

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID #:	F A 0 8 2 1 0 1 0	BEGINNING DATE	¹⁰⁰	ENDING DATE	¹⁰¹
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
ANDRADE'S AUTO REPAIR			(831) 915-4582		
BUSINESS SITE ADDRESS					
11551 MERRITT ST.					
CITY	¹⁰⁴	CA	ZIP CODE	¹⁰⁵	
CASTROVILLE			95012		
DUN & BRADSTREET	¹⁰⁶	SIC CODE (4 digit #)		¹⁰⁷	
COUNTY	¹⁰⁸				
MONTEREY					
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		
JOSE L. ANDRADE			(831) 915-4582		

II. BUSINESS OWNER

OWNER NAME	¹¹¹	OWNER PHONE	¹¹²
JOSE L. ANDRADE OWC800418		(831) 915-4582	
OWNER MAILING ADDRESS			
11575 MERRITT ST.			
CITY	¹¹⁴	STATE	¹¹⁵ ZIP CODE ¹¹⁶
CASTROVILLE		CA	95012

III. ENVIRONMENTAL CONTACT

CONTACT NAME	¹¹⁷	CONTACT PHONE	¹¹⁸
JOSE L. ANDRADE		(831) 915-4582	
CONTACT MAILING ADDRESS			
11575 MERRITT ST.			
CITY	¹²⁰	STATE	¹²¹ ZIP CODE ¹²²
CASTROVILLE		CA	95012

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	¹²³	NAME	¹²⁸
JOSE L. ANDRADE		GRISelda ANDRADE	
TITLE	¹²⁴	TITLE	¹²⁹
OWNER		SPOUSE	
BUSINESS PHONE	¹²⁵	BUSINESS PHONE	¹³⁰
(831) 915-4582		(831) 632-0624	
24-HOUR PHONE	¹²⁶	24-HOUR PHONE	¹³¹
PAGER #	¹²⁷	PAGER #	¹³²

ADDITIONAL LOCALLY COLLECTED INFORMATION:

¹³³

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	¹³⁴	NAME OF DOCUMENT PREPARER	¹³⁵
Jose L Andrade	1/09/08			
NAME OF SIGNER (print)	¹³⁶	TITLE OF SIGNER	¹³⁷	
JOSE L. ANDRADE		OWNER		

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #:	F	A	-	0	8	1	-								EPA ID # (Hazardous Waste Only)	2
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

ANDRADE'S AUTO REPAIR

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility...

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

<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input checked="" type="checkbox"/> YES NO 4</p>	<p>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)</p>
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7</p>	<p>UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)</p> <p>UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)</p>
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8</p>	<p>NO FORM REQUIRED TO CUPAs</p>
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<p><input checked="" type="checkbox"/> YES NO 9</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14</p>	<p>EPA ID NUMBER - provide at the top of this page</p> <p>RECYCLABLE MATERIALS REPORT (one per recycler)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</p> <p>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</p> <p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1195)</p> <p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>

E. LOCAL REQUIREMENTS 15

(You may also be required to provide additional information by your CUPA or local agency.)

IF YOUR FACILITY IS SUBJECT TO UNDERGROUND STORAGE TANK REQUIREMENTS THAT REQUIRE A DESIGNATED UST OPERATOR (PAGE 11), PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THAT PERSON ALONG WITH A COPY OF THEIR STATE CERTIFICATION.

41D0002444

BUSINESS RESPONSE PLAN

Andrade's Auto Repair
11551 Merritt Street
Salinas, CA 95012
(831) 915-4582

January 2008

BUSINESS RESPONSE PLAN

Name of Company: **Andrade's Auto Repair**

Facilities will be accessible to county's designated emergency response personnel. When a release is observed or anticipated, the following steps will be taken:

