PLUESS-STAUFER (CA), INC.

LUCERNE VALLEY, CALIFORNIA OPERATIONS

SPILL PREVENTION, CONTROL, AND COUNTERMEASURES PLAN

Prepared for:

PLUESS-STAUFER (CA), INC. P.O. Box 825 Lucerne Valley, California 92356

Prepared by:

WEBBER & WEBBER MINING CONSULTANTS, INC.
1323 West Colton Avenue
Suite 217
Redlands, California 92374

August 5, 1997

Revised: September 11, 1997

MANAGEMENT APPROVAL

[40 CFR 112.7(d)(2)]

This Spill Prevention, Control, and Countermeasures Plan prepared for Pluess-Staufer (California), Inc. has full approval of management at a level of authority to commit the necessary resources toward spill prevention.

Signature:	Man hal Wul	Date:	9-26-97			
Name:(Printed)	Manfred Keil	Title:	Plant Manager			

PROFESSIONAL CERTIFICATION

[40 CFR 112.3(d); 112.5(c)]

I hereby certify that I have examined the Pluess-Staufer (California), Inc. Facility and, being familiar with the provisions of Title 40 Code of Federal Regulations (CFR) Part 112, Oil Pollution Prevention, attest that this Spill Prevention, Control, and Countermeasures Plan has been prepared in accordance with good engineering practices.

Webber and Webber Mining Consultants, Inc. 1323 West Colton Avenue, Suite 217 Redlands, California 92373

No. 1659
CERTIFIED
ENGINEERING
GEOLOGIST

Mark W. Bulot, CEG

Mach W. Tout

I hereby certify that I have reviewed the Pluess-Staufer (California), Inc. Spill Prevention Control and Countermeasures Plan revisions with respect to the requirements of Title 40 CFR part 112, and attest that these plan revisions adequately address applicable sections, thereof.

Steven C. Helfrich, PE

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

75 Hawthorne Street San Francisco, CA 94105-3901

August 19, 1997

Manfred Keil Plant Manager Pluess-Staufer(California)Inc 7299 Crystal Creek Road Lucerne Valley, California, 92356

> Re: Notice of Compliance SPCC Case No. 95-0009

Inspection Date: November 2, 1994

Dear Mr. Keil:

The Environmental Protection Agency (EPA) has completed review of your amended SPCC Plan for an inspection conducted on November 2, 1994. EPA is satisfied that your facility is in compliance with the Federal SPCC requirements and appreciates the efforts you have made to achieve this. This letter does not relieve your facility of liability should it experience an oil spill.

Please feel free to call Desmond Bain at (415) 744-2318 if you have any further questions.

Sincerely

William M. Robberson

Oil Team Leader

Oil Team

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

I. IDENTIFICATION																
								B 1 1 9 (This number is on your CUPA permit.)								
FACILITY ID#	3	6 0 0	1		0		8	1	1		9 1	(The empty boxes are the last 6 digits of the above Establishment #.)				
EFFECTIVE DATE	-	ENDING DATE			31											
March 29, 2002		March 1, 20	03													
BUSINESS NAME (Same as FACILITY NAME or DBA) BUSINESS PHONE																
OMYA (CA), INC. (760) 248-													······································			
												ZIPCODE				
									erne Valley San Bernardino					CA	92356	
D&B NUMBER PRIMARY SIC/NAICS CODE DESCRIPTION OF BUSINESS ACTIVITY FOR THIS PRIMARY SIC CODE											CODE					
N/A 1422 Mining & Processing Calcium Carbonate																
BUSINESS OPERATOR NAME									BUSINESS OPERATOR PHONE							
OMYA (CA), INC.																
				*******	11.	BUS	INES	SS O	WN	FR		.L.`				
OWNER NAME												OWNER P	HONE			
OMYA (CA), INC.												(760) 24				
OWNER MAILING ADDRESS CITY												<u> 1</u>	····	STATE	ZIPCODE	
P.O. Box 825								ne V	alle		***************************************	***************************************		CA	92356	

			1	II. I	ENV	RON	MEN	ITAL	. CC	TNC	ACT		,			
VTACT NAME													CONTACT			
anfred Keil													(760) 24	8-7306		
CONTACT MAILING ADDRESS						CI	ΓY							STATE	ZIP CODE	
P.O. Box 825						Lu	ıcer	ne \	/all	ey				CA	92356	
- PRIMA	٩RY				IV.	EME	RGI	ENC'	Y C	ON.	TACTS	*	- SEC	ONDAR	Υ -	
NAME								NAME	=							
Manfred Keil Patricia Smith																
TITLE																
									Manager of Safety / Environmental Compliance							
BUSINESS PHONE									BUSINESS PHONE							
(760) 248-7306								(760) 248-7306								
HOME PHONE (NOT CONFIDENT	TIAL	- SEE NOTE BELO	OW)					HOME PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW)								
(760) 242-3946	•							(760) 247-4546								
OTHER 24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW) 24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE											TE BELOV	V)				
(760) 243-7243 (7514) – Pager (760) 883-3147 – Pager																
PAGER/CELL# PAGER/CELL#																
(760) 900-0556 – Cell (760) 447-6664 - Cell																
*HOME PHONE NUMBERS ARE I CONFIDENTIAL, FILE THE SEPA THE SEPARATE PAGE (PAGE 3	IKA I	E CONFIDENTIAL	. EM	ERG	ENCY	CON.	ГАСТ	PAGE	: /PA	AGE.	3) AND 1	SH TO KEEP : EAVE THE A	24-HOUR OR .BOVE 24 HR	HOME PHO	ONE NUMBERS ANK. ALSO USE	
V. SIGNATURE																
SIGNATURE OF OWNER/OPERATOR NAME OF											DAT	E				
Manfred Keil									4	1/5/02						





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													
ABLISHMENT	ŧ			8	6	0	0	8	-	1 1		9	For Dept Use Only – Log In/Date Stamp
FACILITY ID#	3 6	0	0	1		0	0	8		1 1	1	9	
BUSINESS NAME (S	ame as FAC	ILITY NAM	E or DBA)		-		<u></u>	_				
OMYA (CA), II	VC.												
BUSINESS SITE AD	DRESS	***************************************		C	ITY		**				ZIP	CODE	
7299 Crystal Creek Road Lucerne Valley 92356													
II. SUBMISSION CHECKLIST (Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)													
☑ This submissic													
Submission Checkl	ist (🗸)									*	con	sidered "inventory	" under state disclosure laws
☑ *Business Acti					wne	r/Ope	rator	Iden	tii	fication	ı Fo	rm	
✓ *Supplemental	•	-	_										
	☑ Emergency Response Plans and Procedures												
✓ *Hazardous M	*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.												
	ubmit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.												
☑ Retain one cop	y of the	business	plan at	the	facil		Tim	D 4 80		10000			
		(C	omplete	this .	Section	on if s	ubmi	tting d	z p	artial i	ıpda	ICATION ite or recertifying an	existing Plan
Check the appropria	te boxes	below ar	nd sign	the c	ertif	icatio	n sta	teme	nt	. Subi	nit 2	copies of all upda	ate information.
Please incor	Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information. Please incorporate the following into the 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	mai with	ale mon	nation s	ubmi	tted (on thi	s doc	umen	tε	and bel	eve	the information is tr	ue, accurate and complete. NAME OF DOCUMENT PREPARER
	anp	ell	W									4/5/02	Webber & Webber Mining Consultants, Inc.
JF SIGNER (print)												TITLE OF SIGNER	
Manfi	red	Kei	7									Plant	Manager