2011

Form Revised 1/16/2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

SUPPLEMENTAL INSPECTION REPORT

INSPECTION DATE: July 14, 2011		
FACILITY ID 1676	FACILITY NAME: VULCAN MATERIALS	FACILITY LOCATION: 2400 W. HIGHLAND AVE., SAN BERNARDINO
Consent Granted by: ☒ Inspect ☒ Photograph	NAME TAD BARNETT	TITLE ASSISTANT PLANT MANAGER

Hazardous Materials Inventory:

- (1) 20,000 gallon red diesel – UST (fueling station)
- (1) 12,000 gallon clear diesel – UST (fueling station)
- (1) 4,500 gallon empty/unused – UST (fueling station)
- (1) 1,000 gallon gasoline – AST (fueling station)
- (1) 600 gallon motor oil – AST (lube bay)
- (3) 500 gallon motor oil –AST (lube bay)
- (1) 330 gallon motor oil – AST (lube bay)
- (1) 275 gallon motor oil – AST (lube bay)
- (3) 55 gallon motor oil drums (lube bay)
- (1) 55 gallon antifreeze drum (lube bay)
- (1) 55 gallon motor oil drum (hazardous materials/hazardous waste storage area)
- (1) 55 gallon antifreeze drum (hazardous materials/hazardous waste storage area)
- (2) 55 gallon grease drums (hazardous materials/hazardous waste storage area)
- (7) 249 cubic feet oxygen gas cylinders (garage area)
- (7) 129 cubic feet acetylene gas cylinders (garage area)

Hazardous Waste Inventory:

- (1) 3,500 gallon used oil – UST (fueling station)
- (1) 55 gallon waste grease drum (hazardous waste storage area)

Document review and Notes:

- Employees training records were available for review. Annual/new employee training requirement met.
- Hazardous waste is hauled by Safety-Kleen. Waste disposal records were available for review. Most recent hazardous waste manifest record reviewed was #002596868SKS dated 5/6/11.
- Hazardous Materials Handler and Hazardous Waste Generator permits are current and applicable with an expiration date of 10/31/11.
- EPA ID Number CAD981568579 is active.
- Most recent submittal of the Business Emergency Contingency Plan was 3/10/11. Inventory appears accurate and complete.
- UST's are permitted with this Department with an expiration date of 10/31/11.
- The facility is not subject to Large Quantity Generator (LQG) Biennial or SB14 reporting.
- The facility is subject to the Aboveground Petroleum Storage Act (APSA) rules and regulations and is permitted by this department. An SPCC plan was available onsite for review.
- Rags and uniforms are laundered by Cintas.
- Universal Waste is being properly managed and disposal records were available onsite for review.

☒ NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspected By: _____ (Sign Name) Received By: Certified Mail (Sign Name) Title: _____

Mark Bechel (Print Name) _____ (Print Name) Report Date: July 14, 2011

Form Revised 1/16/2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

SUPPLEMENTAL INSPECTION REPORT

INSPECTION DATE: July 14, 2011		
FACILITY ID 1676	FACILITY NAME: VULCAN MATERIALS	FACILITY LOCATION: 2400 W. HIGHLAND AVE., SAN BERNARDINO
Consent Granted by: ☒Inspect ☒Photograph	NAME TAD BARNETT	TITLE ASSISTANT PLANT MANAGER

Document review and Notes (continued):

- The facility is subject to the regulatory requirements of the Emergency Planning and Community Right to Know Act (EPCRA). An annual submittal of the Business Emergency Contingency Plan is a requirement.

Violations to be corrected within 30 days:

111- Hazardous waste label not complete CCR 66262.34(f)(3)
Each container used for onsite accumulation of hazardous waste shall be labeled or marked clearly with the words "Hazardous Waste". Additionally, all containers shall be labeled with the following information: contents of the container, physical state of the waste, hazardous properties of the waste (e.g., flammable, toxic, etc.), name and address of the generator and the accumulation start date. Observed (1) 55 waste grease drum missing the required hazardous properties on label.

Compliance requirement:
Complete all hazardous waste labels with the above required information. Violation was corrected at time of inspection. **Compliance Met.**

Contact San Bernardino County Fire Hazardous Materials Specialist Mark Bechel at (909) 386-8401 or by email at mbechel@sbcfire.org with any questions or concerns regarding this report.

☒ **NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.**

Inspected By: Mark Bechel (Sign Name) Received By: Certified Mail (Sign Name) Title:

Mark Bechel (Print Name) (Print Name) Report Date: July 14, 2011

Form Revised 1/16/2007

PHOTO NARRATIVE

PHOTO 1

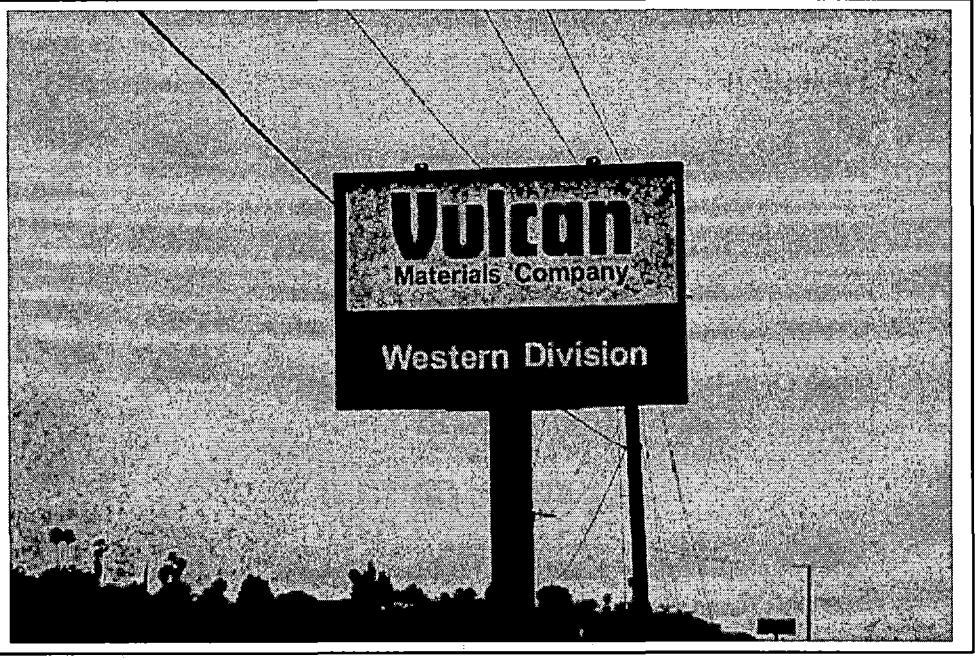
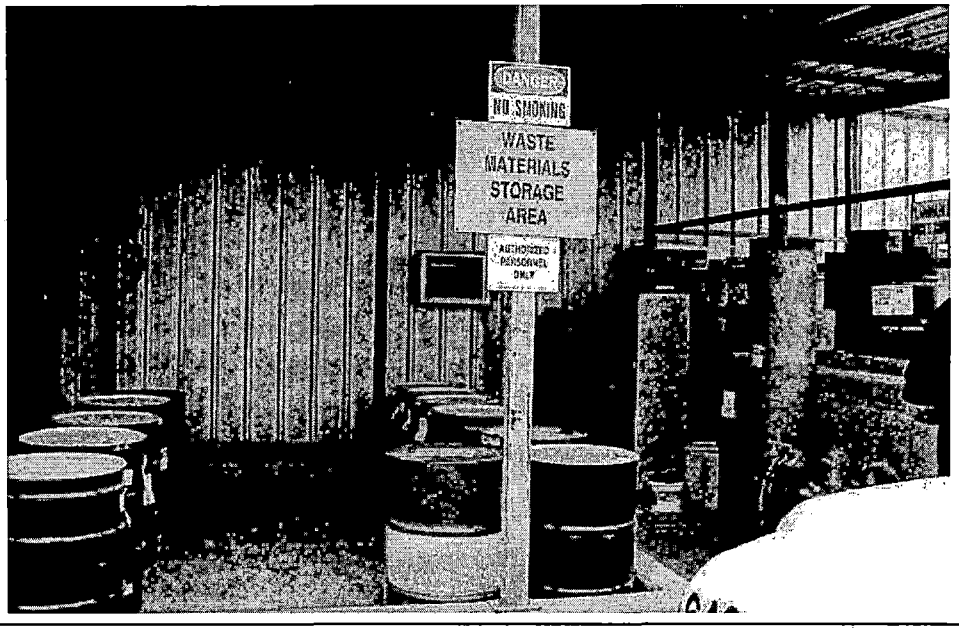


PHOTO 2



Facility/Case Name:	**Vulcan Materials, Western Division**	Facility ID #:	**1676**
Address:	**2400 W. Highland Ave., San Bernardino**		
1) Description:	**Facility front signage as seen from gated entrance. Facility is located on the north side of W. Highland Ave.**		
2) Description:	**Left (front to rear): (3) properly labeled 55 gallon drained used oil filter drums, (2) empty 55 gallon drums (for later storage of Universal waste).** **Center (rear to front): (1) 55 gallon waste grease drum, (3) empty 55 gallon drums (for later storage of hazardous waste), (3) properly labeled empty 55 gallon drums (for later recycling).** **Right: Universal waste storage area. Far right: Hazardous materials storage area.**		
Date Taken:	**July 14, 2011**	Signature:	
Taken By:	**Mark Bechel**		

Revised 02/27/03

PHOTO NARRATIVE

PHOTO 1

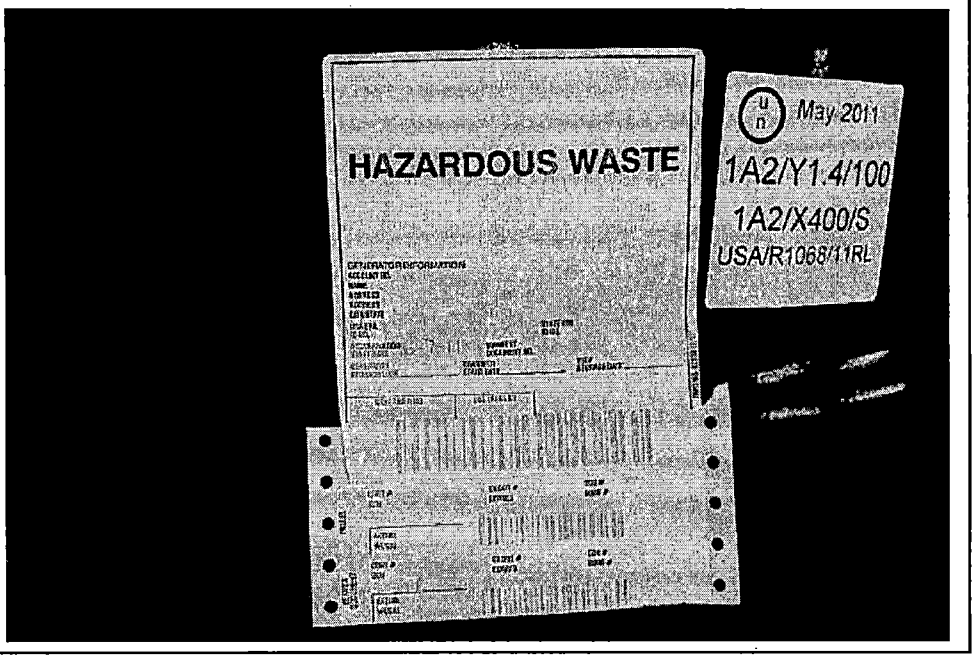
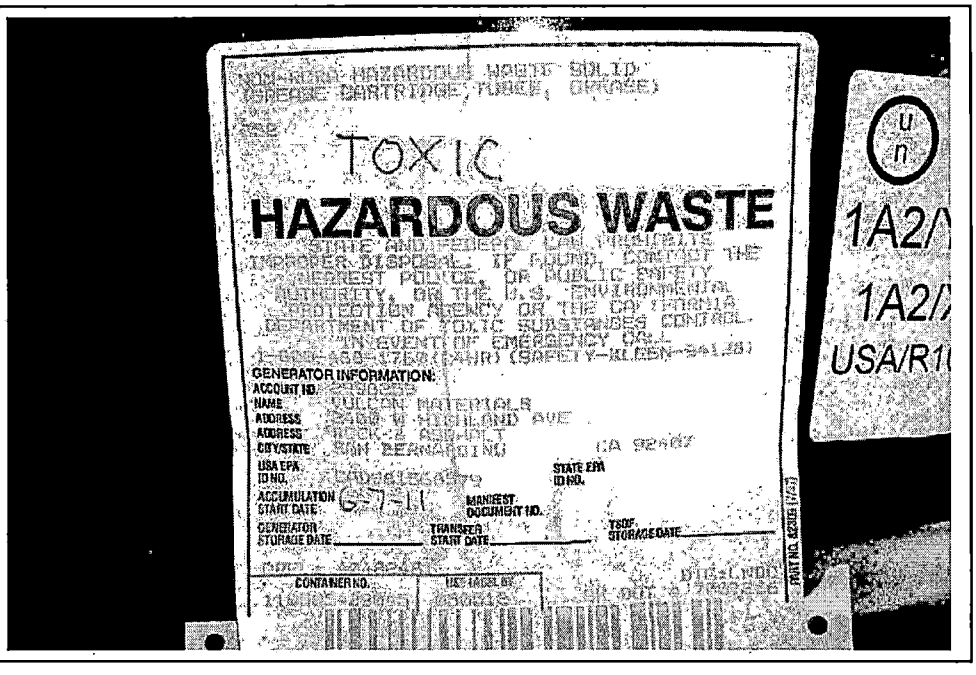


PHOTO 2



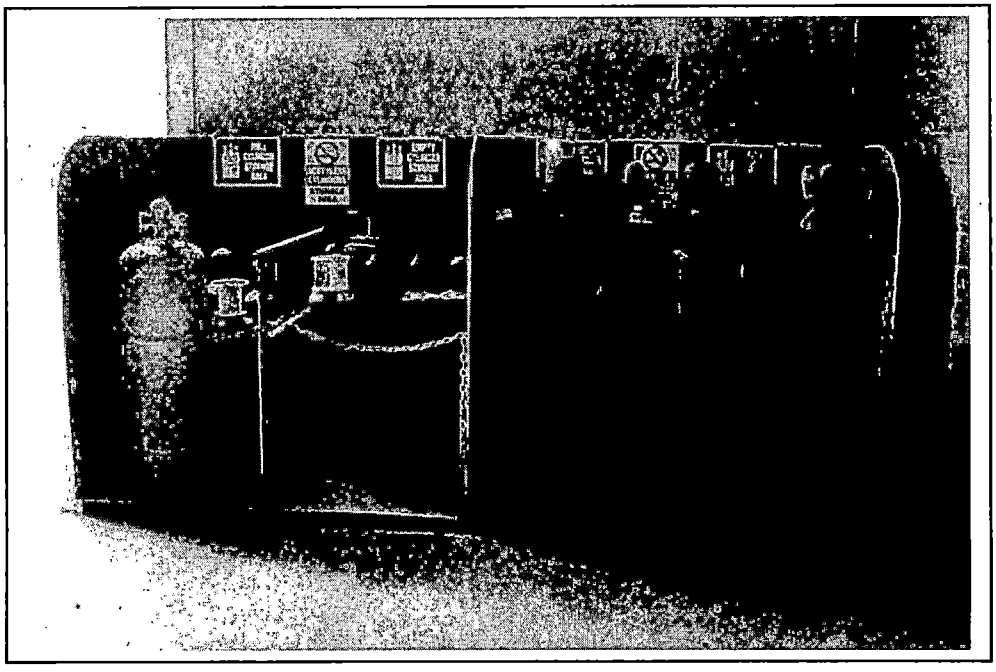
Facility/Case Name:	**Vulcan Materials, Western Division**	Facility ID #:	**1676**
Address:	**2400 W. Highland Ave., San Bernardino**		
1) Description:	**Labeling on the 55 gallon waste grease drum was missing the required hazardous properties information.**		
2) Description:	**Hazardous waste labeling requirements were discussed at time of inspection and labeling on the above pictured drum was corrected during the inspection.**		
Date Taken:	**July 14, 2011**	Signature:	
Taken By:	**Mark Bechel**		

PHOTO NARRATIVE

PHOTO 1



PHOTO 2



Facility/Case Name:	**Vulcan Materials, Western Division**	Facility ID #:	**1676**
Address:	**2400 W. Highland Ave., San Bernardino**		
1) Description:	**Left to right: (1) spill kit, (1) 330 gallon motor oil AST, (1) 275 gallon motor oil AST, (1) 1000 gallon gasoline AST (pictured outside lube bay), (3) 500 gallon motor oil ASTs, (1) 55 gallon antifreeze. Used oil generated at this lube bay is pumped daily into an onsite underground storage tank for later pick up by a certified waste hauler.**		
2) Description:	**Left to right: (7) 120 cubic feet acetylene gas cylinders and (1) 40 gallon propane cylinder, empty acetylene gas cylinders, empty oxygen gas cylinders, (7) 240 cubic feet oxygen gas cylinders. All compressed gas cylinders are segregated and securely chained.**		
Date Taken:	**July 14, 2011**	Signature:	
Taken By:	**Mark Bechel**		

Revised 02/27/03

Vulcan
Materials Company

TAD BARNETT
ASSISTANT PLANT MANAGER
Western Division

2400 WEST HIGHLAND AVENUE • SAN BERNARDINO CA 92407
PHONE 909-875-1150 • FAX 909-873-0658 • CELL 909-772-7061
www.vulcanmaterials.com E-MAIL barnettt@vmcmail.com

Vulcan
Materials Company

JEFF LUDY

HDR / Mobile Equipment Foreman
San Bernardino Plant
Western Division

2400 WEST HIGHLAND AVENUE • SAN BERNARDINO, CA 92407
DIRECT PHONE NUMBER 909-875-1150 EXT. 239 • FAX NUMBER 909-873-0658
CELL PHONE NUMBER 951-329-8244
http://www.vulcanmaterials.com E-MAIL ludyj@vmcmail.com

Vulcan
Materials Company

SCOTT BEVAN
Plant Manager
Western Division

2400 WEST HIGHLAND AVENUE • SAN BERNARDINO CA 92407
PHONE 909-875-1150 • FAX 909-873-0658 • CELL 909-841-5059
www.vulcanmaterials.com E-MAIL bevans@vmcmail.com

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 •www.sbcfire.org

PRELIMINARY FIELD INSPECTION REPORT

Page 1 of 1

INSPECTION DATE: 6-14-2011

FACILITY ID	FACILITY NAME:	FACILITY LOCATION:
1676	Vulcan Materials	2400 W. Highland AVE, San Bernardino
Consent Granted by: ☒ Inspect ☒ Photograph	NAME: Tad Barnett	TITLE: Asst. Plant Manger

The following is a preliminary list of violations observed at the time of inspection. The final report may list additional violations. Violations must be corrected within 30 days of receipt of the final report unless otherwise specified below.

(111) Hazardous waste label not Complete CCR 66262.34(f)(3)
Each Container used for onsite Accumulation of hazardous waste shall be labeled or Marked Clearly with the words "Hazardous Waste". Additionally, all Containers shall be labeled with the following information; Contents, physical State of the waste, hazardous Properties of the waste (eg, flammable, toxic, etc.) name of generator, address of generator and the Accumulation Start date. Observed (1) 55gallon waste grease drum missing hazard properties on label.

Compliance Requirement!
Complete all hazardous waste labels with the above information including the ~~Waste hazard~~ hazard properties. Corrected at time of inspection - Compliance Met.

This facility is Subject to EPCRA reporting requirements and APSA reporting/regulations.

Inspected By: Mark Becher (Sign Name) MARK BECHER (Print Name)

Received By: Tad Barnett (Sign Name) Tad Barnett (Print Name)

Title: Asst Manager

Report Date: 7/14/2011

CUPA

San Bernar... County Fire Department • Hazardous ...erials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 0001676 Facility Name: Vulcan Materials Company Inspection Date: April 24, 2007

Site Address: 2400 West Highland Ave Phone #: 909 875-1150

City: San Bernardino Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by: Packet left on site?

☒ Inspect ☒ Photograph Name: Kurt Arnett Title: Plant Supv. # Emp: (Yes)/No

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 and 6.95 of the California Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC)

THE FOLLOWING SECTIONS ARE IN VIOLATION IF THEY ARE CHECKED

General Requirements:

☐ 101. / 201. Hazardous Waste and/or Materials Permits not current. (CC 23.0602(a)) Current

Compliance requirement: Submit fees within 30 days of billing.

☐ 104. EPA ID Number not obtained for waste generation. (CCR 66262.12(a)) Current

Compliance Requirement: Obtain permanent EPA ID Number by submitting Form 1358 to DTSC. Submit your EPA ID Number to this Division.

☐ 106. Facility not operated to prevent a spill or release. (CCR 66265.31) Okay

Compliance Requirement: Facility must conduct housekeeping & operate to prevent all spills. Signature on certification below denotes compliance.

☐ 107. A Contingency Plan has not been established. (CCR 66265.51(a))

☐ 202. A Business Plan has not been established. (CHSC 25503.5)

☐ 203. A Business Plan has not been submitted / (updated) (CHSC 25505)

INVENTORY: UST's 4X10,000 gal, Anti-Freeze 4X55 gal, Waste Oil - 1X10,000 gal New Oil 7X600 1 compressed Gas Cylinders - Oxygen 18X204 ft3 Acetylene 18X120

Compliance Requirement: Submit the original and one copy of the Business Emergency/Contingency Plan to this Division. NOTE: You must keep a current copy of your Business Emergency/Contingency Plan onsite and available at all times.

☐ 131. Training documentation not complete or available. (CCR 66262.34(d)(2)) Okay

Compliance Requirement: Submit training documentation as required.

Container Storage and Labeling Requirements:

☐ 110. Hazardous waste containers are not labeled/marked. (CCR 66262.34(f)(3)) Okay

☐ 111. Hazardous waste label is incomplete. (CCR 66262.34(f)(3)) N/A

☐ 112. Accumulation start date is missing from tank/container. (CCR 66262.34(f)(2)) Okay

Compliance Requirement: Hazardous waste label is to be applied to the tank/container. All fields and lines are to be correctly completed.

☐ 113. Accumulation time exceeded. (CCR 66262.34) Okay

Compliance Requirement: Dispose of waste using a licensed waste hauler within 30 days. Submit copies of disposal documents to this Division.

☐ 114. Hazardous waste container not sound. (CCR 66265.171) Sound

☐ 115. Hazardous waste container leaking. (CCR 66265.173(b)) Not leaking

☐ 116. Hazardous waste container open when not in use. (CCR 66265.173(a)) Okay

Compliance Requirement: Waste containers must be sound, not leaking and closed when not in use.

Waste Management:

☐ 119. Hazardous waste managed unlawfully. (CHSC 25154) Discussed universal Haz. Waste

Compliance Requirement: Hazardous waste containers and aboveground tanks must be labeled, closed, and inspected (weekly or daily, as appropriate). Waste is to be removed by a licensed waste hauler within the allowed time periods.

☐ 128. Failure to retain **manifested** waste disposal records for 3 years. (CCR 66262.40(a)) Safety-Kleen

☐ 137. Failure to retain **consolidated** waste disposal records for 3 years. (CHSC 25160.2(b)(3)) Asbury Environmental

Compliance Requirement: Submit copies of waste disposal records for the past

☐ 138. Unlawful management of used oil filters. (CCR 66266.130) Asbury Environmental Service

Compliance Requirement: Label all used oil filter containers with "DRAINED USED OIL FILTERS" and the accumulation start date.

Business Description: Mining and Agragate Company

Inspected By: Jerry Wong (Sign Name) Jerry Wong (Print Name) Received By: [signature] (Sign Name) Kurt Arnett (Print Name) Title: Plant Supv.

Report Date: April 24, 2007

Sign and submit the yellow copy of this form within 30 days with the required documents listed in each "Compliance Requirement" section.

I certify that I have met the compliance requirements of this Notice of Violation: _____ Name _____ Date

CUPA

San Bernar County Fire Department • Hazardous erials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 0001676 Facility Name: Vulcan Materials Company Inspection Date: April 24, 2007

Site Address: 2400 West Highland Ave Phone #: 909875-1150

City: San Bernardino Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by: ☒ Inspect ☒ Photograph Name: Kurt Arnett Title: Plant Supv. # Emp: Packet left on site? Yes/No

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 and 6.95 of the California Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC)

THE FOLLOWING SECTIONS ARE IN VIOLATION IF THEY ARE CHECKED

General Requirements:

☐ 101. / 201. Hazardous Waste and/or Materials Permits not current. (CC 23.0602(a)) Current

Compliance requirement: Submit fees within 30 days of billing.

☐ 104. EPA ID Number not obtained for waste generation. (CCR 66262.12(a)) Current

Compliance Requirement: Obtain permanent EPA ID Number by submitting Form 1358 to DTSC. Submit your EPA ID Number to this Division.

☐ 106. Facility not operated to prevent a spill or release. (CCR 66265.31) Okay

Compliance Requirement: Facility must conduct housekeeping & operate to prevent all spills. Signature on certification below denotes compliance.

☐ 107. A Contingency Plan has not been established. (CCR 66265.51(a))

☐ 202. A Business Plan has not been established. (CHSC 25503.5)

☐ 203. A Business Plan has not been submitted / updated. (CHSC 25505)

INVENTORY: UST's 4 X 10,000 gal, Anti-freeze 4 X 55 gal, Waste Oil - 1 X 10,000 gal New Oil 7 X 660) compressed Gas Cylinders - Oxygen 18 X 204 ft3 Acetylene 18 X 120

Compliance Requirement: Submit the original and one copy of the Business Emergency/Contingency Plan to this Division. NOTE: You must keep a current copy of your Business Emergency/Contingency Plan onsite and available at all times.

☐ 131. Training documentation not complete or available. (CCR 66262.34(d)(2)) Okay

Compliance Requirement: Submit training documentation as required.

Container Storage and Labeling Requirements:

☐ 110. Hazardous waste containers are not labeled/marked. (CCR 66262.34(f)(3)) Okay

☐ 111. Hazardous waste label is incomplete. (CCR 66262.34(f)(3)) N/A

☐ 112. Accumulation start date is missing from tank/container. (CCR 66262.34(f)(2)) Okay

Compliance Requirement: Hazardous waste label is to be applied to the tank/container. All fields and lines are to be correctly completed.

☐ 113. Accumulation time exceeded. (CCR 66262.34) Okay

Compliance Requirement: Dispose of waste using a licensed waste hauler within 30 days. Submit copies of disposal documents to this Division.

☐ 114. Hazardous waste container not sound. (CCR 66265.171) Sound

☐ 115. Hazardous waste container leaking. (CCR 66265.173(b)) Not leaking

☐ 116. Hazardous waste container open when not in use. (CCR 66265.173(a)) Okay

Compliance Requirement: Waste containers must be sound, not leaking and closed when not in use.

Waste Management:

☐ 119. Hazardous waste managed unlawfully. (CHSC 25154) Discussed Universal Haz-Waste

Compliance Requirement: Hazardous waste containers and aboveground tanks must be labeled, closed, and inspected (weekly or daily, as appropriate). Waste is to be removed by a licensed waste hauler within the allowed time periods.

☐ 128. Failure to retain **manifested** waste disposal records for 3 years. (CCR 66262.40(a)) Safety-Kleen

☐ 137. Failure to retain **consolidated** waste disposal records for 3 years. (CHSC 25160.2(b)(3)) Asbury Environmental

Compliance Requirement: Submit copies of waste disposal records for the past

☐ 138. Unlawful management of used oil filters. (CCR 66266.130) Asbury Environmental Service

Compliance Requirement: Label all used oil filter containers with "DRAINED USED OIL FILTERS" and the accumulation start date.

Business Description: Mining and Aggregate Company

Inspected By: Jerry Wong (Sign Name) Jerry Wong (Print Name)

Received By: K F C H (Sign Name) Kurt Arnett (Print Name)

Title: Plant Supv.

Report Date: April 24, 2007

Sign and submit the yellow copy of this form within 30 days with the required documents listed in each "Compliance Requirement" section.

I certify that I have met the compliance requirements of this Notice of Violation: Name Date

PHOTO NARRATIVE

PHOTO 1



PHOTO 2



Facility/Case Name: **Vulcan Materials - Aggragate** Facility ID #: **FA0001676**

Address: **2350 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the compressed gas storage area, 18 oxygen and 18 acetylene**

2) Description: **Uesd motor oil is collected in a 10,000 gallon underground storage tank**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: JW

PHOTO NARRATIVE

PHOTO 1



PHOTO 2



Facility/Case Name: **Vulcan Materials - Aggragate** Facility ID #: **FA0001676**

Address: **2350 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the compressed gas storage area, 18 oxygen and 18 acetylene**

2) Description: **Uesd motor oil is collected in a 10,000 gallon underground storage tank**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: JW

PHOTO 1



PHOTO 2



Facility/Case Name: **Vulcan Materials - Aggragate** Facility ID #: **FA0001676**

Address: **2400 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the compressed gas storage area, 18 oxygen and 18 acetylene**

2) Description: **1,000 Gallon above ground storage tank for gasoline.**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: JW

PHOTO 1



PHOTO 2



Facility/Case Name: **Vulcan Materials - Aggragate** Facility ID #: **FA0001676**

Address: **2400 West Highland, San Bernardino,California 92407**

1) Description: **Photo of the compressed gas storage area, 18 oxygen and 18 acetylene**

2) Description: **1,000 Gallon above ground storage tank for gasoline.**

Date Taken: **April 24, 2007**

Taken By: **Jerry Wong** Signature: _____

Permitted Gen for

DEHS

COUNTY OF SAN BERNARDINO

DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD, SAN BERNARDINO, CA 92415

(714) 387-4629

HAZARDOUS WASTE GENERATOR SURVEY

Name of Business: CAL-MAT Co. ~~Conrock~~
Address: 2400 E Highland ave. SB.
Owner: Cal-Mat Co.
Contact Person: Rainbow Tougas, ~~Elaine Beckett~~ Phone 875 1150
Type of Business: Ready-Mix Products

List any Hazardous Wastes Generated:	Type	Amount

DEHS will call office. Old permit on display, also interim permit for UG-ST.

	Yes	No
Does the business have any underground storage tanks?	✓	
Are there any hazardous materials in greater quanities than 55 gallons?	✓	
Is business a hazardous waste generator?	✓	

Check which items you left: Invoice_____ Application_____
(attach copy to this form)
card Handbook_____

Inspector Catherine B. Richards Date Aug 20, 1987.

Mr. Tougas called.
Current permit will be displayed S6102 90005

6 TANKS

HAZARDOUS WASTE GENERATOR INSPECTION REPORT
County of San Bernardino -- Department of Environmental Health Services

FACILITY NAME: Industrial Asphalt — CONTACT PERSON: Mike Betzler
SITUS ADDRESS: 2340 W. Highland Ave. - S. Bdno. — PHONE #: 875-5180
MAILING ADDRESS: — # EMPLOYEES:
OTHERS PRESENT: — EPA #:

WASTE MANAGEMENT	Stored Over 90 Days	
	Fenced/Bermed	
	Drums Labelled	
	Labels Dated	
	Containers Sound	
	Containers Closed	
	Managed to Prevent Leaks	
	Incompatibles -- Mixed	
	Incompatibles -- Stored	
	Comingling	
	Packaged/Placards	
	50' from Property Line	
	Warning Signs	
DISPOSAL	Manifested	
	Illegal Disposal	
	Discharged to Ground	
	Contaminated Soil	
	Empty Drums	
	Licensed Hauler	
	Class I Site	
RECORDS	Inadequate Records	
	Manifests Available	
	Contingency Plan	
	Permit -- Generator	
PERSONNEL	Training	
	Safety/Emergency Equipment	
	Contact Persons	
	Contingency Plan Knowledge	
TANKS	Leaking	
	Monitored	
	Comingling	
	Permit -- Tanks	

The following violations have been noted and must be corrected as follows:

Business mixes ~~gravel~~ rock / sand / oil for asphalting highways.

No waste is generated from the asphalt mixing plant. - all materials are used + sold.

No trucks are serviced on site - all trucks are owner/operated by individuals doing jobs.

2 loaders on site - these are serviced on site
1 yard truck (7-yard, 10 wheel truck) - this is serviced on site

1-55 gal drum of solvent used per yr to clean parts - no waste - it evaporates
Waste oil is used to lubricate the drive chains on the asphalt plant. - oil is only changed in loaders + yard truck about 1-2 times per year (the trucks are only used a few minutes per day)
2 gal - Slip (soap - petroleum spirits) used to coat truck beds to prevent sticking

ADDITIONAL COMMENTS: 5 - underground tanks used to store oil for asphalt mix
1 - underground tank used for diesel.

Not a generator at this time

limited quantity generator.

INSPECTOR: Nancy Lingafeldt — RECEIVED BY: M.E Betzler — DATE: 3-14-86

3-4-86

Attempted inspection of Industrial Asphalt at 2350 W. Highland Ave., San Bernardino, CA.

Inspection could not be completed because foreman, Mike Betzler was not there. Hours of operation are from 7:00 - 3:00 daily.

Nancy Lungafeldt

Dan –

Mike Betzler – Foreman.
7:00 – 3:00 P.M.
after 11:00 best.

INDUSTRIAL ASPHALT

GENERAL OFFICES: 6840 HAYVENHURST AVENUE, P.O. BOX 7607, VAN NUYS, CALIFORNIA 91409 • TELEPHONE (213) 781-6080

May 7, 1984

Environmental Health Services
County of San Bernardino
385 North Arrowhead Avenue
San Bernardino, CA 92415

Attention: Richard L. Roberts, R.S., MPH
Director

Gentlemen:

This is to advise that we have asphalt plants at the following locations within the geographic limits of San Bernardino County:

Claremont
4711 Huntington Drive
Montclair, CA 91711

Highland
2340 W. Highland Avenue
San Bernardino, CA 92406

Colton
265 E. Santa Ana Avenue
Rialto, CA 92376

Oro Grande
National Trails Highway
Oro Grande, CA 92368

Upland
19th & Campus
Upland, CA 91786

Fontana
8888 Calabash Avenue
Fontana, CA 92335

We do not generate hazardous wastes at any of these locations.

We do store diesel fuel in underground storage tanks at all of these locations.

Sincerely,

INDUSTRIAL ASPHALT

Milton F. Masters

Milton F. Masters, P.E.
Vice President-Technical

cc: Bob Ecklund
Dave Hunter
Don Chaffin
Jim Raysor

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

No. 128899

DATE: February 14, 1985

PERMIT

PERMIT EXPIRES: FEBRUARY 28, 1986

Fee Paid $ 160.00

NON-TRANSFERABLE

TYPE: HAZ WASTE GENERATOR

DIST/MFR: 220086

Employees
~~S.C.~~ S.F. 35

Est. Loc:
2400 W. Highland
San Bernardino

THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH OFFICER FOR CAUSE. THIS PERMIT IS GRANTED ON CONDITION THAT THE PERSON NAMED IN THE PERMIT WILL COMPLY WITH THE LAWS, ORDINANCES AND REGULATIONS THAT ARE NOW OR MAY HEREAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA AND THE COUNTY OF SAN BERNARDINO PERTAINING TO THE ABOVE MENTIONED BUSINESS. PENALTY FEES ARE ASSESSED ON PERMITS RENEWED 30 DAYS AFTER EXPIRATION DATE INDICATED ABOVE, OR FOR FAILURE TO OBTAIN NEW PERMIT IN CASE OF TRANSFER OF OWNERSHIP. THIS PERMIT INDICATES THAT THE OWNER/OPERATORS OF THIS FACILITY HAVE BEEN ADVISED OF THE HAZARDOUS WASTE MANAGEMENT REQUIREMENTS OF THE STATE OF CALIFORNIA AND THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY. THIS PERMIT IS THE PROPERTY OF THE COUNTY OF SAN BERNARDINO AND MAY BE REVOKED FOR NON-COMPLIANCE WITH ANY FEDERAL, STATE, OR LOCAL LAWS, ORDINANCES, RULES, AND REGULATIONS APPLICABLE TO HAZARDOUS WASTE CONTROL."

NAME	CALMAT CO.
D.B.A.	CONROCK DIVISION - San Bernardino
ADDRESS	P.O. BOX 2950 Terminal Annex
CITY & STATE	LOS ANGELES CA 90051

Richard L. Roberts, R.S.
Director
ENVIRONMENTAL HEALTH SERVICES

POST IN A
CONSPICUOUS PLACE

04-1804-631 Rev 11/78.

HAZARDOUS WASTE GENERATOR INSPECTION REPORT
County of San Bernardino -- Department of Environmental Health Services

FACILITY NAME: CONROCK, CO
SITUS ADDRESS: 2400 W. HIGHLAND AV, SB.
MAILING ADDRESS:
OTHERS PRESENT:

CONTACT PERSON: DANNY BECKTELL
PHONE #: 875-1150
EMPLOYEES:
EPA #: CAX0000 57420 25

			The following violations have been noted and must be corrected as follows:
WASTE MANAGEMENT	Stored Over 90 Days		
	Fenced/Bermed		
	Drums Labelled		
	Labels Dated		
	Containers Sound		
	Containers Closed		
	Managed to Prevent Leaks		
	Incompatibles -- Mixed		
	Incompatibles -- Stored		
	Comingling		
	Packaged/Placards		
	50' from Property Line		
	Warning Signs		
DISPOSAL	Manifested	X	Keep receipts/copies from oil haulers and manifest number. Oil to be removed every 90 days.
	Illegal Disposal		
	Discharged to Ground		
	Contaminated Soil		
	Empty Drums		
	Licensed Hauler		
	Class I Site		
RECORDS	Inadequate Records		
	Manifests Available		
	Contingency Plan		
	Permit -- Generator		
PERSONNEL	Training		
	Safety/Emergency Equipment		
	Contact Persons		
	Contingency Plan Knowledge		
TANKS	Leaking		
	Monitored		
	Comingling		
	Permit -- Tanks		

Issued permit

ADDITIONAL COMMENTS: UNDERGROUND STORAGE OF WASTE OIL

INSPECTOR: R Bromley
RECEIVED BY: Arnold L. Bukay
DATE: 11/16/84

ENVIRONMENTAL HEALTH SERVICES

COUNTY OF SAN BERNARDINO
ENVIRONMENTAL
PUBLIC WORKS AGENCY

☒ 385 North Arrowhead Avenue · San Bernardino, CA 92415-0160 · (714) 383-1617
☐ 320 East "D" Street · Ontario, CA 91764 · (714) 988-1324
☐ 15579 Eighth Street · Victorville, CA 92392 · (714) 245-3216
☒ Hazardous Waste/Toxics Control (714) 383-7170

KENNETH C. TOPPING
Deputy Administrator
Community Development

RICHARD L. ROBERTS, R.S., M.P.H
Director

PLEASE REPLY TO ADDRESS CHECKED

Also serving the cities of:

Adelanto	*Needles*
Barstow	*Ontario*
Big Bear Lake	*Rancho Cucamonga*
Chino	*Redlands*
Colton	*Rialto*
Fontana	*San Bernardino*
Grand Terrace	*Upland*
Loma Linda	*Victorville*
Montclair	

June 25, 1984

CONROCK COMPANY - San Bernardino
P.O. BOX 2950 Terminal Annex
Los Angeles, CA 90051

SUBJECT: DELIVERY OF HAZARDOUS WASTE GENERATOR PERMIT

This Department has received and processed your Hazardous Waste Generator Permit Application. Enclosed please find a receipt verifying payment. Your permit will be delivered to you upon inspection of your facility. Until that time, the enclosed receipt will be sufficient proof of payment of your fees.

Richard L. Roberts, R.S.

RICHARD L. ROBERTS, R.S. MPH
Director

RLR:aop

Enclosure

TRACKING SHEET FOR BUSINESS PLANS ***OFM - HAZMAT***

OTHER DATE	ACTION/DOCUMENTATION (UPDATE, NEW PLAN, ETC)
7/9/10	BP update recd MB FD 7/13/10
3/10/11	BP complete recd MB FD 3/18/11
7/12/11	BP Processed MB
3/1/12	COMPLETE BP UPDATE REC.
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	

TRACKING SHEET FOR BUSINESS PLANS

Facility Name: CAL MAT CO.

Facility site address: 2400 HIGHLAND SAN BERNARDINO

City:

MSDS

Fire Agency:

Trade Secrets: _____ Y _____ N

		Sent to FD	Sent to PD
3 (# of copies)			
Business Plan Received	10/18/96	11/14/96	__/__/__
Result of Review(s)			
Deficiency		11/14/96	
Conditional Approval		__/__/__	
Approval		1/10/97	
Revised Plan(s) Received	12/30/96	1/10/97	__/__/__
	__/__/__	__/__/__	__/__/__
	__/__/__	__/__/__	__/__/__

Other Date	Action/documentation (update, new plan, etc.)
3/13/97	MSDS BP entered. DH
1/12/01	update - new BP; Review for send LH FD 1-12-01
1/12/01	MSDS updated LH
3/16/01	update recd - site map; BP Approved LH FD 3-16-0
03/02/04	BP - update new plan FD 3-3-04
08/25/04	BP - revision reqid LH
6/21/05	BP Received JW
5/27/05	BP Update JW
4/24/07	BP Received JW
10/12/07	BP update recd MB
2/20/08	BP Complete recd FD 2/20/08
8/3/09	BP complete recd FD 8/3/09
2/19/10	BP Complete recd FD 4/9/10

SAN BERNARDINO COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO, CALIFORNIA

CAL MAT CO.
2400 HIGHLAND AVE
SAN BERNARDINO, CA 92405
EST - 86008958 PERMIT - 8701071107

THIS PERMIT EXPIRES:
04/30/1997

PERMIT

NON-TRANSFERABLE

This permit may be suspended or revoked by the County Fire Department for cause. This permit is granted on condition that the person named in the permit will comply with the laws, ordinances and regulations that are now or may hereafter be in force by the United States Government, the State of California, the County of San Bernardino, and/or applicable cities pertaining to the above mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

TYPE OF PERMIT - HAZARDOUS MATERIAL HANDLER, 26-50 EMPLOYEES

FEE PAID $598.05

CAL MAT CO.LUCERO, TONY
DBA: CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

NBR EMPLS - 35

Richard Lucero
Director
COUNTY FIRE CHIEF/FIRE WARDEN

04-1804-631 REV. 8/95

PERMIT DOES NOT IMPLY APPROVAL

FILE COPY

POST IN A CONSPICUOUS PLACE

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
ANNUAL INVOICE FOR PERMIT FEES DUE

Establishment No. **86008958**

ANNUAL INVOICE

11/26/1996
PAGE 1 OF 1

Payments previously sent

Permit Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1996	05/01/1996-04/30/1997	542.00
8702260927	222801	04/30/1996	05/01/1996-04/30/2001	168.00

This is an overpayment. Credit valid. DEC 19 1996

BILL TO: CAL MAT CO.LUCERO, TONY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

Amt. 710.00
Date DEC 17 1996
By

TOTAL AMOUNT DUE: 710.00

ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

0700

(Return Top Portion With Payment)

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
DEMAND BILL FOR PERMIT FEES DUE

Establishment No. 86008958

DEMAND BILL

11/15/1996
PAGE 1 OF 1

Permit Number	Category	Exp. Date	For the Period of	Amount Due
8603040060	222800	04/30/1996	05/01/1996-04/30/1997	0.00
8701071107	226011	04/30/1997	05/01/1996-04/30/1997	122.05

DUE TO CATEGORY CHANGES BY YOUR INSPECTOR, THE AMOUNT ON THIS INVOICE IS NOW DUE & PAYABLE. ALL PAYMENTS HAVE BEEN APPLIED AND THIS IS YOUR NEW BALANCE. PAYMENT MUST REACH THIS OFFICE BEFORE 12/15/96 TO AVOID DELINQUENT FEES.

BILL TO: CAL MAT CO.LUCERO, TONY
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051

DBA: CAL MAT CO.

TOTAL AMOUNT DUE: 122.05
ALL FEES ARE DUE AND PAYABLE UPON RECEIPT

DEC 19 1996 ok

PAID 122.05
Date DEC 17 1996
By

0700 (Return Top Portion With Payment)

ORIGINAL

1297473

Off SD Court San Bernardino County

, Calif., 12-17 19 96

RECEIVED FROM Cal Mat $ 832.05

Eight hundred thirty two + 05/100 DOLLARS

Court Case Name vs.

NATURE OF FEES		
155-9415	664	05
MCJ-9990	168	00
8485/2		
☐ CASH ☐ CHECK ☐ MONEY ORDER	832	05

Case No. 8600 8958

8600 8958

Cindy Echols

(SIGNATURE)

Acct Clerk II

(TITLE)

A-123 REV. 3-80 10-83

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

BUSINESS OWNER / OPERATOR IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6

(This number is on your CUPA permit.)

EFFECTIVE DATE 100	ENDING DATE 101
1-1-11	12-31-11

BUSINESS NAME (Same as FACILITY NAME or DBA)	BUSINESS PHONE
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	(909) 875-1150

BUSINESS SITE ADDRESS 103
2400 W. HIGHLAND AVENUE

CITY 104	COUNTY 108	STATE	ZIP CODE 105
SAN BERNARDINO	SAN BERNARDINO	CA	92407

D&B NUMBER	PRIMARY SIC/NAICS CODE 107	DESCRIPTION OF BUSINESS ACTIVITY FOR THIS PRIMARY SIC CODE
05-300-0767	1442	PRODUCE OF SAND AND GRAVEL AGGREGATES AND ASPHALT

BUSINESS OPERATOR NAME 109	BUSINESS OPERATOR PHONE 110
VULCAN MATERIALS	(909) 875-1150

II. BUSINESS OWNER

OWNER NAME 111	OWNER PHONE 112
CALMAT CO.	(323) 258-2777

OWNER MAILING ADDRESS 113
3200 SAN FERNANDO ROAD

CITY 114	STATE 115	ZIP CODE 116
LOS ANGELES	CA	90065

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE 118
TONY VARISCO	(858) 530-9444

CONTACT MAILING ADDRESS 119
7220 TRADE STREET, SUITE 200

CITY 120	STATE 121	ZIP CODE 122
SAN DIEGO	CA	92121

IV. EMERGENCY CONTACTS*

- PRIMARY -	- SECONDARY -
NAME 123 Floyd Sibole	NAME 128 Tad Barnett
TITLE 124 PLANT MANAGER	TITLE 129 ASSISTANT PLANT MANAGER
BUSINESS PHONE 125 909-841-1150	BUSINESS PHONE (909) 875-1150
HOME PHONE **(NOT CONFIDENTIAL - SEE NOTE BELOW)**	HOME PHONE **(NOT CONFIDENTIAL - SEE NOTE BELOW)**
OTHER 24-HOUR PHONE **(NOT CONFIDENTIAL – SEE NOTE BELOW)** 909-841-1081	24-HOUR PHONE **(NOT CONFIDENTIAL – SEE NOTE BELOW)** 131 909-772-7061
PAGER/CELL # 127	PAGER /CELL # 132

***HOME** PHONE NUMBERS ARE REQUIRED FOR ALL HAZARDOUS WASTE GENERATORS. **IF YOU WISH TO KEEP 24-HOUR OR HOME PHONE NUMBERS CONFIDENTIAL, FILE THE CONFIDENTIAL EMERGENCY CONTACT PAGE(PAGE 3) AND LEAVE THE ABOVE 24 HR FIELDS BLANK.** ALSO USE THE SEPARATE PAGE (PAGE 3) TO DESIGNATE MORE THAN 2 EMERGENCY COORDINATORS.