- a) INITIALLY, determine the existence or potential existence of hazardous material. Where unidentified substance or vapors are involved in these incidents, it is always prudent to assume they are toxic or hazardous until determined otherwise.
- b) IMMEDIATELY, ascertain the location of any incident involving hazardous materials and contact the Business Emergency Coordinator and make the appropriate dispatch of emergency equipment.
- c) THE BUSINESS EMERGENCY COORDINATOR or his/her designee, will contact 911 and the Monterey County Health Department who will initiate the emergency response plan. The Emergency Coordinator is to notify neighbors on all sides if necessary.
- d) SCENE MANAGEMENT shall be the responsibility of the emergency Coordinator until the arrival of public safety response personnel. In such instance, the Business Emergency Coordinator will cooperate with and support the lawfully designated Scene Manager.
- e) PROTECTION OF SCENE- It is imperative to protect responders and bystanders from injury or contamination. Personnel first on the scene should immediately take steps to secure the area and establish perimeter control at a safe distance until such time as agency personnel, e.g., Police or fire, arrive and assume this responsibility.
- f) EVACUATION- The Scene Management Officer must determine if there is any potential danger to individuals in the area and take appropriate steps to notify and evacuate the business and neighbors. In major incidents, County and/or City Disaster Officials will be involved. Evacuation, reception and care will be followed as described in the County Major Disaster Plan.
- g) CLEAN-UP RESPONSIBILITY is determined by the cause of the incident. If caused by this company, this company has the responsibility to clean up (either by company personnel or approved contractor).
- h) DECONTAMINATION- Appropriate steps must be taken to decontaminate all victims and response personnel. Local hospitals have facilities to assist in this procedure. Care must be taken to avoid spread of contamination by response vehicles leaving the scene. Victims and response personnel may be contaminated.
- i) EMERGENCY MEDICAL RESPONSE- When needed the Business Emergency Coordinator or his/her designee should contact the business physician and appropriate hospital and other medical services if transported by (company employees). If 911 is called, County Communications will be responsible for dispatching all necessary ambulances and coordinating reception of victims at appropriate hospitals. They will follow normal prescribed procedures and supplement with specific exchange of information if contamination is involved.

- j) **IDENTIFICATION-** As requested, County Communication will relay information between the response units at the scene and certain other agencies. In all incidents, follow procedure in order s listed in this Plan. Use supplemental information as required.
Use pre-established and current call lists.
- k) All questions regarding requirements of Business Plans-call the Division of Environmental Health, Monterey County Health Department.

BUSINESS RESPONSE PLAN

Hazardous Materials Incidents

- a) **FIRES-** Sound the fire alarm.
Advise that hazardous materials are involved.
Call 911- Monterey county Emergency Operation Coordinator and the Monterey County Health Department.
Notify Business Emergency Coordinator.
Assist in implementing Evacuation Plan.
- b) **DRAINAGE OR WATERWAY INCIDENTS-** Notify the Business Emergency Coordinator.
When there is a potential for hazardous material of any type to enter drainage ditches or waterways, call 911 and give full particulars, they will make notifications.
- c) **NATURAL GAS LEAKS-** Leaks may occur in large transmission lines, in the secondary mains, in the lines connecting mains to the building, or buildings. P.G.&E. will respond to all such incidents, either on public or private property.

In the event of breaks or leaks, or smell of gas is reported, call 911. Fire departments will be dispatched, and in the event of major incidents, a Scene Management Officer will be required, as in other hazardous material incidents.
- d) **OTHER SPILLS OR LEAKS-** Notify 911 **AND** The Monterey County Health Department (755-4511).

Releases to be Reported

- a) This business will, upon discovery, immediately report any release or threatened release of a hazardous material to the Monterey County Health Department, and to the Officer of Emergency Services. This business will provide all State, City, County, Fire, and Public Health or Safety Personnel and emergency rescue personnel with access to the facility.
- b) **Release-** is defined as spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, unless permitted or authorized by a regulatory agency.
- c) **Threatened Releases** means a condition creating a substantial probability of harm when the probability and potential of harm make it reasonably necessary to take immediate action to prevent, reduce, or mitigate damage or persons, property, or the environment.

Responsibilities

- a) It is the responsibility of the Business emergency Coordinator to respond to all Hazardous Materials Incidents; ensure that the necessary notification to emergency response agencies are made; manage the scene until relieved by agencies who have jurisdictional responsibility for coordination of the scene. He/she has the responsibility to complete the necessary reports of the incident and make them available to the Facility Manager or his/he designee.
- b) It is the responsibility of all employees to conduct his/her job on a safe manner and in accordance with safety rules designated to protect employees, public health and the environment.
- c) Current inventory information on hazardous materials/hazardous waste handled and stored on site in addition to a current business response plan shall be maintained on file with the County Health Department.
- d) A current facility map will be maintained on file with the County Health Department indicating locations where hazardous materials are normally stored.
- e) A current copy of the business response plan and a facility map shall be sent to the local fire agency or fire district in which the business is located.
- f) This information is to be made available to all employees and public agencies at all times.

Evacuation Plan

Response to Fire, Explosion, Spill or Major Hazardous Material Emergency Incident.

