APPENDIX F

OTHER DOCUMENTS

(where applicable)

Kristine Savona

From:	Lima, Lucas@Waterboards <lucas.lima@waterboards.ca.gov> on behalf of RB9 _Records, WB@Waterboards <rb9_records@waterboards.ca.gov></rb9_records@waterboards.ca.gov></lucas.lima@waterboards.ca.gov>
Sent:	Wednesday, June 28, 2017 9:47 AM
То:	Kristine Savona
Subject:	RE: Request for records

Good morning Kristine.

We could find no records for the addresses requested.

Sincerely,

Lucas Lima | Public Records Coordinator San Diego Regional Water Quality Control Board 2375 Northside Drive, Suite 100 San Diego, CA 92108 (619) 521-3377 ><((((°>,...,><((((°>,...,><((((°>,...,><((((°>,...,><((((°>)





From: Kristine Savona [mailto:ksavona@hillmanngroup.com]
Sent: Tuesday, June 27, 2017 11:03 AM
To: RB9_Records, WB@Waterboards <rb9_records@waterboards.ca.gov>
Subject: Request for records

Hello – Attached please find a request for records.

Thank you, Kristine Savona Office Manager

Hillmann Consulting, LLC 1745 W. Orangewood Ave., Suite 110 Orange, CA 92868 Tel: (714) 634-9500 Fax: (714) 634-9507

ksavona@hillmanngroup.com

This message contains information that may be privileged or confidential and is property of Hillmann Consulting, LLC. It is intended only for the person to whom it is addressed. If you are not the intended recipient, you are not authorized to read, retain, copy, disseminate, distribute, or use this message or any part thereof. If you receive this message in error, please notify the sender immediately and destroy all copies of this message.



June 27, 2017

San Diego Regional Water Quality Control Board 2375 Northside Drive, Suite 100 San Diego, CA 92108-2700 Phone (619) 516-1990 Fax (619) 516-1994 rb9_records@waterboards.ca.gov

RE: Environmental Files:

555 E Valley Parkway, 456 E Grand Avenue, 644-660 E. Grand Ave, 121-141 N Fig Street Escondido, California 92025

Dear Sir/Madam:

Hillmann Consulting, LLC is conducting an environmental investigation of the above referenced property. We would like to request any information your office has regarding this property such as environmental files (UST, groundwater, wells, etc.). If any records are located, we would like to obtain copies or schedule a file review. If no records are available, please contact me to confirm. Thank you for your assistance.

Sincerely,

Kristine Savona Office Manager Hillmann Consulting, LLC ksavona@hillmanngroup.com

Your Property. Our Priority.

1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868 Telephone (714) 634-9500 Fax: (714) 634-9507 Toll free: (800) 232-4326 www.HillmannConsulting.com

- Request Information -

Tracking Number : *EPA-R9-2017-008862* Requester Name : Ms. Kristine Savona Date Submitted : 06/27/2017 Request Status : Submitted Description :

We would like to request any information your office has regarding any environmental documents, underground storage tanks (USTs) or hazardous materials for the properties listed below. If any records are located, we would like to obtain copies or schedule a file review. If no records are available, please contact me to confirm. Thank you for your assistance. 555 E Valley Parkway, 456 E Grand Avenue, 644-660 E. Grand Ave, 121-141 N Fig Street Escondido, California 92025



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION IX 75 Hawthorne Street San Francisco, CA 94105 JUL 1 3 2017

Kristine Savona 1745 West Orangewood Avenue Suite 110 Orange, California 92868

Re: Freedom of Information Act Request EPA-R9-2017-008862

Dear Kristine Savona:

This is in response to your Freedom of Information Act request regarding:

555 East Valley Parkway, 456, 644-660 East Grand Ave, 121-141 North Fig Street Escondido, California

I wish to advise you that Region 9 has no records responsive to your request.

All FOIA related documents, including this letter (invoice if applicable), have been uploaded to EPA's FOIAOnline system found at https://foiaonline.regulations.gov/foia/action/public/home. Please be sure to reference your FOIA request as EPA-R9-2017-008862 to access this record.

This letter concludes our response to your request. You may appeal this response by email at hq.foia@epa.gov, or by mail to the National Freedom of Information Office, U.S. EPA, 1200 Pennsylvania Avenue, N.W. (2822T), Washington, DC 20460 (U.S. Postal Service Only). Only items mailed through the United States Postal Service may be delivered to 1200 Pennsylvania Avenue, N.W. If you are submitting your appeal via hand delivery, courier service, or overnight delivery, you must address your correspondence to 1301 Constitution Avenue, N.W., Room 6416J, Washington, DC 20001. Your appeal must be made in writing, and it must be received no later than 90 calendar days from the date of this letter. The Agency will not consider appeals received after the 90 calendar day limit. Appeals received after 5:00 pm EST will be considered received the next business day. The appeal letter should include the FOIA tracking number listed above. For quickest possible handling, the subject line of your email, the appeal letter, and its envelope, if applicable, should be marked "Freedom of Information Act Appeal." Additionally, you may seek assistance from EPA's FOIA Public Liaison at hq.foia@epa.gov or (202)566-1667, or from the Office of Government Information Services (OGIS). You may contact OGIS in any of the following ways: by mail, Office of Government Information Services, National Archives and Records Administration, Room 2510, 8610 Adelphi Road, College Park, MD 20740-6001; e-mail, ogis@nara.gov; telephone, (301) 837-1996 or (877) 684-6448 or fax, (301) 837-0348.