V. SIGNATURE

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Floyd Sibole	Floyd Sibole	2/6/12

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

LOCALLY COLLECTED INVENTORY INFORMATION

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA) 3
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

II. ADDITIONAL CONTACT & OPERATIONS INFORMATION

BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
3200 SAN FERNANDO ROAD	LOS ANGELES	CA	90065

BUSINESS FAX NUMBER	BUSINESS E-MAIL
(323) 258-3289	

NOTE: ALL CORRESPONDENCE, INVOICES, PERMITS, AND NOTICES WILL BE SENT TO THE ABOVE ADDRESS

	SHIFT 1	SHIFT 2	SHIFT 3	HOURS OF OPERATION
Total # of Employees per shift	37	15	0	24 HOURS

	TOTAL # EMPLOYEES		TAXPAYER ID NUMBER
Total # of employees at this facility (as reported on your most recent tax withholding forms.):	52		95-0645790

ASSESSORS PARCEL NUMBER (S)	CROSS STREET

BUSINESS DESCRIPTION
PRODUCE SAND/GRAVEL AGGREGATES AND HOT MIX PAVING ASPHALT

Number of Underground Storage Tanks located at this facility: 3

Does this facility:

1. Generate, handle or store any Perchlorate-containing substance or waste on site? ☐ YES ☒ NO
2. Generate, handle or store any PCB ballasts on site? ☐ YES ☒ NO
   If yes, must include PCB ballasts as hazardous waste on inventory summary and chemical description pages.
3. Generate any amount of Universal Waste (mercury containing devices, non-empty aerosols, electronic devices, fluorescent light tubes, non-automotive batteries)? ☒ YES ☐ NO
4. Generate more than 220 pounds (100 kg) of RCRA hazardous waste including Universal Waste except CRT materials in a calendar month? ☒ YES ☐ NO
5. Accumulate more than 11,000 pounds (5,000 kg) of Universal Waste at any time in a calendar year? ☐ YES ☒ NO
   If yes, must obtain a federal EPA ID number and submit copy of notification to CUPA.
6. Receive Mercury-containing Universal Waste from another Universal Waste Handler? ☐ YES ☒ NO
   If yes, must include mercury-containing wastes as hazardous waste on inventory summary & chemical description pages.
7. Process (dismantle, puncture, etc.) any Universal Wastes? ☐ YES ☒ NO
   If yes, must notify DTSC of processing activity prior to operation.

Provide the name(s) of all Universal Wastes handled or generated on site:
Aerosol cans, fluorescent light bulbs, batteries

If you need more information, get the Managing Universal Waste fact sheet from the website of DTSC, this CUPA, or by calling our office.

Does this facility have a laboratory on site ☐ YES* ☒ NO

* If yes, attach a general description of the laboratory and a **brief** description of the type(s) and quantity of hazardous materials in the lab.

III. VULNERABLE POPULATIONS

Is there a school, hospital, or extended care facility within 1,000 ft. (straight-line distance) of this facility? ☐ YES ☒ NO

If yes, attach page with the name and address of each school hospital or extended care facility site within 1000 ft.

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS NAME (Same as FACILITY NAME or DBA)		
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION		
FACILITY ADDRESS 2400 W. HIGHLAND AVENUE	103	CITY SAN BERNARDINO 104

EMERGENCY RESPONSE PLANS & PROCEDURES - AGENCY NOTIFICATION
POST BY PHONE

Agency Notification: **If a situation is an emergency, call 911 first.** Additionally, a handler of hazardous materials is required to immediately report any release or threatened release of a hazardous material to San Bernardino County Fire Department, Hazardous Materials Division and the Governor's Office of Emergency Services. Spills exceeding federal reportable quantities require additional notification to the National Response Center. However, California statute does not limit the requirement to report to any specific quantity. **Also note that calling 911 does not meet the requirement for the handler to report a release and that the local fire department cannot make required notifications on behalf of the handler.** This CUPA requires a written report within 15 days after any reportable release or threatened release. Contact the CUPA for further guidance.

Agency	Phone Number
1. *Local Emergency Response Agency (if an emergency)	**911**
2. *San Bernardino County Fire Department Hazardous Materials Division	**(800) 33-TOXIC** or **(909) 386-8425**
3. *State of California, Governor's Office of Emergency Services	**(800) 852-7550** or **(916) 845-8911**
4. National Response Center	**(800) 424-8802**
5. Other Agencies *(Cal OSHA, Regional Board, Air Quality, as applicable)*	

(* Indicates mandatory notification.)

REGIONAL WATER QUALITY CONTROL BOARD	(909) 320-2027
Agency Name	*Phone Number*
Agency Name	*Phone Number*
Agency Name	*Phone Number*

EMERGENCY INFORMATION REQUIRED: BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION

- Name & phone number of person reporting
- Name and street address of the business
- Location of the incident or threatened release
- Type of incident or threatened release
- Hazardous materials involved & physical state
- Hazards to human health and/or environment
- Actions taken or planned
- Contractor or cleanup company
- Estimate of the quantity released
- Media (soil, water, air) into which release occurred
- Precautions to take (if known)
- Time and duration of the release
- Is the chemical an extremely hazardous substance?
- Extent of injuries, if any
- Is any assistance required?

Release reporting citations (California Health and Safety Code):

§ 25501. Definitions:
(r) "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, unless permitted or authorized by a regulatory agency.
(u) "Threatened release," means a condition creating a substantial probability of harm, when the probability and potential extent of harm make it reasonably necessary to take immediate action to prevent, reduce, or mitigate damages to persons, property, or the environment.

§ 25507(a) ... the handler or any employee, authorized representative, agent, or designee of a handler shall, upon discovery, immediately report any release or threatened release of a hazardous material to the administering agency, and to the office, in accordance with the regulations adopted pursuant to Section 25503. Each handler and any employee, authorized representative, agent, or designee of a handler shall provide all state, city, or county fire or public health or safety personnel and emergency rescue personnel with access to the handler's facilities.

See Appendix G for further citations and explanation.

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS NAME (Same as FACILITY NAME or DBA)			
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION			
FACILITY ADDRESS 2400 W. HIGHLAND AVENUE	103	CITY SAN BERNARDINO	104

EMERGENCY RESPONSE PLANS AND PROCEDURES

State Law requires your business to complete all sections of the Emergency Response Procedure listed below:

For each of the following, **briefly** describe your business's standard operating procedures relating to the release or threatened release of hazardous materials located at your facility. You may attach additional pages if necessary, but do not include copies of facility manuals unless requested to do so by this Department. You may reference manuals that are used by your facility for these procedures, but you must still give a brief description here.

EVACUATION/NOTIFICATION: Indicate location(s) where employees, customers, visitors or others on site are to evacuate in an emergency. Describe how your business will immediately notify people and evacuate the facility in the event of a release or threatened release of hazardous materials. Include the route and meeting place.

LOCAL FIRE DEPT. WILL BE NOTIFIED FIRST AND OTHER AGENCIES AS REQUIRED.

ALL NON-ESSENTIAL PERSONNEL WILL BE EVACUATED TO STAGING AREA.

TELEPHONE AND VOIC COMMUNICATION.

PREVENTION/MITIGATION/ABATEMENT: Describe what policies and procedures your business will follow to prevent, reduce and/or remove the hazard to persons, property or the environment caused by a release or threatened release of hazardous materials and/or hazardous wastes. (√ Check those items that apply and write additional information in the space provided).

- ☒ Reduction of containers on site if not used or needed.
- ☒ Containers are properly labeled and closed when not in use.
- ☒ Compressed gas cylinders are properly secured.
- ☒ Use of monitoring system. Type: **VEEDER ROOT**
- ☒ Other:

DIESEL: STORE IN UNDERGROUND TANKS

HYD/MOTOR OIL: STORE IN CONCRETE CONTAINMENT.

OXYGEN/ACETYLENE: STORE IN UPRIGHT POSITION.

SPILLS OF DIESEL WILL BE CONTAINED WITH DIRT BERM.

CONTAMINATED MATERIAL WILL BE CLEANED UP AND DISPOSED OF IN ACCORDANCE WITH LOCAL REGULATIONS.

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS NAME (Same as FACILITY NAME or DBA)			
MAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION			
FACILITY ADDRESS 2400 W. HIGHLAND AVENUE	103	CITY SAN BERNARDINO	104

EMERGENCY RESPONSE PLANS AND PROCEDURES – PAGE 2

FACILITY TRAINING PLAN: Describe employee and operator training including local emergency response coordination, use of facility emergency equipment, and provisions for initial and refresher training. In addition, describe training for hazardous materials/waste handling as required by OSHA. (√ Check those items that apply and write additional information in the space provided)

- ☒ New employee training.
- ☒ Annual training & periodic refresher courses.
- ☒ Familiarization with the Emergency Response Plans and Procedures of this Business Plan.
- ☒ Spill control equipment
- ☒ Monitoring system
- ☒ Personal Protective Equipment
- ☒ On the job training. Describe below.
- ☐ Other:

All employees are trained with regard to HazCom (employee right-to-know), community right-to-know, Prop. 65, HazWoper and stormwater runoff. Each one of the laws covered deals with accidental spill/release and/or required actions necessary to identify, contain, clean up and properly dispose of hazardous material spills. This would include virgin materials as well as hazardous wastes.

Employees are familiarized with hazardous materials, related personal protective equipment required to handle materials and methods for spill control of releases through individual MSDS training following the annual refresher training. This is an on-going process and is additionally implemented upon the entry of a new material into the workplace.

EMERGENCY PROCEDURES: Give duties of the Emergency Coordinator and how implementation of Facility Emergency Response will be accomplished. (e.g. Notification, evacuation, emergency coordination) (√ Check those items that apply and write additional information in the space provided)

Emergency Coordinator will:

- ☒ Identify potential hazards and determine whether a release has occurred.
- ☒ Activate local emergency systems (e.g. manual shutoff devices) and take appropriate immediate actions based on level of training and the ability to act safely.
- ☒ Coordinate the notification and evacuation of employees and customers from the facility.
- ☒ Make required agency notifications and request needed assistance.
- ☒ Assist responding agencies by providing access to the facility and information about the facility.
- ☐ Other:

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS NAME (Same as FACILITY NAME or DBA)
MAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

EMERGENCY RESPONSE PLANS AND PROCEDURES – PAGE 3

FACILITY EMERGENCY EQUIPMENT: List facility emergency equipment on site (fire extinguisher, fire alarms, spill control equipment, SCBA, first aid kits, etc.); include test/maintenance plan. (√ Check those items that apply and write additional information in the space provided)

	Equipment	Quantity/Type	Maintenance Schedule/Frequency
☒	Fire extinguisher(s)	13	Monthly
☒	First aid kit(s)	4	Bi-Monthly
☐	Fire alarm(s)		
☒	Spill control equipment	7	As needed
☒	Monitoring system	1	Monthly
☒	Personal Protective Equipment	(30) Hard Hats; (96 prs.) Safety Glasses;	Daily
☐		(4 prs.) Steel Toe Caps	Daily
☐			
☐			
☐			

FACILITY EARTHQUAKE RESPONSE: Identify areas of the facility as well as mechanical or other systems that require immediate inspection due to their vulnerability to earthquake related ground motion. (E.g. Hazardous materials or waste storage locations, vessels, piping, pipe and tank supports, valves, gauges, etc.) (√ Check those items that apply and write additional information in the space provided)

- ☒ Chemical Storage Locations – Product and Waste
- ☐ Process vessels
- ☒ Aboveground storage tanks
- ☒ Emergency shut-off systems
- ☒ Piping and pipe supports
- ☒ Utility connections
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

ARRANGEMENTS/AGREEMENTS: Describe any arrangements or agreements that you have with private emergency response teams, waste haulers, disposal companies, recyclers, local hospitals, police or fire. If you have no arrangements or agreements, state that fact in the space provided. (√ Check those items that apply and write additional information in the space provided)

- ☒ Hazardous waste hauler ASBURY ENVIRONMENTAL, SAFETY-KLEEN
- ☐ Emergency response team _____
- ☐ Local Hospitals _____
- ☐ Other: _____
- ☐ No arrangements or agreements at this time

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 — 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	DIESEL FUEL NO. 2	30000	20000	GAL
2	UNLEADED GASOLINE	1000	1000	GAL
3	ANTI-FREEZE	220	55	GAL
4	OILS & GREASE	4500	600	GAL
5	OXYGEN	3840	240	CF
6	ACETYLENE	1920	120	CF
7	WASTE OIL (MOTOR)	10000	10000	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) 136	DATE 134
Floyd Sibole	FLOYD SIBOLE	2/6/12

San Bernardino County CUPA - HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

e page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 1

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3, G4
BUSINESS SITE ADDRESS: 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME: DIESEL FUEL NO. 2

EHS* ☐ YES ☒ NO

CAS#

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 20000

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
10000	30000		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

TYPE OF STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☒ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-100	DISTILLATES, HYDRODESULFURIZED, MIDDLE	☐ YES ☒ NO	64742809
2.	0-100	DISTILLATES, STRAIGHT RUN MIDDLE (GAS OIL , LIGHT)	☐ YES ☒ NO	64741442
3.	0-25	KEROSINE	☐ YES ☒ NO	8008206
4.	0-25	KEROSINE, HYDRODESULFURIZED	☐ YES ☒ NO	64742810
5.	0-50	DISTILLATES (PETROLEUM), LIGHT CATALYTIC CRACKED	☐ YES ☒ NO	64741599

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 2

FACILITY ID #	F A 0 0 0 1 6 7 6	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3
BUSINESS SITE ADDRESS: 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME: UNLEADED GASOLINE	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 1000

FED HAZARD CATEGORIES: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
900	1000		

UNITS* *(Check one item only)*: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*:

☐ a. ABOVEGROUND TANK	☐ e. PLASTIC/NONMETALLIC DRUM	☐ i. FIBER DRUM	☐ m. GLASS BOTTLE	☐ q. RAIL CAR
☒ b. UNDERGROUND TANK	☐ f. CAN	☐ j. BAG	☐ n. PLASTIC BOTTLE	☐ r. OTHER
☐ c. TANK INSIDE BUILDING	☐ g. CARBOY	☐ k. BOX	☐ o. TOTE BIN	
☐ d. STEEL DRUM	☐ h. SILO	☐ l. CYLINDER	☐ p. TANK WAGON	

STORAGE PRESSURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1. 0.1-4.9	BENZENE	☐ YES ☒ NO	71432
2. 0.1-3	ETHYL BENZENE	☐ YES ☒ NO	100414
3. 0.1-2	NAPHTHALENE	☐ YES ☒ NO	91203
4. 0-10	ETHANOL	☐ YES ☒ NO	64175
5. 0-15	METHYL TERT-BUTYL ETHER (MTBE)	☐ YES ☒ NO	1634044

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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

...e page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 2

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION
BUSINESS NAME CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	FACILITY MAP # 1	GRID COORDINATE(s) B3 [redacted]
BUSINESS SITE ADDRESS 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME UNLEADED GASOLINE (CONTINUED FROM PREVIOUS PAGE)	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST | SIZE OF LARGEST CONTAINER: 1000

FED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
900	1000		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: | DAYS ON SITE 365

...RAGE ...NTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-17	TERTIARY AMYL METHYL ETHER (TAME)	☐ YES ☒ NO	994058
2.	0-18	ETHYL TERT-BUTYL ETHER (ETBE)	☐ YES ☒ NO	637923
3.			☐ YES ☐ NO	
4.			☐ YES ☐ NO	
5.			☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

[illegible]e page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 3

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3
BUSINESS SITE ADDRESS: 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME ANTI-FREEZE	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST | SIZE OF LARGEST CONTAINER: 55

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
110	220		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: | DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	45-50	ETHYLENE GLYCOL	☐ YES ☒ NO	107211
2.	1-5	DIETHYLENE GLYCOL	☐ YES ☒ NO	111466
3.			☐ YES ☐ NO	
4.			☐ YES ☐ NO	
5.			☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

One page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 4

FACILITY ID # F A 0 0 0 1 6 7 6 [redacted]

CHEMICAL LOCATION INFORMATION

BUSINESS NAME
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS
2400 W. HIGHLAND AVENUE, SAN BERNARDINO

FACILITY MAP # 1

GRID COORDINATE(s) B3, G3

[redacted]

CHEMICAL INFORMATION

CHEMICAL NAME

TRADE SECRET ☒ NO
Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures

COMMON NAME
OILS & GREASE

EHS* ☐ YES ☒ NO

CAS#

EHS = Extremely Hazardous Substance (Appdx B)
*If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 600

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
2300	4500		

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☒ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1. 0-100	HIGHLY REFINED BASE OILS	☐ YES ☒ NO	MIXTURE
2.	LUBRICATING OIL BASE STOCK	☐ YES ☒ NO	MIXTURE
3.	PROPRIETARY ADDITIVES	☐ YES ☒ NO	MIXTURE
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

e page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 5

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)	[redacted]
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3, G3	
BUSINESS SITE ADDRESS 2400 W. HIGHLAND AVENUE, SAN BERNARDINO			

CHEMICAL INFORMATION

CHEMICAL NAME OXYGEN	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME OXYGEN	EHS* ☐ YES ☒ NO
CAS# 7782447	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 240

FED HAZARD CATEGORIES: ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
1920	3840		

UNITS* *(Check one item only)*: ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*:

- ☐ a. ABOVEGROUND TANK
- ☐ b. UNDERGROUND TANK
- ☐ c. TANK INSIDE BUILDING
- ☐ d. STEEL DRUM
- ☐ e. PLASTIC/NONMETALLIC DRUM
- ☐ f. CAN
- ☐ g. CARBOY
- ☐ h. SILO
- ☐ i. FIBER DRUM
- ☐ j. BAG
- ☐ k. BOX
- ☒ l. CYLINDER
- ☐ m. GLASS BOTTLE
- ☐ n. PLASTIC BOTTLE
- ☐ o. TOTE BIN
- ☐ p. TANK WAGON
- ☐ q. RAIL CAR
- ☐ r. OTHER

STORAGE PRESSURE: ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☒ MATERIAL ☐ WASTE

e page per item. Indicate if material OR waste (Do not combine material and waste on one form)

MAKE COPIES OF THIS FORM AS NEEDED.

ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 6

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3, G3
BUSINESS SITE ADDRESS: 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO
ACETYLENE	Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME: ACETYLENE	EHS* ☐ YES ☒ NO
CAS#: 74862	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST

SIZE OF LARGEST CONTAINER: 120

FED HAZARD CATEGORIES: ☒ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
960	1920		

UNITS* *(Check one item only)*: ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER:

DAYS ON SITE: 365

STORAGE CONTAINER *(Check all that apply)*:
☐ a. ABOVEGROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE: ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
3.		☐ YES ☐ NO	
4.		☐ YES ☐ NO	
5.		☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

San Bernardino County CUPA · HAZARDOUS MATERIALS DIVISION
620 South E Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description

☐ MATERIAL
☒ WASTE

e page per item. Indicate if material OR waste (Do not combine material and waste on one form)
MAKE COPIES OF THIS FORM AS NEEDED.
ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ITEM NUMBER 7

FACILITY ID #	F A 0 0 0 1 6 7 6 [redacted]	CHEMICAL LOCATION INFORMATION

BUSINESS NAME	FACILITY MAP #	GRID COORDINATE(s)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	1	B3
BUSINESS SITE ADDRESS 2400 W. HIGHLAND AVENUE, SAN BERNARDINO		

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET ☒ NO Do not disclose trade secrets here. Contact this Dept for trade secret filing instructions. If EPCRA, follow EPA procedures
COMMON NAME WASTE OIL (MOTOR)	EHS* ☐ YES ☒ NO
CAS#	EHS = Extremely Hazardous Substance (Appdx B) *If EHS is "YES", all amounts MUST be in pounds

HAZARDOUS MATERIAL 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 ☐ d. DUST | SIZE OF LARGEST CONTAINER: 10000

FED HAZARD CATEGORIES ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE AMOUNT	MAXIMUM AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
1000	10000	15000	221

UNITS* *(Check one item only)* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS ☐ E. OTHER: | DAYS ON SITE 365

STORAGE CONTAINER *(Check all that apply)*

☐ a. ABOVEGROUND TANK	☐ e. PLASTIC/NONMETALLIC DRUM	☐ i. FIBER DRUM	☐ m. GLASS BOTTLE	☐ q. RAIL CAR
☒ b. UNDERGROUND TANK	☐ f. CAN	☐ j. BAG	☐ n. PLASTIC BOTTLE	☐ r. OTHER
☐ c. TANK INSIDE BUILDING	☐ g. CARBOY	☐ k. BOX	☐ o. TOTE BIN	
☐ d. STEEL DRUM	☐ h. SILO	☐ l. CYLINDER	☐ p. TANK WAGON	

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

	%WT	COMPOSITION (LIST ALL COMPONENTS, HAZARDOUS FIRST)	EHS	CAS #
1.	0-100	BASE OIL – HIGHLY REFINED	☐ YES ☒ NO	MIXTURE
2.			☐ YES ☐ NO	
3.			☐ YES ☐ NO	
4.			☐ YES ☐ NO	
5.			☐ YES ☐ 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

NOTES *(Trade names/synonyms or other information relevant to the substances listed)*

If EPCRA, Owner/Operator please sign this page

Date: _____

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

CERTIFICATE OF COMPLIANCE

Return Certification within 30 Days of Receipt to Inspector Greg Zeigler

In the Matter of Respondent: **Tad Barnett**

Violation(s) cited on: **6/13/2014** *FA #::* **FA0001676**

Facility Name: **Vulcan Materials West Division #2**

Site Address: **2400 W. Highland Ave. San Bernardino, 92407**

Certificate of Compliance Date: **7/13/2014**

I certify under penalty of law that:

- *Respondent has corrected the violations specified in the above-entitled action.*
- *I have personally examined any documentation attached to this certification to establish that the violations have been corrected.*
- *Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.*
- *I am authorized to file this certification on behalf of the Respondent.*
- *I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.*

Charles St. John
Signature

7/11/14
Date

Charles St. John
Printed or Typed Name

Lt Regional Env Manager
Title

Attach the following documentation when returning the Certificate of Compliance:

1. **Signed statement indicating that all bulk storage containers, including the mobile refueler, have been added to the SPCC Plan.**

Zeigler, Greg

From: St John, Charles [stjohnc@vmcmail.com]
Sent: Friday, July 11, 2014 1:56 PM
To: Zeigler, Greg
Subject: Re: Scanned image from PRP

The SPCC plan has been amended to include the lube truck (mobile refueler) and is undergoing final review by the PE as we speak. He should sign and stamp it early next week and I will get a copy out to the plant.

You were totally right Sir. It should have been in there. In fact, I was updating another plants SPCC and their lube truck was listed there. Just fell through the cracks I guess

Charles St. John
LA Regional Environmental Manager
818-553-8938

On Fri, Jul 11, 2014 at 1:48 PM, Zeigler, Greg <gzeigler@sbcfire.org> wrote:

Thank you,

Also, just to verify the SPCC plan has been or is in the process of being updated to include the mobile re-fueler. Or justification as to why you don't have to disclose it.

From: St John, Charles [mailto:stjohnc@vmcmail.com]
Sent: Friday, July 11, 2014 1:44 PM
To: Zeigler, Greg; Floyd E Sibole; Tad A Barnett
Subject: Fwd: Scanned image from PRP

Good afternoon Sir,

I updated CERS a couple days ago and it should be available for your review. Should you have any comments or questions please contact me.

Regards,

Charles St. John

LA Regional Environmental Manager

818-553-8938

---------- Forwarded message ----------
From: **WED-PRP-Sharp-Cpr@vmcmail.com** <WED-PRP-Sharp-Cpr@vmcmail.com>
Date: Fri, Jul 11, 2014 at 2:54 PM
Subject: Scanned image from PRP
To: stjohnc@vmcmail.com

Reply to: WED-PRP-Sharp-Cpr@vmcmail.com <WED-PRP-Sharp-Cpr@vmcmail.com>
Device Name: PRP
Device Model: MX-5111N
Location: Properties Copy Area

File Format: PDF (Medium)
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.
Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.
Adobe(R)Reader(R) can be downloaded from the following URL:
Adobe, the Adobe logo, Acrobat, the Adobe PDF logo, and Reader are registered trademarks or trademarks of Adobe Systems Incorporated in the United States and other countries.

http://www.adobe.com/

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

6/13/14

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage

Sent To

Vulcan Materials West Division #2

Street, Apt. No.; or PO Box No.

500 N. Brand Blvd. Ste. 500

City, State, ZIP+

Glendale, CA 91203

PS Form 3800, August 2006 See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. Fo valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof o delivery. To obtain Return Receipt service, please complete and attach a Retur Receipt (PS Form 3811) to the article and add applicable postage to cover th fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver fo a duplicate return receipt, a USPS® postmark on your Certified Mail receipt i required.
- For an additional fee, delivery may be restricted to the addressee o addressee's authorized agent. Advise the clerk or mark the mailpiece with th endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the arti cle at the post office for postmarking. If a postmark on the Certified Ma receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vulcan Materials West Division #2
500 N. Brand Blvd. Ste. 500
Glendale, CA 91203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [signature] C. Date of Delivery 6-16-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 0470 0001 0037 5779

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, ad ss, and ZIP+4® in this box•

County of San Bernardino
Office Of The Fire Marshall
Attn: Greg Zeigler
620 South "E" Street
San Bernardino, CA 92415-0153

RECEIVED
JUN 18 2014
S.B. CO. FIRE DEPT.

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

Facility #: FA0001676 Facility Name: Vulcan Materials West Division #2 Inspection Date: 6/10/2014

Site Address: 2400 W. Highland Ave. Phone #: (909) 875-1150

City: San Bernardino Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by:

☒ Inspect ☒ Photograph Name: Tad Barnett Title: Asst. Plant Manager # Emp: 31

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 of the Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC). The following code sections are either in Violation (V) of, in Compliance (C) with, the applicable laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS FOR GENERATORS		V	C	N
101. Hazardous Waste Generator Permit current	CC 23.0602(b)(1)		X	
102. Facility access for inspection granted - HW only	CHSC 25185		X	
103. Hazardous Waste determination made	CCR 66262.11		X	
104. EPA ID Number obtained	CCR 66262.12(a)		X	
105. Hazardous Waste storage/treatment authorization	CHSC 25189.5(d)			X
106. Facility operated/maintained to prevent release/fire	CCR 66265.31		X	
107. Contingency Plan established	CCR 66265.51(a)		X	
108. Recyclable materials managed lawfully	CHSC 25143.2			X
905. Universal Waste managed lawfully	CCR 66273.1		X	
STORAGE AND LABELING REQUIREMENTS				
110. Tank/container labeled/marked "Hazardous Waste"	CCR 66262.34(f)(3)		X	
111. Hazardous Waste label complete	CCR 66262.34(f)(3)		X	
112. Accumulation start date on tank/container	CCR 66262.34(f)(2)		X	
113. Hazardous Waste accumulation time not exceeded	CCR 66262.34		X	
114. Hazardous Waste containers sound	CCR 66265.171		X	
[illegible]. Hazardous Waste containers not leaking	CCR 66265.173(b)		X	
[illegible]. Hazardous Waste containers closed	CCR 66265.173(a)		X	
117. Contaminated containers managed properly	CCR 66261.7		X	
118. Container storage area inspected weekly	CCR 66265.174		X	
119. Hazardous Waste managed lawfully	CHSC 25154		X	
120. Hazardous Waste aboveground tank system inspected	CCR 66262.34			X
HAZARDOUS WASTE RECORDS AND MANIFESTS				
125. Hazardous Waste transported with a manifest	CCR 66262.20(a)		X	
126. Hazardous Waste manifest complete	CCR 66262.23		X	
127. Hazardous Waste manifests sent to DTSC	CCR 66262.23(a)(4)		X	
128. Manifests retained for at least 3 years	CCR 66262.40(a)		X	
129. Biennial Report prepared	CCR 66262.41			X
130. Hazardous Waste analyses retained for 3 years	CCR 66262.40(c)			X
131. Training documentation complete & available	CCR 66265.16		X	
132. Copy of completed SB 14 available	CCR 67100.3			X
135. Used oil managed properly	CHSC 25250.4		X	
136. Used oil not contaminated with Hazardous Waste	CHSC 25250.7			X
137. Consolidated manifesting records available	CHSC 25160.2(b)(3)		X	
138. Used oil filters managed lawfully	CCR 66266.130		X	
139. Spent lead acid batteries managed lawfully	CCR 66266.81		X	
DISPOSAL AND TRANSPORTATION				
145. Illegal disposal/abandonment of Hazardous Waste	CHSC 25189.5(a)			X
146. Illegal disposal of used oil	CHSC 25250.5(a)			X
147. Transporting Hazardous Waste w/o valid registration	CHSC 25163			X
148. Hazardous Waste hauled by transporter w/o valid registration	CHSC 25163			X
149. Hazardous Waste transported to an unauthorized facility	CHSC 25189.5(c)			X

GENERAL REQUIREMENTS FOR HANDLERS		V	C	N
201. Hazardous Material Handler permit current	CC 23.0602(b)(3)		X	
202. Business Plan established	CHSC 25503.5		X	
203. Business Plan submitted/updated	CHSC 25508	X		
204. Hazardous Materials release reported	CHSC 25507			X
205. Facility access for inspection granted – HM	CHSC 25508		X	
206. Regulated Substances registration filed	CHSC 25533			X
207. SPCC Plan prepared	CHSC 25270.4.5		X	

INSPECTION NARRATIVE

This was an unannounced compliance inspection to verify compliance with hazardous materials and waste laws and regulations. Tad Barnett and Jeff Ludy (Plant Foreman) provided consent and escort for the inspection. Photographs taken.

Facility operations are consistent with those described in the report from the last inspection on July 14th, 2011 by M. Bechel of this agency.

Hazardo
During t
hazmat i
consiste
Environr
February
items tha
page).

Mail Certified to:
Vulcan Materials West Div. #2
500 N. Brand Blvd. ste 500
Glendale, CA 91203

☒ **NOTICE OF VIOLATION**: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspected By: _____ (Sign Name) Greg Zeigler (Print Name)

Received By: Sent by Certified Mail (Sign Name) _____ (Print Name) Title: _____

Report Date: 6/13/2014

Form Revised 1/16/2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 — 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	DIESEL FUEL NO. 2	30000 → 20000	20000	GAL
2	UNLEADED GASOLINE	1000	1000	GAL
3	ANTI-FREEZE	220	55	GAL
4	OILS & GREASE	4500	600	GAL
5	OXYGEN	3840	240	CF
6	ACETYLENE	1920	120	CF
7	WASTE OIL (MOTOR)	~~10000~~ 4,500	~~10000~~ 4,500	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Scott Bevan	SCOTT BEVAN	2/22/2011

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
MAR 01 2012
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	1	6	7	6

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Floyd Sibole ENTERED	2/6/12	John R. Janke 135
NAME OF SIGNER *(print)*		TITLE OF SIGNER *(print)*
FLOYD SIBOLE MAR 22 2012		PLANT MANAGER

BY: _____

FD SENT
MAR 02 2012

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 [redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

EPA ID # (Hazardous Waste Only)
CAD981568579

BUSINESS ADDRESS
2400 W. HIGHLAND AVENUE

CITY
SAN BERNARDINO

ZIP CODE
92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		EPA ID NUMBER—provide at the top of this page
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)



For delivery information visit our website at www.usps.com®

Mark 7/18/11

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Vulcan Materials
Attn: Scott Bevan
2400 W. Highland Ave
San Bernardino, CA 92407

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0003 2053 8474

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years



Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. Fo valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof o delivery. To obtain Return Receipt service, please complete and attach a Retur Receipt (PS Form 3811) to the article and add applicable postage to cover th fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver fo a duplicate return receipt, a USPS® postmark on your Certified Mail receipt i required.
- For an additional fee, delivery may be restricted to the addressee o addressee's authorized agent. Advise the clerk or mark the mailpiece with th endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the art cle at the post office for postmarking. If a postmark on the Certified Ma receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

Current Track & Confirm e-mail information provided by the U.S. Postal Service.

Label Number: 7010 2780 0000 5227 9446

Service Type: Certified Mail(TM)

Shipment Activity	Location	Date & Time
Delivered	SAN BERNARDINO CA 92407	07/19/11 10:01am
Arrival at Unit	SAN BERNARDINO CA 92407	07/19/11 5:57am
Processed through USPS Sort Facility	SAN BERNARDINO CA 92403	07/19/11 12:28am
Processed through USPS Sort Facility	SAN BERNARDINO CA 92403	07/18/11 6:50pm

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

HAZARDOUS WASTE GENERATOR AND HAZARDOUS MATERIALS HANDLER INSPECTION REPORT

FA #: 1676 Facility Name: VULCAN MATERIALS, WESTERN DIVISION #2 Inspection Date: July 14, 2011

Site Address: 2400 W. HIGHLAND AVE. Phone #: 909 875-1150

City: SAN BERNARDINO Zip Code: 92407 EPA ID #: CAD981568579

Consent Granted by:

☒ Inspect ☒ Photograph Name: TAD BARNETT Title: ASSISTANT PLANT MANGER # Emp: 29

Refer to Title 19 and Title 22 of the California Code of Regulations (CCR), Chapter 6.5 of the Health and Safety Code (CHSC) and Division 3 of Title 2 of the San Bernardino County Code (CC). The following code sections are either in Violation (V) of, in Compliance (C) with, the applicable laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS FOR GENERATORS		V	C	N
101. Ha			X	
102. Fac			X	
103. Ha				X
104. EPI			X	
105. Ha				X
106. Fac			X	
107. Cor			X	
108. Rec				X
905. Uni			X	
110. Tan			X	
111. Haz		X	C	
112. Acc			X	
113. Haz			X	
114. Haz			X	
115. Haz			X	
116. Haz			X	
117. Cont			X	
118. Cont			X	
119. Haz... waste managed lawfully	CHSC 25154		X	
120. Hazardous Waste aboveground tank system inspected	CCR 66262.34		X	
HAZARDOUS WASTE RECORDS AND MANIFESTS				
125. Hazardous Waste transported with a manifest	CCR 66262.20(a)		X	
126. Hazardous Waste manifest complete	CCR 66262.23		X	
127. Hazardous Waste manifests sent to DTSC	CCR 66262.23(a)(4)		X	
128. Manifests retained for at least 3 years	CCR 66262.40(a)		X	
129. Biennial Report prepared	CCR 66262.41			X
130. Hazardous Waste analyses retained for 3 years	CCR 66262.40(c)		X	
131. Training documentation complete & available	CCR 66265.16		X	
132. Copy of completed SB 14 available	CCR 67100.3			X
135. Used oil managed properly	CHSC 25250.4		X	
136. Used oil not contaminated with Hazardous Waste	CHSC 25250.7		X	
137. Consolidated manifesting records available	CHSC 25160.2(b)(3)		X	
138. Used oil filters managed lawfully	CCR 66266.130		X	
139. Spent lead acid batteries managed lawfully	CCR 66266.81			X
DISPOSAL AND TRANSPORTATION				
145. Illegal disposal/abandonment of Hazardous Waste	CHSC 25189.5(a)			X
146. Illegal disposal of used oil	CHSC 25250.5(a)			X
147. Transporting Hazardous Waste w/o valid registration	CHSC 25163			X
148. Hazardous Waste hauled by transporter w/o valid registration	CHSC 25163			X
149. Hazardous Waste transported to an unauthorized facility	CHSC 25189.5(c)			X

GENERAL REQUIREMENTS FOR HANDLERS		V	C	N
201. Hazardous Material Handler permit current	CC 23.0602(b)(3)		X	
202. Business Plan established	CHSC 25503.5		X	
203. Business Plan submitted/updated	CHSC 25505		X	
204. Hazardous Materials release reported	CHSC 25507			X
205. Facility access for inspection granted – HM	CHSC 25508		X	
206. Regulated Substances registration filed	CHSC 25533			X
207. SPCC Plan prepared	CHSC 25270.4.5		X	

Mail to: Certified
Vulcan Materials
2400 W. Highland Ave.
San Bernardino CA 92407
ATTN: Scott Bevan

INSPECTION NARRATIVE

An inspection was conducted to determine compliance with hazardous material handler and hazardous waste generator laws and regulations. Consent to conduct the inspection and photograph the facility was given by Assistant Plant Manger, Tad Barnett. Also present during the inspection was Vulcan Materials Plant Manager, Scott Bevan; Vulcan Materials Western Division Environmental Specialist, John Janke; and Vulcan Materials Mobile Equipment Foreman, Jeff Ludy. Steel toed boots, safety glasses and hard hats are required safety gear at this facility.

Vulcan Materials operates a sand and gravel mining company at this facility location. The facility is located on 240 acres and consists of 3 buildings and a vehicle fueling station.

This facility receives aggregates of various sizes from the "Pit" (quarry) and separates the materials by size into several different stock piles ready for customer use.

Hazardous materials are store onsite and hazardous waste is generated as a result of fleet and equipment maintenance.

NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspected By: Mark Bechel (Sign Name) Received By: CERTIFIED MAIL (Sign Name) Title:

Mark Bechel (Print Name) (Print Name) Report Date: July 14, 2011

Form Revised 1/16/2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 (This number is on your CUPA permit)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	DIESEL FUEL NO. 2	30000	20000	GAL
2	UNLEADED GASOLINE	1000	1000	GAL
3	ANTI-FREEZE	220	55	GAL
4	OILS & GREASE	4500	600	GAL
5	OXYGEN	3840	240	CF
6	ACETYLENE	1920	120	CF
7	WASTE OIL (MOTOR)	10000	10000	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Matt Branstetter	Matt Branstetter	04/10/2007

BP of 3/10/11
Replaces this Plan
MB

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
MAR 10 2011
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	1	6	7	6

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Scott Bevan ENTERED MAR 18 2011	2/22/2011	John R. Janke 135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
SCOTT BEVAN	PLANT MANAGER

ED SENT MAR 18 2011

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6	[redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	CAD981568579

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES		
Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

For Dept Use Only – Log In/Date Stamp

RECEIVED
JUL 09 2010
S.B. CO. FIRE DEPT.

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Scott Bevan	6/28/10	John R. Janke 135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
SCOTT BEVAN	PLANT MANAGER

ENTERED
JUL 21 2010

FD SENT
JUL 13 2010

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6

BUSINESS NAME (Same as FACILITY NAME or DBA)
Calmat Co. DBA Vulcan Materials Company

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. Highland Ave	San Bernardino	92407

For Dept Use Only – Log In/Date Stamp
RECEIVED
FEB 19 2010
S.B. CO. FIRE DEPT.

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire Business Emergency/Contingency Plan whether new or revised)

Submission Checklist ☒ — *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☒ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- Area map - photocopied city map with location of site indicated
- Owner/Operator has signed and dated the plan and all required individual pages of the plan
- ☒ Submit the original and 1 copy to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my Business Emergency/Contingency Plan
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected)
  - ☐ New Supplemental Emergency Contact Page
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER	135
	2-11-10	John R. Janke	
NAME OF SIGNER *(print)*		TITLE OF SIGNER *(print)*	
John R Janke		Environmental Specialist	

ENTERED
MAR 04 2010

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 [redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	CAD981568579

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 (This number is on your CUPA permit)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS	103	CITY	104
2400 W. HIGHLAND AVENUE		SAN BERNARDINO	

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	DIESEL FUEL NO. 2	30000	20000	GAL
2	UNLEADED GASOLINE	1000	1000	GAL
3	ANTI-FREEZE	220	55	GAL
4	OILS & GREASE	4500	600	GAL
5	OXYGEN	3840	240	CF
6	ACETYLENE	1920	120	CF
7	WASTE OIL (MOTOR)	10000	10000	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Matt Branstetter	Matt Branstetter	04/10/2007

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only - Log In/Date Stamp

RECEIVED
AUG 03 2009
S.B. CO. FIRE DEPT.

FACILITY ID # F A 0 0 0 1 6 7 6

BUSINESS NAME (Same as FACILITY NAME or DBA)
Calmat Co. DBA Vulcan Materials Company

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. Highland Ave	San Bernardino	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire Business Emergency/Contingency Plan whether new or revised)

Submission Checklist ☒

Items with an '' are considered "Inventory" under State disclosure laws*

- ☐ * Business Activities Form
- ☐ * Business Owner/Operator Identification Form
- ☐ * Supplemental Emergency Contact Page
- ☐ Emergency Response Plans and Procedures
- ☐ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number
- ☐ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I
- ☐ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item
- ☐ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☐ Area map - photocopied city map with location of site indicated
- ☐ Owner/Operator has signed and dated the plan and all required individual pages of the plan
- ☐ Submit the original and 1 copy to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction
- ☐ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my Business Emergency/Contingency Plan
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected)
  - ☐ New Supplemental Emergency Contact Page
- ☐ Other: _____

Brief explanation of changes: _____

- ☒ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Matt Branstetter	7-24-09	135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
Matt Branstetter	Plant Manager

ENTERED
AUG 04 2008

FD SENT
AUG 03 2009

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 [redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	CAD981568579

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an "*" must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

FACILITY ID # F A 0 0 0 1 6 7 6 — 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103	CITY 104
2400 W. HIGHLAND AVENUE	SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example Only)*	*555*	*500*	*Gallon*
1	DIESEL FUEL NO. 2	30000	20000	GAL
2	UNLEADED GASOLINE	1000	1000	GAL
3	ANTI-FREEZE	220	55	GAL
4	OILS & GREASE	4500	600	GAL
5	OXYGEN	3840	240	CF
6	ACETYLENE	1920	120	CF
7	WASTE OIL (MOTOR)	10000	10000	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER *(print)* 136	DATE 134
Matt Branstetter	Matt Branstetter	04/10/2007

BP of 2/20/08
Replaces this Plan
MB

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
FEB 20 2008
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	1	6	7	6

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my business emergency/contingency plan.
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
  - ☐ New Supplemental Emergency Contact Page.
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Matt Branstetter	2-14-08	Marizel S. Miller
NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*	
Matt Branstetter	Plant Manager	

135

ENTERED
FEB 22 2008

FD SENT
FEB 20 2008

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6 [redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	CAD981568579

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

Vulcan
Materials Company

Western Division

February 15, 2008

San Bernardino County Fire Department
Attn.: Hazardous Materials Division
620 South "E" Street
San Bernardino, CA 92415-0153

RE: Facility ID No. FA0001676 – CalMat DBA Vulcan Materials, Western Division
2400 W. Highland Avenue, San Bernardino, CA 92407

Please find enclosed one original and one copy of the updated business emergency/contingency plans for the above referenced facility.

If you have any questions or concerns please contact me at (323) 474-3227. Thank you very much.

Regards,

Marizel S. Miller

Marizel S. Miller
Los Angeles Regional Environmental Specialist
CalMat Co. DBA Vulcan Materials Co. Western Division

cc: Matt Branstetter – Plant Manager

RECEIVED
FEB 20 2008
S.B. CO. FIRE DEPT.

CERTIFIED MAIL: 7006 2150 0003 1321 4140

FA 1676

San Bernardino Co. CUPA
620 South "E" Street
San Bernardino, CA 92415
Tel: (909) 386-8401
Fax: (909) 386-8460
www.sbcfire.org

Aboveground Storage Tank Facility Statement
Notification/Change in Status

I. Facility/Business Information

Facility CUPA ID# 1	Facility Name 3	Owner Name 111		
FA005958	San Bernardino Rock and Asphalt	Calmat Co. dba Vulcan Materials		
Facility Address 103		**Owner Mailing Address** 113		
2400 W. Highland Ave		7220 Trade Street		
City 104	**Zip Code** 105	**City** 114	**State** 115	**Zip Code** 116
San Bernardino	92407	San Diego	CA	92121
Contact Name 117a	**Contact Phone** 118a	**Owner Phone** 112	**NAICS Code** 107	
Daryl Charlson	909-875-1150	858-530-9444	324121	

Contact Email 119a	Does the facility have an SPCC plan? 920 (see directions on reverse) ☒ Yes ☐ No	If yes, date of last SPCC Plan Revision/Review: 7-26-04
	If the facility does not have an SPCC plan, is it in progress? ☐ Yes ☐ No	If yes, expected completion date:

II. Total Facility Capacity in gallons

Facility's total aboveground petroleum product storage tank **capacity** for all tanks/containers/equipment/systems greater than or equal to 55 gallons (see directions on reverse)

921 TOTAL CAPACITY **25,230** gal

III. Tank Details – Include each aboveground tank that contains a petroleum product or other type of oil (including mineral, animal, or vegetable oils). Attach additional pages should your facility have more tanks.

922 Tank ID# (e.g. 1, 2, 3, etc.)	923 Contents (Gas, Diesel, etc.)	924 Capacity (In gallons)	925 Tank Location (Describe location)	926 Year Installed	927 Tank type:	928 Secondary Containment
	Bulk Oil	330 gal	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Bulk Oil	350 gal	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Various Oils, Used Filters	25 drums @ 55 gal each	Maintenance Shop Area	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Various Oils, Used Filters	9 drums @ 55 gal each	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No

IV. Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge.

Signature of owner or tank facility operator	Printed name of owner or tank facility operator 136	Date (M/d/yyyy) 134
Tony Varisco	TONY VARISCO	11/26/08

Schlotthauer, Nancy

From: Janke, John [JankeJ@VMCMAIL.com]
Sent: Wednesday, November 26, 2008 12:28 PM
To: Schlotthauer, Nancy
Subject: APSA Verification Forms
Attachments: APSA Forms.pdf

Dear Ms. Schlotthauer,

Attached please find the Aboveground Storage Tank Verification Forms for the following facilities:

- Oro Grande Asphalt, FA 007169
- Upland Rock, FA 001675
- San Bernardino Rock and Asphalt, FA 008958

I have also sent these forms by US Postal Service.

Please do not hesitate to contact me with any questions.

Sincerely,

John R. Janke
Environmental Specialist
Vulcan Materials Company, Western Division
3200 San Fernando Road
Los Angeles, CA 90065

(323) 474-3227 (LA office)
(858) 530-9425 (San Diego office)
(323) 258-3289 (fax)

2011 BP

San Bernardino Co. CUPA
620 South "E" Street
San Bernardino, CA 92415
Tel: (909) 386-8401
Fax: (909) 386-8460
www.sbcfire.org

Aboveground Storage Tank Facility Statement
Notification/Change in Status

RECEIVED
DEC 02 2008
S.B. CO. FIRE DEPT.