- a.) **Purpose-** to evacuate employees, contractors and other personnel to a safe location in an orderly manner in the event of an emergency.
- b.) **Notification-** Call 911
- c.) **Alarm-** (Describe what the business will use as an alarm in an emergency and who is responsible to sound it).
Verbal alarm. Supervisor or manager on duty will alert the other employees.
- d.) **Supervisory Personnel-** (describe responsibilities)
Insure proper evacuation & notify proper agencies & neighbors. Assist emergency personnel.
- e.) **Evacuation Signal** – (Describe a specific signal)
Hand signal directed toward front exits (bay door/office door) toward outside facility.
- f.) **Exit Routes** – (Describe and indicate on business plot plan, show primary and alternate routes, if applicable)
All evacuation routes are posted in rooms and offices.
- g.) **Assembly** – (Describe an assembly location for all evacuees to proceed to in the event of evacuation so that all personnel can be accounted for. All employees must be made aware of this location, and it must be enough from the hazardous materials storage location to be safe)
Employees are to meet at end of the parking lot on Merritt Street.

TRAINING – Describe a training program for new employees and yearly refresher training. This plan must contain at least the following information:

- a.) Familiarization with this Plan, evacuation signal and assembly point.

- b.) Safety rules of your business, including, procedures for safe handling of hazardous material, emergency response responsibilities, and use of emergency response equipment and supplies. A syllabus of each subject is to be written and maintained on site. Documentation of training for each employee is to be maintained in site.

- c.) Annual refresher training.
 - a.) Describe your program to familiarize employees with the Business Response Plan: *Review plan and safety precautions annually and within first 6 months of employment.*
 - b.) Describe how employees will be familiarized with safety rules, hazardous materials training procedures, and emergency response responsibilities. *Review plan and safety precautions at annual safety meetings.*
 - c.) Describe how employees will be given annual (or more often) refresher training: *Review plan and safety precautions at annual safety meetings.*

NOTE: **It is required that training records be kept on each employee in order to be prepared for emergencies and reduce your liability. Training records are required of Hazardous Waste Generation by law.**

Trade Secrets

Reference Section 25511 of AB 2185. Trade Secrets information will be noted on the inventory form with special note to the County Health Department.

CHECKLIST FOR EMERGENCY RESPONSE

Actual or anticipated Spill/Release

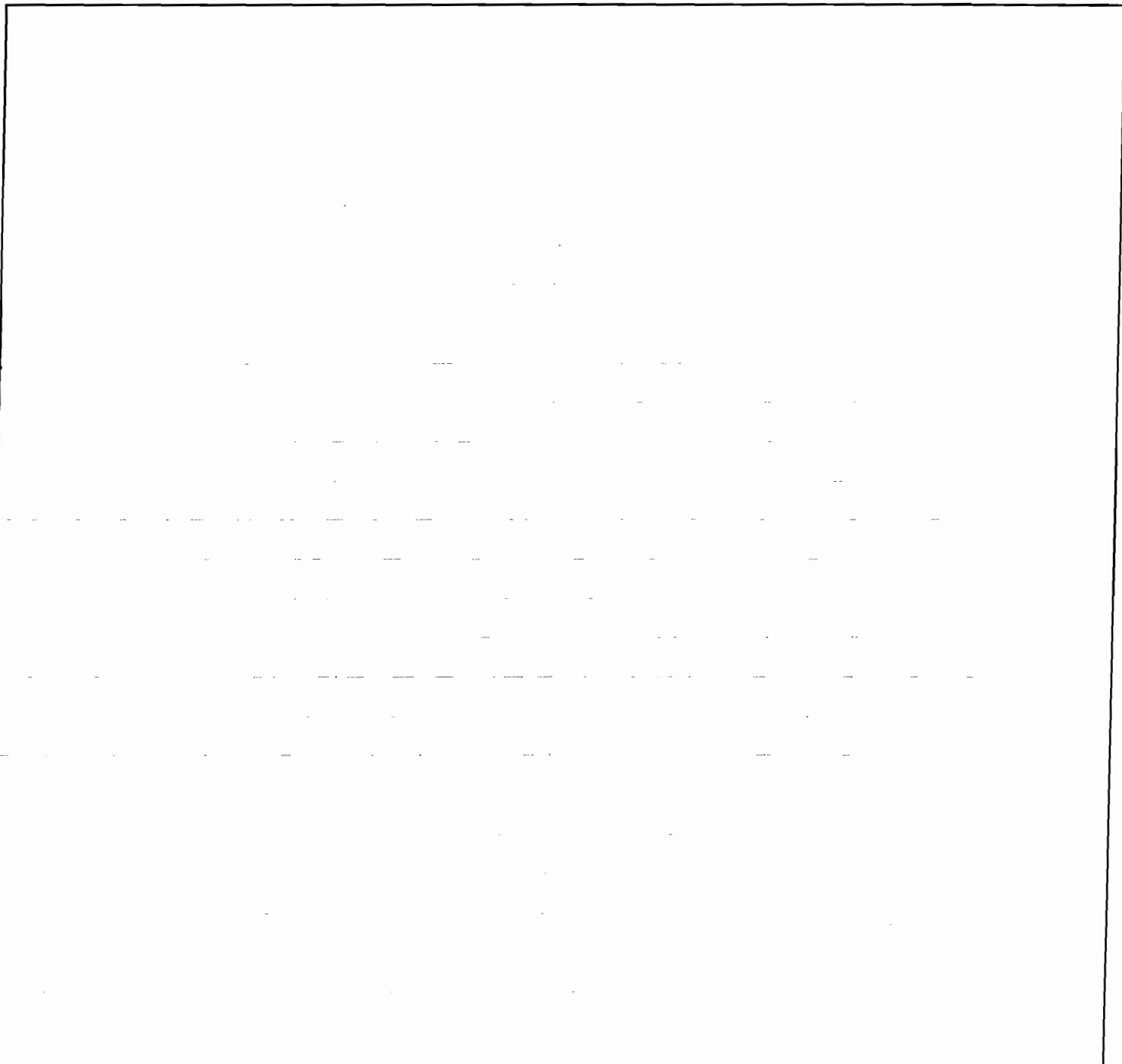
	ACTIVITY	PERSON RESPONSIBLE	
1.	Recognize spill, release or potential hazard	Person observing	
2.	Notification of personnel in immediate vicinity	Person observing	
3.	Immediate action to prevent or neutralize.	Business Emergency Action Team.	
4.	Notification of City/County Emergency Responders.	Business Emergency Action Teams.	
5.	Evacuation of persons from the area, if deemed necessary.	Business Emergency Action Team.	
6.	Notify CHEMTREC. If applicable, furnish <u>material safety data sheets</u> for the material involved.	Business Emergency Action Team or County.	
7.	Assign knowledgeable business representative to incident commander.	Business Emergency Action Team.	
8.	Complete clean up.	Business Emergency Action Team.	
9.	Complete final report.	Business Emergency Action Team.	

Facility Site Plan/Storage Map
(Hazardous Materials Business Plan Module)

Site Address:

Date Map Drawn: ___/___/___ . Map Scale: _____ Page ___ of ___

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



Instructions are printed on the following page.

Facility Site Plan and Storage Map Instructions (Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

1. **Site Plan (public document):** This drawing shall contain, at a minimum, the following information:
 - a. An indication of North Direction;
 - b. Approximate scale (*e.g. "1 inch = 10 feet"*);
 - c. Date the map was drawn;
 - d. All streets bordering the facility;
 - e. Locations of all buildings and other structures;
 - f. Parking lots and internal roads;
 - g. Hazardous materials loading/unloading areas;
 - h. Outside hazardous materials storage or use areas;
 - i. Storm drain and sanitary sewer drain inlets;
 - j. Wells for monitoring of underground tank systems;
 - k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

2. **Storage Map (confidential):** The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
 - c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
 - d. Entrances to and exits from each building and hazardous material/waste room/area;
 - e. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
 - f. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

g. **Emergency Equipment:**

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment <i>(describe)</i>		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits <i>(describe)</i>		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations <i>(describe)</i>		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits <i>(i.e. bottle type)</i>		
	<input type="checkbox"/> Respirator Cartridges <i>(describe)</i>		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other <i>(describe)</i>			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems <i>(describe)</i>		
	<input type="checkbox"/> Other <i>(describe)</i>		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents <i>(describe)</i>		
	<input type="checkbox"/> Berms/Dikes <i>(describe)</i>		
	<input type="checkbox"/> Decontamination Equipment <i>(describe)</i>		
	<input type="checkbox"/> Emergency Tanks <i>(describe)</i>		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits <i>(describe)</i>		
	<input type="checkbox"/> Neutralizers <i>(describe)</i>		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps <i>(describe)</i>		
<input type="checkbox"/> Other <i>(describe)</i>			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms <i>(describe)</i>		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
<input type="checkbox"/> Other <i>(describe)</i>			
Additional Equipment <i>(Use Additional Pages if Needed.)</i>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input checked="" type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input type="checkbox"/>	Emergency incident reporting
<input type="checkbox"/>	External emergency response organization notification
<input checked="" type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills that are conducted at least (<i>specify</i>) _____ (<i>e.g. "Quarterly", etc.</i>)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/>	Spill procedures/emergency procedures
<input checked="" type="checkbox"/>	Proper use of personal protective equipment *
<input checked="" type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e. inhalation, ingestion, absorption</i>) *
<input checked="" type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures
<input type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (<i>specify</i>) _____ (<i>e.g. "Quarterly", etc.</i>)