1676

I. Facility/Business Information

Facility CUPA ID# 1	Facility Name 3	Owner Name 111
FA0005958 ~~8958~~	San Bernardino Rock and Asphalt	Calmat Co. dba Vulcan Materials

Facility Address 103	Owner Mailing Address 113
2400 W. Highland Ave	7220 Trade Street

City 104	Zip Code 105	City 114	State 115	Zip Code 116
San Bernardino	92407	San Diego	CA	92121

Contact Name 117a	Contact Phone 118a	Owner Phone 112	NAICS Code 107
Daryl Charlson	909-875-1150	**858-530-9444**	324121

Contact Email 119a	Does the facility have an SPCC plan? 920 (see directions on reverse)	If yes, date of last SPCC Plan Revision/Review:
BevanS@VMCMail.com	☒ Yes ☐ No	7-26-04
If the facility does not have an SPCC plan, is it in progress?	☐ Yes ☐ No	If yes, expected completion date:

II. Total Facility Capacity in gallons

Facility's total aboveground petroleum product storage tank **capacity** for all tanks/containers/equipment/systems greater than or equal to 55 gallons (see directions on reverse)

921 TOTAL CAPACITY **25,230** gal

III. Tank Details – Include each aboveground tank that contains a petroleum product or other type of oil (including mineral, animal, or vegetable oils). Attach additional pages should your facility have more tanks.

922 Tank ID# (e.g. 1, 2, 3, etc.)	923 Contents (Gas, Diesel, etc.)	924 Capacity (In gallons)	925 Tank Location (Describe location)	926 Year Installed	927 Tank type:	928 Secondary Containment
	Bulk Oil	**330 gal**	Inside Maintenance Shop	**2000**	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐ No
	Bulk Oil	**350 gal**	Inside Maintenance Shop	**2000**	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐ No
	Various Oils, Used Filters	**25 drums @ 55 gal each**	Maintenance Shop Area	**2000**	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐ No
	Various Oils, Used Filters	**9 drums @ 55 gal each**	Inside Maintenance Shop	**2000**	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐ No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐ No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐ No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐ No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐ No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐ No

IV. Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge.

Signature of owner or tank facility operator	Printed name of owner or tank facility operator 136	Date (M/d/yyyy) 134
Tony Varisco	Tony Varisco	11/26/08

San Bernardino Co. CUPA
620 South "E" Street
San Bernardino, CA 92415
Tel: (909) 386-8401
Fax: (909) 386-8460
www.sbcfire.org

Aboveground Storage Tank Facility Statement
Notification/Change in Status

RECEIVED
DEC 02 2008
S.B. CO. FIRE DEPT.

I. Facility/Business Information

Facility CUPA ID# 1	Facility Name 3	Owner Name 111
FA005958	San Bernardino Rock and Asphalt	Calmat Co. dba Vulcan Materials

Facility Address 103	Owner Mailing Address 113
2400 W. Highland Ave	7220 Trade Street

City 104	Zip Code 105	City 114	State 115	Zip Code 116
San Bernardino	92407	San Diego	CA	92121

Contact Name 117a	Contact Phone 118a	Owner Phone 112	NAICS Code 107
Daryl Charlson	909-875-1150	858-530-9444	324121

Contact Email 119a	Does the facility have an SPCC plan? 920 (see directions on reverse)	If yes, date of last SPCC Plan Revision/Review:
	☒ Yes ☐ No	7-26-04
If the facility does not have an SPCC plan, is it in progress?	☐ Yes ☐ No	If yes, expected completion date:

II. Total Facility Capacity in gallons

Facility's total aboveground petroleum product storage tank **capacity** for all tanks/containers/equipment/systems greater than or equal to 55 gallons (see directions on reverse)

921 TOTAL CAPACITY: **25,230** gal

III. Tank Details – Include each aboveground tank that contains a petroleum product or other type of oil (including mineral, animal, or vegetable oils). Attach additional pages should your facility have more tanks.

922 Tank ID# (e.g. 1, 2, 3, etc.)	923 Contents (Gas, Diesel, etc.)	924 Capacity (In gallons)	925 Tank Location (Describe location)	926 Year Installed	927 Tank type:	928 Secondary Containment
	Bulk Oil	330 gal	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Bulk Oil	350 gal	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Various Oils, Used Filters	25 drums @ 55 gal each	Maintenance Shop Area	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
	Various Oils, Used Filters	9 drums @ 55 gal each	Inside Maintenance Shop	2000	☒Steel ☐Fiberglass/Plastic ☐Other (please describe)	☒Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No
					☐Steel ☐Fiberglass/Plastic ☐Other (please describe)	☐Yes ☐No

IV. Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge.

Signature of owner or tank facility operator	Printed name of owner or tank facility operator 136	Date (M/d/yyyy) 134
Tony Varisco	TONY VARISCO	11/26/08

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
PUBLIC AND SUPPORT
SERVICES GROUP

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 South "E" Street • San Bernardino, CA 92415-0153
(909) 386-8401 ◦ Fax (909) 386-8460

PAT A. DENNEN
Fire Chief
County Fire Warden

Business Emergency/Contingency Plan Receipt

Mail to: VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Site Address: VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Service Request ID: SR0014620
Facility ID: FA0001676

The Business Emergency/Contingency Plan was received on October 12, 2007 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.

2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.

3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.

4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.

5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.

2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.

3. Change of business address, business ownership, or business name.

4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

Business Emergency/Contingency Plan Receipt

Mail to: VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Site Address: VULCAN MATERIALS WEST DIVISION #2
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Service Request ID: SR0013841
Facility ID: FA0001676

The Business Emergency/Contingency Plan was received on April 24, 2007 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.
2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.
3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.
4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.
5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460
www.sbcfire.org

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
APR 24 2007
S.B. CO. FIRE DEPT.

FACILITY ID #	F	A	0	0	0	1	6	7	6

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ — ***Items with an ' * ' are considered "Inventory" under State disclosure laws***

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☒ New Business Owner/Operator Identification Form
- ☒ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☒ New Supplemental Emergency Contact Page.

☐ Other: _____

Brief explanation of changes: _____

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (**EPCRA requires complete annual submission**)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER
Matt Branstetter	04/10/2007	Marizel S. Miller

135

NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*
Matt Branstetter	Plant Manager

ENTERED
JUL 20 2007

FD SENT
APR 27 2007

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6	[redacted]

BUSINESS NAME (Same as FACILITY NAME or DBA)	EPA ID # (Hazardous Waste Only)
CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION	CAD981568579

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVENUE	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...		If YES, the following additional information is required... (Items with an '*' must be submitted to this department)
A. HAZARDOUS MATERIALS		
1. Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	☒ YES ☐ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Have extremely hazardous substances above threshold planning quantities or hazardous substances in quantities greater than 10,000 lbs (except retail gas stations up to 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in upgraded USTs) or otherwise subject to EPCRA 311-312 reporting requirements.	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Must file annually according to EPCRA instructions to meet EPCRA SARA Title III Tier 2 reporting requirements – see instructions, pg i.)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES ☒ NO	* BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) * CalARP REGISTRATION FORM (See Section V of BP guidelines and forms)
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank)
3. Need to report closing a UST?	☐ YES ☒ NO	* UST FACILITY FORM * UST TANK (Pages 1 and 2) (One set per tank) * HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products (new or used) in aboveground tanks or containers?	☒ YES ☐ NO	IF YES, PREPARE AND MAINTAIN A SPILL PREVENTION CONTROL & COUNTERMEASURES PLAN (SPCC) TO ADDRESS RELEASES FROM ABOVEGROUND STORAGE OF PETROLEUM AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	☒ YES ☐ NO	EPA ID NUMBER—provide at the top of this page * BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES ☒ NO	* RECYCLABLE MATERIALS REPORT (Pages 1 and 2)
3. Treat hazardous waste on site?	☐ YES ☒ NO	* ONSITE HAZARDOUS WASTE TRT - FACILITY * ONSITE HAZARDOUS WASTE TRT - UNIT (one per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO	* CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidated hazardous waste generated at a remote site?	☐ YES ☒ NO	* REMOTE WASTE/CONSOLIDATED SITE ANNUAL NOTIFICATION
6. Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☒ NO	IF YES, OBTAIN FEDERAL EPA ID NUMBER, FILE BIENNIAL REPORT (EPA FORM 8700-13A/B) WITH USEPA, AND SATISFY REQUIREMENTS FOR RCRA LARGE QUANTITY GENERATOR.

Business Emergency/Contingency Plan Receipt

Mail to: CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Site Address: CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Service Request ID: SR0007297
Facility ID: FA0001676

The Business Emergency/Contingency Plan was received on June 21, 2005 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.
2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.
3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.
4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.
5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

Business Emergency/Contingency Plan Receipt

Mail to: CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Site Address: CAL MAT/ DBA VULCAN MAT-ROCK & SAND
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Service Request ID: SR0007125
Facility ID: FA0001676

The Business Emergency/Contingency Plan was received on May 27, 2005 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.
2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.
3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.
4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.
5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

Business Emergency/Contingency Plan Receipt

Mail to: TAIHEIYO CEMENT U.S.A., INC
2025 E FINANCIAL WAY, STE 200
GLENDORA, CA 91741-0000

Site Address: CHAPARRAL CONCRETE CO
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92405

Service Request ID: SR0005743
Facility ID: FA0001854

The Business Emergency/Contingency Plan was received on February 23, 2005 by the Hazardous Materials Division.

For future reference, please note the following Business Emergency/Contingency Plan requirements:

1. The contents of this plan are subject to field verification and a current copy of this plan must be available on site.
2. This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/waste. Employees are expected to be familiar with these portions of the plan.
3. The plan is available for public inspection through this Division, with the exception of substantiated trade secrets, the separate confidential emergency contact page, and maps specifying the precise storage locations of hazardous materials/wastes.
4. Two copies of the plan and/or update is required to be filed with this Division. The second copy will be forwarded to the local fire jurisdiction.
5. The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Division typically does not send individual notices of this statutory deadline, so please note the March 1st date for future annual submissions.

Within 30 days of any of the following events, an amendment to the Business Emergency/Contingency Plan must be filed:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms, available through our website at www.sbcfire.org or by calling this office at (909) 386-8401.

CUPA

San Bernardino County Fire Department

HAZARDOUS MATERIALS DIVISION • EMERGENCY RESPONSE AND ENFORCEMENT

385 N. Arrowhead Ave , 2nd Floor, San Bernardino, CA 92415-0153 • PHONE: (909)387-4631 FAX: (909) 387-4323

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

ESTABLISHMENT # [redacted] 8 6 0 0 8 9 5 8

FACILITY ID # 3 6 [redacted] 0 0 1 [redacted] 1

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103: 2400 W. HIGHLAND AVE.

CITY: SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example only)*	*555*	*500*	*Gallons*
1	DIESEL FUEL NO.2	20,000	20,000	GAL.
2	UNLEADED GASOLINE	10,000	10,000	GAL.
3	ANTI-FREEZE	55	55	GAL
4	CASTROL PYROPLEX BLUE(GREASE)	330	55	GAL
5	CASTROL ENGINE/HYD OIL	1,000	500	GAL
6	CASTROL BRAKE COOLING OIL	260	260	GAL
7	CASTROL ATF	500	500	GAL
8	CASTROL GEAR LUBE	1400	500	GAL
9	AR-GRADE PAVING ASPHALT	165	103	TON
10	SC-GRADE CUTBACK ASPHALT	51	51	TON
11	OXYGEN	2400	240	CF
12	ACETYLENE	1200	120	CF
13	PROPANE	250	250	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of business plan. Make copies of this sheet (or replicate on a computer) as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, or 200 cubic feet. However, hazardous wastes, Category 1 and II pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities: Also sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) 136	DATE 134
Peter Chiu	PETER CHIU	11-13-00

BP of 3-2-04 replaces this plan

CUPA

San Bernardino County Fire Department

HAZARDOUS MATERIALS DIVISION • EMERGENCY RESPONSE AND ENFORCEMENT

385 N. Arrowhead Ave , 2nd Floor, San Bernardino, CA 92415-0153 • PHONE: (909)387-4631 FAX: (909) 387-4323

INVENTORY SUMMARY FORM (REQUIRED)

I. FACILITY IDENTIFICATION

ESTABLISHMENT # [redacted] 8 6 0 0 8 9 5 8

FACILITY ID # 3 6 [redacted] 0 0 1 [redacted] 1

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

CALMAT CO. DBA VULCAN MATERIALS, WESTERN DIVISION

FACILITY ADDRESS 103: 2400 W. HIGHLAND AVE

CITY: SAN BERNARDINO

II. INVENTORY SUMMARY

Item #	Name of Hazardous Material or Waste	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	*Lubricating Oil (Example only)*	*555*	*500*	*Gallons*
14	WASTE OIL (MOTOR)	10,000	10,000	GAL

Summarize the business plan inventory on this page. Place this summary in front of inventory section of business plan. Make copies of this sheet (or replicate on a computer) as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, or 200 cubic feet. However, hazardous wastes, Category 1 and II pesticides, and explosives are reportable at any quantity.

III. SIGNATURE- EPCRA Facilities: Also sign the bottom of each individual attached inventory form.

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER (*print*) 136	DATE 134
[signature]	PETER CHIU	11-13-00

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE: (909) 386-8401 FAX: (909) 386-8460

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only - Log In/Date Stamp

RECEIVED
MAR 0 2 2004
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

FACILITY ID # F A 0 0 0 1 6 7 6

BUSINESS NAME (Same as FACILITY NAME or DBA) 3

CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS SITE ADDRESS	CITY	ZIPCODE
2400 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist ☒ *Items with an ' * ' are considered "Inventory" under State disclosure laws*

- ☒ * Business Activities Form
- ☒ * Business Owner/Operator Identification Form
- ☒ * Supplemental Emergency Contact Page
- ☒ Emergency Response Plans and Procedures
- ☒ * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☒ * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☒ * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☒ Area map - photocopied city map with location of site indicated
- ☒ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☒ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☒ ***Retain one copy of the business emergency/contingency at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- ☐ Please incorporate the following into my business emergency/contingency plan.
  - ☐ New Business Owner/Operator Identification Form
  - ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
  - ☐ New Supplemental Emergency Contact Page.
- ☐ Other: _____

Brief explanation of changes: _____

- ☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
  - The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
  - There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
  - No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
  - This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE	NAME OF DOCUMENT PREPARER 135
Tony Varisco	2/25/04	THERESA THOMPSON
NAME OF SIGNER *(print)*	TITLE OF SIGNER *(print)*	
TONY VARISCO	PRINCIPAL ENVIRONMENTAL SPECIALIST	

FD SENT
03 03 04

CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South "E", San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A	0	0	0	1	6	7	6	[redacted]	EPA ID # (Hazardous Waste Only) CAR000073007

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO DBA VULCAN MATERIALS, WESTERN DIVISION

BUSINESS ADDRESS	CITY	ZIP CODE
2400 W. HIGHLAND AVE.	SAN BERNARDINO	92407

II. ACTIVITIES DECLARATION

Does your facility...	If YES, please complete these portions of the application...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	X YES ☐ NO	**BUSINESS EMERGENCY/CONTINGENCY PLAN** (Used in place of OES Form 2730 and 2731)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold planning quantities established by the California Accidental Release Prevention Program (CalARP)?	☐ YES X NO	**BUSINESS EMERGENCY/CONTINGENCY PLAN** (Used in place of OES Form 2730 and 2731) **CalARP REGISTRATION FORM**
C. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	X YES ☐ NO	**UST FACILITY** **UST TANK** (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES X NO	**UST FACILITY** **UST TANK** (Pages 1 and 2) (One set per tank) **UST INSTALLATION – CERTIFICATE OF COMPLIANCE** (one page per tank)
3. Need to report closing a UST?	☐ YES X NO	**UST FACILITY** **UST TANK** (Pages 1 and 2) (One set per tank) **HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**
D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Store greater than 1320 gallons of petroleum products?	X YES NO	**IF YOU ANSWERED YES, PREPARE AND MAINTAIN A SPCC PLAN AS PART OF YOUR CONTINGENCY PLAN TO ADDRESS OIL SPILLS AND RELEASES FROM THE ASTs AT YOUR FACILITY.**
E. HAZARDOUS WASTE 1. Generate ANY amount of hazardous waste?	☐ YES X NO	**EPA ID NUMBER**---provide at the top of this page **BUSINESS EMERGENCY/CONTINGENCY PLAN** (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	☐ YES X NO	**RECYCLABLE MATERIALS REPORT** (one per recycler)
3. Treat hazardous waste on site?	☐ YES X NO	**ONSITE HAZARDOUS WASTE TREATMENT - FACILITY** (Formerly DTSC Form 1772) **ONSITE HAZARDOUS WASTE TREATMENT - UNIT** (one page per unit) (Formerly DTSC Forms 1772A, B, C and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES X NO	**CERTIFICATION OF FINANCIAL ASSURANCE** (Formerly DTSC Form 1232)
5. Consolidated hazardous waste generated at a remote site?	☐ YES X NO	**REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION** (Formerly DTSC Form 1196)

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
ECONOMIC DEVELOPMENT
AND PUBLIC SERVICES GROUP

HAZARDOUS MATERIALS DIVISION
EMERGENCY RESPONSE/ENFORCEMENT
385 North Arrowhead Avenue, Second Floor • San Bernardino, CA 92415-0153
(909) 387-4631 • Fax (909) 387-4323

PETER R. HILLS
Fire Chief
County Fire Warden

16 March 2001

Calmat Co., DBA Vulcan Materials, Western Div.
P.O. Box 2950 TA
Los Angeles, CA 90051

ATTN: Peter Chiu

SUBJECT: BUSINESS PLAN ACCEPTANCE **ESTABLISHMENT NUMBER: 86008958**

The Hazardous Materials Division has reviewed the amended Business Emergency/Contingency plan of **Calmat Co.** submitted on **2-08-01** and determined that the data submitted meets the requirements of this CUPA, the California Health and Safety Code, Chapter 6.95, and Title 19 of the California Code of Regulations. The contents of this plan are subject to field verification and inspection and a current copy of this plan must be available on site.

This plan contains important information on preventing, responding to, and reporting releases of hazardous materials/wastes and employees are expected to be familiar with its relevant portions. The contents of this plan are also available for public inspection, with the exception of: substantiated trade secrets, the separate confidential emergency contact page, and portions of the plan (e.g. facility map) specifying the precise locations of hazardous materials/wastes. A copy of this plan has also been sent to the local fire jurisdiction.

Within 30 days of any of the following events, the above business must submit to this office an amendment to the appropriate portions of the inventory:

1. A 100 percent or more increase in quantity of a previously disclosed item.
2. Any handling of a previously undisclosed hazardous material (including waste) required to be inventoried or elimination of a previously inventoried item.
3. Change of business address, business ownership, or business name.
4. Change of emergency contact information or other site conditions that may significantly affect emergency response.

The annual deadline for submission of business plan inventory is March 1st. Please note that EPA does not allow EPCRA facilities to file a recertification in place of annual inventory. Also, this Department typically does not send individual notices of this statutory deadline, so please note the date for future action.

For more information please consult the latest version of the San Bernardino County CUPA Business Emergency/Contingency Plan guidelines and forms or call this office at (909) 387-4631.

Leslie Heaviside

LESLIE HEAVISIDE
Business Plan Program

WILLIAM H. RANDOLPH
County Administrative Officer

JOHN GOSS
Assistant County Administrator
Economic Development and
Public Services Group

Board of Supervisors
KATHY A. DAVIS ..... First District
JON D. MIKELS ..... Second District
JERRY EAVES ..... Fifth District
DENNIS HANSBERGER ..... Third District
FRED AGUIAR ..... Fourth District

CUPA
San Bernardino County Fire Department
HAZARDOUS MATERIALS DIVISION • EMERGENCY RESPONSE AND ENFORCEMENT
385 N. Arrowhead Ave, 2nd Floor, San Bernardino, CA 92415-0153 • PHONE: (909) 387-4631 FAX: (909) 387-4323

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

For Dept Use Only – Log In/Date Stamp

RECEIVED
FEB 08 2001
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

ESTABLISHMENT # 8 6 0 0 8 9 5 8

FACILITY ID # 3 6 0 0 1

BUSINESS NAME (Same as FACILITY NAME or DBA)
CALMAT CO. dba VULCAN MATERIALS, WESTERN DIV.

BUSINESS SITE ADDRESS: 2460 W. HIGHLAND AVE. CITY: SAN BERNARDINO ZIPCODE: 92407

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

☐ This submission is a complete business emergency/contingency plan

Submission Checklist (✔) *considered "inventory" under state disclosure laws

- ☐ *Business Activities Form and *Business Owner/Operator Identification Form
- ☐ *Supplemental Emergency Contact Page
- ☐ Emergency Response Plans and Procedures
- ☐ *Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- ☐ *One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- ☐ *Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- ☐ *Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- ☒ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- ☐ Area map - photocopied city map with location of site indicated
- ☐ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- ☐ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- ☐ ***Retain one copy of the business plan at the facility.***

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or recertifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☒ Please incorporate the following into my business emergency/contingency plan.

- ☐ New Business Owner/Operator Identification Form
- ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
- ☐ New Supplemental Emergency Contact Page.
- ☒ Other: SITE MAP

Brief Explanation of Changes:

☒ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR	DATE 134	NAME OF DOCUMENT PREPARER 135
[signature]	2/5/01	

NAME OF SIGNER (print) 136	TITLE OF SIGNER (print) 137
PETER CHIU	MGR. RNVR. AFFAIRS

COUNTY FIRE
HAZARDOUS MATERIALS
01 FEB -8 PM 1:37

Vulcan
Materials Company

CalMat Division

Feb. 5, 2001

Leslie Heaviside
San Bernardino County Fire Department
Hazardous Materials Division
385 North Arrowhead Ave.
San Bernardino, CA 92415-0153

Ref: Est. No. 86008958
2400 W. Highland Ave.
San Bernardino, CA 92407

Dear Ms. Heaviside:

Pursuant to your request dated Jan. 12, 2001, please find enclosed an updated business emergency/contingency plan cover sheet and a site map for the above referenced facility.

Respectfully,

Peter Chiu
Manager, Environmental Affairs

Cc Daryl Charlson
Plant Manager

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
ECONOMIC DEVELOPMENT
AND PUBLIC SERVICES GROUP

HAZARDOUS MATERIALS DIVISION
EMERGENCY RESPONSE/ENFORCEMENT
385 North Arrowhead Avenue, Second Floor • San Bernardino, CA 92415-0153
(909) 387-4631 • Fax (909) 387-4323

PETER R. HILLS
Fire Chief
County Fire Warden

12 January 2001

Calmat Co. DBA Vulcan Materials, Western Div.
P.O. Box 2950 TA
Los Angeles, CA 90051

SUBJECT: NOTICE OF BUSINESS PLAN REVIEW & UPDATE REQUIREMENTS

FACILITY: 2400 W. Highland Ave., San Bernardino ESTABLISHMENT NUMBER: 86008958

The business emergency/contingency plan previously submitted for the above establishment has been reviewed and forwarded to your local fire department.

The next required deadline for you to annually update your business plan is March 1, 2001. EPCRA (311-312) filers are required to refile the entire inventory (including basic business information and emergency contacts) each year, while other facilities can submit the recertification statement with any necessary changes. You may need to do an interim update if your inventory information (including basic business information and emergency contacts) changes.

Whatever the reason for your next update, please use the enclosed forms. Based on our review of your previous submission, please be sure to address the following business plan elements/concerns in your next update:

- Site Map: No Site Map was submitted. The Site Map is intended to show the streets and facilities surrounding this facility. *Please submit a Site Map.*

Please submit 2 copies of your next update, **due no later than March 1, 2001.**
Please consult the enclosed version of the San Bernardino County CUPA Business Emergency/Contingency Plan Guidelines and Forms or call this office at (909) 387-4631 for further assistance.

LESLIE HEAVISIDE
Business Plan Program
Enclosures: Business Emergency/Contingency Plan Forms and Guidelines
Example Business Emergency/Contingency Plan

WILLIAM H. RANDOLPH
County Administrative Officer
JOHN GOSS
Assistant County Administrator
Economic Development and
Public Services Group

Board of Supervisors
KATHY A. DAVIS ..... First District
JON D. MIKELS ..... Second District
JERRY EAVES ..... Fifth District
DENNIS HANSBERGER ..... Third District
FRED AGUIAR ..... Fourth District

Vulcan
Materials Company

CalMat Division

RECEIVED
NOV 16 2000
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

Nov. 13, 2000

San Bernardino County Fire Department
Hazardous Materials Division
385 N. Arrowhead Avenue
San Bernardino, CA 92415-0153

Ref: 2400 W. Highland Ave.
San Bernardino, CA 92405

Dear Sir or Madam:

Enclosed please find two copies of an updated Business Emergency Plan for the above referenced facility.

Very truly yours,

Peter Chiu
Manager, Environmental Affairs

Cc Daryl Charlson

COUNTY FIRE DEPARTMENT

HAZARDOUS MATERIALS DIVISION
385 North Arrowhead Avenue, Second Floor • San Bernardino, CA 92415-0153

COUNTY OF SAN BERNARDINO

RICHARD W. SEWELL
Fire Chief
County Fire Warden

January 10, 1997

Cal Mat Co.
P.O. Box 2950
Los Angeles, CA 90051 Thomas Lowry

The Hazardous Materials Division has determined that the Business Plan of

2400 W Highland Ave., San Bernardino (as amended) ~~(as submitted)~~

meets the requirements mandated in the State Health and Safety Code, Chapter 6.95. The entire contents of this approved Business Plan, with the exception of "Trade Secrets" and portions of the plan specifying the precise location where hazardous materials are stored and handled on site including the maps, will be available for public inspection.

Within 30 days of any of the following events, this business must submit to this office an amendment to the inventory form detailing the handling and the following appropriate information.

1. A 100 percent or more increase in quantity of a previously disclosed material.
2. Any handling of a previously undisclosed hazardous material subject to the inventory requirements of this chapter.
3. Change of business address.
4. Change of business ownership.
5. Change of business name.

A copy of this Business Plan has been sent to the local enforcement agency and/or fire jurisdiction.

Jacquelyn Adams

JACQUELYN ADAMS, R.E.H.S.
Business Plan Coordinator
(909) 387-4631

JA/sn
bpapprv.ltr

86008958

CalMat Co

P.O. BOX 2950, LOS ANGELES, CALIFORNIA 90051 (213) 258-2777
3200 SAN FERNANDO ROAD, LOS ANGELES, CALIFORNIA 90065

December 23, 1996

San Bernardino County Fire Department
Hazardous Materials Division
385 N. Arrowhead Avenue
San Bernardino, CA 92415-0153

Attn: Jacquelyn Adams, R.E.H.S.

REF: 2400 W. Highland Avenue and 2350 W. Highland Avenue
San Bernardino, CA 92405

Dear Ms. Adams:

The changes and additions you requested have been included in this plan. The two separate business plans for CalMat Co. and Industrial Asphalt have been combined into one business plan. Industrial Asphalt's information has been added to the plan for CalMat Co.'s San Bernardino location at 2400 W. Highland Avenue.

Enclosed are an original and two copies of an updated Business Plan and Hazardous Materials Inventory for the above referenced location.

Very truly yours,

Thomas J. Lowry
Manager, Environmental Affairs

cc: James Raysor

file

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO

HAZARDOUS MATERIALS DIVISION
385 North Arrowhead Avenue, Second Floor • San Bernardino, CA 92415-0153

RICHARD W. SEWELL
Fire Chief
County Fire Warden

November 14, 1996

CalMat Co.
P.O. Box 2950
Los Angeles, CA 90051

ATTN: Thomas Lowry, Environmental Affairs Manager

SUBJECT: BUSINESS EMERGENCY/CONTINGENCY PLAN

In reviewing the Business Plan submitted to the Hazardous Materials Division as required in Chapter 6.95 of the Health and Safety Code, it has been determined that the following are incomplete or deficient. Please submit the requested information with this letter for final review within 30 days from the above date.

Hazardous Material Inventory forms: The quantities for Item#6 & #7 are not clear. Please correct.

Inventory Summary Form: complete this form to match the completed material and waste inventory.

Area Map: Provide a map showing the facility in relation to the city(i.e. Thomas Brothers Guide)

Site Map: Enclosed is a Site Map provided to us from City Concrete. This is the level of detail needed for this map. Also provide an **Intermediary Map** showing Facility map 1 & 2 on the same page.

Facility Map: These maps must show each Hazardous Material Inventoried by Item#. Place the Item# on the map.

Emergency Notification: Insert the current Page 4 in your plan which lists the Hazardous Materials Division as the Administering Agency.

Submit all revisions in 2 copies

For further information concerning these essential elements, please refer to the "Business Emergency/Contingency Plan". If you have any questions, please call me at (909)387-4631.

Thank you for your cooperation and prompt attention to this matter.

Jacquelyn Adams

JACQUELYN ADAMS, R.E.H.S.
Business Plan Coordinator

8600858

CalMat Co

P.O. BOX 2950, LOS ANGELES, CALIFORNIA 90051 (213) 258-2777
3200 SAN FERNANDO ROAD, LOS ANGELES, CALIFORNIA 90065

October 10, 1996

RECEIVED
OCT 18 1996
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

San Bernardino County Fire Department
Hazardous Materials Division
385 N. Arrowhead Avenue
San Bernardino, CA 92415-0153

REF: 2400 W. Highland Avenue and 2350 W. Highland Avenue
San Bernardino, CA 92405

Dear Sir:

The two separate business plans for CalMat Co. and Industrial Asphalt have been combined into one business plan. Industrial Asphalt's information has been added to the plan for CalMat Co.'s San Bernardino location at 2400 W. Highland Avenue.

Enclosed are an original and two copies of an updated Business Plan and Hazardous Materials Inventory for the above referenced location.

Very truly yours,

Thomas J. Lowry
Manager, Environmental Affairs

cc: James Raysor

THIS FORM MUST BE COMPLETED PRIOR TO SUBMISSION OF YOUR BUSINESS EMERGENCY/ CONTINGENCY PLAN.

BUSINESS NAME: *CalMat Co.*

BUSINESS ADDRESS: *P.O. Box 2950, Terminal Annex, Los Angeles CA 90051*

I DECLARE UNDER PENALTY OF LAW THAT I HAVE REVIEWED THIS BUSINESS EMERGENCY/CONTINGENCY PLAN AND UNDERSTAND MY RESPONSIBILITIES; AND THAT THE INFORMATION PROVIDED IN THIS AND ALL ATTACHED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER/OPERATOR: _____ DATE: 10/10/96

PRINT NAME OF OWNER/OPERATOR: *Thomas J. Lowry* TITLE: *Asst. Manager Environ. Affairs*

BUSINESS PLAN PREPARED BY:
(please print)

Thomas J. Lowry

A COPY OF THIS PLAN SHALL BE RETAINED AT YOUR BUSINESS

You must also maintain current material safety data sheets (MSDSs) for all materials at the facility. Please give the name and business phone number of a person to whom questions regarding MSDSs may be addressed:

Name: *James Raysor* Business Phone: (909)875-1150

DATE PREPARED: 05/15/96

8600895

CalMat Co

P.O. BOX 2950, LOS ANGELES, CALIFORNIA 90051 (213) 258-2777
3200 SAN FERNANDO ROAD, LOS ANGELES, CALIFORNIA 90065

October 10, 1996

RECEIVED
OCT 18 1996
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

San Bernardino County Fire Department
Hazardous Materials Division
385 N. Arrowhead Avenue
San Bernardino, CA 92415-0153

REF: 2400 W. Highland Avenue and 2350 W. Highland Avenue
San Bernardino, CA 92405

Dear Sir:

The two separate business plans for CalMat Co. and Industrial Asphalt have been combined into one business plan. Industrial Asphalt's information has been added to the plan for CalMat Co.'s San Bernardino location at 2400 W. Highland Avenue.

Enclosed are an original and two copies of an updated Business Plan and Hazardous Materials Inventory for the above referenced location.

Very truly yours,

Thomas J. Lowry
Manager, Environmental Affairs

cc: James Raysor

FOR DEPT USE ONLY
Date Received
Date Approved

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 N. ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0160



BUSINESS EMERGENCY / CONTINGENCY PLAN

Section 1: **GENERAL FACILITY INFORMATION**

Business Identification:

Business Name:	***INDUSTRIAL ASPHALT***		
Business Operator:	***INDUSTRIAL ASPHALT***	Phone: (***909***) ***875-5180***	
Business Location:	2340 ~~2350~~	***W. Highland Avenue***	
	number	street	suite
	San Bernardino	***CA***	***92405***
	city	state	zip
Mailing Address:	***P.O. Box 2950***		
	number	street	suite
	Los Angeles	***CA***	***90051***
	city	state	zip
Business Owner:	***INDUSTRIAL ASPHALT***		
	last name	first name	title
Phone Number:	***(213) 256-7283***		
Parcel Number:	***0264-042-028***		
Dun & Bradstreet #:	***11-272-6971***		
Nature of Business:	***Produce hot mix asphalt paving material***		
SIC Code:	***2951*** (4-digit code)		

DATE PREPARED: 01/09/95

See pages 1A - 8A for instructions on how to fill out this plan.

Business Identification cont'd.

Total # of Employees onsite/shift: ***4*** ***Ø*** ***Ø*** (as reported on your most recent withholding forms.)

Total # of Employees onsite involved in the handling of hazardous materials: ***4***

Hours of Operation: ***7:00am - 3:30pm***

Number of underground storage tanks located at this facility: ***One (1) fuel tank***

Extremely Hazardous Substances (Acutely Hazardous Materials) are stored or handled on site.
YES [ ] NO [X] In threshold planning quantity ***YES [ ] NO [ ]***

Is there a school(s), hospital(s), or extended care facility(ies) within 1,000 ft. (straight line distance) of your facility? ***NO [X]***

YES [ ] Provide name(s) and address(es) of site(s):

Name	#	Street
Name	#	Street
Name	#	Street

Does this facility have a laboratory on site? ***NO [X]***

YES [ ] Give a general description of the laboratory and a ***brief*** description of the type(s) and quantity of hazardous materials in the lab.

THIS FORM MUST BE COMPLETED PRIOR TO SUBMISSION OF YOUR BUSINESS EMERGENCY/ CONTINGENCY PLAN.

BUSINESS NAME: *INDUSTRIAL ASPHALT*

BUSINESS ADDRESS: *2350 W. HIGHLAND AVENUE, SAN BERNARDINO, CA 92405*

I DECLARE UNDER PENALTY OF LAW THAT I HAVE REVIEWED THIS BUSINESS EMERGENCY/CONTINGENCY PLAN AND UNDERSTAND MY RESPONSIBILITIES; AND THAT THE INFORMATION PROVIDED IN THIS AND ALL ATTACHED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER/OPERATOR: Dwight Beavers DATE: 1-16-95

PRINT NAME OF OWNER/OPERATOR: *DWIGHT BEAVERS* TITLE: *V.P. TECHNICAL*

BUSINESS PLAN PREPARED BY:
(please print)

DWIGHT BEAVERS

A COPY OF THIS PLAN SHALL BE RETAINED AT YOUR BUSINESS

You must also maintain current material safety data sheets (MSDSs) for all materials at the facility. Please give the name and business phone number of a person to whom questions regarding MSDSs may be addressed:

Name: *DWIGHT BEAVERS* Business Phone: (213)256-7283

DATE PREPARED: 01/09/95

FACILITY EMERGENCY EQUIPMENT: List facility emergency equipment on site (fire extinguisher, fire alarms, spill control equip., SCBA, first aid kits, etc.); include test/maintenance plan.

- *Absorbent (sand)*
- *Rubber tired loader*
- *Fire extinguishers*
- *Loudspeaker*
- *First Aid kit*
- *Shovels, gloves, respirators*

FACILITY EARTHQUAKE RESPONSE: Identity areas of the facility and mechanical or other systems that require immediate inspection because of their vulnerability to earthquake related ground motion.

Natural gas main shut off valve.

ARRANGEMENTS/AGREEMENTS: Describe any arrangements or agreements that you have with private emergency response teams, waste haulers, disposal companies, recyclers, local hospitals, police or fire. If you have no arrangements or agreements, state that fact in the space provided.

No specific arrangement or agreements.

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *1*

Chemical Name:	*No. 2 Diesel*	CAS #: *68476-34-6*
Common Name:		DOT #: *1993*
Physical Hazard:	FIRE: *X* PRESSURE: ___ REACTIVE: ___	
Health Hazard:	IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*	
Physical State:	FORM: Solid:___ Liquid:*X* Gas:___ Dust:___ TYPE: Pure:*X* Mixture:___	
Amount and Time at Facility	#Days/year on-site: *365* Maximum Amount: *9,000* Average Amount: *1,000* Container Type: *Underground Tank* Storage Pressure: *AMB.* Storage Temp: *AMB.*	Unit of Measure: gals: ☒ lbs: ☐ cu. ft: ☐
Storage Location(s):	*C* *5* _____ _____ _____ _____ (Provide grid coordinates from completed facility map.)	

Percent Concentration & Components

_____%	
_____%	
_____%	
_____%	
_____%	
_____%	

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

DATE PREPARED: *01/09/95* ***MAKE COPIES OF THIS FORM AS NEEDED***
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

MATERIAL

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *2*

Chemical Name:	*Acetylene*	CAS #: *74-86-2*
Common Name:		DOT #: *1001*
Physical Hazard:	FIRE: *X* PRESSURE: *X* REACTIVE:	
Health Hazard:	IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*	
Physical State:	FORM: Solid: Liquid: Gas: *X* Dust: TYPE: Pure: *X* Mixture:	
Amount and Time at Facility	#Days/year on-site: *365* Maximum Amount: *240* Average Amount: *120* Container Type: *Pressurized Cylinder* Storage Pressure: *Above* Storage Temp: *AMB.*	Unit of Measure: gals: ☐ lbs: ☐ cu. ft: ☒
Storage Location(s):	*D 3* (Provide grid coordinates from completed facility map.)	

Percent Concentration & Components

____%	
____%	
____%	
____%	
____%	
____%	

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

MATERIAL

DATE PREPARED: *01/09/95* ***MAKE COPIES OF THIS FORM AS NEEDED***
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *3*

Chemical Name:	*Oxygen*	CAS #: *7782-44-7*
Common Name:		DOT #: *1072*
Physical Hazard:	FIRE: ___ PRESSURE: *X* REACTIVE: ___	
Health Hazard:	IMMEDIATE HEALTH: ___ DELAYED HEALTH: ___	
Physical State:	FORM: Solid:___ Liquid:___ Gas: *X* Dust:___ TYPE: Pure: *X* Mixture:___	
Amount and Time at Facility	#Days/year on-site: *365* Maximum Amount: *480* Average Amount: *280* Container Type: *Pressurized Cylinder* Storage Pressure: *Above* Storage Temp: *AMB.*	Unit of Measure: gals: ☐ lbs: ☐ cu. ft: ☒
Storage Location(s):	*D* *3* _____ _____ _____ _____ (Provide grid coordinates from completed facility map.)	

Percent Concentration & Components

_____%	_____
_____%	_____
_____%	_____
_____%	_____
_____%	_____
_____%	_____

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

MATERIAL

DATE PREPARED: *01/09/95*

MAKE COPIES OF THIS FORM AS NEEDED
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *4*

Chemical Name: *AR/AC Grade Paving Asphalt (Fumes)* CAS #: *8052424*

Common Name: _____ DOT #: *1999*

Physical Hazard: FIRE: *X* PRESSURE: ___ REACTIVE: ___

Health Hazard: IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*

Physical State: FORM: Solid:___ Liquid: *X* @ 350°F Gas:___ Dust:___
TYPE: Pure:___ Mixture:___

Amount and Time at Facility		Unit of Measure:	
	#Days/year on-site: *365*		
	Maximum Amount: *300*	gals:	☐
	Average Amount: *200*	lbs:	☐
	Container Type: *Underground Tank*	cu. ft:	☐
	Storage Pressure: *AMB* Storage Temp: *350°F*	tons:	☒

Storage Location(s): *C* *5* _____ _____ _____ _____
(Provide grid coordinates from completed facility map.)

Percent Concentration & Components

_____% _____
_____% _____
_____% _____
_____% _____
_____% _____
_____% _____

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

DATE PREPARED: *01/09/95*

MAKE COPIES OF THIS FORM AS NEEDED
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

MATERIAL

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *5*

Chemical Name:	*SC-Cutback Asphalt (Fumes)*	CAS #: *8052424*
Common Name:		DOT #: *1999*
Physical Hazard:	FIRE: *X* PRESSURE: ___ REACTIVE: ___	
Health Hazard:	IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*	
Physical State:	FORM: Solid:___ Liquid:*X* Gas:___ Dust:___ TYPE: Pure:___ Mixture:*X*	

Amount and Time at Facility		Unit of Measure:	
	#Days/year on-site: *365*		
	Maximum Amount: *50*	gals:	☐
	Average Amount: *30*	lbs:	☐
	Container Type: *Underground Tank*	cu. ft:	☐
	Storage Pressure: *AMB* Storage Temp: *225°F*	tons:	☒

Storage Location(s): *C* *5* (Provide grid coordinates from completed facility map.)

Percent Concentration & Components

40-80 %	*Petroleum Asphalt*
20-58 %	*Petroleum Distillates*
___ %	*Petroleum Asphalt Fumes*
___ %	
___ %	
___ %	

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

MATERIAL

DATE PREPARED: *01/09/95*

MAKE COPIES OF THIS FORM AS NEEDED
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *6*

Chemical Name:	*Propane*	CAS #: *74-98-6*
Common Name:		DOT #: *2402*
Physical Hazard:	FIRE: *X* PRESSURE: *X* REACTIVE:	
Health Hazard:	IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*	
Physical State:	FORM: Solid: Liquid: Gas: *X* Dust: TYPE: Pure: *X* Mixture:	
Amount and Time at Facility	#Days/year on-site: *365* Maximum Amount: *250* Average Amount: *100* Container Type: *Pressurized Cylinder* Storage Pressure: *ABOVE* Storage Temp: *AMB*	Unit of Measure: gals: ☒ lbs: ☐ cu. ft: ☐
Storage Location(s):	*B* *6* (Provide grid coordinates from completed facility map.)	

Percent Concentration & Components

_____% _____

_____% _____

_____% _____

_____% _____

_____% _____

_____% _____

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

MATERIAL

DATE PREPARED: *01/09/95*

MAKE COPIES OF THIS FORM AS NEEDED
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

SAN BERNARDINO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
HAZARDOUS MATERIAL INVENTORY FORM

Non-Trade Secret Page

FACILITY NAME: *INDUSTRIAL ASPHALT* ***ITEM #*** *7*

Chemical Name:	*No. 2 Diesel*	CAS #: *68476-34-6*
Common Name:		DOT #: *1993*
Physical Hazard:	FIRE: *X* PRESSURE: ___ REACTIVE: ___	
Health Hazard:	IMMEDIATE HEALTH: *X* DELAYED HEALTH: *X*	
Physical State:	FORM: Solid:___ Liquid:*X* Gas:___ Dust:___ TYPE: Pure:*X* Mixture:___	
Amount and Time at Facility	#Days/year on-site: *365* Maximum Amount: *350* Average Amount: *200* Container Type: *Above Ground Tank* Storage Pressure: *AMB* Storage Temp: *AMB*	Unit of Measure: gals: ☒ lbs: ☐ cu. ft: ☐
Storage Location(s):	*F 2* (Provide grid coordinates from completed facility map.)	

Percent Concentration & Components

____%	
____%	
____%	
____%	
____%	
____%	

NOTES: Trade name(s)/synonym(s) or other information relevant to material(s) listed.

DATE PREPARED: *01/09/95*

MAKE COPIES OF THIS FORM AS NEEDED
REMEMBER TO ATTACH MSDS TO THIS FORM IF THE MATERIAL IS NOT LISTED IN APPENDIX I

MATERIAL

ENVIRONMENTAL HEALTH SERVICES

☒ 385 North Arrowhead Avenue • San Bernardino, CA 92415-0160 • (909) 387-4646
☐ 320 East "D" Street • Ontario, CA 91764 • (909) 391-7570
☐ 15505 Civic Drive • Victorville, CA 92392 • (619) 243-8141
☐ 17830 Arrow Boulevard • Fontana, CA 92335 • (909) 829-6244
☐ 57407 Twentynine Palms Highway • Yucca Valley, CA 92284 • (619) 228-5410
☐ San Bernardino County Vector Control Program
2355 East Fifth Street • San Bernardino, CA 92415-0064 • (909) 383-3200

COUNTY OF SAN BERNARDINO
ENVIRONMENTAL
MANAGEMENT GROUP

PAMELLA BENNETT, R.E.H.S.
Director

Also serving the cities of:

Adelanto	Montclair
Apple Valley	Needles
Barstow	Ontario
Big Bear Lake	Rancho Cucamonga
Chino	Redlands
Chino Hills	Rialto
Colton	San Bernardino
Fontana	Twentynine Palms
Grand Terrace	Upland
Hesperia	Victorville
Highland	Yucaipa
Loma Linda	Yucca Valley

February 21, 1995

Industrial Asphalt
P.O. Box 2950
Los Angeles, CA 90051

The Department of Environmental Health Services Emergency Management Program has determined that the Business Plan of

~~(as amended)~~

2340 W. Highland Ave., San Bernardino (as submitted)

meets the requirements mandated in the State Health and Safety Code, Chapter 6.95. The entire contents of this approved Business Plan, with the exception of "Trade Secrets" and portions of the plan specifying the precise location where hazardous materials are stored and handled on site including the maps, will be available for public inspection.

Within 30 days of any of the following events, this business must submit to this Department an amendment to the inventory form detailing the handling and the following appropriate information.

1. A 100 percent or more increase in quantity of a previously disclosed material.

2. Any handling of a previously undisclosed hazardous material subject to the inventory requirements of this chapter.

3. Change of business address.

4. Change of business ownership.

5. Change of business name.

A copy of this Business Plan has been sent to the local enforcement agency and/or fire jurisdiction.

Jacquelyn Medellin

JACQUELYN MEDELLIN, R.E.H.S.
Business Plan Coordinator
(909) 387-4677

JM:sn

Board of Supervisors
First District
Second District

8600911

INDUSTRIAL ASPHALT



January 16, 1995

County of San Bernardino
Dept. of Environmental Health Services
385 N. Arrowhead Avenue
San Bernardino, CA 92415-0160

REF: 2340 W. Highland Avenue
San Bernardino, CA 92405

Dear Sir:

Enclosed are an original and two copies of an updated Business Plan for the above referenced location.