Record Keeping
(Hazardous Materials Business Plan Module)

Page ____
of ____

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records <i>(to be retained until closure of the facility)</i> *
<input checked="" type="checkbox"/>	Former employees' training records <i>(to be retained at least three years after termination of employment)</i> *
<input checked="" type="checkbox"/>	Training Program(s) <i>(i.e. written description of introductory and continuing training)</i> *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

California Hazardous Waste Permanent ID Number Application

Please type or neatly print in ink. Please review the line-by-line instructions carefully.
To check on the status of your request, go to www.hwts.dtsc.ca.gov and click on Reports.

New Number Requests. Check all that apply. (See instructions.)

- 1. I am applying for a **new** permanent California ID number as a hazardous waste: Generator Transporter
 - Reason for new number: A. Never had a number B. Business moved C. Legal owner of business changed
- If your business generates greater than 100 kg of RCRA hazardous waste per month, contact US EPA for a federal ID number.

Changes to Status or Information for an Existing ID Number. (See instructions.)

For existing ID number: CA

- 2. I am updating the mailing address and/or contact information only.
- 3. I am inactivating this ID Number.
- 4. I am reactivating this ID Number.
- 5. I am changing the business name. There has been no ownership change.

6. Site/Facility/Business Name (Include DBA): ANDRADE'S AUTO REPAIR (See instructions.)

7. Site Location: 11551 MERRITT ST.
Street
CASTROVILLE CA 95012 MONTEREY
City State Zip County

8. (a) Federal Employer ID Number: _____ (b) Board of Equalization Fee Account Number: _____
(b) is only required from generators of greater than 5 tons per calendar year.)

9. Mailing Address: PO Box 19 (See instructions.)
Street
CASTROVILLE CA 95012
City State Zip

10. Site Contact Person: JOSE L. ANDRADE (See instructions.)
First Name Last Name

Contact Person Address: 11575 MERRITT ST.
Street
CASTROVILLE CA 95012
City State Zip

Contact Person Phone Number: (831) 915-4582 Fax Number: _____
Area Code Phone Number Area Code Fax Number

Contact Person Business Email Address: _____

Preferred Primary Communication: Mail Email

11. Legal Business Owner (not property owner): Jose L. Andrade (See instructions.)
Name

Owner Address: 11575 Merritt St. Castroville CA 95012
Street City State Zip

Owner Phone Number: (831) 915-4582 Fax Number: _____
Area Code Phone Number Area Code Fax Number

12. Standard Industrial Classification (SIC) Code for the Site: 7538 (4-Digit Number) (See instructions.)

Monterey County Environmental Health
 1270 Natividad Road Room B301
 Salinas, CA 93906 831-755-4505

FILE COPY

INVOICE - FIRST NOTICE

TO : ANDRADE'S AUTO REPAIR
 ANDRADE, JOSE L
 11551 MERRITT ST
 CASTROVILLE, CA 95012

Invoice ID	Date
IN0883684	8/6/2008
Facility ID	
FA0821010	

ATTN : ANDRADE, JOSE L
 RE : ANDRADE'S AUTO REPAIR

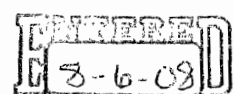
PLEASE RETURN INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
08/06/08	5040	BASE FEE-HAZARDOUS MATERIALS REGISTRATION	\$ 424.00
08/06/08	501A	STATE SURCHARGE OVERSIGHT	\$ 24.00
08/06/08	0006	FIRST RESPONDER - HAZARDOUS MATERIALS	\$ 45.00
08/06/08	512J	WASTE OIL, NONCHLORINATED SAFETY, SOLVENTS	\$ 121.00
Total Due for This Invoice:			\$ 614.00

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	Account Amount Due
\$ 614.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 614.00

Hazardous Materials Fee Schedule

Facility Name:	CHECK BOX	FEE	P/E
Andrates Auto Repair			
Facility ID# <u>0821010</u>			
New Location 11551 Merritt, Castroville			
Hazardous Materials Registration Base Fee- \$367.00 (Subject to Inspection every year)	<input checked="" type="checkbox"/>	\$367.00	5040
CUPA surcharge-\$24.00/Yr		\$24.00	PROG21190
This fee covers all quantities of motor vehicle fuel and petroleum products and all other hazardous materials if they are within the range listed below:			
500-2,500 pounds of solids			
55-275 gallons of liquid			
200-1,000 cubic feet of compressed gases			
Additional fees for hazardous materials stored in quantities at or above the following:			
SOLIDS- in pounds			
2,501 to 5,000 lbs. \$105.00/Yr	<input type="checkbox"/>		
5,001 to 50,000 lbs. \$157.00/Yr	<input type="checkbox"/>		
50,001 to 100,000 lbs. \$210.00/Yr	<input type="checkbox"/>		
100,000lbs. & over \$262.00/Yr	<input type="checkbox"/>		
LIQUID-in gallons			
276-500 gal \$105.00/Yr	<input type="checkbox"/>		
501-5,500 gal \$157.00/Yr	<input type="checkbox"/>		
5,501-10,000 gal \$210.00/Yr	<input type="checkbox"/>		
10,001 gal & over \$262.00/Yr	<input type="checkbox"/>		
GASES-in cubic feet			
1,001-2000 \$105.00/Yr	<input type="checkbox"/>		
2,001-30,000 \$157.00/Yr	<input type="checkbox"/>		
30,001-40,000 \$210.00/Yr	<input type="checkbox"/>		
40,001 & over \$262.00/Yr	<input type="checkbox"/>		
Hazardous Waste Registration Base Fee- \$367.00	<input type="checkbox"/>		
Fee covers all quantities of waste oil, non-chlorinated safety solvents and anti-freeze.			
CUPA surcharge-\$24.00/Yr			
Hazardous Waste Fees Facility -\$105.00/Yr	<input checked="" type="checkbox"/>	\$105.00	512J ✓
Additional Fees for all other hazardous waste at or above these quantities (except for waste oil, non-chlorinated safety solvents and anti-freeze)			
Less than 1 ton \$105.00/Yr	<input type="checkbox"/>		
1-5 tons \$157.00/Yr	<input type="checkbox"/>		
6-25 tons \$210.00/Yr	<input type="checkbox"/>		
26-50 tons \$262.00/Yr	<input type="checkbox"/>		
51-250 tons \$314.00/Yr	<input type="checkbox"/>		
251-500 tons \$367.00/Yr	<input type="checkbox"/>		
501-1,000 tons \$419.00/Yr	<input type="checkbox"/>		
1,001-2,000 tons \$472.00/Yr	<input type="checkbox"/>		
2,001 tons & over \$524.00/Yr	<input type="checkbox"/>		
Tiered permitting			
Conditional Exempt Small Quantity Generator (CESQG)- \$121.00/Yr	<input type="checkbox"/>		
Conditional Exempt Specified Waste (CESW)- \$157.00/Yr	<input type="checkbox"/>		
Conditional Authorized- \$210.00/Yr	<input type="checkbox"/>		
Permit By Rule- \$262.00/Yr	<input type="checkbox"/>		
Silver-Only Conditionally Exempt Small Quantity Generator (CESQG) less than 100 kg per month- \$121.00/Yr	<input type="checkbox"/>		
Underground Storage Tank Fee (between 1-10 tanks)-\$314.00/Tanks Annual inspection	<input type="checkbox"/>		
CUPA surcharge per tank-\$15.00/Yr (input 1-10 according to the amount of tanks at site).	<input type="checkbox"/>		
Subtotal Fees	<input type="checkbox"/>	\$472.00	
Above Ground Storage Tanks- \$105.00 1-3 tanks (Each tank above 3 is an additional \$105.00 per tank) Subject to SPCC	<input type="checkbox"/>		
CAL-ARP- \$210.00	<input type="checkbox"/>		
CAL-ARP Surcharge-\$270.00	<input type="checkbox"/>		
Monterey County Fees:		\$472.00	
Surcharges:		\$24.00	
TOTAL:		\$496.00	0006 ✓ PROG21192
INSPECTOR: Welden			
DATE: August 6, 2008			



DC