Very truly yours,

Dwight Beavers

Dwight Beavers
Vice President, Technical

cc: Jim Raysor

3200 San Fernando Road, Los Angeles, CA 90065
Mailing Address: P.O. Box 2950, Los Angeles, CA 90051 • (213) 256-7283

BUSINESS PLAN UPDATE FORM

Department of Environmental Health Services
385 North Arrowhead Avenue
San Bernardino, CA 92415-0160

Attn: Business Plan Coordinator

FACILITY NAME: INDUSTRIAL ASPHALT

ADDRESS: 2340 W. HIGHLAND AVE

SAN BERNARDINO, CA 92405

CONTACT PERSON: DWIGHT BEAVERS PHONE NUMBER: (818) 781-6080

Annual Inventory Update (due every year by January 1)

☒ No significant changes in inventory have occurred since the last business plan or inventory was submitted.

☐ New inventory forms are attached.
- ☐ Replace previous inventory with attached inventory.
- ☐ Replace only designated pages of inventory.

Special instructions: _____

Biennial Review and Recertification (due January 1 of even-numbered years)

☐ I certify that the business plan has been reviewed and the information contained in the business plan is accurate and complete as of this date.

Other Updates

☒ Please incorporate the following information into the business plan for this facility:

REVISED SITE PLAN (3-8-91)

I declare, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

Signature: Dwight Beavers Date: 3-18-91

Printed Name: DWIGHT BEAVERS

NOTE: DEHS provides this information to local police and fire jurisdictions. Please provide **three (3)** copies of all update information.

INDUSTRIAL ASPHALT

January 19, 1989



Environmental Health Services
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160

Attn: Claudia Lynn Clark
Emergency Management Program

REF: Hot Mix Asphalt Plant - Loc. 19
2340 W. Highland Ave.
San Bernardino, CA 92405

Dear Ms. Clark:

Attached is a revised and updated Business Plan for our asphalt plant on Highland Avenue in San Bernardino.

Enclosed are MSDS sheets for propane which were not submitted with our original Business Plan.

Very truly yours,

Dwight Beavers

Dwight Beavers
Vice President
Technical - Administrative

DB/co

Enclosures

cc: Jim Raysor

6623 Calle Eva Miranda, Azusa, CA 91702 Mailing Address: P.O. Box 2263, Irwindale, CA 91706 (818) 969-7951

*COMPLETE THIS FORM AND ATTACH TO EACH COPY OF THE BUSINESS PLAN

BUSINESS NAME: INDUSTRIAL ASPHALT

ADDRESS: P.O. BOX 2263 IRWINDALE CA 91706

CONTACT PERSON: DWIGHT BEAVERS

PHONE #: (818) 969-7951

I declare, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

Dwight Beavers
Signature

1-18-89
Date

Business Plan Prepared By: DWIGHT BEAVERS

V. P. - TECH.

December 12, 1988

INDUSTRIAL ASPHALT

Herman McKethan, R.S.
Environmental Health Services
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160

REF: Hazardous Waste Generator
Inspection Report
4711 Huntington Dr.
Claremont, CA 91711

Dear Mr. McKethan:

In response to your follow-up inspection on December 9, 1988, the following items have been addressed.

Item 3. Enclosed is a copy of the cover letter submitted with our revised and updated Emergency Business Response Plan. A revised location drawing will be submitted to include the mechanics shop area.

Item 5. Enclosed is a copy of the Generator/Handler Application submitted on November 18, 1988.

Item 6. Material Safety Data Sheets were submitted in triplicate on October 23, 1987 with our original Emergency Business Response Plan. The chemicals have not changed and in the interest of paperwork reduction, those same MSDS sheets should be attached to our revised and updated Emergency Business Response Plan. MSDS sheets will be submitted for any new chemicals stored or used at the location.

Item 7. Enclosed is a copy of the application for an EPA number for the site.

The other items listed on your report will be completed by plant personnel within the next 30 days.

Very truly yours,

Dwight Beavers

Dwight Beavers
Vice President
Technical - Administrative

cc: Dave Hunter - IA Manager
Claudia Lynn Clark
Emergency Health Services
385 North Arrwohead Ave.
San Bernardino, CA 92415-0160

6623 Calle Eva Miranda, Azusa, CA 91702 Mailing Address: P.O. Box 2263, Irwindale, CA 91706 (818) 969-7951

ENVIRONMENTAL HEALTH SERVICES

COUNTY OF SAN BERNARDINO
ENVIRONMENTAL
PUBLIC WORKS AGENCY

☐ 385 North Arrowhead Avenue • San Bernardino, CA 92415-0160 • (714) 387-4646
☐ 320 East "D" Street • Ontario, CA 91764 • (714) 391-7570
☐ 15505 Civic Drive • Victorville, CA 92392 • (619) 243-8141
☐
PLEASE REPLY TO ADDRESS CHECKED

RICHARD L. ROBERTS, R.S., M.P.H.
Director

Also serving the cities of:

Adelanto	Needles
Barstow	Ontario
Big Bear Lake	Rancho Cucamonga
Chino	Redlands
Colton	Rialto
Fontana	San Bernardino
Grand Terrace	Upland
Loma Linda	Victorville
Montclair	

November 2, 1987

Industrial Asphalt
Hot Mix Asphalt Plant
2340 W. Highland Ave.
San Bernardino, CA 92405

Dear Sirs;

The Department of Environmental Health Services Emergency Management Program has determined that the Business Plan of Industrial Asphalt, 2340 W. Highland Ave., San Bernardino, CA [✓] as amended [ ] as submitted meets the requirements mandated in the State Health and Safety Code, Chapter 6.95. The entire contents of this approved Business Plan, with exception of "Trade Secrets" and portions of the plan specifying the precise location where hazardous materials are stored and handled on site including the maps, will be available for public inspection.

Within 30 days of any one of the following events, this business must submit to this department an amendment to the inventory form detailing the handling and the following appropriate information.

(1) A 100 percent or more increase in quantity of a previously disclosed material

(2) Any handling of a previously undisclosed hazardous materials subject to the inventory requirements of this chapter

(3) Change of business address

(4) Change of business ownership

(5) Change of business name.

A copy of this Business Plan has been sent to the local enforcement agency and fire jurisdiction.

RICHARD L. ROBERTS, R.S., M.P.H.
Director, Environmental Health Services

Claudia Lynn Clark

By: **CLAUDIA LYNN CLARK, R.S.**
Emergency Management Program
(714) 387-3080

RLR:CLC:ps

HARRY M. MAYS
County Administrative Officer
G. L. INGRAM, Administrative
Environmental Public Works Agency

JOHN JOYNER
JON D. MIKELS

Board of Supervisors
First District
Second District
ROBERT P. HAMASAKI
BARBARA CRAM PEPPER
LARRY WALKER
Third District

INDUSTRIAL ASPHALT



October 23, 1987

Environmental Health Services
385 North Arrowhead Ave.
San Bernardino, CA 92415-0160

Attn: Claudia Lynn Clark
Emergency Management Program

REF: Hot Mix Asphalt Plant - Loc. 19
2340 W. Highland Ave.
San Bernardino, CA 92405

Dear Ms. Clark:

In response to your October 2, 1987 request for additional information about the above-referenced location, we respectfully submit the following:

1) Assessors Parcel Number: 0264-042-028

2) Asphalt Emulsion is used by our customers as a tack coat prior to placement of hot mix asphalt. Emulsion SS1-h is not considered hazardous and is not regulated by the California Dept. of Health Services. 6000 gal tank

   Less than 5 gallons of waste motor oil is generated per month.

3) Emergency Equipment (Fire Extinguishers) are stored at various locations throughout the plant. See site map for specific locations.

4) Material Data Safety Sheets enclosed.

   a. Fuel
   b. Oxygen
   c. Acetylene

5) Revised site layout/facility map showing storage location of oxygen, acetylene, and fire extinguishers.

Very truly yours,

Dwight Beavers

Dwight Beavers
Vice President - Technical

cc: Jim Raysor

6623 Calle Eva Miranda, Irwindale, CA 91706 Mailing Address: P.O. Box 2263, Irwindale, CA 91706 [818] 969-7951

19 - SAN BERNARDINO

ENVIRONMENTAL HEALTH SERVICES

COUNTY OF SAN BERNARDINO
ENVIRONMENTAL
PUBLIC WORKS AGENCY

☐ 385 North Arrowhead Avenue • San Bernardino, CA 92415-0160 • (714) 387-4646
☐ 320 East "D" Street • Ontario, CA 91764 • (714) 391-7570
☐ 15505 Civic Drive • Victorville, CA 92392 • (619) 243-8141
☐
PLEASE REPLY TO ADDRESS CHECKED

RICHARD L. ROBERTS, R.S., M.P.H.
Director

Also serving the cities of:

Adelanto	Needles
Barstow	Ontario
Big Bear Lake	Rancho Cucamonga
Chino	Redlands
Colton	Rialto
Fontana	San Bernardino
Grand Terrace	Upland
Loma Linda	Victorville
Montclair	

INDUSTRIAL ASPHALT
P.O. BOX 2278
SAN BERNARDINO, CALIF. 92406

DEAR SIRS: 2 OCTOBER 1987

In reviewing the Business Plan submitted to the Department of Environmental Health Services as required in Chapter 6.95 of the Health and Safety Code, it has been determined that the following are/is incomplete or deficient. Please submit the requested information with this letter to DEHS for final review within 30 days.

- ✓ Name, address and assessors parcel number 0264-042-028
- _____ Business phone number
- _____ Owner/Operator name
- _____ Business description or activity
- _____ Emergency Contact Persons (submit 2)
- ✓ Inventory of hazardous materials Quantity for Asphalt Emulsion Handled any motor oil waste per Month?
- _____ Notification Plan
- _____ Preventive Measures
- _____ Evacuation Plan
- _____ Facility Training Plan
- ✓ Emergency Equipment Where stored?
- _____ Emergency Procedures
- _____ Number of Employees
- ✓ Material Data Safety Sheets O2, Acetylene and fuel
- _____ Area Map, Site Map, Facility Map where O2 Acetylene fire equip stored?
- _____ Business Plan to be submitted in **triplicate**

For further information concerning these essential elements, please refer to the "Hazardous Material Handler Information Guide" prepared by DEHS.

Thank you for your cooperation and prompt attention to this matter.

RICHARD L. ROBERTS, R.S., M.P.H.
Director, Environmental Health Services

Claudia Lynn Clark

BY: **CLAUDIA LYNN CLARK, R.S.**
Emergency Management Program

HARRY M. MAYS
County Administrative Officer
S. L. INGRAM, Administrator
Environmental Public Works Agency

Board of Supervisors
JOHN JOYNER ... First District
JON D. MIKELS ... Second District
ROBERT L. KRIPPNER ... Third District
BARBARA CRAM RIORDAN ... Fourth District
LARRY WALKER ... Fifth District

INDUSTRIAL ASPHALT

June 17, 1987

Department of Environmental Health Services
Energy Management Program
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160

SUBJECT: Business Plan

Gentlemen:

Enclosed are Material Safety Data Sheets inadvertently left out of the Business Plans submitted under our cover letter dated June 16, 1987. Please attach a copy to each location.

Thank You.

Very truly yours,

Dwight Beavers
Vice President - Technical

DB/co

Enclosure

6623 Calle Eva Miranda, Irwindale, CA 91706 Mailing Address: P. O. Box 2263, Irwindale, CA 91706 [818] 969-7951

INDUSTRIAL ASPHALT



June 16, 1987

Department of Environmental Health Services
Emergency Management Program
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160

Subject: Business Plan

Gentlemen:

Enclosed are Business Plans for the following Industrial Asphalt facilities:

1. Location 02
   4711 Huntington Drive
   Montclair, CA 91763

2. Location 04
   265 E. Santa Ana
   Rialto, CA 92376

3. Location 19
   2340 W. Highland Ave.
   San Bernardino, CA 92405

4. Location 51
   19th & Campus
   Claremont, CA 91711

Very truly yours,

Dwight Beavers

Dwight Beavers
Vice President - Technical

DB/co

Enclosures

6623 Calle Eva Miranda, Irwindale, CA 91706 Mailing Address: P.O. Box 2263, Irwindale, CA 91706 [818] 969-7951

COMPLETE THIS FORM AND ATTACH TO EACH COPY OF BUSINESS PLAN

BUSINESS NAME: INDUSTRIAL ASPHALT

ADDRESS: P.O. BOX 2263, IRWINDALE, CA 91706

CONTACT PERSON: DWIGHT BEAVERS

PHONE #: (818) 969-7951

I declare, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

Dwight Beavers
Signature

JUNE 17, 1987
Date

Business Plan prepared by: DWIGHT BEAVERS
V. P. TECH

SAN BERNARDINO COUNTY CUPA
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

EP: AP:2 AR:0.00

VULCAN MATERIALS CO
500 N. BRAND AVE, STE 500
GLENDALE, CA 91203

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2014 **Expiration Date: 8/31/2015**

CUPA Facility Type: 5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

Permit Number	Program Element	Related ID
PT0013814	4243 HAZARDOUS MATERIALS 4-10 CHEMICALS	PR0012216
PT0024492	4453 SMALL QUANTITY GENERATOR	PR0032351

Permitted by:
San Bernardino County CUPA
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mike Horton, Fire Marshal

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

CUPA PERMIT CONDITIONS

As a condition of the Certified Unified Program Agency (CUPA) permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7 and Title 23 CCR, Chapter 16.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **San Bernardino County Fire Protection District Code (SBCFPD FC), Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25504, **SBCFPD FC** Chapter 4, Section 407.5, Section 407.6, Chapter 50, Section 5001.5.1 and Section 5001.5.2.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY CUPA
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

EP: AP:3 AR:0.00

VULCAN MATERIALS WESTERN DIVISION
500 N. BRAND AVE, STE 500
GLENDALE, CA 91203

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2013 **Expiration Date: 8/31/2014**

Permit Number	Program Element	Related ID
PT0013814	4243 HAZARDOUS MATERIALS 4-10 CHEMICALS	PR0012216
PT0024492	4453 SMALL QUANTITY GENERATOR	PR0032351
PT0026787	5012 CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2	PR0035665

Permitted by:
San Bernardino County CUPA
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mike Horton, Fire Marshal

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

CUPA PERMIT CONDITIONS

As a condition of the Certified Unified Program Agency (CUPA) permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7 and Title 23 CCR, Chapter 16.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **San Bernardino County Fire Protection District Code (SBCFPD FC), Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25504, **SBCFPD FC** Chapter 4, Section 407.5, Section 407.6, Chapter 50, Section 5001.5.1 and Section 5001.5.2.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY

TEMPORARY UST PERMIT TO OPERATE

VULCAN MATERIALS CO
500 N. BRAND AVE, STE
500
GLENDALE CA 91203

This Unified Permit is hereby issued to:

VULCAN MATERIALS
WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO CA

Temporary Permit is issued to Facility: FA0007904

Effective Date: 8/31/2013

Permit Number	Program Element
TA0000684	2013-2014 TEMPORARY PERMIT TO OPERATE FOR ALL EXISTING USTS ONSITE ACCORDING TO THEIR APPROVED MONITORING PLAN IS VALID UNTIL THE INVOICE FOR THE 2013-2014 ANNUAL PERMIT IS RECEIVED BY THE PERMITHOLDER. PLEASE CONTACT ANGIE SAMAYOA AT ASAMAYOA@SBCFIRE.ORG WITH ANY QUESTIONS REGARDING THIS TEMPORARY PERMIT TO OPERATE.

Permitted by:
San Bernardino County Fire Protection District
Hazardous Materials Division
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mark A. Hartwig, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

As a condition of the permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7, 6.75, and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code, Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25509.2, California Fire Code Chapter 27, Section 2701.5.1 and Section 2701.5.2, formerly referred to as UFC Section 80.103.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

EP: AP:2 AR:0.00

VULCAN MATERIALS WESTERN DIVISION
500 N. BRAND AVE, STE 500
GLENDALE, CA 91203

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2012 **Expiration Date: 8/31/2013**

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0024492	4420 SPECIAL GENERATOR	PR0032351

Permitted by:
San Bernardino County Fire Protection District
Hazardous Materials Division
620 South "E" Street
San Bernardino, CA 92415-0153
(909) 386-8401

Mark A. Hartwig, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT. THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

As a condition of the permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7, 6.75, and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code, Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25509.2, California Fire Code Chapter 27, Section 2701.5.1 and Section 2701.5.2, formerly referred to as UFC Section 80.103.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:2 AR:0.00

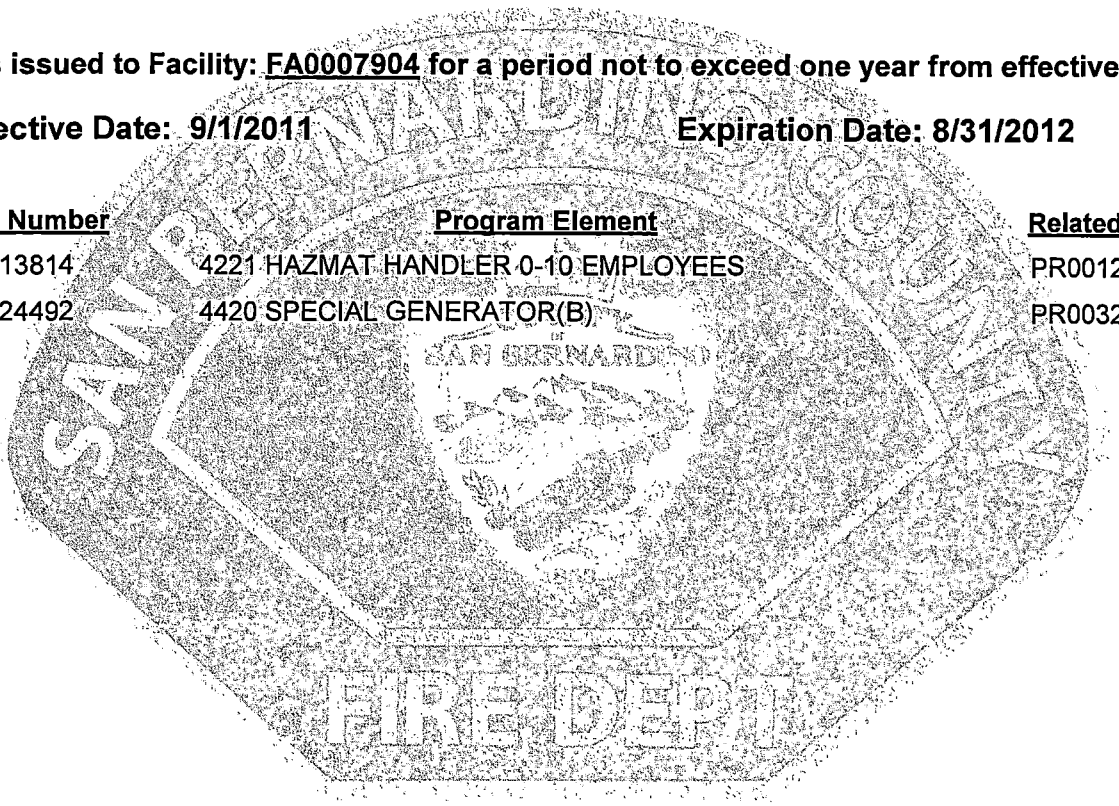
ATTN : JOHN SPEARS
VULCAN MATERIALS WESTERN DIVISION
3200 SAN FERNANDO RD
LOS ANGELES, CA 90065

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2011 **Expiration Date: 8/31/2012**

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0024492	4420 SPECIAL GENERATOR(B)	PR0032351



Mark A. Hartwig, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:3 AR:0.00

ATTN : DARYL CHARLSON
VULCAN MATERIALS WESTERN DIVISION
3200 SAN FERNANDO RD
LOS ANGELES, CA 90065

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2010 Expiration Date: 8/31/2011

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216

SAN BERNARDINO COUNTY FIRE DEPT

Danny R. Wurl

Dan Wurl, Fire Chief

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

As a condition of the permit to operate, the owner, operator, and permit holder shall comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP):** California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5, 6.7, 6.75, and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.

   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.

   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.

   (4) Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.
   Note: The UST ID Number is listed on the front of the permit for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans:** CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment:** CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code, Hazardous Materials Management Plans and Inventories:** CHSC Division 12, Part 2, Chapter 1, Article 2, Section 13143.9, CHSC Division 20, Chapter 6.95, Article 1, Section 25509.2, California Fire Code Chapter 27, Section 2701.5.1 and Section 2701.5.2, formerly referred to as UFC Section 80.103.

g. **Unified Program Forms and Electronic Reporting:** CHSC Division 20, Chapter 6.11, Section 25404(e)(4) and Title 27 CCR.

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

AP:3 AR:0.00

ATTN : DARYL CHARLSON
VULCAN MATERIALS WESTERN DIVISION
3200 SAN FERNANDO RD
LOS ANGELES, CA 90065

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2009 **Expiration Date: 8/31/2010**

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0002684

Monitoring or programming for monitoring shall be conducted at the locations of the following UST equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas (e.g. double-walled piping); mechanical or electronic line leak detectors; and in-tank liquid level probes used for leak detection.

Pat A. Dennen, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : DARYL CHARLSON
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
VULCAN MATERIALS WESTERN DIVISION
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2007 Expiration Date: 8/31/2008

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0002684

Pat A. Dennen, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : DARYL CHARLSON
CAL MAT
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2006 **Expiration Date: 8/31/2007**

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST)	TA0002684

SAN BERNARDINO COUNTY FIRE DEPARTMENT 1853

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : DARYL CHARLSON
CAL MAT
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2005 **Expiration Date: 8/31/2006**

Permit Number	Program Element	Related ID
PT0013814	4221 HAZMAT HANDLER 0-10 EMPLOYEES	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0002684

SAN BERNARDINO COUNTY FIRE DEPARTMENT

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : DARYL CHARLSON
CAL MAT
2350 W HIGHLAND AVE
SAN BERNARDINO, CA 92407

This Unified Permit is hereby issued to:
CAL MAT
2350 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2004 **Expiration Date: 8/31/2005**

Permit Number	Program Element	Related ID
PT0013814	4260 HAZMAT HANDLER - UST ONLY	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0002684

Peter R. Hills

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

In order to maintain the operating permit, the permit holder must comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP)**: California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5 & 6.7 and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.
   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.
   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.
   (4) The UST ID Number (is listed on the front of the permit) for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans**: CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment**: CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code, Hazardous Materials Management Plans and Inventories**: CHSC Division 12, Part 2, Chapter 1, Article 2, §13143.9 and UFC §80.103.

COUNTY OF SAN BERNARDINO
CERTIFIED UNIFIED PROGRAM AGENCY
ANNUAL PERMIT

ATTN : PETER CHIU
CAL MAT CO.
P O BOX 2950/TRMNL ANNEX
LOS ANGELES, CA 90051-9005

This Unified Permit is hereby issued to:
0350
VULCAN MATERIALS
2400 W HIGHLAND
SAN BERNARDINO, CA 92407

Permit is issued to Facility: FA0007904 for a period not to exceed one year from effective date.

Effective Date: 9/1/2003 Expiration Date: 8/31/2004

Permit Number	Program Element	Related ID
PT0013814	4260 HAZMAT HANDLER - UST ONLY	PR0012216
PT0013815	4104 UST OWNERSHIP/OPERATING PERMIT (PER UST	TA0002684

Peter R. Hills

Peter R. Hills, Fire Chief/Fire Warden

THIS PERMIT IS NOT TRANSFERABLE AND IS ISSUED CONDITIONALLY
UPON ADHERENCE TO THE REQUIREMENTS LISTED ON THE BACK OF THIS PERMIT.
THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES.

PERMIT CONDITIONS

In order to maintain the operating permit, the permit holder must comply with the following:

a. **Hazardous Materials Release Response Plans and Inventories Program (HMRRP)**: California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations (CCR).

b. **California Accidental Release Prevention Program (CalARP):** CHSC Division 20, Chapter 6.95, Article 2 and Title 19 CCR.

c. **Underground Storage Tanks (USTs):** CHSC Division 20, Chapters 6.5 & 6.7 and Title 23 CCR, Chapters 16 & 18.

   (1) Monitoring, Response and Plot Plans shall be approved by the San Bernardino County CUPA.
   (2) The owner and operator are subject to all applicable requirements of Chapter 6.7 and 6.75 of the CHSC and the applicable regulations.
   (3) This permit and permit conditions including the Monitoring, Response and Plot Plans shall be maintained on site.
   (4) The UST ID Number (is listed on the front of the permit) for each UST.

d. **Aboveground Petroleum Storage Act SPCC Plans**: CHSC Division 20, Chapter 6.67 and 40 CFR 112.

e. **Hazardous Waste Generator and Hazardous Waste Onsite Treatment**: CHSC Division 20, Chapter 6.5 and Title 22 CCR, Division 4.5, Chapters 10, 11, 12, 20 and 31.

f. **Uniform Fire Code Hazardous Materials Management Plans and Inventories**: CHSC Division 13, Chapter 4 and Title 24 CCR §80.103

SAN BERNARDINO COUNTY CUPA
FACILITY INFORMATION

0005701

☒ Update/Assign PEs ☐ Referral to Team CERS ☐ Closure ☐ Invoice Reversal ☐ Demand Bill
☐ Update Non-CERS Fields ☐ 0202 ☒ Other CB RE-ACTIVATE ☐ 5054 Attached

OWNER INFORMATION — **OWNER ID: OW0003269**

NAME: Calmat Co. dba Vulcan Materials Co.

ADDRESS: 500 N. Brand Blvd., Suite 500 ADDRESS 2:

CITY: Glendale STATE: CA ZIP CODE: 91203 COUNTRY: US

PHONE: 818-553-8938 EXT: FYI LAST UPDATED: 07/01/2019

FACILITY INFORMATION — **FACILITY ID: FA0007904**

BUSINESS NAME: VULCAN MATERIALS WESTERN DIVISION CERS ID:10047694

SITE ADDRESS: 2350 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 FAX: 323-312-9960

BUSINESS PHONE: 909-875-1150 EXT:

BUSINESS OPERATOR NAME: Calmat Co. dba Vulcan Materials, San Bernardino Asphalt facility

OPERATOR PHONE: 909-875-5180 EXT: FYI LAST UPDATED: 03/21/2019

FACILITY MAILING ADDRESS

MAILING ADDRESS: 500 N. Brand Blvd. Suite 500 ADDRESS 2:

CITY: Glendale STATE: CA ZIP CODE: 91203 COUNTRY: USA

BILLING CONTACT — **ACCOUNT ID: AR0008313**

BILLING CONTACT NAME: John Janke

ADDRESS 1: 500 N. Brand Blvd, Suite 500 ADDRESS 2:

CITY: Glendale STATE: CA ZIP CODE: 91203 COUNTRY: US

PHONE: 323-312-9960 EXT: EMAIL: jankej@vmcmail.com

ENVIRONMENTAL CONTACT

NAME: John Janke PHONE: 323-312-9960 EXT:

EMAIL: jankej@vmcmail.com

NON-CERS INFORMATION

FACILITY EMAIL (OPTIONAL): TJOHNC@VMCMAIL.COM; SPEARSJ@VMCMAIL.COM; MILLERM@VMCMAIL.COM

LOCAL FACILITY PHONE (OPTIONAL): EXT:

CENSUS: MILITARY SCHOOL MEDICAL * BUSINESS CODE: CORPORATION * BUSINESS TYPE: OTHER

* SUPERVISORIAL DISTRICT: 005 * INSPECTION DISTRICT: 07 * FIRE JURISDICTION: SAN BDNO CITY FIRE

FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI ANNIVERSARY DATE: 08/31/2003 FYI LAST BILLING: 07/16/2018

FYI EXEMPT FROM BILLING: NO FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Motor Vehicle Fuel, 02-Fuel Distributor, 03-Farm, 04-Processor, 06-Other

FOR OFFICE USE ONLY:

☐ EC Entry Complete	☐ QC Complete	N/A ☐ ☐ Fiscal Entry Complete	N/A ☐ ☐ Referral to Team CERS
JUL 12 2019 VB			
Date Initials	Date Initials	Date Initials	Date Initials

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0037874	ACTIVE	4031-APSA 1,320-10,000 GAL FAC C/	09/01/2018	08/31/2019
	PERMIT NUMBER	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0049071	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013814	ACTIVE	4243-HAZARDOUS MATERIALS 4-10 (	09/01/2018	08/31/2019
	PERMIT NUMBER	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
			PR0012216	ACTIVE, BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.
☒ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0024492	INACTIVE	4453-SMALL QUANTITY GENERATOR	09/01/2017	08/31/2018
	PERMIT NUMBER	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
	RE-ACTIVATE		PR0032351	INACTIVE, NON-BILLABLE	
			GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013815	INACTIVE	4104-REGULAR UST ANNUAL INSPE(	09/01/2009	08/31/2010
	PERMIT NUMBER	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0012215	INACTIVE, NON-BILLABLE		TA0002684	INACTIVE, NON-BILLABLE	
GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		GHP OR UST ID	CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE

*NEW CUPA Admin P.E.

NUMBER OF ACTIVE UST'S 0

DATE SUBMITTED: 7/12/19 SUBMITTED BY: J.NGUYEN

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

PER CERS SUBMITTAL DATED 2/12/19, FACILITY IS REPORTING BUSINESS ACTIVITY IS GENERATING HAZARDOUS WASTE.

RE-ACTIVATE PE4453 (SMALL QUANTITY GENERATOR)

BILL DURING NORMAL CYCLE.

FOR FISCAL USE ONLY: Fiscal comments / remarks / instruction area (for use between OFM Fiscal and Admin Fiscal)

☐ 5050 scanned and emailed to Fiscal Date Initials

☐ 5054 scanned and emailed to Fiscal Date Initials

SAN BERNARDINO COUNTY CUP
FACILITY INFORMATION

0005701

☒ Update/Assign PEs ☐ Referral to Team CERS ☐ Closure ☐ Invoice Reversal ☐ Demand Bill
☐ Update Non-CERS Fields ☐ 0202 ☐ Other ☐ 5054 Attached

OWNER INFORMATION — **OWNER ID: OW0003269**

NAME: **Calmat Co. dba Vulcan Materials Co.**
ADDRESS: **500 N. Brand Blvd. Suite 500** ADDRESS 2:
CITY: **Glendale, CA** STATE: **CA** ZIP CODE: **91203** COUNTRY: **US**
PHONE: **818-553-8938** EXT: FYI LAST UPDATED: **09/13/2017**

FACILITY INFORMATION — **FACILITY ID: FA0007904**

BUSINESS NAME: **VULCAN MATERIALS WESTERN DIVISION** CERS ID: **10047694**
SITE ADDRESS: **2350 W HIGHLAND AVE** ADDRESS 2:
CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407** FAX: **323-312-9960**
BUSINESS PHONE: **909-875-1150** EXT:
BUSINESS OPERATOR NAME: **Calmat Co. dba Vulcan Materials, San Bernardino Asphalt facility**
OPERATOR PHONE: **909-875-5180** EXT: FYI LAST UPDATED: **10/16/2017**

FACILITY MAILING ADDRESS

MAILING ADDRESS: **500 N. Brand Blvd. Suite 500** ADDRESS 2:
CITY: **Glendale** STATE: **CA** ZIP CODE: **91203** COUNTRY: **USA**

BILLING CONTACT — **ACCOUNT ID: AR0008313**

BILLING CONTACT NAME: **John Janke**
ADDRESS 1: **7220 Trade Street Suite 200** ADDRESS 2:
CITY: **San Diego** STATE: **CA** ZIP CODE: **92121** COUNTRY: **US**
PHONE: **323-312-9960** EXT: EMAIL: **jankej@vmcmail.com**

ENVIRONMENTAL CONTACT

NAME: **John Janke** PHONE: **323-312-9960** EXT:
EMAIL: **jankej@vmcmail.com**

NON-CERS INFORMATION

FACILITY EMAIL (OPTIONAL): **TJOHNC@VMCMAIL.COM; SPEARSJ@VMCMAIL.COM; MILLERM@VMCMAIL.COM**
LOCAL FACILITY PHONE (OPTIONAL): EXT:
CENSUS: MILITARY SCHOOL MEDICAL BUSINESS CODE: **CORPORATION** BUSINESS TYPE: **OTHER**
SUPERVISORIAL DISTRICT: **005** INSPECTION DISTRICT: **07** FIRE JURISDICTION: **SAN BDNO CITY FIRE**
FYI ACCOUNT STATUS: **ACTIVE ACCOUNT** FYI ANNIVERSARY DATE: **08/31/2003** FYI LAST BILLING: **07/17/2017**
FYI EXEMPT FROM BILLING: **NO** FYI TOTAL DUE: **0.00**

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

FOR OFFICE USE ONLY:

☐ EC Entry Complete	☐ QC Complete	N/A ☐ ☐ Fiscal Entry Complete	N/A ☐ ☐ Referral to Team CERS
OCT 27 2017 / Date / Initials	Date / Initials	Date / Initials	Date / Initials

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

5012-CUPA ANNUAL ADMIN PERMIT PROGRAM FEE-LEVEL 2

☒ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0037874 (PERMIT NUMBER)	FEE EXEMPT (PERMIT STATUS)	4000-AST GENERAL ACTIVITY (I (ORIGINAL P.E.)	09/01/2017 (EFFECTIVE DATE)	08/31/2018 (EXPIRATION DATE)
			PR0049071 (GHP OR UST ID)	ACTIVE, EXEMPT FROM (CURRENT STATUS(BILLING))	4031 (UPDATED P.E.)
☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013814 (PERMIT NUMBER)	ACTIVE (PERMIT STATUS)	4243-HAZARDOUS MATERIALS ((ORIGINAL P.E.)	09/01/2017 (EFFECTIVE DATE)	08/31/2018 (EXPIRATION DATE)
			PR0012216 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	(UPDATED P.E.)
☐ UPDATE ☒ INACTIVATE ☐ ZERO OUT BALANCE	PT0024492 (PERMIT NUMBER)	ACTIVE (PERMIT STATUS)	4453-SMALL QUANTITY GENER/ (ORIGINAL P.E.)	09/01/2017 (EFFECTIVE DATE)	08/31/2018 (EXPIRATION DATE)
			PR0032351 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	(UPDATED P.E.)

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013815 (PERMIT NUMBER)	INACTIVE (PERMIT STATUS)	4104-UST OWNERSHIP/OPERAT (ORIGINAL P.E.)	09/01/2009 (EFFECTIVE DATE)	08/31/2010 (EXPIRATION DATE)
PR0012215 (GHP FOR UST(PH))	INACTIVE, NON-BILLABLE (CURRENT STATUS FOR UST(PH))		TA0002684 (GHP OR UST ID)	INACTIVE, NON-BILLAB (CURRENT STATUS(BILLING))	(UPDATED P.E.)

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE

*NEW CUPA Admin P.E.

NUMBER OF ACTIVE UST'S **0**

DATE SUBMITTED: 10/26/17 SUBMITTED BY: M. BECHEL

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

PER INSPECTION ON 10/26/17, FACILITY NO LONGER GENERATES HAZARDOUS WASTE. INACTIVATE PE 4453. THIS FACILITY OPERATES A 10,000 gal CUTBACK OIL TANK WHICH IS SUBJECT TO APSA. UPDATE PE 4000 TO ACTIVE PE 4031. BILL NEXT CYCLE.

FOR FISCAL USE ONLY: Fiscal comments / remarks / instruction area (for use between OFM Fiscal and Admin Fiscal)

☐ 5050 scanned and emailed to Fiscal Date Initials

☐ 5054 scanned and emailed to Fiscal Date Initials

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

Fiscal
COMPLETED
PBC

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A ADD PE 4270

CURRENT INVOICE MAILING CODE: F

SBCO FIRE DEPT FISCAL
2011 AUG -4 A 11:32

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: VULCAN MATERIALS

*ADDRESS 1: PO BOX 380607 RD ADDRESS 2:

*CITY: BIRMINGHAM *STATE: AL *ZIP CODE: 35238-0607 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/31/2011

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: PO BOX 380607 RD ADDRESS 2:

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35238-0607 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0001676

*NAME: VULCAN MATERIALS WEST DIVISION #2 CERS ID: 10036714

*ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: 3251 FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: ~~42~~ 29

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Construction Sand and Gravel

*BUSINESS CODE: *BUSINESS TYPE: FYI LAST UPDATED: 04/20/2011

FACILITY MAILING ADDRESS

☐ Same as Facility
☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WEST DIVISION #2

CARE OF: ~~MATT BRANSTETTER~~ Scott Bevan

ADDRESS 1: 2400 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407 COUNTRY: USA

No Charge
*EMAIL: ~~STJOHNC@VMCMAIL.COM~~; BEVANS@VMCMAIL.COM ☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION — ACCOUNT ID: AR0001676

RESPONSIBLE PARTY: ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 07/05/2011

FYI ANNIVERSARY DATE: 10/31/2002 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0020774 PERMIT NUMBER.	:TIVE PERMIT STATUS	4031-APSA 1,320-10,000 GAL ORIGINAL P.E.	11/01/2009 EFFECTIVE DATE	10/31/2010 EXPIRATION DATE
			PR0020026 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002283 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4223-HAZMAT HANDLER 26-50 E ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0002527 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0002284 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420-SPECIAL GENERATOR(B) ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
			PR0002528 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011813 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001692 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001693 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001694 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0011816 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	11/01/2010 EFFECTIVE DATE	10/31/2011 EXPIRATION DATE
PR0002529 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		TA0001695 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.	4270 NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
	PR373891 NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 4

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: 6/14/11 DATE ENTERED: ENTERED JUL 18 2011 FISCAL ENTRY DATE/ INITIAL: 7/19/11 (RM)

*SUBMITTED BY: M. Bechel ENTERED BY: *Demand bill for updated PEs: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

ADD PE 4270

Per Inspection Verification

Change Employee # to 29

SBCO FIRE DEPT FISCAL 2011 JUL 26 P 1:32

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

H ARDOUS MATERIAL FIELD SEI CES
COMPUTER DATABASE UPDATE AUTHORIZA ION (5050 Form)

Bill

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0003269

Owner Info

Legal Owner

*NAME: ~~VULCAN MATERIALS~~ Cal Mat Co. - DBA Vulcan Materials, Western Division

*ADDRESS 1: PO BOX 380607 RD ADDRESS 2:

*CITY: BIRMINGHAM *STATE: AL *ZIP CODE: 35238-0607 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/31/2011

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: PO BOX 380607 RD ADDRESS 2:

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35238-0607 COUNTRY: USA

F- FACILITY INFORMATION

FACILITY ID: FA0007904

*NAME: VULCAN MATERIALS WESTERN DIVISION CERS ID: 10047694

*ADDRESS 1: 2350 W HIGHLAND ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 4

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Asphalt Paving Mixtures and Blocks

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 09/15/2011

FACILITY MAILING ADDRESS

☐ Same as Facility ☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WESTERN DIVISION

CARE OF: JOHN SPEARS

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

*EMAIL: TJOHNC@VMCMAIL.COM; SPEARSJ@VMCMAIL.COM; MI[illegible]ERM@VMCMAIL.COM ☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION

ACCOUNT ID: AR0008313

RESPONSIBLE PARTY: VULCAN MATERIALS CO ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 7220 TRADE ST #200 ADDRESS 2:

CITY: SAN DIEGO STATE: CA ZIP CODE: 92121 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 09/06/2011

FYI ANNIVERSARY DATE: 08/31/2003 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0013814 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4221-HAZMAT HANDLER 0 ORIGINAL P.E.	09/01/2011 EFFECTIVE DATE	08/31/2012 EXPIRATION DATE
		PR0012216 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.
☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0024492 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4420-SPECIAL GENERATOR(B) ORIGINAL P.E.	09/01/2011 EFFECTIVE DATE	08/31/2012 EXPIRATION DATE
		PR0032351 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)		UPDATED P.E.

Underground Storage Tank(s)

☐UPDATE ☐INACTIVATE ☐ZERO OUT BALANCE	PT0013815 PERMIT NUMBER.	INACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	09/01/2009 EFFECTIVE DATE	08/31/2010 EXPIRATION DATE
PR0012215 GHP FOR UST(PH)	INACTIVE, NON-BILLABLE CURRENT STATUS FOR UST(PH)		TA0002684 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)	UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S 0

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: 9/27/11 DATE ENTERED: ENTERED FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: J Wong ENTERED BY: SEP 27 2011 ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

Update owner name, this is not a change of ownership

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICES

Fiscal

COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

ADD PE 4430

RBC

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0003269

Legal Owner

Completed

*NAME: VULCAN MATERIALS

*ADDRESS 1: PO BOX 380607 RD ADDRESS 2:

*CITY: BIRMINGHAM *STATE: AL *ZIP CODE: 35238-0607 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 01/31/2011

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: PAYMENT SVCS CENTER DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: PO BOX 380607 RD ADDRESS 2:

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35238-0607 COUNTRY: USA

F- FACILITY INFORMATION

FACILITY ID: FA0007904

*NAME: VULCAN MATERIALS WESTERN DIVISION CERS ID: 10047694

*ADDRESS 1: 2350 W HIGHLAND ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

*PHONE: 909-875-1150 EXT: ALT PHONE: 323-258-2777 EXT: FAX: 323-258-3289

CENSUS: MILITARY SCHOOL MEDICAL *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07 NUMBER OF EMP.: 4

FIRE JURISDICTION: SAN BDNO CITY FIRE SIC CODE: Asphalt Paving Mixtures and Blocks

*BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER FYI LAST UPDATED: 04/18/2011

FACILITY MAILING ADDRESS

☐ Same as Facility

☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WESTERN DIVISION

CARE OF: DARYL CHARLSON John Spears

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

*EMAIL: STJOHNC@VMCMAIL.COM SpearsJ@VMCMAIL.COM ☐ NO EMAIL (insert comment 3899 with "NO EMAIL-Inspector Name)

A- A/R INFORMATION

ACCOUNT ID: AR0008313

RESPONSIBLE PARTY: VULCAN MATERIALS CO ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: 7220 TRADE ST #200 ADDRESS 2:

CITY: SAN DIEGO STATE: CA ZIP CODE: 92121 COUNTRY: USA

PHONE: EXT: ALT PHONE: EXT:

ALT PHONE 2: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 07/05/2011

FYI ANNIVERSARY DATE: 08/31/2003 FYI ACCOUNT STATUS: ACTIVE ACCOUNT FYI TOTAL DUE: 0.00

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013814 PERMIT NUMBER.	TIVE PERMIT STATUS	4221-HAZMAT HANDLER 0-1(ORIGINAL P.E.	09/01/2010 EFFECTIVE DATE	08/31/2011 EXPIRATION DATE
			PR0012216 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	 UPDATED P.E.

Underground Storage Tank(s)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT0013815 PERMIT NUMBER.	INACTIVE PERMIT STATUS	4104-UST OWNERSHIP/OPERAT ORIGINAL P.E.	09/01/2009 EFFECTIVE DATE	08/31/2010 EXPIRATION DATE
PR0012215 GHP FOR UST(PH)	INACTIVE, NON-BILLABLE CURRENT STATUS FOR UST(PH)		TA0002684 GHP OR UST ID	INACTIVE, NON-BILLAB CURRENT STATUS(BILLING)	 UPDATED P.E.

ADD NEW P.E.	4420 NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
	PR352351 NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF ACTIVE UST'S **0**

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: 7-14-11 DATE ENTERED: ENTERED FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: M. BECHER ENTERED BY: JUL 18 2011 ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

ADD PE 4420 Per inspection Verification
SP. Generator

SBCO FIRE DEPT FISCAL
2011 JUL 19 P 1:25

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION (5050 Form)

☐ Quick Submit-Correct minor information without full verification.

*UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION — OWNER ID: OW0003269

Legal Owner

*NAME: VULCAN MATERIALS

*ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

*CITY: LOS ANGELES *STATE: CA *ZIP CODE: 90065 *COUNTRY: USA

*PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 323-255-0722 EXT: FYI LAST UPDATED: 10/09/2009

TAX ID: XX-XXX5790 DRIVER LICENSE:

OWNER MAILING ADDRESS

☐ Same as Owner

CARE OF: JOHN JANKE DBA: VULCAN MAT. WESTERN DIVISION

ADDRESS1: P O BOX 2950 ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY: USA

F- FACILITY INFORMATION — FACILITY ID: FA0007904

*NAME: VULCAN MATERIALS WESTERN DIVISION

*ADDRESS 1: 2350 W HIGHLAND ADDRESS 2:

*CITY: SAN BERNARDINO *STATE: CA *ZIP CODE: 92407 *CITY CODE: SAN BERNARDINO

CENSUS: MILITARY SCHOOL MEDICAL *BUSINESS CODE: CORPORATION *BUSINESS TYPE: OTHER

SIC CODE: Asphalt Paving Mixtures and Blocks *SUPERVISORIAL DISTRICT: 005 *INSPECTION DISTRICT: 07

*PHONE: 909-875-1150 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: 323-258-2777 EXT: FAX: 323-258-3289 FYI LAST UPDATED: 06/09/2009

FACILITY MAILING ADDRESS

☐ Same as Facility ☐ Same as Owner Mailing Address

BUSINESS NAME: VULCAN MATERIALS WESTERN DIVISION

CARE OF: DARYL CHARLSON

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90065 COUNTRY: USA

EMAIL: MILLERM@VMCMAIL.COM

A- A/R INFORMATION — ACCOUNT ID: AR0008313

RESPONSIBLE PARTY: ☐ Same as Owner Mailing Address ☐ Same as Facility Mailing Address

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: TAX ID: XX-XXX5790 DRIVER LICENSE:

ALT PHONE: EXT: FYI EXEMPT FROM BILLING: NO FYI LAST UPDATED: 11/05/2009

ALT PHONE: EXT: FYI TOTAL DUE: 0.00

FYI ANNIVERSARY DATE: 08/31/2003 FYI ACCOUNT STATUS: ACTIVE ACCOUNT

Business Code= 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency/District, 05-County Agency, 06-State Agency, 07-Federal Agency
Business Type=01-Gas Station, 02-Distributor, 03-Farm, 04-Processor, 05-Commercial, 06-Other

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected to complete all fields on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

☐ UPDATE ☐ INACTIVATE ☐ ZERO OUT BALANCE	PT001381 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4221 ORIGINAL P.E.	9/01/2009 EFFECTIVE DATE	08/31/2010 EXPIRATION DATE
PR0012216 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	NA GHP FOR UST(PH)	NA CURRENT STATUS FOR UST(PH)		UPDATED P.E.
☐ UPDATE ☒ INACTIVATE ☐ ZERO OUT BALANCE	PT0013815 PERMIT NUMBER.	ACTIVE PERMIT STATUS	4104 ORIGINAL P.E.	09/01/2009 EFFECTIVE DATE	08/31/2010 EXPIRATION DATE
TA0002684 GHP OR UST ID	ACTIVE, BILLABLE CURRENT STATUS(BILLING)	PR0012215 GHP FOR UST(PH)	ACTIVE, EXEMPT FROM BILLING CURRENT STATUS FOR UST(PH)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF EMP.: **4** NUMBER OF ACTIVE UST'S **1** MFR #

*Is this an operating facility that does not require permits (keep AR active and add 0202 GHP record)? Yes No

*Should this facility be inactivated upon verification that there is no balance due? Yes No

*Is this a new owner (a blue book comment is required if Q is yes and there is not a request for demand bill)? Yes No

*Does this 5050 have attached documents? Yes No

*DATE SUBMITTED: 11/18/09 DATE ENTERED: 11/18/09 FISCAL ENTRY DATE/ INITIAL:

*SUBMITTED BY: GBeach ENTERED BY: LLD ***Demand bill for updated PEs**: Yes No

SPECIAL INSTRUCTIONS: Information in this location will not be entered into Envision.

COMMENTS/REMARKS: Only text in this area will be entered as a blue book comment. Please attach and label additional sheets needed for comments.

Facility is certifying that this is an 'emergency tank' and will not be used to store hazardous material or waste (no fuel)
Inactivate 4104 PE and related
Keep 4221 GB

OPEN VIOLATIONS:

FA0007904

INSPECTION DATE: **9/2/09** VIOLATION ID: **IV0044250** COMPLY BY: **10/02/2009**

INSPECTOR:**CATHERINE RICHARDS** COMPLIED ON:

VIOLATION: 4103314100-Failure to annually certify monitoring system

The fields that are marked with an asterisk must be completed or the form will be returned to the requestor. The requestor is expected **to complete all fields** on this form to the best of his or her ability. Please use the Quick Submit process reasonably.

HAZ OUS MATERIAL FIELD SERVI S
COMPUTER DATABASE UPDATE AUTHORIZATION

RCD SDD FIRE FISCAL
07 JUL 30 AM 8:07

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A CURRENT INVOICE MAILING CODE: F

O- OWNER INFORMATION

OWNER ID: OW0001423

NAME: CAL MAT CO.

ADDRESS 1: 3200 SAN FERNANDO RD ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051-9005 COUNTRY: USA

PHONE: 323-258-2777 EXT: FAX:

ALT PHONE: 909-875-1150 EXT: DRIVER LICENSE:

TAX ID: 95-0645790 LAST UPDATED: 06/29/2005

OWNER MAILING ADDRESS

CARE OF: PETER CHIU DBA: VULCAN MATERIALS

ADDRESS1: PO BOX 2950/TRMNL ANNEX ADDRESS 2:

CITY: LOS ANGELES STATE: CA ZIP CODE: 90051 COUNTRY: USA

F- FACILITY INFORMATION

FACILITY ID: FA0007904

NAME: VULCAN MATERIALS WESTERN DIVISION

ADDRESS 1: 2350 W HIGHLAND ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407 CITY CODE: SAN BERNARDINO

SIC CODE: Asphalt Paving Mixtures and Blocks BUSINESS CODE: CORPORATION BUSINESS TYPE: OTHER

CENSUS: SUPERVISORIAL DISTRICT: 005 INSPECTION DISTRICT: 07

PHONE: 909-875-5180 EXT: FIRE JURISDICTION: SAN BDNO CITY FIRE

ALT PHONE: EXT: FAX: LAST UPDATED: 07/20/2007

FACILITY MAILING ADDRESS

BUSINESS NAME: VULCAN MATERIALS WESTERN DIVISION

CARE OF: DARYL CHARLSON

ADDRESS 1: 2350 W HIGHLAND AVE ADDRESS 2:

CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92407-2407 COUNTRY: USA

EMAIL: MILLERM@VMCMAIL.COM

A- A/R INFORMATION

ACCOUNT ID: AR0008313

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: 07/15/2007

ALT PHONE: EXT: EXEMPT FROM BILLING: NO TAX ID:

ANNIVERSARY DATE: 08/31/2003 TOTAL DUE: 939.00 ACCOUNT STATUS: ACTIVE ACCOUNT

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT00138 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4221 (ORIGINAL P.E.)	9/01/2006 (EFFECTIVE DATE)	08/31/2007 (EXPIRATION DATE)
PR0012216 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	NA (GHP FOR UST(PH))	NA (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)
UPDATE/CLOSE/Z.O.B.	PT0013815 (PERMIT NUMBER.)	ACTIVE (PERMIT STATUS)	4104 (ORIGINAL P.E.)	09/01/2006 (EFFECTIVE DATE)	08/31/2007 (EXPIRATION DATE)
TA0002684 (GHP OR UST ID)	ACTIVE, BILLABLE (CURRENT STATUS(BILLING))	PR0012215 (GHP FOR UST(PH))	ACTIVE, EXEMPT FROM BILLING (CURRENT STATUS FOR UST(PH))		(UPDATED P.E.)

ADD NEW P.E.

(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)
(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)	(NEW P.E.)

NUMBER OF EMP: ENTERED NUMBER OF USTS: ENTERED 1 MFR #:

DATE SUBMITTED: JUL 20 2007 DATE ENTERED: JUL 20 2007 FISCAL DATE:

SUBMITTED BY: Jose Cisneros ENTERED BY: JOSE Cisneros

COMMENTS/REMARKS:

Per BP review The name of The Facility was been Changed

Permit Update

HAZARDOUS MATERIAL FIELD SERVICES
COMPUTER DATABASE UPDATE AUTHORIZATION

UPDATE INVOICE MAILING CODE: (CIRCLE ONE) O F A

CURRENT INVOICE MAILING CODE: O

O- OWNER INFORMATION

OWNER ID: OW0001423

NAME: **CAL MAT CO.**

ADDRESS 1: **3200 SAN FERNANDO RD** ADDRESS 2:

CITY: **LOS ANGELES** STATE: **CA** ZIP CODE: **90051-9005** COUNTRY: **USA**

PHONE: **323-258-2777** EXT: FAX:

ALT PHONE: EXT: DRIVER LICENSE:

TAX ID: **95-0645790** OWNER SWITCH DATE: LAST UPDATED: **3/2/2004**

OWNER MAILING ADDRESS

CARE OF: **PETER CHIU** DBA: **VULCAN MATERIALS**

ADDRESS1: **PO BOX 2950/TRMNL ANNEX** ADDRESS 2:

CITY: **LOS ANGELES** STATE: **CA** ZIP CODE: **90051** COUNTRY: **USA**

F- FACILITY INFORMATION

FACILITY ID: FA0007904

NAME: **CAL MAT** ~~DBA Calmat Asphalt Plant~~ DBA Vulcan Asphalt

ADDRESS 1: **2350 W HIGHLAND** ADDRESS 2:

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407-2407** CITY CODE: **SAN BERNARDINO**

SIC CODE: **Asphalt Paving Mixtures and Blocks** BUSINESS CODE: **CORPORATION** BUSINESS TYPE: **OTHER**

CENSUS: SUPERVISORIAL DISTRICT: **005** INSPECTION DISTRICT: **07**

PHONE: **909-875-5180** EXT: FIRE JURISDICTION: **SAN BDNO CITY FIRE**

ALT PHONE: EXT: FAX: LAST UPDATED: **3/3/2004**

FACILITY MAILING ADDRESS

PAID
DATE: 11/3/04
CK#: 1204455

BUSINESS NAME: **VULCAN MATERIALS**

CARE OF: **DARYL CHARLSON**

ADDRESS 1: **2350 W HIGHLAND AVE** ADDRESS 2:

CITY: **SAN BERNARDINO** STATE: **CA** ZIP CODE: **92407-2407** COUNTRY: **USA**

EMAIL:

A- A/R INFORMATION

ACCOUNT ID: AR0008313

RESPONSIBLE PARTY:

CARE OF:

ADDRESS 1: ADDRESS 2:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE: EXT: DRIVER LICENSE:

ALT PHONE: EXT: LAST UPDATED: **6/4/2004**

ALT PHONE: EXT: TAX ID:

ANNIVERSARY DATE: **8/31/2003** TOTAL DUE: **0.00** ACCOUNT STATUS: **ACTIVE ACCOUNT**

PERMIT INFORMATION (CIRCLE THOSE THAT APPLY)

UPDATE/CLOSE/Z.O.B.	PT0013	ACTIVE	4260	9/1/2003	8/31/2004
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
PR0012216	ACTIVE, BILLABLE	NA	NA		4221
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.
UPDATE/CLOSE/Z.O.B.	PT0013815	ACTIVE	4104	9/1/2003	8/31/2004
	PERMIT NUMBER.	PERMIT STATUS	ORIGINAL P.E.	EFFECTIVE DATE	EXPIRATION DATE
TA0002684	ACTIVE, BILLABLE	PR0012215	ACTIVE, EXEMPT FROM BILL		
GHP OR UST ID	CURRENT STATUS(BILLING)	GHP FOR UST(PH)	CURRENT STATUS FOR UST(PH)		UPDATED P.E.

ADD NEW P.E.

NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.
NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.	NEW P.E.

NUMBER OF EMP. 3 NUMBER OF UST'S 1 MFR #

DATE SUBMITTED: 8-27-04 DATE ENTERED: FISCAL DATE:

SUBMITTED BY: Leslee Heaviside ENTERED BY: JDC

COMMENTS/REMARKS:

Per BP review: Pls update Heneller permits & FA Name

Gasco, Ruben

From: Urista, Elizabeth
Sent: Wednesday, September 01, 2004 7:53 AM
To: King, Elizabeth
Cc: Gasco, Ruben; Sampson, Ericka
Subject: RE: Permit print-out FA0007904

NO PROBLEM.

RUBEN PLEASE REPRINT A PERMIT FOR THE BELOW.

Elizabeth A. Urista

Supervising Fiscal Technician II
County Fire/Special Districts
eurista@sdd.sbcounty.gov
909 387-5959

-----Original Message-----
From: King, Elizabeth
Sent: Tuesday, August 31, 2004 4:36 PM
To: Urista, Elizabeth
Subject: Permit print-out FA0007904

Could you please print a duplicate permit for this facility for the facility CUPA file? It can be sent to me here via inter-office.

A correction was made last March to FA0007904 to reflect the correct address of 2350 W. Highland Ave. However, the only permit print-out in the file shows an inaccurate address of 2400 W. Highland. This has created some confusion because there is another FA at that address.

Thank you.

Elizabeth A. King

Environmental Specialist II
San Bernardino County Office of the Fire Marshal www.sbcfire.org
620 S. E St., San Bernardino, CA 92415-0153
(909) 386-8468 (909) 386-8460 fax
eking@fire.sbcounty.gov

King, Elizabeth

From: King, Elizabeth
Sent: Tuesday, August 31, 2004 4:36 PM
To: Urista, Elizabeth
Subject: Permit print-out FA0007904

Could you please print a duplicate permit for this facility for the facility CUPA file? It can be sent to me here via inter-office.

A correction was made last March to FA0007904 to reflect the correct address of 2350 W. Highland Ave. However, the only permit print-out in the file shows an inaccurate address of 2400 W. Highland. This has created some confusion because there is another FA at that address.

Thank you.

Elizabeth A. King

Environmental Specialist II
San Bernardino County Office of the Fire Marshal *www.sbcfire.org*
620 S. E St., San Bernardino, CA 92415-0153
(909) 386-8468 (909) 386-8460 fax
eking@fire.sbcounty.gov

```
+-TP101A-----------------------------------------------------------------+
|                        Tiered Permitting System          Screen 1 of 2 |
|                      Onsite Notifier Information                        |
|  EPA ID: CAD981568579  Initial Date: 032993   Init/Amend/Renew: I  (I/A/R)
|          Amended Date :              Renewal Date:                      |
|  I.      Conditionally Exempt, Small Quantity Treater Units             |
|        1 Conditionally Exempt, Specified Wastestream Units              |
|          Conditionally Authorized Units                                 |
|          Permit by Rule Units                                           |
|          Commercial Laundry                                             |
|          Conditionally Exempt - Limited                                 |
|     Total Fee Attached:           Check No:                             |
|                                                                         |
|  II.   BOE: HYHQ36013101                                               |
|       Company Name: CALMAT CO                                           |
|          Address 1: 2400 W HIGHLAND AVE                                 |
|                  2:                                                     |
|               City: SAN BERNARDINO              CA  ZIP: 92405         |
|             County: SAN BERNARDINO    Region: 4                        |
|      Contact First: RAWLEIGH           Last: TOUGAS                     |
|              Phone: 909/875-1150    Ext:                                |
|    +---------Enter the data and press ENTER to go to screen 2--------+  |
+-F2=Cncl---------F4=Ina--F5=Unit-F6=Hist---------F8=Next-F9=DVal--Entr=Acpt+
4B                Aa              B1--SESSION2   R 4  C 67  o-o01  8:45  6/20/96
```

Closed
6/20/96 B.B.

STATE OF CALIFORNIA—CALIFORNIA ENVIRONMI PROTECTION AGENCY
PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL
400 P STREET, 4TH FLOOR
P.O. BOX 806
SACRAMENTO, CA 95812-0806

(916) 323-5871

June 20, 1996

EPA ID: CAD981568579

CALMAT CO
RAWLEIGH TOUGAS
PO BOX 2950/TERM ANNEX
LOS ANGELES, CA 90051

For facility located at:
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92405

Dear Onsite Treatment Facility:

The Department of Toxic Substances Control (DTSC) has received your letter notifying DTSC of your closure request to operate under permit by rule, and/or conditional authorization, and/or conditional exemption. We have reviewed your letter and have approved your closure.

DTSC considers your treatment activities to be closed as of 06/19/96 and no longer subject to the conditions of Permit by Rule, Conditional Authorization or Conditional Exemption.

DTSC has revised its database records to reflect your new status and has notified the Board of Equalization of the change.

If you have any questions or need further information, please contact the appropriate regional office or the Tiered Permitting Compliance Section at the letterhead address or phone number.

Sincerely,

Sangat Kals, Chief
Tiered Permitting Compliance Section
State Regulatory Program Division
Hazardous Waste Management Program

cc: SONIA LOW
DTSC REGION 4 OFFICE
SURVEILLANCE & ENFORCEMENT BR.
245 WEST BROADWAY, SUITE 350
LONG BEACH, CA 90802

MR DOUG SNYDER
SAN BERNARDINO COUNTY
ENV HEALTH SERVICES
385 N ARROWHEAD AVE
SAN BERNARDINO, CA 92415-0160

STATE BOARD OF EQUALIZATION
STEPHEN R. RUDD, ADMINISTRATOR
ENVIRONMENTAL FEES DIVISION
P.O. BOX 942879
SACRAMENTO, CA 94279-0001

RECEIVED
MAY 13 1997
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

Printed on Recycled Paper

DTSC Tiered Permitting System
Onsite Profile Report for Facility
CALMAT CO
Report Date: 04/25/97 - 11.25.58

Auth./Reply: 08/31/93 Region: 4 Initial Dte: 03/29/93 Amended Dte:
Renewal Dte: Status: INACTIVE - CLOSURE 06/19/96

Generator ID: CAD981568579 BOE Number: HYHQ36013101
Company Name: CALMAT CO
Physical Location:
Street: 2400 W HIGHLAND AVE

City: SAN BERNARDINO State: CA ZIP: 92405
County: SAN BERNARDINO
Contact: RAWLEIGH TOUGAS --- 909/875-1150

Mailing Address:
Company Name: CALMAT CO
Street: PO BOX 2950/TERM ANNEX

City: LOS ANGELES State: CA ZIP: 90051
Country:
Contact: TONY LUCERO --- 213/258-2777

Notification Categories:
0 Conditionally Exempt-Small Quantity Treatment
1 Conditionally Exempt-Specific Wastestream
0 Conditionally Authorized
0 Conditionally Exempt-Limited
0 Permit by Rule
Commercial Laundry
Total Fee Attached: $ 0 Check #: CID:

SIC Codes:
1: 1442 Construction sand and gravel
2: 0000

U Use/Store/Treat Radioactive Waste or Materials?

Prior Permit Status:
N File PBR Notice of Intent to Operate in 1992 for this location?
N Ever held a state hazardous waste facility full permit or interim status permit for any of these treatment units?
N Ever held a state full permit or interim status for any other hazardous waste activities at this location?
N Ever held a variance issued by DTSC for this location?
Y Been inspected as a hazardous waste generator?

Prior Enforcement History: N

Attachments:
X Plot plan/map detailing location of units
X Unit specific notification for each unit

Certification Information:
Name: TONY J LUCERO Title: DIR/ENV AFFAIRS

Comment Date: 06/20/96 Reason: GENERATED CLOSURE/WITHDRAWAL/DENIAL LTR.
Entered By: TWBBONI Related Unit:
LETTER GENERATED: CLOSURE

Comment Date: 06/20/96 Reason: CLOSURE; CLOSURE LETTER REQUESTED
Entered By: TWBBONI Related Unit:
FACILITY NO LONGER TREATING HAZARDOUS WASTE

Comment Date: 01/17/96 Reason: GENERATED BILLING DATA FOR BOE
Entered By: TWPPREN Related Unit:
ANNUAL BILLING: 01/17/96

Comment Date: 01/10/95 Reason: GENERATED BILLING DATA FOR BOE
Entered By: TWPPREN Related Unit:
ANNUAL BILLING: 01/10/95

Comment Date: 10/07/94 Reason: ARCHIVED NOTIFIER CHECK INFORMATION
Entered By: TWRALLT Related Unit:
FEE: 0000100 CHECK#: 641218 CID: 92-00011

Comment Date: 01/27/94 Reason: GENERATED BILLING DATA FOR BOE
Entered By: TWRALLT Related Unit:
ANNUAL BILLING

Comment Date: 08/31/93 Reason: GENERATED AUTH./REPLY LETTER
Entered By: TWCFISH Related Unit:
LETTER REQUESTED: CA OR CESW ONLY

Comment Date: 08/26/93 Reason: REQUESTED AUTH./REPLY LETTER
Entered By: TWWHAWK Related Unit:

Comment Date: 06/29/93 Reason: ADDED NEW NOTIFIER
Entered By: TWLFREI Related Unit:

Onsite Profile Report for Facility
CALMAT CO
Report Date: 04/25/97 - 11.25.58

Unit Specific Information Unit Type: CESW
Unit ID: #1-SB Name: RECIRCULATING STEAM WASHER
Tanks: 1 Containers: 0 Storage Tanks: 0
Est. Monthly Waste Treated: Pounds: 0 Gallons: 1,000
Est. Monthly Waste Stored: Pounds: 0 Gallons: 0

U Radioactive Waste Treated ?
U Bio_hazard/Infectious/Medical Waste Treated ?
Remotely Generated Hazardous Waste Treated ?

Specific Waste Types Treated:
OIL AND GREASE

Treatment Process(es) Used:
STEAM WASHER-WATER IS RECIRCULATED AND
AND NOT DISCHARGED; OIL IS SKIMMED OFF.

Residual Management:
N Discharge non-hazardous waste to a POTW?
N Discharge non-hazardous waste under a NPDES permit?
Y Hauled offsite by registered hauler?
Where: A (A=Offsite, B=Thermal, C=Land, D=Add'l Treatment)
N Dispose of non-hazardous solid waste offsite?
U Disposal Other:

Basis For Not Needing a Federal Permit:
1: X 2: 3: 4:
5: 6: 7: 8:
9: Other:

Transportable Treatment Unit: N

Wastestream Information:
8B GRAVITY SETTLING-SEPARATION OF OIL/WATER
MIX OR SLUDGES (<25 BARRELS/MONTH)
End of Wastestream data for this unit

End of data for EPA ID: CAD981568579

86008758

STATE OF CALIFORNIA—CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY PETE WILSON, *Governor*

DEPARTMENT OF TOXIC SUBSTANCES CONTROL
400 P STREET, 4TH FLOOR
P.O. BOX 806
SACRAMENTO, CA 95812-0806

(916) 323-5871

June 20, 1996

EPA ID: CAD981568579

CALMAT CO
RAWLEIGH TOUGAS
PO BOX 2950/TERM ANNEX
LOS ANGELES, CA 90051

For facility located at:
2400 W HIGHLAND AVE
SAN BERNARDINO, CA 92405

Dear Onsite Treatment Facility:

The Department of Toxic Substances Control (DTSC) has received your letter notifying DTSC of your closure request to operate under permit by rule, and/or conditional authorization, and/or conditional exemption. We have reviewed your letter and have approved your closure.

DTSC considers your treatment activities to be closed as of 06/19/96 and no longer subject to the conditions of Permit by Rule, Conditional Authorization or Conditional Exemption.

DTSC has revised its database records to reflect your new status and has notified the Board of Equalization of the change.

If you have any questions or need further information, please contact the appropriate regional office or the Tiered Permitting Compliance Section at the letterhead address or phone number.

Sincerely,

Sangat Kals, Chief
Tiered Permitting Compliance Section
State Regulatory Program Division
Hazardous Waste Management Program

cc: SONIA LOW
DTSC REGION 4 OFFICE
SURVEILLANCE & ENFORCEMENT BR.
245 WEST BROADWAY, SUITE 350
LONG BEACH, CA 90802

MR DOUG SNYDER
SAN BERNARDINO COUNTY
ENV HEALTH SERVICES
385 N ARROWHEAD AVE
SAN BERNARDINO, CA 92415-0160

STATE BOARD OF EQUALIZATION
STEPHEN R. RUDD, ADMINISTRATOR
ENVIRONMENTAL FEES DIVISION
P.O. BOX 942879
SACRAMENTO, CA 94279-0001

Printed on Recycled Paper

E-14
STATE OF CALIFORNIA
CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
DEPARTMENT OF TOXIC SUBSTANCES CONTROL
400 P STREET, 4TH FLOOR
P.O. BOX 806
SACRAMENTO, CA 95812-0806

ENVIRONMENTAL
HEALTH SERVICES
96 JUL -3 PM 2:42
PRESORTE
FIRST CLAS



DOUG SNYDER
SAN BERNARDINO COUNTY
ENVIROMENTAL HEALTH SERVICES
ENVIROMENTAL MANAGEMENT GRP
385 NORTH ARROWHEAD DR
SAN BERANRDINO, CA 92415

Check Number
64218

---Staple Check Here---

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION FORM

FACILITY SPECIFIC NOTIFICATION

For Use by Hazardous Waste Generators Performing Treatment Under Conditional Exemption and Conditional Authorization, and by Permit By Rule Facilities

☒ Initial
☐ Revised

Please refer to the attached Instructions before completing this form. You may notify for more than one permitting tier by using this notification form, DTSC 1772. You must attach a separate unit specific notification form for each unit at this location. There are different unit specific notification forms for each of the four categories and an additional notification form for transportable treatment units (TTU's). You only have to submit forms for the tier(s) that cover your unit(s). Discard or recycle the other unused forms. Number each page of your completed notification package and indicate the total number of pages at the top of each page at the 'Page __ of __'. Put your EPA ID Number on each page. Please provide all of the information requested; all fields must be completed except those that state 'if different' or 'if available'. Please type the information provided on this form and any attachments.

*The notification will not be considered complete without payment of the appropriate fee for each tier under which you are operating. (Please note that the fee is per TIER not per UNIT. For example, if you operate 5 units but they are all Conditionally Authorized, you only owe $1,140, **NOT 5 times $1,140**. If you operate any Permit by Rule units and any units under Conditional Authorization you owe $2,280.) Checks should be made payable to the Department of Toxic Substances Control and be stapled to the top of this form. Please write your EPA ID Number on the check. Fill in the check number in the box above.*

I. NOTIFICATION CATEGORIES

Indicate the number of units you operate in each tier. This will also be the number of unit specific notification forms you must attach. ***Conditionally Exempt Small Quantity Treatment operations may not operate units under any other tier.***

Number of units and attached unit specific notifications				Fee per Tier (not per unit)
A.	___	Conditionally Exempt-Small Quantity Treatment	(Form DTSC 1772A)	$ 100
B.	1	Conditionally Exempt-Specified Wastestream	(Form DTSC 1772B)	$ 100
C.	___	Conditionally Authorized	(Form DTSC 1772C)	$1,140
D.	___	Permit by Rule	(Form DTSC 1772D)	$1,140
	====			=========
	1	Total Number of Units		Total Fee Attached $ 100.00

II. GENERATOR IDENTIFICATION

EPA ID NUMBER CA D 9 8 1 5 6 8 5 7 9 BOE NUMBER (if available) HY HQ 3 6 0 1 3 1 0 1

NAME (Company or Facility) CalMat Co.
(DBA–Doing Business As)
PHYSICAL LOCATION 2400 West Highland Avenue

CITY San Bernardino CA ZIP 92405 -

For DTSC Use Only
Region

COUNTY San Bernardino

CONTACT PERSON Rawleigh (First Name) Tougas (Last Name) PHONE NUMBER(909) 875 - 1150

MAILING ADDRESS, IF DIFFERENT:

COMPANY NAME (DBA) CalMat Co.

STREET P.O. Box 2950, Terminal Annex

CITY Los Angeles STATE CA ZIP 90051 -

COUNTRY _____ (only complete if not USA)

CONTACT PERSON TONY (First Name) LUCERO (Last Name) PHONE NUMBER(213) 258-2777 X3229

III. TYPE OF COMPANY: STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE:

Use either one or two SIC codes (a four digit number) that best describe your company's products, services, or industrial activity.

Example: ***7384*** ***Photofinishing lab*** ***3672*** *Printed circuit boards*

First: 1442 construction sand & gravel Second: _____ _____

IV. PRIOR PERMIT STATUS: *Check yes or no to each question:*

YES	NO		
☐	☒	1.	Did you file a PBR Notice of Intent to Operate (DTSC Form 8462) in 1992 for this location?
☐	☒	2.	Do you now have or have you ever held a state or federal hazardous waste facility full permit or interim status for any of these treatment units?
☐	☒	3.	Do you now have or have you ever held a state or federal full permit or interim status for any other hazardous waste activities at this location?
☐	☒	4.	Have you ever held a variance issued by the Department of Toxic Substances Control for the treatment you are now notifying for at this location?
☒	☐	5.	Has this location ever been inspected by the state or any local agency as a hazardous waste generator?

V. PRIOR ENFORCEMENT HISTORY: *Not required from generators only notifying as conditionally exempt.*

YES	NO	
☐	☒	Within the last three years, has this facility been the subject of any convictions, judgments, settlements, or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency?

(For the purposes of this form, a notice of violation does not constitute an order and need not be reported unless it was not corrected and became a final order.)

☐ If you answered Yes, check this box and attach a listing of convictions, judgments, settlements, or orders and a copy of the cover sheet from each document. (See the Instructions for more information)

VI. ATTACHMENTS:

☒ 1. A plot plan/map detailing the location(s) of the covered unit(s) in relation to the facility boundaries.

☐ 2. A unit specific notification form for each unit to be covered at this location.

VII. CERTIFICATIONS:

This form must be signed by an authorized corporate officer or any other person in the company who has operational control and performs decision-making functions that govern operation of the facility (per title 22, California Code of Regulations (CCR) section 66270.11). ***All three copies must have original signatures.***

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I understand that if any of the units operate under Permit by Rule or Conditional Authorization, I will also be required to provide required financial assurances by January 1, 1994, and conduct a Phase I environmental assessment by January 1, 1995.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

TONY J. LUCERO
Name (Print or Type)

Director of Environmental Affairs
Title

Signature

3-25-93
Date Signed

OPERATING REQUIREMENTS:

Please note that generators treating hazardous waste onsite are required to comply with a number of operating requirements which differ depending on the tier(s) under which one operates. These operating requirements are set forth in the statutes and regulations, some of which are referenced in the Tier-Specific Factsheets.

SUBMISSION PROCEDURES:

You must ***submit two copies*** *of this completed notification by certified mail, return receipt requested, to:*

Department of Toxic Substances Control
Form 1772
Onsite Hazardous Waste Treatment Unit
400 P Street, 4th Floor (walk in only)
P.O. Box 806
Sacramento, CA 95812-0806.

You must also ***submit one copy*** *of the notification and attachments to the local regulatory agency in your jurisdiction as listed in the instruction materials. You must also retain a copy as part of your operating record.*

All three forms must have original signatures, not photocopies.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS

UNIT SPECIFIC NOTIFICATION

(pursuant to Health and Safety Code Section 25201.5(c))

UNIT NAME recirculating steam washer **UNIT ID NUMBER** # 1-5B

NUMBER OF TREATMENT DEVICES: 1 Tank(s) ____ Container(s)

Each unit must be clearly identified and labeled on the plot plan attached to Form 1772. Assign your own unique number to each unit. The number can be sequential (1, 2, 3) or using any system you choose.

Enter the estimated monthly total volume of hazardous waste treated by this unit. This should be the maximum or highest amount treated in any month. Indicate in the narrative (Section II) if your operations have seasonal variations.

I. WASTESTREAMS AND TREATMENT PROCESSES:

Estimated Monthly Total Volume Treated: ____ pounds and/or 1000 gallons

The following are the eligible wastestreams and treatment processes. Please check all applicable boxes:

☐ 1. Treats resins mixed in accordance with the manufacturer's instructions.

☐ 2. Treat containers of 110 gallons or less capacity that contained hazardous waste by rinsing or physical processes, such as crushing, shredding, grinding, or puncturing.

☐ 3. Drying special wastes, as classified by the department pursuant to title 22, CCR, section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.

☐ 4. Magnetic separation or screening to remove components from special waste, as classified by the department pursuant to title 22, CCR, section 66261.124.

☐ 5. Neutralize acidic or alkaline (base) wastes from the regeneration of ion exchange media used to demineralize water. (This waste cannot contain more than 10 percent acid or base by weight to be eligible for conditional exemption.)

☐ 6. Neutralize acidic or alkaline (base) wastes from the food processing industry.

☐ 7. Recovery of silver from photofinishing. The volume limit for conditional exemption is 500 gallons per generator (at the same location) in any calendar month.

8. Gravity separation of the following, including the use of flocculants and demulsifiers if

☐ a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.

☒ b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel).

☐ 9. Neutralizing acidic or alkaline (base) material by a state certified laboratory or a laboratory operated by an educational institution. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION
(pursuant to Health and Safety Code Section 25201.5(c))

II. NARRATIVE DESCRIPTIONS: *Provide a brief description of the specific waste treated and the treatment process used.*

1. SPECIFIC WASTE TYPES TREATED: oil and grease

2. TREATMENT PROCESS(ES) USED: steam washer - water is recirculated and not discharged; oil is skimmed off.

III. RESIDUAL MANAGEMENT: *Check Yes or No to each question as it applies to all residuals from this treatment unit.*

YES	NO	
☐	☒	1. Do you discharge non-hazardous aqueous waste to a publicly owned treatment works (POTW)/sewer?
☐	☒	2. Do you discharge non-hazardous aqueous waste under an NPDES permit?
☒	☐	3. Do you have your residual hazardous waste hauled offsite by a registered hazardous waste hauler? If you do, where is the waste sent? *Check all that apply.*

- ☒ a. Offsite recycling
- ☐ b. Thermal treatment
- ☐ c. Disposal to land
- ☐ d. Further treatment

☐	☒	4. Do you dispose of non-hazardous solid waste residues at an offsite location?
☐	☐	5. Other method of disposal. Specify:

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT:

In order to demonstrate eligibility for one of the onsite treatment tiers, facilities are required to provide the basis for determining that a hazardous waste permit is not required under the federal Resource Conservation and Recovery Act (RCRA) and the federal regulations adopted under RCRA (Title 40, Code of Federal Regulations (CFR)).

Choose the reason(s) that describe the operation of your onsite treatment units:

☒ 1. The hazardous waste being treated is not a hazardous waste under federal law although it is regulated as a hazardous waste under California state law.

☐ 2. The waste is treated in wastewater treatment units (tanks), as defined in 40 CFR Part 260.10, and discharged to a publicly owned treatment works (POTW)/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

CONDITIONALLY EXEMPT - SPECIFIED WASTESTREAMS
UNIT SPECIFIC NOTIFICATION
(pursuant to Health and Safety Code Section 25201.5(c))

IV. BASIS FOR NOT NEEDING A FEDERAL PERMIT: (continued)

☐ 3. The waste is treated in elementary neutralization units, as defined in 40 CFR Part 260.10, and discharged to a POTW/sewering agency or under an NPDES permit. 40 CFR 264.1(g)(6) and 40 CFR 270.2.

☐ 4. The waste is treated in a totally enclosed treatment facility as defined in 40 CFR Part 260.10; 40 CFR 264.1(g)(5).

☐ 5. The company generates no more than 100 kg (approximately 27 gallons) of hazardous waste in a calendar month and is eligible as a federal conditionally exempt small quantity generator. 40 CFR 260.10 and 40 CFR 261.5.

☐ 6. The waste is treated in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 40 CFR 262.34, 40 CFR 270.1(c)(2)(i), and the Preamble to the March 24, 1986 Federal Register.

☐ 7. Recyclable materials are reclaimed to recover economically significant amounts of silver or other precious metals. 40 CFR 261.6(a)(2)(iv), 40 CFR 264.1(g)(2), and 40 CFR 266.70.

☐ 8. Empty container rinsing and/or treatment. 40 CFR 261.7.

☐ 9. Other: Specify: _____

_____

V. TRANSPORTABLE TREATMENT UNIT: *Check Yes or No. Please refer to the Instructions for more information.*

YES	NO	
☐	☒	Is this unit a Transportable Treatment Unit?

If you answered yes, you must also complete and attach Form 1772E to this page.

The Tier-Specific Factsheets contain a summary of the operating requirements for this category. Please review those requirements carefully before completing or submitting this notification package.

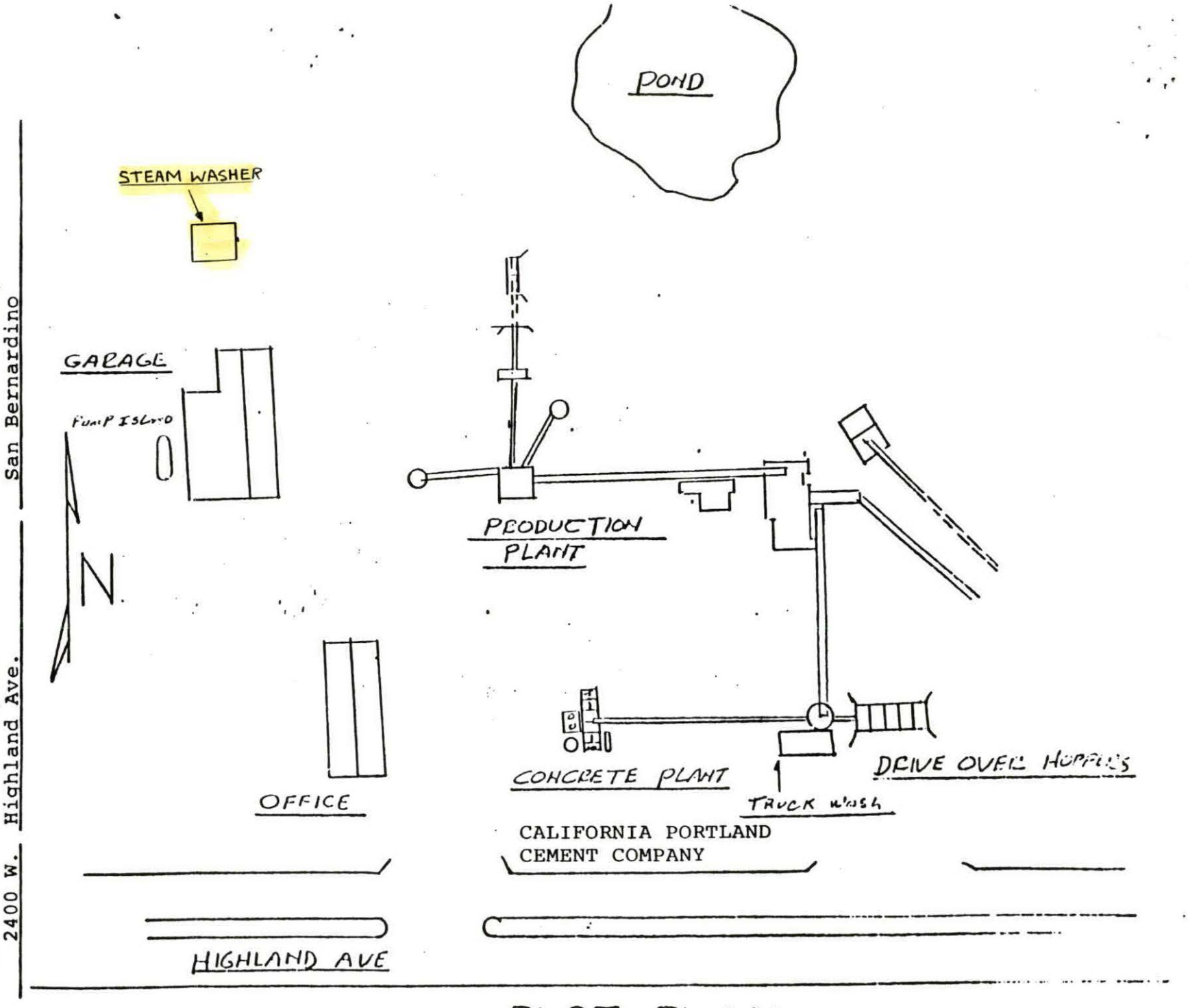
CALMAT CO

BUSINESS SITE PLAN

FACILITY ADDRESS:

number 2400 W. street Highland Ave. city San Bernardino

SITE LAYOUT MAP



PLOT PLAN

NTS

CalMat

P.O. BOX 2950 LOS ANGELES, CALIFORNIA 90051 PHONE (213) 258-2777

015526 DEPARTMENT OF TOXIC 03/26/93 641218

INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT	COMMENTS
03/24/93	SAN BERNAR	100.00	0.00	100.00	
		100.00	0.00	100.00	

THE CHECK BELOW IS PRESENTED IN FULL PAYMENT OF ITEMS LISTED HEREON.

REMITTANCE ADVICE - DETACH BEFORE DEPOSITING.

CalMat

CalMat Co
LOS ANGELES, CALIFORNIA 90051

56-1368
441

Drawn On
Mount Sterling Office
BANK ONE, COLUMBUS, NA
100 East Broad Street
Columbus, Ohio 43215
In Cooperation With
BANK OF AMERICA NT & SA

641218

DATE	CHECK NO.
03/26/93	641218

AMOUNT
$ *******100.00

PAY **********ONE HUNDRED AND 00/100**********

CalMat Co

PAY TO THE ORDER OF
DEPARTMENT OF TOXIC
SUBSTANCES CONTROL
P.O. BOX 806
SACRAMENTO, CA 95812-0806

A. Martell

II⁸

3200 SAN FERNANDO ROAD, LOS ANGELES, CALIFORNIA 90065

CalMat

LOS ANGELES MAR 29 '95 CALIF

U.S. POSTAGE ≈2,52 METER 9200814

MS PAMELLA BENNETT DIRECTOR
ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PUBLIC WORKS AGENCY
385 N ARROWHEAD AVE
LOS ANGELES CA 92415-0160

CERTIFIED MAIL
No. 228149

FA7904

POST THIS CARD AT JOB SITE

SAN BERNARDINO COUNTY FIRE DEPARTMENT/CUPA
OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 SOUTH "E" STREET
SAN BERNARDINO, CA 92415-0153

LOG # 022808-02 JOB CARD Nº 8996

INSTALL MOD REMOVE

CONSTRUCTION AND/OR REMOVAL OF UNDERGROUND STORAGE FACILITY

Site Name Vulcan Material
Address 2350 W. Highland Ave San Bdno
Contractor Pacific System Electric 909-
Address/Phone 38330 Via La Paloma, Murrieta 877-0704

	INSPECTION RECORD	APPROVED	DATE
FIRST INSPECTION	Excavation Clean, Approved Slope		
	Bedding		
	Holiday/Soap Test, Tanks Set X		
	Manufacturer's UL #		
	Additional Requirements		
	DO NOT BACKFILL UNTIL ABOVE APPROVED		
SECOND INSPECTION	Tank Air Test 5 PSI/30 Minutes		
	Vent/Vapor Lines		
	Products Lines 75 PSI/30 Minutes		
	Product Line Containment		
	Metal Piping Wrapped		
	Sumps, Dispenser Pans Water Test		
THIRD INSPECTION	Approved Fill Boxes		
	Concrete or AC Paving 12" Beyond		
	Leak Detectors/Monitors		
	Lockable Fluid-Tight Access for Monitoring		
	Precision Test Results		
	Dispenser Containment		
	Emergency Shut-off		
	Additional Requirements		
REQUIRED PRIOR TO OPERATING	Business Plan		
	Monitoring Plan		
	Financial Responsibility		

V/H/D Requested Refund 4/18/03 CAA

FINAL APPROVAL AND CURRE[illegible]TAINED PRIOR TO PLACING THESE TANKS IN[illegible]COMPLIANCE)

TANK REMOVAL INSPECTION	Tank(s) Removed X ___		
	Required Samples: 8020		
	Lead (pb) 7421 or IC		
	Additional Test Requirem		
	Removals Cannot b[illegible]ample Results Have Been [illegible]tment.		
	Final — Approved for Backfill		

Refund

Remarks:

FAILURE TO PROTECT AND MAINTAIN THIS CARD MAY RESULT IN JOB DELAY.
PRESERVE THIS RECORD OF INSPECTIONS.

FOR INSPECTION CALL 48 HOURS IN ADVANCE AT (909) 386-8464

THIS PERMIT EXPIRES _____

☐ PETROLEUM ☐ WASTE OIL ☐ OTHER

14-16867-670 Rev. 2/03

DISTRIBUTION: *White — County Fire Department*
Green — Contractor/Owner

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION — FIELD SERVICES/ENVIRONMENTAL PROTECTION
620 South E Street, San Bernardino, CA 92415-0153

UNDERGROUND TANK CONSTRUCTION/ MODIFICATION APPLICATION

$ 715.00 First Tank

$ _____ Each Additional Tank

TANK INSTALLATION ☐
PIPING ONLY ☐
MODIFICATION ☑

JOB LOCATION

Vulcan Material — Andy Meeder — (909) 875-1150
Facility Name and Contact Person — Phone No.

2350 W. Highland Ave — San Bernardino — 92407
Situs Address — City — Zip Code

Fire — Water/Sewer Agency

PROPERTY OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Mailing Address — City — Zip Code

Andy Meeder — (909) 875-1150
Owner's Representative — Phone No.

TANK OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Mailing Address — City — Zip Code

TANK DATA

Construction	Size	Contents	U.L. Number

CONTRACTOR

Pacific System Electric — Denis Minnok — ~~(909)~~ ~~877~~ (909) 877-0704
Company Name — Contact Person — Phone No.

35330 Via la Paloma — Murrieta — 92563
Mailing Address — City — Zip Code

~~3014509~~ State Fund — 3014509
Workman's Comp Insurance Carrier — Policy No.

561275 — A-HAZ — 11/30/08
State Contractor's License No. — Types of Licenses — Expiration Date

Michael Cline — (909) 647-3915
Print Name Clearly — Phone

Signature — 2/28/08
Date

VOID
Requested Refund 4/18/08 CA

OFFICE USE ONLY

New Facility ☐

Permitted Facility ☑ Yes ☐ No

FA7904
Facility ID Number

Number of Tanks 1

Permits Current ☑ Yes ☐ No

8-31-08
Expiration Date

715.00 / 43981
Permit Fee Paid / Receipt Number

416
Check Number

2-28-08
Date Paid

Chasty Frias
Taken by

022808-02 — 8996
Log Number — Job Card Number

POST THIS CARD AT JOB SITE

SAN BERNARDINO COUNTY FIRE DEPARTMENT/CUPA
OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 SOUTH "E" STREET
SAN BERNARDINO, CA 92415-0153

LOG # 062907-01 JOB CARD Nº 8768

INSTALL M REMOVE _____

CONSTRUCTION AND/OR REMOVAL OF UNDERGROUND STORAGE FACILITY

Site Name VULCAN MATERIAL
Address 2350 W. Highland Ave. San Bernardino
Contractor Pacific System Electric
Address/Phone 951-677-0704 / 909-647-3915

	INSPECTION RECORD	APPROVED	DATE
FIRST INSPECTION	Excavation Clean, Approved Slope		
	Bedding		
	Holiday/Soap Test, Tanks Set X		
	Manufacturer's UL #		
	Additional Requirements		
	DO NOT BACKFILL UNTIL ABOVE APPROVED		
SECOND INSPECTION	Tank Air Test 5 PSI/30 Minutes		
	Vent/Vapor Lines		
	Products Lines 75 PSI/30 Minutes		
	Product Line Containment		
	Metal Piping Wrapped		
	Sumps, Dispenser Pans Water Test		
THIRD INSPECTION	Approved Fill Boxes		
	Concrete or AC Paving 12" Beyond		
	Leak Detectors/Monitors		
	Lockable Fluid-Tight Access for Monitoring		
	Precision Test Results		
	Dispenser Containment		
	Emergency Shut-off		
	Additional Requirements		
REQUIRED PRIOR TO OPERATING	Business Plan		
	Monitoring Plan		
	Financial Responsibility		

FINAL APPROVAL AND CURRENT OPERATING PERMITS MUST BE OBTAINED PRIOR TO PLACING THESE TANKS INTO SERVICE ($5,000.00 FINE FOR NONCOMPLIANCE)

TANK REMOVAL INSPECTION	Tank(s) Removed X _____		
	Required Samples: 8020, 8015, MTBE, 418.1		
	Lead (pb) 7421 or ICP 6010, Metals EPA PP13		
	Additional Test Requirements		
	Removals Cannot be Finaled Until a Signed Copy of the Sample Results Have Been Received and Approved by this Department.		
	Final — Approved for Backfill		

Remarks:

FAILURE TO PROTECT AND MAINTAIN THIS CARD MAY RESULT IN JOB DELAY.
PRESERVE THIS RECORD OF INSPECTIONS.

FOR INSPECTION CALL 48 HOURS IN ADVANCE AT (909) 386-8464

THIS PERMIT EXPIRES _____

☐ PETROLEUM ☐ WASTE OIL ☐ OTHER

14-16867-670 Rev. 2/03

DISTRIBUTION: *White — County Fire Department*
Green — Contractor/Owner

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION — FIELD SERVICES/ENVIRONMENTAL PROTECTION
620 South E Street, San Bernardino, CA 92415-0153

UNDERGROUND TANK CONSTRUCTION/ MODIFICATION APPLICATION

$ _____ First Tank

$ _____ Each Additional Tank

TANK INSTALLATION ☐
PIPING ONLY ☒
MODIFICATION ☐

JOB LOCATION

Vulcan Material — (909) 875-1150
Facility Name and Contact Person — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Situs Address — City — Zip Code

Fire — Water/Sewer Agency

PROPERTY OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave — San Bernardino — 92407
Mailing Address — City — Zip Code

Andy Meeder — (909) 875-1150
Owner's Representative — Phone No.

TANK OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Mailing Address — City — Zip Code

TANK DATA

Construction	Size	Contents	U.L. Number

CONTRACTOR

Pacific System Electric — Earl Jones — (951) 677-0704
Company Name — Contact Person — Phone No.

38330 Via La Paloma — Murrieta — 92563
Mailing Address — City — Zip Code

0027195 — Staefa fund
Workman's Comp Insurance Carrier — Policy No.

561275 — A-C-HAZ — 11/30/08
State Contractor's License No. — Types of Licenses — Expiration Date

Michael Cline — (909) 647-3915
Print Name Clearly — Phone

Signature — 6/29/07
Date

OFFICE USE ONLY

New Facility ☐

Permitted Facility ☒ Yes ☐ No — FA 7904 — Facility ID Number

Number of Tanks: 1

Permits Current ☒ Yes ☐ No — 8/31/07 — Expiration Date

715.00 — Permit Fee Paid — 36974 / Receipt Number

Check Number 277

Date Paid 6-29-07

Taken by V Carey

062907-01 — Log Number — 8768 — Job Card Number

County of San Bernardino
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
385 North Arrowhead Avenue, San Bernardino, CA 92415-0160 • (714) 387-3080

LOG # 032790-02 JOB CARD # 2305

CONSTRUCTION AND/OR REMOVAL OF UNDERGROUND STORAGE FACILITY

POST THIS CARD AT JOB SITE

Site Address 2340 W HIGHLAND AVE, SAN BERNARDINO
INDUSTRIAL ASPHALT
Contractor RENFROW CONSTRUCTION (818)
Address/Phone No. 8721 Tamarack Sun Vly / 767-7557

	Inspection Record	Approved By	Date
First Inspection	Excavation Clean, Approved Slope	G. Fleming	7-2-90
	Bedding Materials/Depth	G. Fleming	7-2-90
	Holiday Test, Tanks Set	G. Fleming	7-2-90
	Additional Requirements:		
	Do Not Backfill Until Above Approved		
Second Inspection	Tank Air Test 5 PSI/30 Minutes	G. Fleming	7-24-90
	Product Lines 75 PSI/30 Minutes	G. Fleming	7-24-90
	Product Line Containment	G. Fleming	7-24-90
	Metal Piping Wrapped	G. Fleming	7-24-90
	Additional Requirements: none		
Final Inspection	Approved Fill Boxes	J. Halet	8-3-90
	Concrete or AC Paving 12" Beyond Excavation	J. Halet	8-3-90
	Leak Detectors/Monitors Installed/Operational	J. Halet	8-3-90
	Lockable Fluid-Tight Access for Monitoring Points	J. Halet	8-3-90
	Precision Test Results		
	Additional Requirements: This Job will be finaled when we receive the precision test results.		
	FINAL APPROVAL AND CURRENT OPERATING PERMITS MUST BE OBTAINED PRIOR TO PLACING THESE TANKS INTO SERVICE ($5,000.00 FINE FOR NONCOMPLIANCE)		
Tank Removal Inspection	Tank Removed	G. Fleming	5-18-90
	Required Samples: 8020, (8015) (418.1)	G. Fleming	5-18-90
	Additional Test Requirements:		
	Removals **Can Not** Be Finaled Until A Copy Of The Sample Results Have Been Received And Approved By This Department.		
	Final — Approved for Backfill		

Additional Requirements by Local Fire Authority:

Final Approved by Local Fire Authority:

Name: Title: Date:

FAILURE TO PROTECT AND MAINTAIN THIS CARD MAY RESULT IN JOB DELAY.
PRESERVE THIS RECORD OF INSPECTIONS.

FOR INSPECTION CALL 48 HOURS IN ADVANCE AT (714) 387-3080.

THIS PERMIT EXPIRES 6 MONTHS FROM DATE OF ISSUANCE

DISTRIBUTION: White — DEHS Copy
Yellow — APCD Copy
Green — Owner's Copy

14-16867-631 Rev. 7/89

LIC.#352057



(818) 767-7557
(213) 271-[illegible]1
FAX (818) 767-[illegible]5

MICHAEL A. RENFROW
President

8721 Tamarack Ave • Sun Valley, CA 91352

ire Agency _____

Submit to:
San Bernardino County Department of Environmental Health Services
385 North Arrowhead, San Bernardino, CA 92415-0160

APPLICATION FOR REMOVAL OF UNDERGROUND STORAGE TANK

FEE:
$ 300.00 First Tank
$ 100.00 Each Additional Tank

Date 3-22-90

INDUSTRIAL ASPHALT — **JOB LOCATION**
Facility Name or Contact Person — *Phone No.* 714-875-1508
Situs Address 2340 W. HIGHLAND AVE. SAN BERNARDINO, CA. 92405
City — *State* — *Zip Code*

CONTRACTOR
Name RENFROW CONST. — *Phone No.* 818-767-7557
Mailing Address 8721 TAMARACK AVE SUN VALLEY CA. 91352
City — *State* — *Zip Code*

OWNER
Name INDUSTRIAL ASPHALT — *Phone No.* 714-875-1508
Mailing Address 2340 W. HIGHLAND AVE.
City SAN BERNARDINO CA. 92405 — *State* — *Zip Code*

TANK DATA

Construction	Size	Contents	U.L. Number
STEEL	12.000 GAL.	Diesel.	UNKNOWN

Workman's Comp. Carrier and Policy No. _____

Water Sewer Agency _____

NOTE: The State of California has determined that tanks used for the storage of any hazardous or flammable substance shall be considered hazardous even if all contents have been removed.

All storage tanks shall be hauled as hazardous waste, accompanied by a state hazardous waste manifest, and taken to a licensed treatment, storage and disposal facility (TSDF); or if the tanks are triple rinsed on site and the rinsate manifested and hauled to a licensed TSDF, the tank may be handled as nonhazardous.

For information on licensed TSDF's that can accept nonrinsed tanks contact the State of California Department of Health Services, Toxic Substance Control at (213) 620-2380.

Est#86009111 - 1 Tank - All fees current 4/30/90 Exp.

Signature Monte Neumann

Date 3-22-90

03-17445-631

(64) **OFFICE USE ONLY**
Amount #300.00
Check No. 5406 (#700.00)
Date Paid 3/27/90
Taken By Cat (mail
Log No. 032790-02
Job Card Issued: No. 2305

Submit to:
San Bernardino County Department of Environmental Health Services
385 North Arrowhead, San Bernardino, CA 92415-0160 (714) 387-3080

UNDERGROUND TANK INSTALLATION APPLICATION

INSTALLATION FEE:
$400.00 First Tank
$100.00 Each Additional Tank

YEARLY OPERATING PERMIT:
$163.00 First Tank
$80.00 Each Additional Tank
$56.00 State Surcharge (Per tank)
$55.00 Hazardous Material Handler

JOB LOCATION

Facility Name or Contact Person: INDUSTRIAL ASPHALT — Phone No.: 714-875-1508
Situs Address: 2340 W. HIGHLAND AVE. — City: SAN BERNARDINO — State: CA. — Zip Code: 92405
Fire Agency: SAN BERNARDINO FIRE — Water/Sewer Agency: INDUSTRIAL

PROPERTY OWNER

Name: INDUSTRIAL ASPHALT — Phone No.: 714-875-5180
Mailing Address: 6623 CALLE EVA MIRANDA — City: AZUSA — State: CA. — Zip Code: 91702
Owner's Representative: JOHN MILSTEAD — Phone No.: 714-875-5180

TANK OWNER

Name: INDUSTRIAL ASPHALT
Mailing Address: 6623 CALLE EVA MIRANDA — City: AZUSA — State: CA. — Zip Code: 91702 — Phone No.: 714-875-5180

TANK DATA

Construction	Size	Contents	U.L. Number
1 DOOR 10- DOUBLE WALL FIBERGLASS	10K.	DIESEL	UNKNOWN

CONTRACTOR

Name: RENFROW CONST. — Phone No.: 818-767-7557
Mailing Address: 8721 TAMARACK AVE — City: SUN VALLEY — State: CA. — Zip Code: 91352
Workman's Comp. No.: STATE FUND — Policy No.: 722664-90
State Contractor's License No.: 352057 — Types: C61 — Expiration Date: 12-1-90

Cash# 86009111 - 1 Tank - All fees current 4/30/90 Chp.

Signature: Monte Renfrow

Date: 3-22-90

(64)

OFFICE USE ONLY

Amount: #400.00
Check No.: 5406 (#700.00)
Date Paid: 3/27/90
Taken By: Pat (mail)
Log No.: 032790-02
Job Card Issued: No.: 2305

PACIFIC SYSTEMS ELECTRIC

38330 Via La Paloma
Murrieta California 92563
951 677-0704 Fax 951 698-5436
Lic # 561275

To Whom It May Concern

Please accept this letter as authorization for Mike Cline of Carbontech to establish permits in Pacific Systems Electric, Inc. behalf.

Sincerely,

Earl Jones
President

PAMALA DUPSLOFF
Commission # 1432766
Notary Public - California
Riverside County
My Comm. Expires Jul 29, 2007

State of California, County of Riverside
Subscribed and sworn to (or affirmed) before me
on this 5 day of June, 2007
by Earl Jones
personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature: Pamala Dupsloff

State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE

License 561275 Type CORP

PACIFIC SYSTEMS ELECTRIC INC

Classification(s) C10 A HAZ

Expiration Date 11/30/2008

POLICYHOLDER COPY SK

STATE COMPENSATION INSURANCE FUND

P.O. BOX 420807, SAN FRANCISCO,CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-01-2007

GROUP: 000229
POLICY NUMBER: 0027195-2007
CERTIFICATE ID: 65
CERTIFICATE EXPIRES: 02-07-2008
02-07-2007/02-07-2008

CONTRACTORS STATE LICENSE BOARD SK
WORKERS COMPENSATION UNIT
PO BOX 26000
SACRAMENTO CA 95826-0026

LIC PERMIT#: 561275
INCEPTION DATE:02-07-2007
DO:SK

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

AUTHORIZED REPRESENTATIVE

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - EARL DOYLE JONES P T - EXCLUDED.

ENDORSEMENT #1600 - CHARLEEN WREY JONES S - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 02-07-2007 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

PACIFIC SYSTEMS ELECTRIC, INC SK
38330 VIA LA PALOMA
MURRIETA CA 92563

(REV.3-05)

[IMD,CN]
PRINTED : 02-01-2007

INTERNATIONAL CODE COUNCIL

EARL D JONES

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

UST INSTALLATION/RETROFITTING

given this day of December 26, 2006

Wally Bailey

Wally Bailey

President, ICC Board of Directors

Rick Weiland

Rick Weiland

ICC Chief Executive Officer

5250377-U1

Certificate Number

ICC

INTERNATIONAL CODE COUNCIL®

This certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.

Feb 21 07 10:58a Charleen Jones 951 698-5436 p.1

INTERNATIONAL CODE COUNCIL

EARL D JONES

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

CALIFORNIA UST SERVICE TECHNICIAN

given this day of June 24, 2005

Frank P. Hodge Jr.

Frank P. Hodge Jr.
President, ICC Board of Directors

James L. Witt

James L. Witt
ICC Chief Executive Officer

5250377-UT
Certificate Number

ICC
INTERNATIONAL CODE COUNCIL®

INTERNATIONAL CODE COUNCIL

WILLIAM MADSEN

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

CALIFORNIA UST SERVICE TECHNICIAN

given this day of July 8, 2005

Frank P. Hodge Jr.

Frank P. Hodge Jr.
President, ICC Board of Directors

James L. Witt

James L. Witt
ICC Chief Executive Officer

5263306-UT
Certificate Number

ICC
INTERNATIONAL CODE COUNCIL®



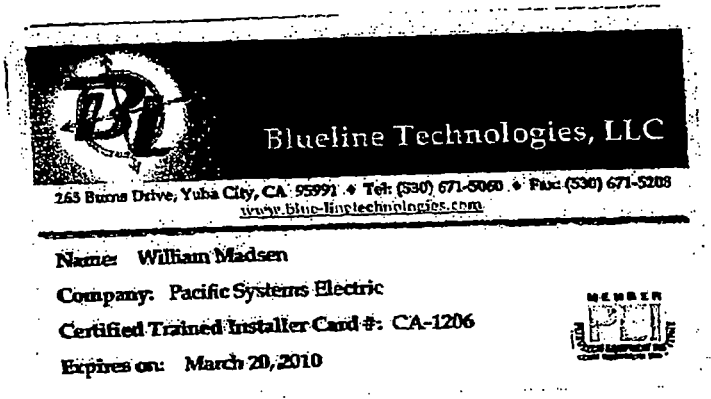
285 Burns Drive, Yuba City, CA 95991 · Tel: (530) 671-6000 · Fax (530) 671-6008
www.blue-linetechnologies.com · Email: sales@blue-linetechnologies.com

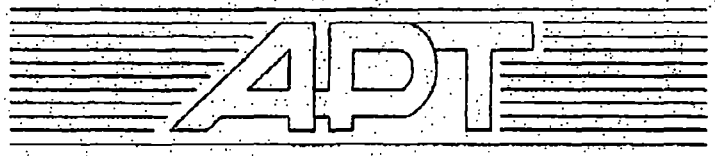
Name: Earl D. Jones

Company: Pacific Systems Electric

Certified Trained Installer Card #: CA-1204

Expiration Date: August 4, 2008


Blueline Technologies, LLC
265 Burns Drive, Yuba City, CA 95991 • Tel: (530) 671-5060 • Fax: (530) 671-5208
www.blue-linetechnologies.com
Name: William Madsen
Company: Pacific Systems Electric
Certified Trained Installer Card #: CA-1206
Expires on: March 20, 2010
MEMBER



POLY-TECH™ FLEXIBLE UNDERGROUND PIPING SYSTEMS

Factory Trained Installer

THIS IS TO CERTIFY

Earl D. Jones - Pacific Systems Electric

HAS SUCCESSFULLY COMPLETED
THE POLY-TECH FACTORY TRAINING PROGRAM



№ 00 - 1247

8/16/02
DATE

APT, Inc.
Muskegon, MI

©1998 GOES 34625
All Rights Reserved

LITHO. IN U.S.A.

SAN BERNARDINO COUNTY
FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
PUBLIC AND SUPPORT
SERVICES GROUP

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 South "E" Street • San Bernardino, CA 92415-0153
(909) 386-8401 • Fax (909) 386-8460

PAT A. DENNEN
Fire Chief
County Fire Warden

7 OCTOBER 2009

VULCAN MATERIAL
3200 SAN FERNANDO ROAD
LOS ANGELES, CA 90065

RE: UNDERGROUND STORAGE TANK LOCATED AT 2350 W HIGHLAND AVENUE, SAN BERNARDINO
FA 7904

ATTN: Mr. John Janke

The San Bernardino County Fire Department Hazardous Materials Division (SBCFD) understands that you plan to only use this tank if the normal fuel supply is disrupted.

In order to be able to use this tank for a hazardous substance (fuel) in the future, it must meet the current standards for an Underground Storage Tank (UST) when it is put into service.

At this time, current standards require the UST to meet the Code of California Regulations Title 23 Division 3 Article 3 sections 2630 et al. These regulations are commonly called VPH Standards. VPH stands for monitoring the secondary containment of the UST system by Vacuum, Pressure, or Hydrostatic approved methods. This standard is for all USTs that were put into service after July 1, 2004.

If you were to use the option of removing the tank from being regulated as an UST, it could not be placed into service (allowed to contain fuel) until it had been upgraded to VPH standards. The amount of time required to complete the upgrade would take up to several months to get all the required equipment, permits and certifications and possibly longer if the tank does not pass all of the required tests.

In order to keep the tank unused, but available to for use within a minimal amount of time, the tank would have to be regulated as an UST with the standards that were in place when the UST was originally put into service. Because the UST would not contain fuel, SBCFD would allow a modified monitoring method to keep the UST regulated at original standards.

At a minimum, SBCFD would require the following for the UST:

- Lock all access points
- Post signs to prevent material from being put into the UST
- Complete repairs and retesting on the May 24, 2007 SB 989 failures of the secondary containment
- Keep the UST permits current

MARK H. UFFER
County Administrative Officer

NORMAN A. KANOLD
Assistant County Administrator
Public and Support
Services Group

Board of Supervisors
BRAD MITZELFELT ..... First District
PAUL BIANE ..... Second District
NEIL DERRY ..... Third District
GARY C. OVITT ..... Fourth District
JOSIE GONZALES ..... Fifth District

- Continue with annual monitoring certifications
- Conduct monthly Designated Operators inspections
- Keep the UST continually electronically monitored
- Conduct SB 989 testing when due (May 2010)
- Keep all required paperwork updated

Meeting the above requirements to keep the UST continually ready for fuel delivery will allow the UST to be immediately put into service for its intended purpose. Keeping the UST maintained and monitored preserves the original date of installation in terms of the applicable regulations and should allow fuel delivery without additional SBCFD approvals or delays from having to go through plan check, pre-startup monitoring certification, or additional maintenance testing. Once the fuel is brought onto the site, you have up to 30 days to update the business emergency/contingency plan to reflect any related changes to inventory.

This alternative leak detection and monitoring plan will meet the requirements of the SBCFD as the Certified Unified Program Agency (CUPA). It does not take the place of approvals from City agencies (e.g. San Bernardino City Fire), Air Quality, Board of Equalization, or other related agencies. Because there may be other requirements for startup and employees are not accustomed to using this UST, the CUPA recommends that the facility create an internal pre-startup checklist as part of the procedures for disruption of fuel supply to ensure a safe and legally compliant use of this UST.

This letter serves to rescind the Notice of Violation dated September 2, 2009. However, the facility will have 30 days to comply with one of two options:

(1) Comply with the above requirements for a regulated UST (including submitting plans for completing repairs from the SB 989 failures), or
(2) Submit a request for the UST permit to be inactivated and submit documentation that the facility does not want the tank to be regulated and therefore cannot be used for the storage of fuel (or hazardous material) until an UST application plan check has been submitted and approved, and the UST has been upgraded to VPH standards, or the applicable standards at the time of application.

If you have any questions, I can be reached at (909) 386-8464, or by email at gbeach@sbcfire.org.

Greg Beach

Greg Beach
Hazardous Material Specialist
LOP/UST Section

COUNTY FIRE DEPARTME...

COUNTY OF SAN BERNARDINO

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIAL DIVISION
620 South "E" St.
San Bernardino, CA 92415-0179
(909) 386-8401 – FAX (909) 386-8460

PAT A DENNEN
Fire Chief
County Fire Warden

September 26, 2007

ANDY MEEDER
CALMAT / VULCAN MATERIALS
2400 WEST HIGHLAND AVE.
SAN BERNARDINO, CA 92407

RE: REPAIRS TO THE FUELING SYSTEM FOR CALMAT/VULCAN MATERIALS AT 2350 HIGHLAND AVENUE, SAN BERNARDINO, CALIFORNIA (Log #062907-01)

The work plan for repairs to the fueling system at the above referenced facility is conditionally approved as corrected. This approval is to install new double walled APT supply and return product piping using the existing piping as chase pipe, and to repair the piping sump riser connection to the tank collar. Please submit an addendum to clarify how you intend to address the corrections made to the plans. The addendum must be submitted and approved prior to your beginning work. Any other repairs or modifications shall be approved prior to start of work.

This tank was installed in 1990 to supply diesel fuel to your generators if the natural gas supply was ever restricted or cut off. You have indicated that this tank has never been used, and may possibly be removed within approximately 2 years. As the tank has never held a hazardous substance it is currently not regulated. Prior to your putting the tank in operation all repairs and upgrades must be completed and pass inspection. In addition, a complete monitoring certification inspection, and SB-989 secondary containment testing must be conducted and passed.

Until the tank is either put into operation or is removed, the Department recommends that you conduct routine inspections of the tank, lock access to the tank, and post signage to assure that materials are not mistakenly dumped into the tank.

All inspections must be requested a minimum of 5 days in advance. Please contact this office at (909) 386-8464 if you have questions, or to schedule an inspection.

Lisa Holst

LISA HOLST, R.E.H.S.
HAZARDOUS MATERIALS SPECIALIST II
HAZARDOUS MATERIALS DIVISION
UST COMPLIANCE / SITE REMEDIATION PROGRAM

LH/cw

cc: Dennis Minnock, Pacific Systems Electric, Inc.

-entered 93.

San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

NOTICE OF VIOLATION

Violators Name: Vulcan Materials Western Division
Mailing Address: 2350 W. Highland Ave
San Bernardino CA 92407

NOV Date: 9/2/09
FA #: 1904
APN:

An investigation / inspection / file review concerning the property at 2350 W. Highland Ave, San Bernardino CA
was made on September 2, 2009. Based on conditions observed:

THE FOLLOWING VIOLATIONS EXIST:

Failure to certify UST (underground storage tanks) annually (23 CCR 2638 or 2641 j) 11/1/09

YOU ARE HEREBY ORDERED TO COMPLY BY:

Hire an ICC certified contractor to perform UST monitoring certification. A representative from County Fire Dept must be present during monitoring certification. Please schedule an inspection with County Fire Dept 11/1/09

YOU MUST COME INTO COMPLIANCE WITH THE ABOVE ORDER WITHIN 30 days OF RECEIPT OF NOTICE.

FAILURE TO COMPLY WITH THIS ORDER MAY RESULT IN FURTHER ENFORCEMENT ACTION.

The San Bernardino County Fire Department reserves the right to issue an Administrative Enforcement Order or refer this matter to the District Attorney's office for review and prosecution of any or all violations which have occurred regardless of your compliance with this directive.

If you have any questions, contact the Department representative below at (909) 386-8419.

Issued By: Catherine B Richards
Sign Name

Received By: Andy Meeder
Sign Name

Catherine B. Richards
Print Name

Andy Meeder
Print Name

Hazardous Materials Specialist II
Title

Foreman
Title

Form Revised 1/16/2007 *12-14585-670 Rev. 2/07* *DISTRIBUTION: White – File* *Yellow – Facility* *Pink – Department Representative*

ICC # 5263377-UI

NOTICE

DO NOT PLACE ANY MATERIALS IN THIS UNDERGROUND STORAGE TANK. TANK NEVER PLACED IN USE AND REMAINS NON-REGULATED STATUS PER SBCFD HAZMAT DIVISION

Vulcan
Materials Company

RECEIVED
SEP 11 2009
S.B. CO. FIRE DEPT.

Ms. Marilyn Kraft
San Bernardino County Fire Department
620 South E Street
San Bernardino, CA 92415-0153

Dear Ms. Kraft,

This letter is in regards to a Notice of Violation (FA# 7904) issued on 9-2-09 by Inspector Catherine Richards at our San Bernardino asphalt facility located at 2350 W. Highland Avenue, San Bernardino.

The citation was issued for failure to perform leak monitoring certification on the facility's underground storage tank. This particular tank was placed onsite to fuel the asphalt plant in the case natural gas becomes unavailable. It has never been used for that purpose, nor has a single gallon of fuel ever been placed into the tank.

The San Bernardino County Fire Department (SBCFD) has asserted that because the tank has never contained fuel, it is therefore considered non-regulated and is not subject to certification requirements. This issue has arisen with SBCFD previously; see the attached 2007 letter from Lisa Holst of your staff detailing the issue and SBCFD's ruling on the matter. SBCFD classified the UST as non-regulated and gave Vulcan specific instructions on maintaining it as such. Vulcan has followed SBCFD's instruction on maintaining the tank as non-regulated by conducting routine monthly inspections, locking access to the tank and posting a sign (copy attached) with instructions that no fuel be placed in the tank. Our understanding is that if and when fuel is placed in the tank the requisite monitoring will be performed immediately and the tank will be reclassified as regulated. We therefore assert no violation occurred because Vulcan followed SBCFD's instruction on maintaining the tank under non-regulated status with the understanding that leak certification monitoring was not required.

We respectfully request that the Notice of Violation and requirement to perform leak monitoring certification be rescinded. Please advise us of your action on this matter.

Please do not hesitate to contact me at 323-312-9960 with any questions.

Sincerely,

John R. Janke
Environmental Specialist
Vulcan Materials Company

WESTERN DIVISION
P.O. BOX 3098 • SAN DIEGO, CALIFORNIA 92163-3098
TELEPHONE (858) 547-9459 • FAX (858) 530-9493

Vulcan
Materials Company

WESTERN DIVISION
VULCAN MATERIALS COMPANY
P.O. BOX 3098
SAN DIEGO, CA 92163

7001 2510 0001 5053 9263

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 005.71⁰
0003091731 SEP 08 2009
MAILED FROM ZIP CODE 92121

RECEIVED
SEP 11 2009
S.B. CO. FIRE DEPT.

Ms. Marilyn Kraft
San Bernardino Co. Fire Dept
620 South "E" Street
San Bernardino, CA 92415-0153

→76B 9/14/09

92415+0153

memo

1076

UST TEST RESULTS

ATTN: ADRIAN SAGUAN

To: San Bernardino County Fire Dept. – Hazardous Materials Division
620 South E Street
San Bernardino, CA 92415-0153

From: Dennis Minnock

714-713-9529

Date: 3/16/2015

Re: **Secondary Containment Test Results**
Vulcan Materials Co
2400 W Highland Ave
San Bernardino
5 pages

ENTERED
APR 12 2015

RECEIVED
MAR 19 2015
S.B. CO. FIRE DEPT.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Vulcan Materials	Date of Testing:	3/3/2015
Facility Address:	2400 W. Highland Ave. San Bernardino		
Facility Contact:	Floyd Sibole	Phone:	909-875-1150
Date Local Agency Was Notified of Testing :	Feb. 19, 2015		
Name of Local Agency Inspector *(if present during testing)*:	Adrian Saguan		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Petrotech Service		
Technician Conducting Test:	Philip Smith		
Credentials:	X CSLB Licensed Contractor	□ SWRCB Licensed Tank Tester	
License Type: A, Haz		License Number:991520	

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
ICC	UST Service Technician	9/19/2015
Franklin Fueling	Incon TS-STS	1/31/2016

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Waste Oil sump	X	□	□	□		□	□	□	□
UDC 1	X	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□
	□	□	□	□		□	□	□	□

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Philip B Smith Date: 3/3/20

RECEIVED
MAR 19 2015
S.B. CO. FIRE DEPT.

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Incon TS-STS		Equipment Resolution:.0001"	

	Sump #1 Waste Oil	Sump #	Sump #	Sump #
Sump Diameter:	**41**			
Sump Depth:	**52**			
Sump Material:	**Fiberglass**			
Height from Tank Top to Top of Highest Piping Penetration:	**14**			
Height from Tank Top to Lowest Electrical Penetration:	**15**			
Condition of sump prior to testing:	**Good**			
Portion of Sump Tested[1]	**16**			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐Yes ☐No X NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	☐Yes ☐No X NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was fail-safe verified to be operational?*	☐Yes ☐No X NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Wait time between applying pressure/vacuum/water and starting test:	**15 minutes**			
Test Start Time:	**2:26/2:42**			
Initial Reading (R_I):	**1.8847/1.8854**			
Test End Time:	**2:41/2:57**			
Final Reading (R_F):	**1.8854/1.8847**			
Test Duration:	**15 min/ 15 min**			
Change in Reading (R_F-R_I):	**.0007/.0007**			
Pass/Fail Threshold or Criteria:	**>.002**			
Test Result:	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**
Was sensor removed for testing?	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Incon TS-STS		Equipment Resolution:.0001"	

	UDC #1	UDC #	UDC #	UDC #
UDC Manufacturer:	Bravo			
UDC Material:	Fiberglass			
UDC Depth:	36			
Height from UDC Bottom to Top of Highest Piping Penetration:	19			
Height from UDC Bottom to Lowest Electrical Penetration:	24			
Condition of UDC prior to testing:	Good			
Portion of UDC Tested[1]	21			
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Turbine shutdown response time	Immediate			
Is system programmed for fail-safe shutdown?*	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was fail-safe verified to be operational?*	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Wait time between applying pressure/vacuum/water and starting test	15 minutes			
Test Start Time:	4:32/4:48			
Initial Reading (R_I):	7.8878/7.8878			
Test End Time:	4:47/5:03			
Final Reading (R_F):	7.8878/7.8875			
Test Duration:	15 min/ 15 min			
Change in Reading (R_F-R_I):	0/.0003			
Pass/Fail Threshold or Criteria:	>.002			
Test Result:	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**
Was sensor removed for testing?	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	X Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

PETROTECH SERVICE
TESTING SERVICES
VMC
2400 HIGHLAND
SAN BERNARDINO

03/03/2015 2:41 PM

SUMP LEAK TEST REPORT

PIPING

TEST STARTED	2:26 PM
TEST STARTED	03/03/2015
BEGIN LEVEL	1.8847 IN
END TIME	2:41 PM
END DATE	03/03/2015
END LEVEL	1.8854 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PETROTECH SERVICE
TESTING SERVICES
VMC
2400 HIGHLAND
SAN BERNARDINO

03/03/2015 4:47 PM

SUMP LEAK TEST REPORT

UDC

TEST STARTED	4:32 PM
TEST STARTED	03/03/2015
BEGIN LEVEL	7.8878 IN
END TIME	4:47 PM
END DATE	03/03/2015
END LEVEL	7.8878 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

VMC
2400 HIGHLAND
SAN BERNARDINO

03/03/2015 2:57 PM

SUMP LEAK TEST REPORT

PIPING

TEST STARTED	2:42 PM
TEST STARTED	03/03/2015
BEGIN LEVEL	1.8854 IN
END TIME	2:57 PM
END DATE	03/03/2015
END LEVEL	1.8847 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PETROTECH SERVICE
TESTING SERVICES
VMC
2400 HIGHLAND
SAN BERNARDINO

03/03/2015 5:03 PM

SUMP LEAK TEST REPORT

UDC

TEST STARTED	4:48 PM
TEST STARTED	03/03/2015
BEGIN LEVEL	7.8878 IN
END TIME	5:03 PM
END DATE	03/03/2015
END LEVEL	7.8875 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

Dennis Minnock
PO Box 2182
Victorville, CA 92393
www.crpa.org

RECEIVED
MAR 19 2015
S.B. CO. FIRE DEPT.

LAS VEGAS NV 890
16 MAR 2015 PM 3 L



SAN BERNARDINO CO FIRE DEPT. - HAZ DIV.
620 SOUTH E STREET
SAN BERNARDINO, CA 92415-0153

ATN: ADRIAN SAGUAN

924150153

Vulcan
Materials Company

October 28, 2009

emergency tank

Mr. Greg Beach
Hazardous Materials Division
San Bernardino County FD
620 South E Street
San Bernardino, CA 92415-8460

Dear Mr. Beach,

In regards to your letter of Oct 7, Vulcan Materials Company has decided to request inactivation of the permit for the diesel underground storage tank (UST) located at 2350 W. Highland Ave, San Bernardino, CA, Facility ID # 7904.

We do not plan to use the UST to store fuel anytime in the foreseeable future and are aware of the application and equipment upgrade requirements that would become necessary should we decide to use the tank.

We will continue to lock all access points to the UST and have signs posted that will prevent any accidental filling of the tank.

Please advise on any further action that will need to be taken the inactivate the UST permit.

Please do not hesitate to contact me with any questions.

Sincerely,

John R. Janke
Environmental Specialist
Vulcan Materials Company

CERTIFIED MAIL: 7001 2510 0001 5053 9270

RECEIVED
NOV 02 2009
S.B. CO. FIRE DEPT.

WESTERN DIVISION
P.O. BOX 3098 • SAN DIEGO, CALIFORNIA 92163-3098
TELEPHONE (858) 547-9459 • FAX (858) 530-9493

7 OCTOBER 2009

VULCAN MATERIAL
3200 SAN FERNANDO ROAD
LOS ANGELES, CA 90065

RE: UNDERGROUND STORAGE TANK LOCATED AT 2350 W HIGHLAND AVENUE, SAN BERNARDINO
FA 7904

ATTN: Mr. John Janke

The San Bernardino County Fire Department Hazardous Materials Division (SBCFD) understands that you plan to only use this tank if the normal fuel supply is disrupted.

In order to be able to use this tank for a hazardous substance (fuel) in the future, it must meet the current standards for an Underground Storage Tank (UST) when it is put into service.

At this time, current standards require the UST to meet the Code of California Regulations Title 23 Division 3 Article 3 sections 2630 et al. These regulations are commonly called VPH Standards. VPH stands for monitoring the secondary containment of the UST system by Vacuum, Pressure, or Hydrostatic approved methods. This standard is for all USTs that were put into service after July 1, 2004.

If you were to use the option of removing the tank from being regulated as an UST, it could not be placed into service (allowed to contain fuel) until it had been upgraded to VPH standards. The amount of time required to complete the upgrade would take up to several months to get all the required equipment, permits and certifications and possibly longer if the tank does not pass all of the required tests.

In order to keep the tank unused, but available to for use within a minimal amount of time, the tank would have to be regulated as an UST with the standards that were in place when the UST was originally put into service. Because the UST would not contain fuel, SBCFD would allow a modified monitoring method to keep the UST regulated at original standards.

At a minimum, SBCFD would require the following for the UST:

- Lock all access points
- Post signs to prevent material from being put into the UST
- Complete repairs and retesting on the May 24, 2007 SB 989 failures of the secondary containment
- Keep the UST permits current

- Continue with annual monitoring certifications
- Conduct monthly Designated Operators inspections
- Keep the UST continually electronically monitored
- Conduct SB 989 testing when due (May 2010)
- Keep all required paperwork updated

Meeting the above requirements to keep the UST continually ready for fuel delivery will allow the UST to be immediately put into service for its intended purpose. Keeping the UST maintained and monitored preserves the original date of installation in terms of the applicable regulations and should allow fuel delivery without additional SBCFD approvals or delays from having to go through plan check, pre-startup monitoring certification, or additional maintenance testing. Once the fuel is brought onto the site, you have up to 30 days to update the business emergency/contingency plan to reflect any related changes to inventory.

This alternative leak detection and monitoring plan will meet the requirements of the SBCFD as the Certified Unified Program Agency (CUPA). It does not take the place of approvals from City agencies (e.g. San Bernardino City Fire), Air Quality, Board of Equalization, or other related agencies. Because there may be other requirements for startup and employees are not accustomed to using this UST, the CUPA recommends that the facility create an internal pre-startup checklist as part of the procedures for disruption of fuel supply to ensure a safe and legally compliant use of this UST.

This letter serves to rescind the Notice of Violation dated September 2, 2009. However, the facility will have 30 days to comply with one of two options:

(1) Comply with the above requirements for a regulated UST (including submitting plans for completing repairs from the SB 989 failures), or
(2) Submit a request for the UST permit to be inactivated and submit documentation that the facility does not want the tank to be regulated and therefore cannot be used for the storage of fuel (or hazardous material) until an UST application plan check has been submitted and approved, and the UST has been upgraded to VPH standards, or the applicable standards at the time of application.

If you have any questions, I can be reached at (909) 386-8464, or by email at gbeach@sbcfire.org.

Greg Beach
Hazardous Material Specialist
LOP/UST Section

Vulcan
Materials Company

CalMat Division

ANDY MEEDER
Plant Foreman
San Bernardino, HMA

cell (909) 841-1194
2350 W. HIGHLAND AVENUE • SAN BERNARDINO, CA 92407
OFFICE 909-875-5180 • FAX 909-820-7256

San Bernardino County Fire Department • Hazardous Materials Division
620 South "E" Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460 • www.sbcfire.org

NOTICE OF VIOLATION

Violators Name: Vulcan Materials Western Division
Mailing Address: 2350 W. Highland Ave San Bernardino CA 92407

NOV Date: 9/2/09
FA #: 1904
APN:

An investigation / ~~inspection~~ / file review concerning the property at 2350 W. Highland Ave, San Bernardino CA was made on September 2, 2009. Based on conditions observed:

THE FOLLOWING VIOLATIONS EXIST:

Failure to certify UST (underground storage tanks) annually (23 CCR 2638 or 2641 j)

YOU ARE HEREBY ORDERED TO COMPLY BY:

Hire an ICC certified contractor to perform UST monitoring certification. A representative from County Fire Dept must be present during monitoring certification. Please schedule an inspection with the County Fire Dept

YOU MUST COME INTO COMPLIANCE WITH THE ABOVE ORDER WITHIN 30 days OF RECEIPT OF NOTICE.

FAILURE TO COMPLY WITH THIS ORDER MAY RESULT IN FURTHER ENFORCEMENT ACTION.

The San Bernardino County Fire Department reserves the right to issue an Administrative Enforcement Order or refer this matter to the District Attorney's office for review and prosecution of any or all violations which have occurred regardless of your compliance with this directive.

If you have any questions, contact the Department representative below at (909) 386-8419.

Issued By: Catherine B Richards
Sign Name

Received By: Andy Meeder
Sign Name

Catherine B. Richards
Print Name

Andy Meeder
Print Name

Hazardous Materials Specialist II
Title

Foreman
Title

Form Revised 1/16/2007 *12-14585-670 Rev. 2/07* *DISTRIBUTION: White – File* *Yellow – Facility* *Pink – Department Representative*

ICC # 5263377-UI

4/18
to Linda for Doug's ... Dec ...

San Bernardino County Fire Department
Hazardous Materials Division
Permit Billing Refund Request

Facility / Owner Information

Facility ID: FA7904 Date Requested: 4-18-08

Facility Name: Vulcan Materials Permit #

Address: 2350 W. Highland Ave Permit #

City: San Bdno State: CA Zip: 92407 Permit #

Phone: (909) 875-1150 Permit #

Owner ID: OW1423 Permit #

Owner Name: CAL MAT CO Permit #

Address: 3200 SAN FERNANDO RD Permit #

City: LOS ANGELES State: CA Zip: 90051 Permit #

Phone: (323) 258-2777 Permit #

Payable To: CARBONTECH

Comments: CHECK WAS ISSUED BY: CARBONTECH
7109 BROWNING RD
(SEE ATTACHED) HIGHLAND, CA 92346

Refund Information

Refund Amount $: 715.00 Revenue Fund Code: ~~4110e~~

Program Element: 4110 Receipt No. 43981

Check No. 416

GRC No. 4110

Deposit No.

Justification: TANK HAS NEVER CONTAINED FUEL & IS CONSIDERED TO BE UNREGULATED. FEES WERE SUBMITTED W/ PLANS THAT WERE INTENDED TO MODIFY TANK PIPING SYSTEM TO ENABLE TESTING AS IF IT WAS REGULATED. REFUND OK'D BY INSPECTOR LISA HOLST

Prepared By: Christy Frias Approved By:

A/R Information

Pmt. Voucher ID#: Date Prepared:

Prepared By: Approved By:

CARBONTECH

4/8/08

SAN BERNARDINO COUNTY FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 S. E STREET
SAN BERNARDINO, CA 92415

ATTENTION: LISA HOLST, R.E.H.S.

FACILITY: VULCAN MATERIALS
ADDRESS: 2350 W. HIGHLAND AVE.

RE: REQUEST FOR REFUND OF PERMIT FEES

LISA,

THIS LETTER SERVES TO REQUEST A REFUND OF THE UNDERGROUND TANK CONSTRUCTION/MODIFICATION APPLICATION FEES WE PAID ON FEB. 28, 2008 (RECEIPTS ATTACHED). IT IS OUR UNDERSTANDING THAT THIS TANK HAS NEVER CONTAINED FUEL AND IS CONSIDERED BY YOUR OFFICE TO BE UNREGULATED. THE FEE WE PAID ACCOMPANIED PLANS THAT WERE INTENDED TO MODIFY THE TANK PIPING SYSTEM TO ENABLE TESTING AS IF IT WAS A REGULATED TANK.

IT IS OUR UNDERSTANDING THAT IF THIS TANK IS EVER TO PLACED INTO SERVICE WE ARE REQUIRED TO SUBMIT PLANS AND OBTAIN APPROVALS FROM YOUR OFFICE PRIOR TO PLACING FUEL INTO THE TANK.

THE CONTRACTOR, PACIFIC SYSTEMS ELECTRIC, WILL POST SIGNAGE AT THE TANK FILL AREA TO ENSURE THAT MATERIALS ARE NOT MISTAKENLY DUMPED INTO THE TANK AND INSTALL A LOCK ON THE FILL CAP. ROUTINE INSPECTIONS WILL ALSO BE PERFORMED.

IF YOU HAVE ANY QUESTIONS, OR REQUIRE ADDITIONAL INFORMATION, PLEASE GIVE ME A CALL.

Greg Roberts

GREG ROBERTS
CARBONTECH

CARBONTECH
7109 BROWNING ROAD - EAST HIGHLAND, CA - OFFICE: 562-756-4675 - FAX: 909-864-3032

SAN BERNARDINO COUNTY FIRE DEPARTMENT
SPECIAL DISTRICTS

RECEIPT 43981

DIVISION HAZ MAT DATE 2-28-08

RECEIVED FROM Carbontech $ 715.00

Seven hundred, fifteen DOLLARS

ESTABLISHMENT / ACCOUNTS / CONTRACT # FA7904

DESCRIPTION	FUND-DEPT-ORG-REVENUE	GRC#	AMOUNT
UST MOD	Vulcan Materials Western Div 2350 W. Highland San Bdno	4110	715.00
	Log # 0228-08-02		
GRAND TOTAL			$ 715.00

PAYMENT TYPE CHECK CHECK # 416

(SIGNATURE) [signature] TITLE CA/II BOOK # 878

01-20802-670 Rev. 4/01

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION — FIELD SERVICES/ENVIRONMENTAL PROTECTION
620 South E Street, San Bernardino, CA 92415-0153

UNDERGROUND TANK CONSTRUCTION/ MODIFICATION APPLICATION

$ 715 First Tank

$ _____ Each Additional Tank

TANK INSTALLATION ☐
PIPING ONLY ☐
MODIFICATION ☑

JOB LOCATION

Vulcan Material — Andy Meeder — (909) 875-1150
Facility Name and Contact Person — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Situs Address — City — Zip Code

Fire — Water/Sewer Agency

PROPERTY OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Mailing Address — City — Zip Code

Andy Meeder — (909) 875-1150
Owner's Representative — Phone No.

TANK OWNER

Vulcan Material — (909) 875-1150
Name — Phone No.

2350 W. Highland Ave. — San Bernardino — 92407
Mailing Address — City — Zip Code

TANK DATA

Construction	Size	Contents	U.L. Number

CONTRACTOR

Pacific System Electric — Denis Minnick — [redacted] (909) 877-0704
Company Name — Contact Person — Phone No.

38330 Via la Paloma — Murrieta — 92563
Mailing Address — City — Zip Code

[redacted] State Fund — 3014509
Workman's Comp Insurance Carrier — Policy No.

561275 — A-HAZ — 11/30/08
State Contractor's License No. — Types of Licenses — Expiration Date

Michael Cline — (909) 647-3915
Print Name Clearly — Phone

Signature — 2/28/08
Date

OFFICE USE ONLY

New Facility ☐
Permitted Facility ☑ Yes ☐ No
Permits Current ☑ Yes ☐ No

FA7904
Facility ID Number

Number of Tanks: 1

8-31-08
Expiration Date

715.00 — 43981
Permit Fee Paid — / Receipt Number

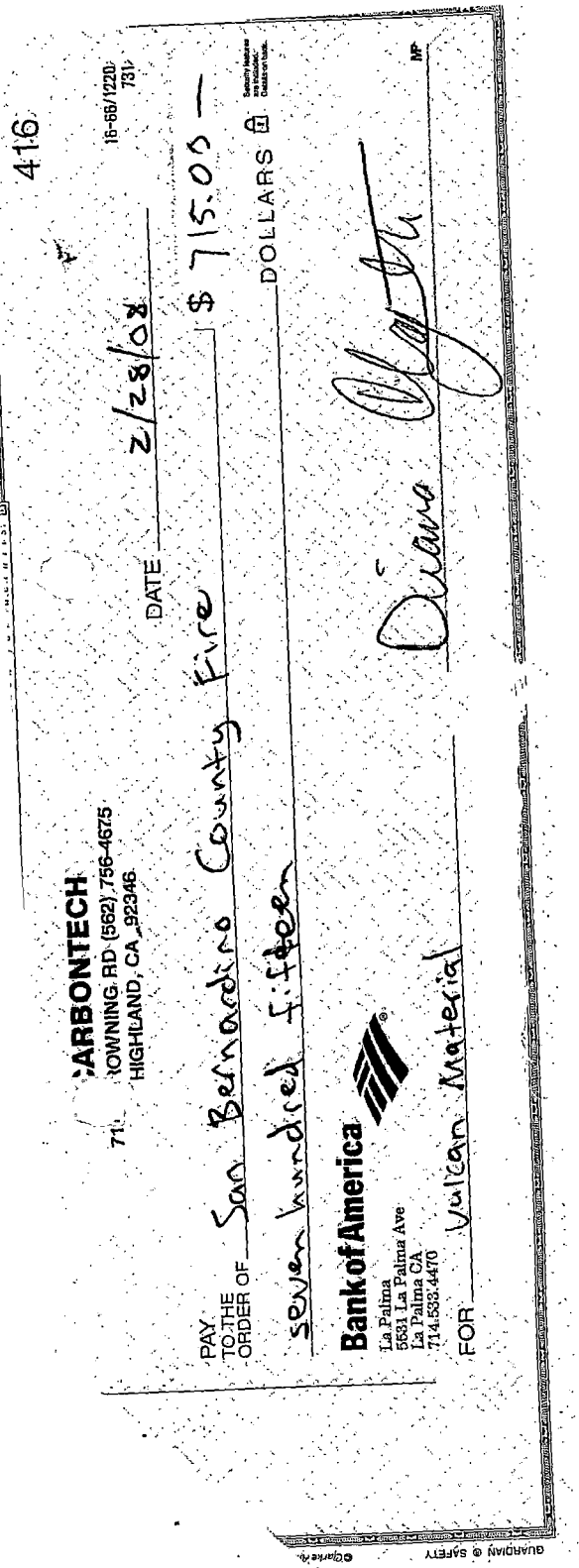
416
Check Number

2-28-08
Date Paid

Kristy Frias
Taken by

A22808-02 — 8996
Log Number — Job Card Number

03 19990 670 Rev. 4/02



SAN BERNARDINO COUNTY FIRE DEPARTMENT
SPECIAL DISTRICTS

RECEIPT 43981

DIVISION HAZ MAT DATE 2-28-08

RECEIVED FROM Carbontech $ 715.00

Seven hundred, fifteen— DOLLARS

ESTABLISHMENT / ACCOUNTS / CONTRACT # FA7904

DESCRIPTION	FUND-DEPT-ORG-REVENUE	GRC#	AMOUNT
UST MOD	Vulcan Materials Western Div 2350 W. Highland San Bdno	4110	715.00
	LOG # 0228-08-02		
GRAND TOTAL			$ 715.00

PAYMENT TYPE CHECK CHECK # 416

(SIGNATURE) [signature] TITLE OA III BOOK # 878

01-20802-670 Rev. 4/01

FA0003939

Vulcan
Materials Company

Western Division

February 19, 2008

San Bernardino County Fire Department - CUPA
Attn.: Underground Storage Tank Division
620 South E Street
San Bernardino, CA 92415-0153

Ref: Financial Responsibility
Calmat Co. DBA Vulcan Materials

Dear Sir or Madam:

Enclosed please find a current Certification of Financial Responsibility for the above referenced company's regulated underground liquid storage tanks (USTs).

If you have any questions, please contact Dwight Beavers at (323) 474-3372.

Respectfully,

Marisol S. Mille for Tony Varisco

Tony Varisco
Regional Environmental Manager

cc: Rick Lopez – Plant Manager at Upland
Matt Branstetter – Plant Manager at San Bernardino

CERTIFIED MAIL: 7006 2150 0003 1321 4119

RECEIVED
FEB 21 2008
S.B. CO. FIRE DEPT.

LLD

3200 SAN FERNANDO ROAD • LOS ANGELES, CALIFORNIA 90065-1415 • TELEPHONE 323 258-2777

State of California
State of Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120
(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☐ 500,000 dollars per occurrence or ☒ 1 million dollars per occurrence AND ☐ 1 million dollars annual aggregate or ☒ 2 million dollars annual aggregate

B. CALMAT CO. DBA VULCAN MATERIALS *hereby certifies that it is in compliance with the requirements of*
(Name of Tank Owner or Operator)
California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.
The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
CERTIFICATE OF INSURANCE	OLD REPUBLIC INSURANCE CO. 4453. MOORLAND RD. BROOKFIELD, WI 53005	MW23 50496	$2,000,000 PER OCCURENCE AND ANNUAL AGGREGATE	1-1-08 TO 1-1-09	YES	YES

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name	Facility Address
SEE ATTACHED EXHIBIT A	
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
by Brian W. Ferris	1/25/08	Brian W. Ferris, Vice President
Signature of Witness or Notary	**Date**	**Name of Witness or Notary**
Karen S. Clark	1/25/08	Karen S. Clark

CFR (Revised 08/06) FILE: Original - Local Agency Copies - Facility/Site(s)

RECEIVED
FEB 21 2008
S.B. CO. FIRE DEPT.

CERTIFICATE OF INSURANCE (FEDERAL)

Name: Vulcan Materials Company
[name of each covered location]

Address: See attached Exhibit A
[address of each covered location]

Policy Number: MWZZ 50496

Endorsement (if applicable):

Period of Coverage: [current policy period] 1-1-08 to 1-1-09

Name of Insurer: Old Republic Insurance Company

Address of Insurer: 445 South Moorland Road
Brookfield, WI 53005

Name of Insured: Vulcan Materials Company

Address of Insured: 1200 Urban Center Drive
Birmingham, AL 35242

Certification:

1. Old Republic Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

   See attached Exhibit A

   for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions and other terms of the policy; arising from operating the underground storage tank(s) identified above.

   The limits of liability are $ 2,000,000 each occurrence
   $ 2,000,000 annual aggregate,

   exclusive of legal defense costs, which are subject to a separate limit under the policy.

   This coverage is provided under [policy number] MWZZ 50496 .

   The effective date of said policy is [date] 1-1-08 to 1-1-09 .

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

   a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.

b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged thirdparty, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.

c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the Insurer, except for nonpayment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or nonrenewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is licensed to transact the business of insurance in one or more states.

Sharon W. Abel

[Signature of authorized representative of Insurer]

Sharon Abel

[Type name]

Assistant Vice President

Authorized Representative of Old Republic Insurance Company

445 S. Moorland Rd., Ste. 300, Brookfield, WI 53005

[Address of Representative]

Exhibit A - Vulcan Materials Company

Facilities with Underground Petroleum Tanks

In accordance with 40CFR Part 280.95

Location Number	Division	Facility Name	Street Address	City	State	Zip Code	Number of Tanks
026	Western	Carroll Canyon	10050 Black Mountain Road	San Diego	CA	92126	1
110	Western 39139	San Bernardino HMA	2340 W. Highland	San Bernardino	CA	92405	1
010	Western 11676	San Bernardino Aggregate	2400 W. Highland	San Bernardino	CA	92405	3
221	Western	Palomar Transit Mix - Escondido	849 W. Washington Ave	Escondido	CA	92025	1
122	Western	Mission Valley HMA	8080 Friars Road	San Diego	CA	92163	1
148	Western	Los Angeles HMA	2715 E. Washington Street	Los Angeles	CA	90023	1
009	Western 11675	Upland	1975 N. Benson Street	Upland	CA	91786	1
009-R	Western 11299	Robertson Ready Mix	1975 N. Benson Street	Upland	CA	91786	1
002	Western	Sun Valley	11401 W. Tuxford Street	Sun Valley	CA	91352	5
004	Western	Little Rock - Palmdale	6851 East Ave.	Little Rock	CA	93543	4

Vulcan
Materials Company

WESTERN DIVISION
3200 SAN FERNANDO ROAD
LOS ANGELES, CALIFORNIA 90065-1415

RETURN SERVICE REQUESTED

CERTIFIED MAIL™

7006 2150 0003 1321 4119

049J82036272
$05.380
02/19/2008
Mailed From 90065
US POSTAGE

San Bernardino County Fire Department - CUPA
Attn.: Underground Storage Tank Division
620 South E Street
San Bernardino, CA 92415-0153

92415$0153

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIAL DIVISION
620 South "E" St.
San Bernardino, CA 92415-0179
(909) 386-8401 – FAX (909) 386-8460

PAT A DENNEN
Fire Chief
County Fire Warden

September 26, 2007

ANDY MEEDER
CALMAT / VULCAN MATERIALS
2400 WEST HIGHLAND AVE.
SAN BERNARDINO, CA 92407

RE: REPAIRS TO THE FUELING SYSTEM FOR CALMAT/VULCAN MATERIALS AT 2350 HIGHLAND AVENUE, SAN BERNARDINO, CALIFORNIA (Log #062907-01)

The work plan for repairs to the fueling system at the above referenced facility is conditionally approved as corrected. This approval is to install new double walled APT supply and return product piping using the existing piping as chase pipe, and to repair the piping sump riser connection to the tank collar. Please submit an addendum to clarify how you intend to address the corrections made to the plans. The addendum must be submitted and approved prior to your beginning work. Any other repairs or modifications shall be approved prior to start of work.

This tank was installed in 1990 to supply diesel fuel to your generators if the natural gas supply was ever restricted or cut off. You have indicated that this tank has never been used, and may possibly be removed within approximately 2 years. As the tank has never held a hazardous substance it is currently not regulated. Prior to your putting the tank in operation all repairs and upgrades must be completed and pass inspection. In addition, a complete monitoring certification inspection, and SB-989 secondary containment testing must be conducted and passed.

Until the tank is either put into operation or is removed, the Department recommends that you conduct routine inspections of the tank, lock access to the tank, and post signage to assure that materials are not mistakenly dumped into the tank.

All inspections must be requested a minimum of 5 days in advance. Please contact this office at (909) 386-8464 if you have questions, or to schedule an inspection.

Lisa Holst

LISA HOLST, R.E.H.S.
HAZARDOUS MATERIALS SPECIALIST II
HAZARDOUS MATERIALS DIVISION
UST COMPLIANCE / SITE REMEDIATION PROGRAM

LH/cw

cc: Dennis Minnock, Pacific Systems Electric, Inc.

MARK UFFER
County Administrative Officer
NORMAN A. KANOLD
Assistant County Administrator
Public and Support
Services Group

Board of Supervisors
BRAD MITZELFELT First District
PAUL BIANE Chair Second District
DENNIS HANSBERGER Third District
GARY C. OVITT Vice Chair Fourth District
JOSIE GONZALES Fifth District

FA0007904

State of California
State Water Resources Control Board
Division of Clean Water Programs
P.O. Box 944212
Sacramento, CA 94244-2120

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☐ 500,000 dollars per occurrence or ☑ 1 million dollars per occurrence AND ☐ 1 million dollars annual aggregate or ☑ 2 million dollars annual aggregate

B. VULCAN MATERIALS COMPANY (Name of tank Owner or Operator) hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
SELF-INSURED	VULCAN MATERIALS COMPANY P.O. BOX 385014 BIRMINGHAM, AL 35238-5014	N/A	$1,000,000 PER OCCURANCE AND $2,000,000 ANNUAL AGGREGATE	ANNUAL	YES	YES

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
VULCAN MATERIALS CO.	2350 W. HIGHLAND AVE
Facility Name	Facility Address SAN BERNARDINO, CA 92407
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
Matt Branstetter	6-7-07	Matt Branstetter Plant Manager
Signature of Witness or Notary	Date	Name of Witness or Notary

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Reverse)

LLD

RECEIVED
JUN 13 2007
S.B. CO. FIRE DEPT.

Vulcan
Materials Company

April 18, 2005

Letter from Chief Financial Officer:

I am the chief financial officer of Vulcan Materials Company, P. O. Box 385014, Birmingham, Alabama 35238-5014. This letter is in support of the use of the financial test of self-insurance, to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator:

See Exhibit A

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations		Amount
Closure (§§ 264.143 and 265.143)	$	3,632,384
Post-Closure Care (§§ 264.145 and 265.145)	$	3,263,706
Liability Coverage (§§ 264.147 and 265.147)	$	8,200,000
Corrective Action (§§ 264.101(b))	$	-0-
Plugging and Abandonment (§§ 144.63)	$	401,888
Closure	$	-0-
Post-Closure Care	$	-0-
Liability Coverage	$	6,838,086
Corrective Action	$	2,192,045
Plugging and Abandonment	$	863,936
Total	$	25,392,045

This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 2,000,000
2.	Amount of correction action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 25,392,045
3.	Sum of lines 1 and 2	$ 27,392,045
4.	Total tangible assets	$ 2,927,245,000
5.	Total liabilities	$ 1,651,158,000
6.	Tangible net worth	$ 1,276,087,000

		Yes	No
7.	Is line 6 at least $10 million?	X	
8.	Is line 6 at least 10 times line 3?	X	
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	X	
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?		X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?		X
12.	Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A?	X	

Alternative II

1.	Amount of annual UST aggregate coverage being assured by a test, and/or guarantee	$ N/A
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ N/A
3.	Sum of lines 1 and 2	$ N/A
4.	Total tangible assets	$ N/A
5.	Total liabilities	$ N/A
6.	Tangible net worth	$ N/A
7.	Total assets in the U.S.	$ N/A

		Yes	No
8.	Is line 6 at least $10 million?		N/A
9.	Is line 6 at least 6 times line 3?		N/A
10.	Are at least 90 percent of assets located in the U.S?		N/A
11.	Is line 7 at least 6 times line 3?		N/A

12.	Current assets	$ N/A
13.	Current liabilities	$ N/A
14.	Net working capital	$ N/A

		Yes	No
15.	Is line 14 at least 6 times line 3?		N/A
16.	Current bond rating of most recent bond issue		N/A
17.	Name of rating service		N/A
18.	Date of maturity of bond		N/A
19.	Have financial statements for the latest fiscal year been filed with the SEC, the Energy Information Administration, or the Rural Electrification Administration?		N/A

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such regulations were constituted on the date shown immediately below.

Signature: Mark Tomkins

Name: Mark Tomkins

Title: Vulcan Materials Company
Executive Vice President, Finance and Administration

Date: April 18, 2005

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Vulcan Materials Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Financial test of self-insurance providing for coverage in the amount of $27,392,045 for the year 2005. This test covers taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

Signature: Mark Tomkins

Name: Mark Tomkins

Title: Vulcan Materials Company
Executive Vice President, Finance and Administration

Date: April 18, 2005

NOTARY:

Signature: Angela M. Moreland

Name: Angela M. Moreland

Date: April 18, 2005

My commission expires Commission Expires November 14, 2007

The owner or operator must update this certification whenever the financial insurance mechanism used to demonstrate financial responsibility changes.

Exhibit A - Page 1 of 2

Vulcan Materials Company

Facilities with Underground Petroleum Tanks
Assured by Financial Test of Self-Insurance

In accordance with Part 280.95 of the
Resource Conservation and Recovery Act

CORPORATE:

Facility Name	Address
Flight Services	4110 65th Street North Birmingham, AL 35206

CHEMICALS DIVISION:

Facility Name	Address
Wichita Plant	6200 South Ridge Road Wichita, KS 67215

Vulcan Construction Materials, LP

MIDEAST DIVISION:

Facility Name	Address
Graham-Virginia Quarry	10000 Ox Road Lorton, VA 22079

MIDWEST DIVISION:

Facility Name	Address
Elk Grove Recycle Center	1520 Midway Court Elk Grove Village, IL 60007

SOUTHERN DIVISION:

Facility Name	Address
Reed Quarry	947 US Hwy 62 Grand Rivers, KY 42045

WESTERN:

Facility Name	Address
Palmdale	6851 East Ave. Littlerock, CA 93543
San Bernardino	2400 West Highland San Bernardino, CA 92405
Saticoy HMA	6029 Vineyard Ave. Oxnard, CA 93030
Sun Valley	11401 W. Tuxford Street Sun Valley, CA 91352
Upland	1975 N. Benson Street Upland, CA 91786
Carroll Canyon	10050 Black Mountain Road San Diego, CA 92126
Mission Valley	8080 Friars Road San Diego, CA 92163
San Bernardino HMA	2340 W. Highland San Bernardino, CA 92405
Los Angeles HMA	2715 E. Washington Street Los Angeles, CA 90023
Escondido	849 W. Washington Ave. Escondido, CA 92025

UNDERGROUND STORAGE TANK

RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION ☒ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION R01.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* ---|---|---|—|---|---|---|—|---|---|---|---|.|---|---

BUSINESS NAME (Same as FACILITY NAME) R02.

Vulcan Materials Company

BUSINESS SITE ADDRESS R03. | CITY R04.

2350 W. Highland Ave | San Bernardino

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material may be reused until it becomes too saturated to be effective. It will then be managed properly. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	TITLE
R40. Matt Branstetter	R50. Plant Manager
R41. Floyd Sibok	R51. Plant Supervisor
R42. Scott Bevan	R52. Plant Supervisor
R43.	R53.

V. INDIRECT HAZARD DETERMINATION

This information is required only when the presence of the hazardous substance can not be verified directly by the monitoring method used (e.g., where liquid level measurements in a tank annular space or secondary piping are used as the basis for leak determination).

THE FOLLOWING STEPS WILL BE TAKEN TO VERIFY THE PRESENCE OR ABSENCE OF HAZARDOUS SUBSTANCE IN THE SECONDARY CONTAINMENT IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE:

Pacific Systems Elec. will be contacted to handle the release properly. R60.

RECEIVED
JUN 13 2007
S.B. CO. FIRE DEPT.

UNDERGROUND STORAGE TANK

MONITORING PLAN – PAGE 1

TYPE OF ACTION ☒ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION M01.

PLAN TYPE (Check one item only) ☒ MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. M02.
☐ THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* | | | | – | | | | – | | | | | | | |

BUSINESS NAME (Same as FACILITY NAME) Vulcan Materials Company M03.

BUSINESS SITE ADDRESS 2350 W. Highland Ave M04. CITY San Bernardino M05.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

State law requires that testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel.

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY M06. ☐ 99. OTHER (Specify): _____ M07.

III. MONITORING LOCATIONS

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) which shows all required information, include it with this plan.

IV. TANK MONITORING

MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S): (Check all that apply) M10.

☐ 1. CONTINUOUS ELECTRONIC MONITORING OF TANK ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S)

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. VACUUM M11.

PANEL MANUFACTURER: Ronan M12. MODEL #: X76-S M13.

LEAK SENSOR MANUFACTURER: Ronan M14. MODEL #(S): LS-3 M15.

☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S)

PANEL MANUFACTURER: _____ M16. MODEL #: _____ M17.

IN-TANK PROBE MANUFACTURER: _____ M18. MODEL #(S): _____ M19.

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY M20.
☐ d. MONTHLY ☐ e. OTHER (Specify): _____ M21.

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): _____ M22. M23.

☐ 3. INVENTORY RECONCILIATION ☐ a. MANUAL PER 23 CCR §2646 ☐ b. STATISTICAL PER 23 CCR §2646.1 M24.

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) PER 23 CCR §2645

TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS M25.

☐ 5. INTEGRITY TESTING PER 23 CCR §2643.1

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): _____ M26. M27.

☐ 6.VISUAL MONITORING: ☐ a. DAILY ☐ b. WEEKLY

☐ 99. OTHER (Specify): _____ M28.

V. PIPE MONITORING

MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M30.

☒ 1. CONTINUOUS MONITORING OF PIPING SUMP(S)/TRENCH(ES) AND OTHER SECONDARY CONTAINMENT

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. VACUUM M31.

PANEL MANUFACTURER: Ronan M32. MODEL #: X76-S M33.

LEAK SENSOR MANUFACTURER: Ronan M34. MODEL #(S): LS-3 M35.

WILL A PIPING LEAK ALARM TRIGGER AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN? ☐ a. YES ☐ b. NO M36.

WILL FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? ☐ a. YES ☐ b. NO M37.

☐ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED

MLLD MANUFACTURER(s): _____ M38. MODEL #(S): _____ M39.

☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS

ELLD MANUFACTURER(s): _____ M40. MODEL #(S): _____ M41.

PROGRAMMED IN LINE TESTING: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. M42.

WILL ELLD DETECTION OF A PIPING LEAK TRIGGER AUTOMATIC PUMP SHUTDOWN? ☐ a. YES ☐ b. NO M43.

WILL ELLD FAILURE/DISCONNECTION TRIGGER AUTOMATIC PUMP SHUTDOWN? ☐ a. YES ☐ b. NO M44.

☐ 4. INTEGRITY TESTING

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) _____ M45. M46.

☐ 5. VISUAL MONITORING: ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* M47.

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☒ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA PER 23 CCR §2636(a)(3)

☐ 7. NO PRODUCT OR REMOTE FILL PIPING IS CONNECTED TO THE UST(s)

☐ 99. OTHER (Specify) _____ M48.

UNDERGROUND STORAGE TANK

MONITORING PLAN – PAGE 2

VI. DISPENSER MONITORING

MONITORING OF AREAS BENEATH DISPENSER(S) IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M50.

☐ 1. CONTINUOUS MONITORING OF UNDER DISPENSER CONTAINMENT (UDC)

PANEL MANUFACTURER: _____ M51. MODEL #: _____ M52.

LEAK SENSOR MANUFACTURER: _____ M53. MODEL #(S): _____ M54.

WILL DETECTION OF A LEAK IN THE UDC TRIGGER AUDIBLE AND VISUAL ALARMS? ☐ a. YES ☐ b. NO M55.

WILL A UDC LEAK ALARM TRIGGER AUTOMATIC PUMP SHUTDOWN? ☐ a. YES ☐ b. NO M56.

WILL FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? ☐ a. YES ☐ b. NO M57.

☐ 2. MECHANICAL CONTINUOS MONITORING (e.g., FLOAT AND CHAIN ASSEMBLY) IN UDC TRIPS SHEAR VALVE IN CASE OF LEAK

MANUFACTURER: _____ M58. MODEL #(S): _____ M59.

☐ 3.VISUAL MONITORING DONE: ☐ a. DAILY ☐ b. WEEKLY M60.

☒ 4. NO DISPENSERS

☐ 99. OTHER (Specify) _____ M61.

VII. ENHANCED LEAK DETECTION

☐ 1. WE HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT WE MUST PERFORM ENHANCED LEAK DETECTION (ELD) FOR THE UST(S) COVERED BY THIS PLAN. PER 23 CCR §2644.1, ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED M70.

VIII. TRAINING

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) M80.

1. ☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN **(Required)**
2. ☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT **(Required)**
3. ☒ THE FACILITY'S BEST MANAGEMENT PRACTICES **(Required as of January 1, 2005)**
4. ☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS
5. ☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW
6. ☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"
7. ☐ SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS"
99. ☐ OTHER (Specify): M81.

Personnel with UST monitoring responsibilities are familiar with all of the above documents relevant to their job duties and can access those documents when needed. By January 1, 2005, this facility will have a "Designated UST Operator" who has passed the California UST Sytem Operator Exam administered by the International Code Council (ICC). By July 1, 2005, and annually thereafter, the "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the leak detection equipment.
- The facility employee's role with regard to spills and overfills.
- Whom to contact for emergencies and leak detection alarms.

For facility employees hired on or after July 1, 2005, the initial training will be conducted within 30 days of the date of hire.

IX. COMMENTS/ADDITIONAL INFORMATION

Please use this section to include any additional UST system monitoring-related information (e.g., additional information required by your local agency): M85.

X. PERSONNEL RESPONSIBILITIES

AS OF JANUARY 1, 2005, THE "DESIGNATED UST OPERATOR" IDENTIFIED IN SECTION III OF THE CURRENT UST OPERATING PERMIT APPLICATION – FACILITY FORM WILL HAVE ULTIMATE AUTHORITY FOR PERFORMING THE MONITORING ACTIVITIES AND MAINTAINING LEAK DETECTION EQUIPMENT COVERED BY THIS PLAN TITLE 23 CCR § 2715(c), AND WILL PERFORM AND DOCUMENT MINIMUM MONTHLY VISUAL INSPECTIONS OF THE FACILITY'S UST SYSTEMS IN ACCORDANCE WITH TITLE 23 CCR § 2715(c).

XI. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE	REPRESENTING	DATE: M91.
Matt Branstetter	☐ Owner ☒ Operator M90.	5.31.07
OWNER/OPERATOR NAME (print): M92.		OWNER/OPERATOR TITLE: M93.
Matt Branstetter		Plant Manager

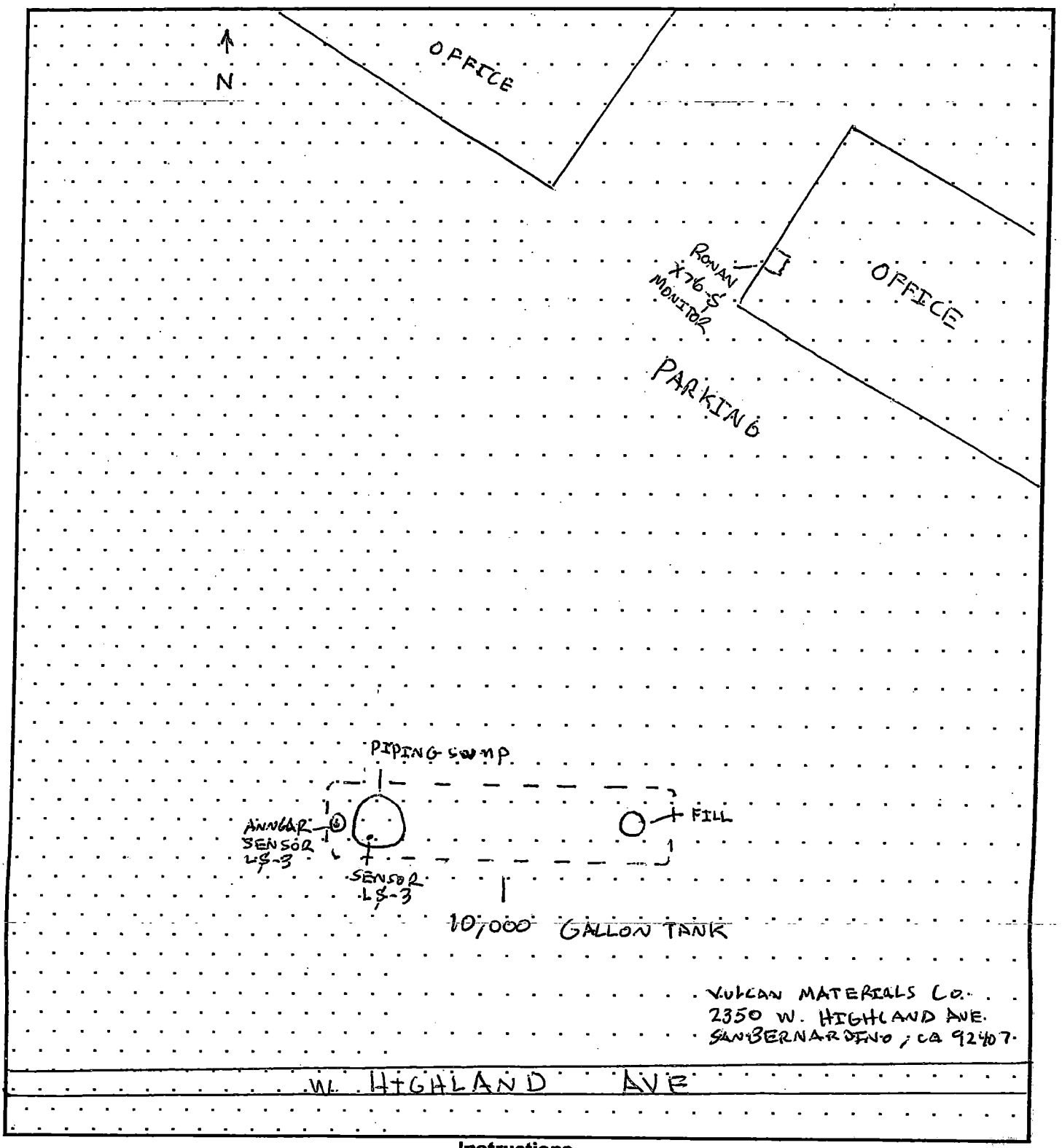
(Agency Use Only) This plan has been reviewed and: ☐ Approved ☐ Approved With Conditions ☐ Disapproved

Local Agency Signature: _____ Date: _____

Comments/Special Conditions: _____

Vulcan Materials Company

UST Monitoring Site Plan



Instructions

On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Date map was drawn or revised: 5/31/07

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

UNDERGROUND STORAGE TANKS - TANK PAGE 1

TYPE OF ACTION (Check one item only): [X] 1. NEW SITE PERMIT [ ] 3. RENEWAL PERMIT [ ] 4. AMENDED PERMIT (Specify reason - for local use only) [ ] 5. CHANGE OF INFORMATION (Specify change - for local use only) [ ] 6. TEMPORARY SITE CLOSURE [ ] 7. PERMANENTLY CLOSED ON SITE [ ] 8. TANK REMOVED 430

FACILITY ID # 3 6 0 0 1 1

BUSINESS NAME (Same as FACILITY NAME or DBA) 3: Vulcan Materials Company

BUSINESS ADDRESS: 2350 W. Highland Ave.

CITY: San Bernardino

ZIP CODE:

LOCATION WITHIN SITE (Optional) 431:

I. TANK DESCRIPTION

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432: 1

TANK MANUFACTURER 433: Modern Welding

COMPARTMENTALIZED TANK 434: [ ] Yes [X] No
If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435:

TANK CAPACITY IN GALLONS 436: 10,000 gallons

NUMBER OF COMPARTMENTS 437: 0

ADDITIONAL DESCRIPTION 438:

II. TANK CONTENTS

TANK USE 439:
[ ] 1. MOTOR VEHICLE FUEL (If marked, complete Petroleum Type)
[ ] 2. NON-FUEL PETROLEUM
[ ] 3. CHEMICAL PRODUCT
[ ] 4. HAZARDOUS WASTE (Includes Used Oil)
[ ] 95. UNKNOWN

PETROLEUM TYPE 440:
[ ] 1a. REGULAR UNLEADED [ ] 2. LEADED [ ] 5. JET FUEL
[ ] 1b. PREMIUM UNLEADED [ ] 3. DIESEL [ ] 6. AVIATION FUEL
[ ] 1c. MID-GRADE UNLEADED [ ] 4. GASOHOL [X] 99. OTHER Tank is not used

Tank has never been used.

COMMON NAME (from Hazardous Materials Inventory page) 441:

CAS # (from Hazardous Materials Inventory page) 442:

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 443:
[ ] 1. SINGLE WALL [X] 2. DOUBLE WALL [ ] 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER [ ] 4. SINGLE WALL IN A VAULT [ ] 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM [ ] 95. UNKNOWN [ ] 99. OTHER

TANK MATERIAL - primary tank (Check one item only) 444:
[X] 1. BARE STEEL [ ] 2. STAINLESS STEEL [ ] 3. FIBERGLASS / PLASTIC [ ] 4. STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC (FRP) [ ] 5. CONCRETE [ ] 8. FRP COMPATIBLE W/100% METHANOL [ ] 95. UNKNOWN [ ] 99. OTHER

TANK MATERIAL - secondary tank (Check one item only) 445:
[ ] 1. BARE STEEL [ ] 2. STAINLESS STEEL [X] 3. FIBERGLASS / PLASTIC [ ] 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) [ ] 5. CONCRETE [ ] 8. FRP COMPATIBLE W/100% METHANOL [ ] 9. FRP NON-CORRODIBLE JACKET [ ] 10. COATED STEEL [ ] 95. UNKNOWN [ ] 99. OTHER

TANK INTERIOR LINING OR COATING (Check one item only) 446:
[ ] 1. RUBBER LINED [ ] 2. ALKYD LINING [ ] 3. EPOXY LINING [ ] 4. PHENOLIC LINING [ ] 5. GLASS LINING [ ] 6. UNLINED [ ] 95. UNKNOWN [ ] 99. OTHER
DATE INSTALLED 447: (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check all that apply) 448:
[ ] 1. MANUFACTURED CATHODIC PROTECTION [ ] 2. SACRIFICIAL ANODE [ ] 3. FIBERGLASS REINFORCED PLASTIC [ ] 4. IMPRESSED CURRENT [ ] 95. UNKNOWN [ ] 99. OTHER
DATE INSTALLED 449: (For local use only)

SPILL AND OVERFILL (Check all that apply):
YEAR INSTALLED 450 / TYPE (For local use only) 451
[X] 1. SPILL CONTAINMENT
[X] 2. DROP TUBE
[ ] 3. STRIKER PLATE

OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452:
[ ] 1. ALARM
[X] 2. BALL FLOAT
[ ] 3. FILL TUBE SHUT OFF VALVE
[ ] 4. EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)

IF SINGLE WALL TANK (Check all that apply): 453
[ ] 1. VISUAL (EXPOSED PORTION ONLY)
[ ] 2. AUTOMATIC TANK GAUGING (ATG)
[ ] 3. CONTINUOUS ATG
[ ] 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING
[ ] 5. MANUAL TANK GAUGING (MTG)
[ ] 6. VADOSE ZONE
[ ] 7. GROUNDWATER
[ ] 8. TANK TESTING
[ ] 99. OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only): 454
[ ] 1. VISUAL (SINGLE WALL IN VAULT ONLY)
[X] 2. CONTINUOUS INTERSTITIAL MONITORING
[ ] 3. MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YY/MM/DD) 455:

ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456: _____ gallons

TANK FILLED WITH INERT MATERIAL? 457: [ ] Yes [ ] No

RECEIVED
JUN 13 2007
S.B. CO. FIRE DEPT.

Revised 6/11/2002

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

UNDERGROUND STORAGE TANKS - FACILITY

TYPE OF ACTION (Check one item only) [X] 1. NEW SITE PERMIT [ ] 3. RENEWAL PERMIT [ ] 5. CHANGE OF INFORMATION (Specify change - local use only)_____ [ ] 7. PERMANENTLY CLOSED SITE [ ] 4. AMENDED PERMIT [ ] 6. TEMPORARY SITE CLOSURE [ ] 8. TANK REMOVED 400

I. FACILITY / SITE INFORMATION

FACILITY ID # 3 6 0 0 1 1

SITE NAME (Same as FACILITY NAME or DBA) 3: Vulcan Materials Company

BUSINESS ADDRESS: 2350 W. Highland Ave

CITY: San Bernardino

ZIP CODE: 92407

NEAREST CROSS STREET 401:

BUSINESS TYPE: [ ] 1. GAS STATION [ ] 3. FARM [X] 5. COMMERCIAL [ ] 2. DISTRIBUTOR [ ] 4. PROCESSOR [ ] OTHER 403

FACILITY OWNER TYPE: [X] 1. CORPORATION [ ] 2. INDIVIDUAL [ ] 3. PARTNERSHIP [ ] 4. LOCAL AGENCY/DISTRICT* [ ] 5. COUNTY AGENCY* [ ] 6. STATE AGENCY* [ ] 7. FEDERAL AGENCY* 402

TOTAL NUMBER OF TANKS ON SITE: 1 404

Is facility on Indian Reservation or trustlands? [ ] Yes [X] No 405

*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records) 406:

II. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 407: Vulcan Materials Co.

PHONE 408: (909) 875-1150

MAILING OR STREET ADDRESS 409: 2350 W. Highland Ave.

CITY 410: San Bernardino

STATE 411: CA

ZIP CODE 412: 92407

TANK OPERATOR TYPE: [X] 1. CORPORATION [ ] 2. INDIVIDUAL [ ] 3. PARTNERSHIP [ ] 4. LOCAL AGENCY / DISTRICT [ ] 5. COUNTY AGENCY [ ] 7. STATE AGENCY [ ] 8. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414: Vulcan Materials Co

PHONE 415:

MAILING OR STREET ADDRESS 416: Vulcan Materials Co. 2350 W. Highland Ave

CITY 417: San Bernardino

STATE 418: CA

ZIP CODE 419: 92407

TANK OWNER TYPE: [X] 1. CORPORATION [ ] 2. INDIVIDUAL [ ] 3. PARTNERSHIP [ ] 4. LOCAL AGENCY / DISTRICT [ ] 5. COUNTY AGENCY [ ] 7. STATE AGENCY [ ] 8. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-011153 Call (916) 322 - 9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S): [X] 1. SELF-INSURED [ ] 2. GUARANTEE [ ] 3. INSURANCE [ ] 4. SURETY BOND [ ] 5. LETTER OF CREDIT [ ] 6. EXEMPTION [X] 7. STATE FUND [X] 8. STATE FUND & CFO LETTER [ ] 9. STATE FUND & CD [ ] 10. LOCAL GOV'T MECHANISM [ ] 99. OTHER:_____ 422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner ONLY, unless box 1 or 2 is checked. [ ] 1. FACILITY [ ] 2. PROPERTY OWNER [ ] 3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification: I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT: Matt Branstetter

DATE 424: 5.31.07

PHONE 425: 909.875.1150 ext.226

NAME OF APPLICANT (print) 426: Matt Branstetter

TITLE OF APPLICANT 427: Plant Manager

STATE UST FACILITY NUMBER (For local use only) 428:

1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429:

..Attached,

Please find the cupa forms for Vulcan Materials Co. @ 2350 W. Highland Ave. If you have any questions, feel free to contact me @ 714 240 3674

John Minnock
DTO
Pacific Systems Elec.

FA0007904

SECONDARY CONTAINMENT TESTING REPORT FORM

Pacific Systems Electric, Inc.

Murrieta California 92563
California State License No. 561275
Servicing the Petroleum Industry Since 1989

RECEIVED
JUN 05 2007
S.B. CO. FIRE DEPT.

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the local implementing agency.

1. FACILITY INFORMATION

Facility Name: Vulcan Materials Company	Asphalt Plant	Date of Testing:	May 24, 2007
Facility Address: 2350 W. Highland Ave.	San Bernardino, CA 92407		**Test Type:**
Facility Contact: Andy Meeder	Phone: 909-875-5180		☐ Retest
Date Local Agency Was Notified of Testing : May 15, 2007			☐ 6 month
Name of Local Agency Inspector *(if present during testing)*: No			☑36 month

2. TESTING CONTRACTOR INFORMATION

Company Name:	Pacific Systems Electric, Inc.	
Technician Conducting Test:	William Madsen	
Credentials:	☑ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type:	A-General Engineering	License Number: 561275, ICC #5263306-UT

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
International Code Council	California UST Service Technician	July 8th 2007
Franklin Fueling Systems	Electronic Training Certificate	3/11/2008
S. Bravo Systems Inc.	Gold Certified/ Testing Contractor	8/23/2007
OPW	EVR phase I	6/26/08

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Annular	☑	☐	☐	☐		☐	☐	☐	☐
Diesel Piping Sump	☐	☐	☑	☐		☐	☐	☐	☐
Secondary Feed line	☐	☐	☑	☐		☐	☐	☐	☐
Secondary Return Line	☐	☐	☑	☐		☐	☐	☐	☐
Diesel Spill Bucket	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:
Test water was pumped into (0) -55 Gallon drums, labeled as Hazardous Waste, and left with tank owner for proper disposal.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: William Madsen Date: 5-24-07

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐Pressure	☑Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 4.5" Glycerin Filled Vacuum Gauge, Venturi Pump		Equipment Resolution: +/- .25%	

	Tank # Diesel	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Tank Capacity:	10,000 gal			
Tank Material:	Fiberglass/Steel			
Tank Manufacturer:	Modern Welding			
Product Stored:	None			
Wait time between applying pressure/vacuum/water and starting test:	15 Min			
Test Start Time:	10:00am			
Initial Reading (R_I):	10"vac			
Test End Time:	11:00am			
Final Reading (R_F):	10"vac			
Test Duration:	1.0 Hr.			
Change in Reading (R_F-R_I):	0			
Pass/Fail Threshold or Criteria:	Zero Loss			
Test Result:	☑ **Pass** ☐**Fail**	☐ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**	☐**Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑Yes ☐ No ☐NA	☐Yes ☐ No ☐NA
Was sensor properly replaced and verified functional after testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑Yes ☐ No ☐NA	☐Yes ☐ No ☐NA

Comments – *(include information on repairs made prior to testing, & recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☑ Industry Standard	☐Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☑ Pressure	☐ Vacuum	☐Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 4.5" Glycerin Filled Gauge, Nitrogen Gas		Equipment Resolution: + / - .5%	

	Piping Run # Feed	**Piping Run # Return**	**Piping Run #**	**Piping Run #**
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	A.O. Smith	A.O. Smith		
Piping Diameter:	3"/2"	3"/2"		
Length of Piping Run:	20'	20'		
Product Stored:	None	None		
Method and location of piping-run isolation:	Test Boot	Test Boot		
Wait time between applying pressure/vacuum/water and starting test:	15 Min	15 Min		
Test Start Time				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:	1.0	1.0		
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	Zero Loss	Zero Loss		
Test Result:	☐ **Pass** ☑**Fail**	☐ **Pass** ☑ **Fail**	☐ **Pass** ☐ **Fail**	☐**Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Unable to seal piping termination at output end of piping to test. Piping is not connected or in the vicinity of any type of pumping device.

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☑ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☑Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: Incon TS-STS Sump Testing System			Equipment Resolution: 000.0000"	

	Sump # Diesel	Sump #	Sump #	Sump #
Sump Diameter:	42"			
Sump Depth:	32"			
Sump Material:	Fiberglass			
Height from Tank Top to Top of Highest Piping Penetration:	12"			
Height from Tank Top to Lowest Electrical Penetration:	15"			
Condition of sump prior to testing:	Bad			
Portion of Sump Tested[2]	0"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐Yes ☐ No ☑NA	☐Yes ☐ No ☐NA
Turbine shutdown response time	Sec	Sec	Sec	Sec
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐Yes ☐ No ☑NA	☐Yes ☐ No ☐NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐Yes ☐ No ☑NA	☐Yes ☐ No ☐NA
Wait time between applying pressure/vacuum/water and starting test:	15 Min			
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:	2 / 15 Minutes			
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	No Loss > .002"			
Test Result:	☐ **Pass** ☑**Fail**	☐ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**	☐**Pass** ☐ **Fail**
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑Yes ☐ No ☐ NA	☑Yes ☐ No ☐NA	☐Yes ☐ No ☐NA
Was sensor properly replaced and verified functional after testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑Yes ☐ No ☐NA	☐Yes ☐ No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Sump wall to tank collar area requires sealing.

[2] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA" the entire sump must be tested. (See SWRCB LG-160)

7. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer	☐ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☐Hydrostatic	☐ Other *(Specify)*
Test Equipment Used:		Equipment Resolution:		

	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"			
Bucket Depth:	12"			
Wait time between applying pressure/vacuum/water and starting test:	15 min			
Test Start Time:	2:19pm/2:35pm			
Initial Reading (R_I):	2.6930/2.6920			
Test End Time:	2:34pm/2:50pm			
Final Reading (R_F):	2.6924/2.6920			
Test Duration:	1.0 hr.			
Change in Reading (R_F-R_I):	.0006/.0000			
Pass/Fail Threshold or Criteria:	0			
Test Result:	☑ **Pass** ☐**Fail**	☐ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**	☐**Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Completed Form Sent To
Local Implementing Agency
By
Pacific Systems Electric

PACIFIC SYSTEMS ELECTRIC
TESTING SERVICES
951-677-0704
VOLCAN SAN BERNARDINO
2350 HIGHLAND AVE

05/24/2007 2:35 PM

SUMP LEAK TEST REPORT

DIS FIL

TEST STARTED	2:19 PM
TEST STARTED	05/24/2007
BEGIN LEVEL	2.6930 IN
END TIME	2:34 PM
END DATE	05/24/2007
END LEVEL	2.6924 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PACIFIC SYSTEMS ELECTRIC
TESTING SERVICES
951-677-0704
VOLCAN SAN BERNARDINO
2350 HIGHLAND AVE

05/24/2007 2:50 PM

SUMP LEAK TEST REPORT

DIS FIL

TEST STARTED	2:35 PM
TEST STARTED	05/24/2007
BEGIN LEVEL	2.6920 IN
END TIME	2:50 PM
END DATE	05/24/2007
END LEVEL	2.6920 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

MON ORING SYSTEM CERTI CATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tanksystem owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date

RECEIVED
JUN 05 2007
S.B. CO. FIRE DEPT.

A. General Information

Facility Name: Vulcan Materials Company Bldg. No.: Asphalt Plant

Site Address: 2350 W. Highland Ave. City: San Bernardino Zip: 92407

Facility Contact Person: Andy Meeder Contact Phone No.: (909)875-5180

Make/Model of Monitoring System: Ronan X76-S Date of Testing/Servicing: 5-24-07

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/service:

Tank ID: #1 (10,000 Gal.) ❑ In-Tank Gauging Probe. Model: ❑ Annular Space or Vault Sensor. Model: Ronan LS-3 ❑ Piping Sump / Trench Sensor(s). Model: Ronan LS-3 ❑ Fill Sump Sensor(s). Model: ❑ Mechanical Line Leak Detector. Model: ❑ Electronic Line Leak Detector. Model: ❑ Tank Overfill / High-Level Sensor. Model: ❑ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ❑ In-Tank Gauging Probe. Model: ❑ Annular Space or Vault Sensor. Model: ❑ Piping Sump / Trench Sensor(s). Model: ❑ Fill Sump Sensor(s). Model: ❑ Mechanical Line Leak Detector. Model: ❑ Electronic Line Leak Detector. Model: ❑ Tank Overfill / High-Level Sensor. Model: ❑ Other (specify equipment type and model in Section E on Page 2).
Tank ID: ❑ In-Tank Gauging Probe. Model: ❑ Annular Space or Vault Sensor. Model: ❑ Piping Sump / Trench Sensor(s). Model: ❑ Fill Sump Sensor(s). Model: ❑ Mechanical Line Leak Detector. Model: ❑ Electronic Line Leak Detector. Model: ❑ Tank Overfill / High-Level Sensor. Model: ❑ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ❑ In-Tank Gauging Probe. Model: ❑ Annular Space or Vault Sensor. Model: ❑ Piping Sump / Trench Sensor(s). Model: ❑ Fill Sump Sensor(s). Model: ❑ Mechanical Line Leak Detector. Model: ❑ Electronic Line Leak Detector. Model: ❑ Tank Overfill / High-Level Sensor. Model: ❑ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ❑ Dispenser Containment Sensor(s). Model: ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ❑ **System set-up** ❑ **Alarm history report**

Technician Name (print): William Madsen ic. No.:Signature: William Madsen

Certification No.: 76060101 License. No.: 5263306-UT

Testing Company Name: Pacific Systems Electric, Inc. Phone No.: (951) 677-0704

Site Address: 2350 W. Highland Ave. San Bernardino, CA 92407 Date of Testing/Servicing: 5/24/2007

D. Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

☑ Yes	❑ No*	Is the audible alarm operational?
☑ Yes	❑ No*	Is the visual alarm operational?
☑ Yes	❑ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☑ Yes	❑ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
❑ Yes	❑ No* ☑ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
❑ Yes	❑ No* ☑ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ❑ Sump/Trench Sensors; ❑ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ❑ Yes; ❑ No.
❑ Yes	❑ No* ☑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
❑ Yes*	☑ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
❑ Yes*	☑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ❑ Product; ❑ Water. If yes, describe causes in Section E, below.
☑ Yes	❑ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☑ Yes	❑ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

F. In-Tank Gauging / SIR Equipment:

☐ Check this box if tank gauging is used only for inventory control.
☑ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☑ Check this box if LLDs are not installed.

Complete the following checklist:

☐ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Vulcan Materials	Facility ID #: FA0007904
Facility Address: 2350 W. Highland Ave San Bernardino, CA 92407	Reason for Submitting this Form *(Check One)* ☐ Change of Designated Operator
Facility Phone #:	☒ Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: John Minnock	Relation to UST Facility *(Check One)*
Business Name *(If different from above)*: Pacific Systems Elec Inc	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #: 714. 240. 3674	☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248279-UC	Expiration Date: 12/13/08

ALTERNATE 1 *(Optional)*

Designated Operator's Name: Dennis Minnock	Relation to UST Facility *(Check One)*
Business Name *(If different from above)*:	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #: 714. 713. 9529	☐ Service Technician ☒ Third-Party
International Code Council Certification #: 5248118-UC	Expiration Date: 12/13/08

ALTERNATE 2 *(Optional)*

Designated Operator's Name:	Relation to UST Facility *(Check One)*
Business Name *(If different from above)*:	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #:	☐ Service Technician ☐ Third-Party
International Code Council Certification #:	Expiration Date:

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER (Please Print): Matt Branstetter

SIGNATURE OF TANK OWNER: Matt Branstetter

DATE: 5-23-07 **OWNER'S PHONE #:** 909.875.1150 ext. 226

NOTE: 1) SUBMIT THIS COMPLETED FORM TO THE LOCAL AGENCY (NOT THE STATE WATER RESOURCES CONTROL BOARD) BY JANUARY 1, 2005. THE LOCAL AGENCY LIST IS AVAILABLE AT: www.waterboards.ca.gov/ust/contacts/cupa_agys.html.

2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

RECEIVED
JUN 04 2007
S.B. CO. FIRE DEPT.

LLD

INTERNATIONAL CODE COUNCIL

JOHN MINNOCK

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

CALIFORNIA UST SYSTEM OPERATOR

given this day of December 13, 2006

Wally Bailey

Wally Bailey

President, ICC Board of Directors

Rick Weiland

Rick Weiland

ICC Chief Executive Officer

5248279-UC

Certificate Number

ICC

INTERNATIONAL CODE COUNCIL®

This certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.

INTERNATIONAL CODE COUNCIL

DENNIS MINNOCK

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

CALIFORNIA UST SYSTEM OPERATOR

given this day of December 13, 2006

Willy Bailey

President, ICC Board of Directors

Rich Weiland

ICC Chief Executive Officer

5248118-UC

Certificate Number

ICC

INTERNATIONAL CODE COUNCIL®

The certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.

Enclosed, please find the Designation of Underground Storage Tank Operator form for Vulcan Materials Company @ 2350 W. Highland Ave in San Bernardino. John Minnock And Dennis Minnock are the DTO for this location. If you have any questions, please feel free to call me at 714-240-3674.

Sincerely,

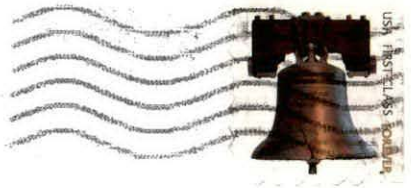
John Minnock
Pacific Systems Electric

RECEIVED
JUN 04 2007
S.B. CO. FIRE DEPT.

John D. Minnock
13657 Calzado Ct.
Victorville, CA 92392
HALL OF FAME MUSEUM SUPPORTER

RECEIVED
JUN 04 2007
S.B. CO. FIRE DEPT.

SAN BERNARDINO CA 924
01 JUN 2007 PM 3 L



County of San Bernardino Fire Dept.
Designated Tank Operator
620 South "E" St.
San Bernardino, CA 92415-0153

92415+0153

COUNTY FIRE DEPARTMENT

COUNTY OF SAN BERNARDINO
PUBLIC AND SUPPORT
SERVICES GROUP

OFFICE OF THE FIRE MARSHAL
HAZARDOUS MATERIALS DIVISION
620 South "E" Street • San Bernardino, CA 92415-0153
(909) 386-8401 • Fax (909) 386-8460

PAT A. DENNEN
Fire Chief
County Fire Warden

MAY 7, 2007

CALMAT CO DBA VULCAN MATERIALS
2400 WEST HIGHLAND AVE
SAN BERNARDINO, CA 92407

ATTENTION: ANDY MEEDER, FOREMAN

SUBJECT: FILE REVIEW FOLLOWING INSPECTION BY SAN BERNARDINO COUNTY FIRE DEPARTMENT – FIELD SERVICES

FACILITY: FA 0007904 LOCATED AT 2350 HIGHLAND AVE, SAN BERNARDINO CA

As a result of a recent records review, this facility has been identified as not being in compliance with Chapter 6.95 of the California Health and Safety Code (CHSC) and Title 23, Chapter 16 of California Code of Regulations (CCR). The following deficiencies are violations that may result in legal action if not corrected within 30 days:

23 CCR § 2715. Certification, Licensing, and Training Requirements for Underground Storage Tank Owners, Operators, Installers, Service Technicians, and Inspectors.

(a) By January 1, 2005, owners of underground storage tank systems shall submit a signed statement to the local agency indicating that the owner understands and is in compliance with all applicable underground storage tank requirements, and identifying the designated UST operator(s) for each facility owned. The owner shall inform the local agency of any change of designated UST operator(s) no later than 30 days after the change.

One tank on site has historically been empty, but maintained in the event that it is used to contain a hazardous material (Diesel). Because it may hold a hazardous material by design and stated purpose, this Department must regulate it as an Underground Storage Tank and hold it to all applicable standards. You may continue to have this tank with the understanding that it must be maintained, tested, and inspected in a frequency outlined in the California Health & Safety Code 6.7 and the California Code of Regulations Title 23.

The following testing and documentation is due within 30 days of this notice if you decide to keep the extra UST for Diesel or any other hazardous material:

- Annual Monitoring Certification
- 36-month Secondary Containment Testing
- Monthly Designated Operator Visual Inspections will be documented
- Leak Detection/Monitoring & Response Plan will be submitted

MARK H. UFFER
County Administrative Officer

NORMAN A. KANOLD
Assistant County Administrator
Public and Support
Services Group

Board of Supervisors
BILL POSTMUS ..... First District
PAUL BIANE ..... Second District
DENNIS HANSBERGER ..... Third District
GARY C. OVITT ..... Fourth District
JOSIE GONZALES ..... Fifth District

- Please clarify the actual location of the single Diesel Tank. Our records indicate 4 USTs at 2400 W Highland and 1 UST at 2350 W Highland that is not billed, but listed on the Business Emergency/Contingency Plan (2004).
- Submit a Business Plan. The last plan on file is for 2004.
- Submit UST application packet to document and describe the UST system in place.
- Submit a Certificate of Financial Responsibility
- Submit a Designated Operator Statement

If you decide that this tank will never be used, then you may elect to have the tank removed legally by obtaining a UST Removal Permit.

Should you have any questions, please contact me at (909) 386-8464 or **afranco@sbcfire.org**.

Angela Samayoa, REHS

ANGELA SAMAYOA, REHS, ICC-UI
HAZARDOUS MATERIALS SPECIALIST II
UST COMPLIANCE PROGRAM/LOP

cc: DENNIS MINNOCK, PACIFIC SYSTEMS, FAXED TO 951-698-5436

CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: Vulcan Materials Date: 4-24-07

Street Address: 2350 Highland Ave Facility No. FA0007904

City: San Bernardino Zip Code: 92407 Program Record No.

Facility Contact: Andy Meeder Facility Phone No. 909 875-5180 Number of Tanks: 1

Refer to Title 23 of the California Code of Regulations (CCR) and Chapter 6.7 of the Health and Safety Code (CHSC). The following code sections are either in Violation (V) of, or in Compliance (C) with, the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS		V	C	N
302. UST permit fees paid and current	CHSC 25287(a)		X	
303. UST application package submitted (formerly Forms A&B)	CHSC 25286(a)	X		
308. Failure to report change of ownership within 30 days	CHSC 25284(c)			X
306. Owner/Operator agreement available	CHSC 25284(a)(3)	X		
307. Certificate of Financial Responsibility submitted	CHSC 25292.2(a)	X		
330. Leak Detection/Monitoring and Response Plan	CCR 2632, 2634 or 2641(h)		X	
304. UST monitoring/maintenance records available for 3 years	CHSC 25284(c)	X		
312. Designated Operator Statement submitted	CCR 2715(a)	X		
313. Monthly inspections completed by Designated Operator	CCR 2715(c)			
305. Prior UST violations corrected within 30 days	CCR 2712(f)	X		
310. Business Plan established and implemented	CHSC 25503.5		X	
311. Business Plan submitted/updated	CHSC 25505	X		
MONITORING OF UST SYSTEMS				
309. Failure to properly monitor UST	CHSC 25293			
331. Monitoring system(s) certified annually	CCR 2638 or 2641(j)			
334. Audible/visual alarms operational	CCR 2632(c)(2)(B) and 2636(f)(1)			
314. Certification sticker/tag affixed to monitoring equipment	CCR 2638(f)			
318. Sensors placed at low point of UST system(s)	CCR 2630(d) or 2641(a)			
319. Leak detection equipment tampered with or disabled	CHSC 25299(f)(2)			
323. Containment sump(s) free of debris/liquid	CCR 2590.21(c)(3)			
324. Line leak detector(s) installed and functioning properly	CCR 2636(f)(2) or 2641(f)			
333. Overspill containment installed/tested annually	CHSC 25284.2			
327. Overfill protection device installed/operational	CCR 2635(b)(2)			
328. Secondary containment components tested	CCR 2637(a)			
329. UST system design, construction, and monitoring	CCR 2630 or 2640			
UNAUTHORIZED RELEASE AND ABANDONMENT				
340. UST system operated to prevent unauthorized releases	CHSC 25292.1(a)			
341. Failure to report unauthorized release	CHSC 25299(d)(1)			
342. Unlawful abandonment of USTs	CHSC 25298(a)			
343. Unlawful closure of USTs	CHSC 25298(c)			
344. Failure to properly temporarily close USTs	CHSC 25298(b)			
346. Failure to upgrade or repair UST to prevent releases	CHSC 25292(d)			
347. Unlawful deposit of fuel into a non-compliant UST	CHSC 25292.3			
UNIFORM FIRE CODE REQUIREMENTS				
335. Emergency fuel shut-off device operational	UFC 5201.5.3			
336. Impact valve(s) installed at dispenser(s)	UFC 5202.5.3.2			
337. Fire extinguisher(s) present and charged	UFC 5201.9			
338. Address clearly visible from street	UFC 901.4.4			
OTHER REQUIREMENTS				
Significant Operational Compliance – Prevention	40 CFR Part 280			
Significant Operational Compliance – Detection	40 CFR Part 280			
Significant Operational Compliance – Both	40 CFR Part 280			

NARRATIVE / CORRECTIONS

This inspection was conducted to determine compliance with hazardous material and hazardous waste statutes. Andrew Meeder escorted Inspector Jerry Wong throughout the facility. Foreman Andrew Meeder stated a new UST was installed 15 years ago but has never been utilized by the facility. Refer to UST inspection report from Inspector Curtis Armstrong dated 7-25-03.

☐ **NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.**

Inspector: Jerry Wong Received by: Andy Meeder Title: Foreman

Dennis Minnock

714 - 713 9529

Pacific Systems

Invoice [FA0010804 - D & L AUTO REPAIR & TOW SERVICE]

Invoice ID: IN0034255 Facility ID: FA0010804 D & L AUTO REPAIR & TOW SERVICE
Account ID: AR0012142 Invoice Status: A3 ANNUAL BILLING - THIRD QUARTER (JAN - MAR)

Invoice Date	2/12/2007			(+)	
Print Date		Total Charges Applied	$724.95	Charges	$537.0
Last Payment Date		Charges Less Discounts	$724.95	Penalties	$187.9
Last Penalty Date	3/22/2007	Total Payments Applied	$0.00	Refunds	$0.0
# of Notices Printed	0			Payments	$0.0
Number of Lines	4	**Total Due**	$724.95	Discounts	$0.0

Line	Entered	Applied	P/E	Description	Amount	O/B	R P/E
1	2/12/2007	2/12/2007	4420	SPECIAL GENERATOR(B)	$337.00	$337.00	4420
2	2/12/2007	2/12/2007	4210	SPECIAL HANDLER	$176.00	$176.00	4210
3	2/12/2007	2/12/2007	5002	ALL FACILITY STATE SERVICE CHARGE	$24.00	$24.00	5002
4	3/22/2007	3/22/2007	9990	DELINQUENT PENALTY FEE	$187.95	$187.95	9990

Kathryn Kehl
Hazardous Materials Division
909-387-9603
909-387-5685 (fax)

From: Williams, Susan
Sent: Monday, March 26, 2007 2:00 PM
To: Kehl, Kathryn
Subject: RE: Fa #10804, San Bernardino

I do not currently have Envision...where is this place? What is this place?

From: Kehl, Kathryn
Sent: Monday, March 26, 2007 10:59 AM
To: Williams, Susan
Subject: Fa #10804, San Bernardino

Hi Susan,
Can I get a rush on this one? I got a call from owner Dung Huynh saying he closed business and has moved to same address but different Bldg number (B-14). He said he does not know if he is the owner of the current business as he is running it with another gentleman.? I need someone to go out and verify this info and try to get owner information

CUPA

San Bernardino County Fire Department • Hazardous Materials Division

620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: Vulcan Materials Date: 7-25-03

Street Address: 2350 W. Highland Ave. Facility Id No:

City: San Bernardino Zip Code: 92407 Number of Tanks: 1

Facility Contact: Facility Phone No. 875-5180 Number of Employees: 3

Refer to Title 23 of the California Code of Regulations (CCR) and Chapter 6.7 of the Health and Safety Code (CHSC). The following code sections are either in Violation (V) of, or in Compliance (C) with, the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS		V	C	N	NARRATIVE / CORRECTIONS
301. UST permits obtained	CHSC 25284(a)	X	X		Annual UST facility inspection conducted with Andy Meeder. Annual UST monitoring system certification conducted with Dennis Minnock of Pacific System Electric. The facility produces asphalt and has one UST which is not currently being used. the UST will be used to contain diesel fuel in the near future. Monitoring system - Ronan X765 with two sensors (Piping sump + Annular) UST must be permited when put into use - Violation - Failure to establish a Business Plan - complete BP. form supplied + submit 2 copies to this Dept
302. UST permit fees paid and current	CHSC 25287(a)	X	X		
303. UST application package submitted (formerly Forms A&B)	CHSC 25286(a)				
304. UST monitoring/maintenance records available for 3 years	CCR 2712(b)				
305. Prior UST violations corrected within 30 days	CCR 2712(f)				
306. Owner-operator agreement available	CHSC 25284(a)(3)(A)				
307. Certification of Financial Responsibility submitted	CCR 2809				
308. Failure to report change of ownership within 30 days	CHSC 25284(c)				
309. Failure to properly monitor UST System	CHSC 25293				
310. Business Plan established and implemented	CHSC 25503.5		X		
311. Business Plan submitted/updated	CHSC 25505		X		
MONITORING OF EXISTING UST SYSTEM (Pre 1984)					
Monitoring in General -					
315. Leak Detection/Monitoring and Response Plan available	CCR 2641				
316. Required UST precision tests conducted	CCR 2640 et. seq.				
317. Monitoring devices maintained annually	CCR 2641(j)				
Piping -					
320. Pressurized piping tested annually	CHSC 25292(e)				
321. In-line leak detector installed on pressurized piping	CHSC 25292(e)				
322. Suction piping tested every 3 years	CCR 2643(d)				
Inventory Reconciliation for Single Wall USTs -					
325. Monthly inventory reconciliation performed and available (ATG)	CCR 2646(a)				
326. Dispenser meters maintained annually	CCR 2641(j)				
MONITORING OF NEW UST SYSTEMS (1984 to Present)					
330. Leak Detection/Monitoring and Response Plan available	CCR 2632				
331. Monitoring systems maintained annually	CCR 2630(d)				
332. Pressurized piping monitored/ tested	CCR 2636				
333. Overfill/spill protection installed	CHSC 25291(c)				
334. Visual/audible alarms operational	CCR 2632(c)(2)(B)				
UNAUTHORIZED RELEASE AND ABANDONMENT					
340. UST system operated to prevent unauthorized releases	CHSC 25292.1(a)				
341. Failure to report unauthorized release	CHSC 25299(d)(1)				
342. Unlawful abandonment of USTs	CHSC 25298(a)				
343. Unlawful closure of USTs	CHSC 25298(c)				
344. Failure to properly temporarily close USTs	CHSC 25298(b)				
346. Failure to upgrade or replace UST to prevent releases	CHSC 25292(d)				
347. Unlawful deposit of petroleum into a non-compliant UST	CHSC 25292.3				
CA. Certificate #:					

☒ **NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.**

Inspector: Curtis Armstrong III Received by: Andrew Meeder Title: Foreman

Revised 6/11/2002

LLD 15-21000-638

Site Under: ~~Knott & 16th~~ 2400 NO Highland 2350 W Highland (FA 7904 - new FA)

SECONDAF CONTAINMENT TESTING REPORT FORM

Pacific Systems Electric

***Murrieta* California 92563**

Retest

California State License No. 561275

Servicing the Petroleum Industry Since 1989

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the local implementing agency.

1. FACILITY INFORMATION

Facility Name: Vulcan Calmat Asphalt Div.		Date of Testing:	7-3-03
Facility Address: 2350 W. Highland	San Bernardino, CA 92405		**Test Type:**
Facility Contact: Andy Meeder	Phone: 909.875.5180		☑ Initial
Date Local Agency Was Notified of Testing : 6/27/03			☐ 6 month
Name of Local Agency Inspector *(if present during testing)*:	Jim Smith		☐ 36 month

RECEIVED JUL 07 2003 COUNTY FIRE DEPARTMENT HAZARDOUS MATERIALS

2. TESTING CONTRACTOR INFORMATION

Company Name: Pacific Systems Electric		
Technician Conducting Test: Earl D. Jones		
Credentials: ☑ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type: A-General Engineering	License Number: 561275	

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
Smith	Piping	

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Piping Sump	☑	☐	☐	☐		☐	☐	☐	☐
Secondary Line #1	☑	☐	☐	☐		☐	☐	☐	☐
Secondary Line #2	☑	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Test water was pumped into (1) -55 Gallon drums, labeled as Hazardous Waste, and left with tank owner for proper disposal.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Earl Jones Date: 7/3/03

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☑Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 4.5" Glycerin Filled Vacuum Gauge, Venturi Pump		Equipment Resolution: + / - .25%	

	Tank #	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:				
Tank Material:				
Tank Manufacturer:				
Product Stored:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	Zero Loss	Zero Loss	Zero Loss	Zero Loss
Test Result:	☐**Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	☑Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, & recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☑ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 4.5" Glycerin Filled Gauge, Nitrogen Gas		Equipment Resolution: + / - .5%	

	Piping Run #1	**Piping Run #2**	**Piping Run #**	**Piping Run #**
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	Smith	Smith		
Piping Diameter:	2"	2"		
Length of Piping Run:	17'	16'		
Product Stored:	Diesel	Diesel		
Method and location of piping-run isolation:	Test Boot	Test Boot		
Wait time between applying pressure/vacuum/water and starting test:	15 Min	15 Min		
Test Start Time:	5:00	5:00		
Initial Reading (R_I):	5Psi	5Psi		
Test End Time:	6:00	6:00		
Final Reading (R_F):	5Psi	5Psi		
Test Duration:	1.0	1.0		
Change in Reading (R_F-R_I):	0	0		
Pass/Fail Threshold or Criteria:	Zero Loss	Zero Loss	Zero Loss	Zero Loss
Test Result:	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☑Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Incon TS-STS Sump Testing System		Equipment Resolution: 000.0000"	

	Sump # 1	**Sump #**	**Sump #**	**Sump #**
Sump Diameter:	36"			
Sump Depth:	39"			
Sump Material:	Fiberglass			
Height from Tank Top to Top of Highest Piping Penetration:	12"			
Height from Tank Top to Lowest Electrical Penetration:	15"			
Condition of sump prior to testing:	Good			
Portion of Sump Tested[2]	14"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐Yes ☐No ☑ NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Turbine shutdown response time	N/a			
Is system programmed for fail-safe shutdown?*	☐Yes ☐No ☑ NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was fail-safe verified to be operational?*	☐Yes ☐No ☑ NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Wait time between applying pressure/vacuum/water and starting test:	15Min			
Test Start Time:	5:30			
Initial Reading (R_I):	3.4462			
Test End Time:	5:45			
Final Reading (R_F):	3.4419			
Test Duration:	15 Minutes	15 Minutes	15 Minutes	15 Minutes
Change in Reading (R_F-R_I):	.0013			
Pass/Fail Threshold or Criteria:	No Loss > .002"	No Loss > .002"	No Loss > .002"	No Loss > .002"
Test Result:	☑ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☑Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	☑Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[2] If the entire depth of the sump is not tested, specify how much was tested. If the answer to <u>any</u> of the questions indicated with an asterisk (*) is "NO" or "NA" the entire sump must be tested. (See SWRCB LG-160)

7. UNDER DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☑Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Incon TS-STS Sump Testing System		Equipment Resolution: 000.0000"	

	UDC #	UDC #	UDC #	UDC #
UDC Manufacturer:				
UDC Material:				
UDC Depth:				
Height from UDC Bottom to Top of Highest Piping Penetration:				
Height from UDC Bottom to Lowest Electrical Penetration:				
Condition of UDC prior to testing:				
Portion of UDC Tested[3]				
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐Yes ☑No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	☐Yes ☑No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was fail-safe verified to be operational?*	☐Yes ☑No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Wait time between applying pressure/vacuum/water and starting test				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:	15 Minutes	15 Minutes	15 Minutes	15 Minutes
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	No Loss > .002"	No Loss > .002"	No Loss > .002"	No Loss > .002"
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[3] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☐			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☑Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Incon TS-STS Sump Testing System		Equipment Resolution: 000.0000"	

	Fill Sump #	**Fill Sump #**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:	15 Minutes	15 Minutes	15 Minutes	15 Minutes
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	No Loss > .002"	No Loss > .002"	No Loss > .002"	No Loss > .002"
Test Result:	☐ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☐Yes ☐No	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
Does the sensor alarm when either product or water is detected?	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor removed for testing?	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Spill Bucket Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Spill Box #	**Spill Box #**	**Spill Box #**	**Spill Box #**
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Completed Form Sent To
Local Implementing Agency
By
Pacific Systems Electric

PACIFIC SYSTEMS ELECTRIC
TESTING SERVICES
[illegible]
VULCAN ASPHALT
[illegible]

[illegible] 5:10 AM

SUMP LEAK TEST REPORT

SUMP

TEST STARTED	5:55 AM
TEST STARTED	07/03/2003
BEGIN LEVEL	3.4446 IN
END TIME	[illegible] AM
END DATE	07/03/2003
END LEVEL	3.4433 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

PACIFIC SYSTEMS ELECTRIC
TESTING SERVICES
909-677-0704
VULCAN ASPHALT
[illegible] GAS

07/03/2003 5:45 AM

SUMP LEAK TEST REPORT

SUMP

TEST STARTED	5:30 AM
TEST STARTED	07/03/2003
BEGIN LEVEL	3.4472 IN
END TIME	5:45 AM
END DATE	07/03/2003
END LEVEL	3.4419 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

CIFIC SYSTEMS ELECT C

Servicing the Petroleum Industry Since 1989

CA License #561275

FA 7904

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

RECEIVED
JUL 30 2003
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

A. General Information

Facility Name: Vulcan Materials – Asphalt Plant

Site Address: 7350 ~~2400~~ W. Highland Ave. City: San Bernardino Zip:92407

Facility Contact Person: Andy Meeder Contact Phone No.: 909.875.1150

Make/Model of Monitoring System: Ronan X76S Date of Testing/Servicing: 7/25/03

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected / serviced:

Tank ID: 10,000 Gallon Diesel ☐ In-Tank Gauging Probe. Model: ☒ Annular Space or Vault Sensor. Model: LS-3 ☒ Piping Sump / Trench Sensor(s). Model: LS-3 ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; ***(check all that apply)*****: ☐System set-up ☐ Alarm history report**

Technician Name (print): Eric Larison Signature: Eric Larison Certification No. 10270

License. No.: 561275 Testing Company Name: Pacific Systems Electric Phone No.: 909.677.0704

Company Address: 38330 Via La Paloma, Murrieta, CA 92563

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒Yes	❑ No*	Is the audible alarm operational?
☒Yes	❑ No*	Is the visual alarm operational?
☒ Yes	❑ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	❑ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
❑ Yes	❑ No* ☒N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
❑ Yes	❑ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ❑Sump/Trench Sensors; ❑ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ❑Yes; ❑ No.
❑ Yes	❑ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
❑ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
❑ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ❑ Product; ❑ Water. If yes, describe causes in Section E, below.
☒ Yes	❑ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	❑ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments: _____

F. In-Tank Gauging / SIR Equipment:

❑ Check this box if tank gauging is used only for inventory control.
☒ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

❑ Yes	❑ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
❑ Yes	❑ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
❑ Yes	❑ No*	Was accuracy of system product level readings tested?
❑ Yes	❑ No*	Was accuracy of system water level readings tested?
❑ Yes	❑ No*	Were all probes reinstalled properly?
❑ Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☒ Check this box if LLDs are not installed.

Complete the following checklist:

❑Yes	❑ No* ❑ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ❑ 3 g.p.h ; ❑ 0.1 g.p.h ; ❑ 0.2 g.p.h.
❑ Yes	❑ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
❑Yes	❑ No*	Was the testing apparatus properly calibrated?
❑Yes	❑ No* ❑ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
❑Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments: _____

IND INSPECTOR

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Vulcan Materials Cal Mat	Date of Testing:	10/15/2002
Facility Address:	2350 W. Highland Avenue, San Bernardino, California		
Facility Contact:	Andy Meeder	Phone:	909 875-5180
Date Local Agency Was Notified of Testing:	October 8, 2002		
Name of Local Agency Inspector Present:	None Present		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Pacific Systems Electric
Technician Conducting Test:	Earl D Jones
Credentials:	☑ CSLB Licensed Contractor ☐ SWRCB Licensed Tank Tester
License Type and #:	A- General Engineering #561275

Training by Manufacturer

Manufacturer	Component(s)	Date Training Expires
Modern Welding	Underground Storage Tank	7/2004
A.O Smith	Piping	7/2004

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested:	1	Number of Piping Runs Tested:	0
Number of Submersible Pump Sumps Tested:	0	Number of UDC Boxes Tested:	0
Number of Fill Sumps Tested:	1	Number of Overfill Boxes Tested:	0

Component	Pass	Fail	Comments
Tank Annular Space	☑	☐	
Sump Riser Collar	☑	☐	Unable to test above collar due to missing test boots.
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

RECEIVED
OCT 28 2002
COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS

Technician's Signature: Earl Jones Date: 10/15/02

In Compliance YPD

4. TANK ANNULAR TESTING

Test Method Developed By:	☑ Tank Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☑ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	4.5" Glycerin filled Vacuum Gauge, Air Driven Venturi Vacuum Pump.		

	Tank #	Tank #	Tank #
Tank Capacity:	10,000 gal.		
Tank Material:	Fiberglass/Steel		
Tank Manufacturer:	Modern Welding		
Product Stored:	Diesel		
Wait time between applying pressure/vacuum/water and starting test:	15 Minutes		
Test Start Time:	10:43 AM		
Initial Reading (R_I):	10.0" Hg.		
Test End Time:	11:46 AM		
Final Reading (R_F):	10.0" Hg.		
Test Duration:	1:03		
Change in Reading (R_F-R_I):	+/- 0.00" Hg.		
Pass/Fail Threshold:	Zero Loss		
Test Result:	PASSED		
Was sensor removed for testing?	Yes		
Was sensor properly replaced after testing?	Yes		

Comments – *(include information on repairs made prior to testing)*

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☐ Professional Engineer
Test Method Uses:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Measuring Equipment Used for Testing:			

	Piping Run #	Piping Run #	Piping Run #
Piping Material:			
Piping Manufacturer:			
Piping Diameter:			
Length of Piping Run:			
Product Stored:			
Method and location of piping-run isolation:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_I):			
Test End Time:			
Final Reading (R_F):			
Test Duration:			
Change in Reading (R_F-R_I):			
Pass/Fail Threshold:			
Test Result:			

Comments – *(include information on repairs made prior to testing)*

Secondary piping not tested due to missing test boots.

6. SUBMERSIBLE PUMP CONTAINMENT SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	✓ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	**INCON TS-STS Sump Test System**		

	Sump #	Sump #	Sump #
Sump Diameter:	**42"**		
Sump Depth:	**37"**		
Sump Material:	**Fiberglass**		
Height from Tank Top to Highest Piping Penetration:	**12"**		
Height from Tank Top to Lowest Electrical Penetration:	**6"**		
Condition of sump prior to testing:	**Good**		
Portion of Sump Tested[1]	**Collar Only**		
Does turbine shut down when sump sensor detects either product or water?	**No Turbine N/A**		
Turbine shutdown response time[2]	**N/A**		
Is system programmed for fail-safe shutdown?	**No**		
Was fail-safe verified to be operational?	**No**		
Wait time between applying pressure/vacuum/water and starting test:	**7 minutes**		
Test Start Time:	**11:07 AM**		
Initial Reading (R_I):	**2.6351"**		
Test End Time:	**11:22 AM**		
Final Reading (R_F):	**2.6336**		
Test Duration:	**15 minutes**		
Change in Reading (R_F-R_I):	**0.0015**		
Pass/Fail Threshold:	**No Loss > .002"**		
Test Result:	**Passed**		
Was sensor removed for testing?	**Yes**		
Was sensor properly replaced after testing?	**Yes**		

Comments – *(include information on repairs made prior to testing)*

Unable to test higher than the sump collar due to missing test boots on piping. Must retest.

[1] If the testing method does not test the entire depth of the sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe turbine shutdown.

[2] With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the sump.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☐ Professional Engineer
Test Method Uses:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Measuring Equipment Used for Testing:			

	UDC #	UDC #	UDC #
UDC Manufacturer:			
UDC Material:			
UDC Depth:			
Height from UDC Bottom to Highest Piping Penetration:			
Height from UDC Bottom to Lowest Electrical Penetration:			
Condition of UDC prior to testing:			
Portion of UDC Tested[1]			
Does turbine shut down when UDC sensor detects either product or water?			
Turbine shutdown response time[2]			
Is system programmed for fail-safe shutdown?			
Was fail-safe verified to be operational?			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_I):			
Test End Time:			
Final Reading (R_F):			
Test Duration:			
Change in Reading (R_F-R_I):			
Pass/Fail Threshold:			
Test Result:			
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – *(include information on repairs made prior to testing)*

[1] If the testing method does not test the entire depth of the UDC, specify how much of the UDC was tested. Methods not testing the entire UDC should only be used if the monitoring system provides fail-safe turbine shutdown.

[2] With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the UDC

8. FILL RISER CONTAINMENT SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☐ Professional Engineer
Test Method Uses:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Measuring Equipment Used for Testing:			

	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:			
Sump Depth:			
Height from Tank Top to Highest Piping Penetration:			
Height from Tank Top to Lowest Electrical Penetration:			
Condition of sump prior to testing:			
Portion of Sump Tested			
Sump Material:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_I):			
Test End Time:			
Final Reading (R_F):			
Test Duration:			
Change in Reading (R_F-R_I):			
Pass/Fail Threshold:			
Test Result:			
Is there a sensor in the sump?			
Does the sensor alarm when either product or water is detected?			
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – *(include information on repairs made prior to testing)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☐ Professional Engineer
Test Method Uses:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Measuring Equipment Used for Testing:			

	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:			
Bucket Depth:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_I):			
Test End Time:			
Final Reading (R_F):			
Test Duration:			
Change in Reading (R_F-R_I):			
Pass/Fail Threshold:			
Test Result:			

Comments – *(include information on repairs made prior to testing)*

PACIFIC SYSTEMS ELECTRIC
TESTING SERVICES
MURRIETA CA 92563
WWW.PACIFICSERVICE.NET
909-677-0704

10/15/2007 11:22 AM

SUMP LEAK TEST REPORT

VMSBAFS

TEST STARTED	11:07 AM
TEST STARTED	10/15/2007
BEGIN LEVEL	2.6351 IN
END TIME	11:22 AM
END DATE	10/15/2007
END LEVEL	2.6336 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

ProTech Petro...m Services, Inc.

Fuel System Maintenance & Testing
1020 N. Batavia Street – Suite F, Orange, CA 92867
800-634-0085 - Fax 714-633-9798

...RVICE WORK ORDER

Service Work Order Number: 1723

Customer: Vulcan Materials - Industrial Asphalt
2350 West Highland Avenue
San Bernardino, CA 92405 Fax: (909) 820-7256
Location:

Date Entered: 6/27/02
Date of Service: 7/1/02
Technician: Tom Benson

Bill To:

P.O. Number(Customer): Verbal/Tony
Call Type: Annual Certification

Site Contact: Andy Meeder Phone: (909) 875-5180

Problem: Annual Monitoring Certification

Special Comments:

Scheduled Time: Normal 12:00:00PM

Work Order Complete?: YES ✓ NO ___

System Manufacturer: Ronan Engineering Model: X76S-A2 Serial Number: I-1876

Tank #	Product	TLM Probe	Annular Sensor	Fill Sump Sensor	Turbine/Piping Sump Sensor	Vapor Sensor	Line Pressure
1	Dsl	—	✓ LS-3		✓ LS-3		

System Certified ☑ Yes ☐ No | System PSD ☐ Yes ☑ No | System Running ☐ Yes ☐ No | System Sealed ☐ Yes ☐ No | Contract Inspection Quarterly ☐ Semi-Annual ☐

Description of Work Performed: Channel #1 (Piping Sump Sensor) in Alarm upon Arrival. Found approx 30 gal of water in Sump - Pumped out into barrels.
Tested Annular & P. sump Sensors - Both tested ok and activated Audible & Visual Alarms.
No over fill prevention Valve on drop - Tube
Note - Tank is empty and not presently being used
System passed certification inspection

System operating according to manufacturer's specifications upon departure? ☑ Yes ☐ No

Labor			Materials	
Hours		Rate	QTY	Description
REGULAR	1.5			
OVERTIME				
TRAVEL		RTS		
MILAGE		RTS		

Customer Signature	Date	Time	Arrived	Departed
X			12:30	2:00

Revised 9/01

Vulcan
Materials Company

Western Division

Nov. 15, 2001

Registered Return Receipt Requested

Curtis Arnstrong
San Bernardino County Fire Dept.
Hazardous Materials Division
385 North Arrowhead Ave.
San Bernardino, CA 92415-0153

Ref: 2350 W. Highland
San Bernardino, CA

Dear Mr. Armstrong:

Pursuant to your recent telephone conversation with Dwight Beavers, please be advised that the underground storage tank at the above referenced location has never contained fuel since it was installed in 1990.

The tank was installed as a back up fuel source for the burner on the asphalt plant in case of a natural gas curtailment. It remains empty at this time. The tank is double walled and is connected to a leak alert monitoring system that is certified annually.

Taking in consideration the above, we respectfully request that the tank remain in place for possible emergency use in the future.

Very truly yours,

Peter Chiu
Manager, Environmental Affairs

OK to fill
CA

3200 SAN FERNANDO ROAD • LOS ANGELES, CALIFORNIA 90065-1415 • TELEPHONE 323 258-2777

CUPA
San Bernardino County Fire Department
HAZARDOUS MATERIALS DIVISION • FIELD SERVICES/ENVIRONMENTAL PROTECTION
385 North Arrowhead Avenue, Second Floor, San Bernardino, CA 92415-0153 • (909) 387-3080 Fax (909) 387-4323

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name Cal Mat Co / Vulcan Materials Co. 2400 (3 USTs) Date 10-11-01
Street Address 2400 W. Highland Ave. 2350 (1 UST) Est. No. 8600895P
City San Bernardino Zip Code Number of Tanks 4
Facility Contact Andy Meeder / Foreman Facility Phone No. 875-5180 Number of Employees 3

Refer to Title 23 of the California Code of Regulations (CCR), Chapter 6.7 of the Health and Safety Code (CHSC). The following Code sections are either in Violation (V) of, or in Compliance (C) with, the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed or unknown (N).

GENERAL REQUIREMENTS		V	C	N
301. UST permits obtained	CHSC 25284(a)		X	
302. UST permit fees paid and current	CHSC 25287(a)		X	
303. UST application package submitted (formerly Forms A&B)	CHSC 25286 (a)		X	
304. UST monitoring/maintenance records available for 3 years	CCR 2712(b)		X	
305. Prior UST violations corrected within 30 days	CCR 2712(f)			X
306. Owner/Operator Agreement available	CHSC 25284 (a)(3)(A)		X	
307. Certification of Financial Responsibility submitted	CCR 2809		X	
308. Failure to report change of ownership within 30 days	CHSC 25284(c)		X	
309. Failure to properly monitor UST System	CHSC 25293		X	
310. Business Plan established and implemented	CHSC 25503.5		X	
311. Business Plan submitted/updated	CHSC 25505		X	
MONITORING OF EXISTING UST SYSTEM (PRE 1984)				
Monitoring in General:				
315. Leak Detection/Monitoring and Response Plan available	CCR 2641			
316. Required UST precision tests conducted	CCR 2640 et. seq.			
317. Monitoring devices maintained annually	CCR 2641(j)			
Piping:				
320. Pressurized piping tested annually	CHSC 25292(e)			
321. In-line leak detector installed on pressurized piping	CHSC 25292(e)			
322. Suction piping tested every 3 years	CCR 2643(d)			
Inventory Reconciliation for Single Wall USTs:				
325. Monthly inventory reconciliation performed and available (ATG)	CCR 2646(a)			
326. Dispenser meters maintained annually	CCR 2641(j)			
MONITORING OF NEW UST SYSTEMS (1984 to Present)				
330. Leak Detection/Monitoring and Response Plan available	CCR 2632		X	
331. Monitoring systems maintained annually	CCR 2630(d)		X	
332. Pressurized piping monitored/tested	CCR 2636		X	
333. Overfill/spill protection installed (UST unused)	CHSC 25291(c)	X		
334. Visual/audible alarms operational	CCR 2632(c)(2)(B)		X	
UNAUTHORIZED RELEASES AND ABANDONMENTS				
340. UST system operated to prevent unauthorized	CHSC 25292.1(a)		X	
341. Failure to report unauthorized release	CHSC 25299(d)(1)			X
342. Unlawful abandonment of USTs	CHSC 25298(a)			X
343. Unlawful closure of USTs	CHSC 25298(c)			X
344. Failure to properly close USTs	CHSC 25298(b)	X		
346. Failure to upgrade or replace UST to prevent releases	CHSC 25292(d)			X
347. Unlawful deposit of petroleum into a noncompliant UST	CHSC 25292.3			X

CA Certificate #: 16746

NARRATIVE/CORRECTIONS

Annual UST facility inspection and UST Monitoring System Certification inspection. Facility inspection conducted with Andy Meeder/Foreman, the UST Monitoring System Certification was conducted with a technician from ProTech.

One UST was tested & certified at 2350 W. Highland, the other 3 USTs are west of this tank at 2400 W. Highland Ave, and were certified approx. 3-4 months ago with Inspector Craig Stephens on site.

Violations:

1) Failure to properly close UST (UST not used for 4 to 5 years)

Corrections required:

1) Remove unused UST as per State Law.

☒ NOTICE OF VIOLATION: THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN 30 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION. THE CERTIFICATE OF COMPLIANCE SHALL BE SUBMITTED WITHIN THE TIME PERIOD NOTED ABOVE.

Inspector Curtis Armstrong ES III Received By Sent by Certified Mail to: Andy Meeder Vulcan Materials Co. Title Foreman

15-19274-670 Rev. 8/00 DISTRIBUTION: White – File Copy; Canary – Facility Copy; Pink – Inspector

Contractor: Pro-Tech / Darryl (714) 633-9797

SAN BERNARDINO COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
UNDERGROUND STORAGE TANK SECTION
Annual UST/Piping/Monitoring System Certification Joint Inspection

SP. Sub but not approved no other Chaparral Concrete @ same Address

Facility name Vulcan Material Co. Cal Mat Co. Div. Date 10-11-01

Establishment number 86008958 UST Size/Contents #2 diesel

Facility address 2400 W. Highland Ave San Bernardino # of UST's 4 (1 today)

California Certificate # 67466

Pressure System ☐ Suction System ☒ (Tank not used for 4-5 years but monitored)

Double Wall USTs ☒ Single Wall Fiberglass UST ☐

Double Wall Product Piping ☒ Single Wall Fiberglass Piping ☐

~~Turbine Sump~~ CHSC 25292.1(a): piping sump

HANDLER/GEN. Spec, 26-50 employees. NO inspection

one UST inspected today other 3 USTs tested ~3 months ago (Craig Stephens Inspector)

1.	Yes ☒ No ☐	Is the sump free of liquid and debris?
	Yes ☐ No ☐	If not, was liquid or debris removed?
2.	Yes ☒ No ☐	Do sumps and penetration fittings appear to be sound and liquid tight?
	Yes ☐ No ☐	If not, was sump and/or penetration fittings repaired and hydrostatically tested for 24 hours?
3.	Yes ☒ No ☐	Is the sensor located in the low area of the sump and 1" or less from the UST top?
	Yes ☐ No ☐	If not, was the sensor moved to the proper location?
4.	Yes ☒ No ☐	Is the sensor compatible with the monitoring system? (Must be liquid sensor)
	Yes ☐ No ☐	If not, was the correct sensor installed? * no turbine / alarm OK
5.	Yes ☐ No ☒	Does the sensor shut down the turbine (or dispenser pump on suction * systems)?
	Yes ☐ No ☐	If not, was the sensor replaced or the problem corrected?
6.	Yes ☐ No ☒	Are there Line Leak Detectors on the turbine heads? Do the LLD's shut down product flow when a line leak is simulated? Do mechanical LLD's restrict product flow to dispenser when a line leak is simulated? *Single wall FRP piping must have <u>Electronic</u> Line Leak Detectors.*
	Yes ☐ No ☐	If not, was the LLD replaced or repaired for correct operation?
7.	Yes ☒ No ☐	Are manway covers sound with gaskets and properly bolted down?
	Yes ☐ No ☐	If not, were they repaired?
8.	Yes ☒ No ☐	Are the test boots disconnected from the secondary product piping?

4 Asphalt USTs on site?

Andy Meeder / Foreman 909 875-5180 Emp 3 @ Vulcan

Fill Sump CHSC 25292.1(a) NO fill sump

1. Yes ☐ No ☐ Is the sump free of liquid and debris?
   Yes ☐ No ☐ If not, was the liquid or debris removed?

2. Yes ☐ No ☐ Does the sump appear to be sound and liquid tight?
   Yes ☐ No ☐ If not, was the sump repaired and hydrostatically tested for 24 hours?

3. Yes ☐ No ☐ Is the sensor located in the low area of the sump and 1" or less from the sump bottom?
   Yes ☐ No ☐ If not, was the sensor moved to the proper location?

4. Yes ☐ No ☑ Is the sensor compatible with the monitoring system? (Must be liquid sensor)
   Yes ☐ No ☐ If not, was the correct sensor installed?

5. Yes ☑ No ☐ Does the sensor shut down the turbine (or dispenser pump on suction systems)?
   Yes ☐ No ☐ If not, was the sensor replaced to correct the problem?

6. Yes ☐ No ☐ Are manway covers sound with gaskets and properly bolted down?
   Yes ☐ No ☐ If not, were they repair as needed?

7. Yes ☐ No ☒ Do the drop tubes have overfill protection or is an overfill alarm present? UST not used for 4-5 yrs.
   Yes ☐ No ☐ If not, was overfill protection installed in drop tubes or overfill alarm installed?

8. Yes ☒ No ☐ Are the fill and vapor recovery spill buckets intact and liquid tight?
   Yes ☐ No ☐ If not, were they repaired or replaced?

9. Yes ☒ No ☐ Do the spill bucket drains function properly?
   Yes ☐ No ☐ If not, were they repaired or replaced?

Annular Space: (Double Wall UST's) CCR Title 23

1. Yes ☒ No ☐ Are annular space sensors present?
   Yes ☐ No ☐ If not, were sensors installed?

2. Yes ☒ No ☐ Are the sensors compatible with the monitoring system?
   Yes ☐ No ☐ If not, were the correct sensors installed?

3. Yes ☐ No ☒ Do the sensors shut down the turbine? alarm only
   Yes ☐ No ☐ If not, were the sensor(s) replaced?
   - *Suction system sensors must shut down the dispenser pump.*

Fiber Trench:

1. Yes ☐ No ☒ Is fiber trench present?

2. Yes ☐ No ☐ Does the fiber trench sensor shut down the turbine if fuel is present? (at the sensor low liquid level)

3. Yes ☐ No ☐ Does the fiber trench sensor shut down the turbine if water is present? (at the sensor high liquid level)

4. Yes ☐ No ☐ Does the fiber trench sensor set off warning alarm on monitor if water is present at sensor low level?

Dispenser Containment: CCR 2662(b) Deep ☐ Shallow ☐

NONE

1. Yes ☐ No ☐ Are dispenser pans present?

2. Yes ☐ No ☐ Are dispenser pans free of liquid and debris?
   Yes ☐ No ☐ If not, was the liquid and/or debris removed?

3. Yes ☐ No ☐ Are product shear valves present?
   Yes ☐ No ☐ If not, were product shear valves installed?

4. Yes ☐ No ☐ Are vapor recovery shear valves present? (Required UFC Article 52 Sec. 5202.13.2.4)
   Yes ☐ No ☐ If not, were VC shear valves installed?

5. Yes ☐ No ☐ Are the shear valve bracket bolts/nuts present and tight?
   Yes ☐ No ☐ If not, were bolts/nuts installed and/or tightened?

6. Yes ☐ No ☐ Is the dispenser plumbing free of fuel leaks?
   Yes ☐ No ☐ If not, were fuel leaks repaired?

7. Yes ☐ No ☒ Is a float with chain attached to the shear valve or electronic sensor present to shut down the dispenser and/or turbine if liquid is present?
   Yes ☐ No ☐ If not, was an appropriate shut off device installed?

8. Yes ☒ No ☐ Do existing floats or electronic sensors shut off product flow (shear valve___, dispenser electronics_____ or turbine____)?
   Yes ☐ No ☐ If not, were repairs conducted to ensure product shutdown in the event of liquid intrusion?

9. Yes ☐ No ☐ If dispenser containment is not present is metal product piping free of contact with the backfill materials?

UST Electronic Monitoring System CHSC 25291(a)(b)

1. Brand and model of monitoring system? Ronan X765

2. Yes ☐ No ☒ Does the monitor have a printer?

3. Yes ☒ No ☐ Is the alarm both audible and visual?
   Yes ☐ No ☐ If not, was the system repaired or replaced for proper function?

4. Yes ☐ No ☒ Does the monitor shut down the turbines (suction system) in the event of a leak?
   Yes ☐ No ☐ If not, was the system repaired to meet the manufactures and regulatory requirements?

   ** All sensors (sumps, annular space, fiber trench, dispenser pan) must shut down the turbines in the event of any liquid intrusion (water, fuel, etc).*

5. Yes ☐ No ☒ Is leak or alarm history available?

   Yes ☐ No ☐ If so, attach a copy to this report.

Waste Oil UST:

☐ Double Wall ☐ Single Wall (not allowed)

1. Yes ☐ No ☐ Is an annular space sensor present?
   Yes ☐ No ☐ If not was an appropriate sensor installed?
2. Yes ☐ No ☐ Does the UST have a fill sump? (required)
3. Yes ☐ No ☐ Is an overfill alarm present? (required)

Facility:

1. Yes ☐ No ☐ Does the emergency shut off switch terminate product flow to the dispenser? UFC Article 52 Sec 5201.5.3
2. Yes ☐ No ☐ Is the ESO within 100 feet, but not less than 20 feet from dispensers?
3. Yes ☐ No ☐ Are fire extinguishers present and serviced within the last 12 months? They must have a minimum rating of 2-A, 20-B:C and be located within 75 feet from any sump, dispenser or fill-pipe opening. (Sec 5202.9)
4. Yes ☐ No ☐ Are signs indicating the location of the fire extinguishers present?
5. Yes ☐ No ☒ Is the facility address displayed to be visible from the address street?
6. Yes ☒ No ☐ Are UST vent pipe openings at least 12' above grade, at least 2' above the Roof peak and greater than 5' from any electrical source (lighting, etc.)? Sec. 5202.13.3.9
7. Yes ☐ No ☐ Are "Breakaway Devices" installed on dispenser hoses? Sec. 5202.4.3.2
8. Yes ☐ No ☐ Do "Automatic Tank Gauges" (ATGs) conduct monthly volumetric test (for single wall USTs)? CCR Title 23, Article 4, Sec. 2643
9. Yes ☐ No ☐ Are ATGs certified annually?
10. Yes ☐ No ☐ Are the facility's UST permits current? Expiration date _____.
11. Yes ☒ No ☐ Does the facility have a Business Plan? Last update 2-8-01.
    Yes ☒ No ☐ Is the Business Plan current?
12. Yes ☒ No ☐ Does the facility have a Certificate of Financial Responsibility?

Inspector Signature _____ Date _____

Contractor signature _____ Date _____