The Land Division's RCRA Records Center is maintained by Toeroek Associates Inc., under contract to EPA Region 9. If you have any questions, please contact Ward Danner of Toeroek Associates Incorporated at 415-947-4596.

Sincerely,

m Tmt

Jeff Scott, Director Land Division



SEPA United States Environmental Protection Agency FOIA Contact Information for State Offices Program IV **Region IX**

Arizona	
	Rebecca Reed Arizona Department of Environmental Quality 1110 W. Washington St. Phoenix, AZ 85007 Phone: (602) 771-4380
California	
	California EPA Department of Toxic Substances Control 1001 I Street P.O. Box 806 Sacramento, CA 95812-0806 Phone: (916) 322-0476
Hawaii	
	Hawaii Department of Health Solid and Hazardous Waste Branch 919 Ala Moana Boulevard, Room #212 Honolulu, HI 96814 Phone: (808) 586-4226
Nevada	
	Julie Maurer Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Waste Management 901 South Stewart Street, Suite 4001 Carson City, NV 89701 Phone: (775) 687-9459
Guam	
	GUAM EPA P.O. Box 22439 GMF Barrigada, GU 96921 Phone: +1 (671) 475-1658



June 27, 2017

Department of Toxic Substances Control San Diego Field Office 2375 Northside Drive, Suite 100 San Diego, CA 92108-2700 Phone (619) 516-1982 Fax (619) 516-1963 PubReqAct@dtsc.ca.gov

RE: DTSC Files:

555 E Valley Parkway, 456 E Grand Avenue, 644-660 E. Grand Ave, 121-141 N Fig Street Escondido, California 92025

Dear Sir/Madam:

Hillmann Consulting, LLC is conducting an environmental investigation of the above referenced property. Under the Freedom of Information Act, we would like to request any information your office has regarding this property. If any records are located, we would like to obtain copies or schedule a file review. If no records are available, please contact me to confirm. Thank you for your assistance.

Sincerely,

Kristine Savona Office Manager Hillmann Consulting, LLC ksavona@hillmanngroup.com

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San Diego Air Pollution Control District

10124 Old Grove Rd, San Diego, CA 92131 <u>www.sdapcd.org</u> 858.586.2600 FAX: 858.586.2601 Email: apcdpermits@sdcounty.ca.gov

PUBLIC RECORDS REQUEST FORM

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REQUESTOR INFORMATION

NAME: Stephen Bartlett		DATE: 6/27/17
COMPANY: Hillmann Consulting		
MAILING ADDRESS: 1745 West Orangewood Avenue		
CITY: Orange	STATE: CA	ZIP CODE: 92868
PHONE NUMBER: (714)-949-2371	FAX NUMBER:	
EMAIL ADDRESS: sbartlett@hillmanngroup.com		

REQUES TED RECORDS

□ Applications (APP)	Complaints (CMP)	Asbestos Notifications/Records (ASB)		
□ Authority to Construct	Site Inspection Report	ts		
Notices to Comply (NTC)	□ Source Test Reports	□ Toxic-Health Risk Assessment (HRA)		
Notices of Violation (NOV)	Emissions Inventory	□Air monitoring data		
□ Title V Permit	□ Other (describe below or	on additional pages):		
111.1	1 2 1			
We would like to request records for the following address:				
660 E Grand Ave, E	scondido, CA 92025			
TIME PERIOD OF DOCUMENTS RE	QUESTED From:	1920 ^{To:} 2017		

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

I wish to inspect the requested records. I do not want copies produced at this time.

I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.

 \Box I would like copies of the requested records.

□ I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records.

Stephen Bartlett

6/27/2017

Signature of Requestor__

---- Date _____

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If you have questions pertaining to the submittal of a Public Records Act request, you may contact the Public Records staff at (858) 586-2600, Monday through Friday, 8:00 a.m. to 5:00 p.m. Our Fax number is (858) 586-2601. Our email address is apcdpermits@sdcounty.ca.gov.



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NAME: Stephen Bartlett		DATE: 6/27/17
COMPANY: Hillmann Consulting		
MAILING ADDRESS: 1745 West Orangewood Avenue		
CITY: Orange	STATE: CA	ZIP CODE: 92868
PHONE NUMBER: (714)-949-2371	FAX NUMBER:	
EMAIL ADDRESS: sbartlett@hillmanngroup.com		

REQUES TED RECORDS

Applications (APP)	Complaints (CMP)	Asbestos Notifications/Records (ASB)
□ Authority to Construct	Site Inspection Reports	□ Permits to Operate (PTO)
Notices to Comply (NTC)	□ Source Test Reports	□ Toxic-Health Risk Assessment (HRA)
Notices of Violation (NOV)	Emissions Inventory	□Air monitoring data
□ Title V Permit	□ Other (describe below or on additional p	pages):
We would like to re-	quest records for the following	address:
	1	
	scondido, CA 92025	

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

I wish to inspect the requested records. I do not want copies produced at this time.

I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.

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Stephen Bartlett

6/27/2017

Signature of Requestor__

– Date _____

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TIME PERIOD OF DOCUMENTS RE	QUESTED From:	1920 ^{To:} 2017		

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

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Site Inspection Reports	□ Permits to Operate (PTO)
-	□ Toxic-Health Risk Assessment (HRA)
Emissions Inventory	□Air monitoring data
□ Other (describe below or on	additionalpages):
1 0 1 0 1	1 . 11
-	lowing address:
scondido, CA 92025	
r.	
QUESTED From: 19	20 ^{To:} 2017
	 Site Inspection Reports Source Test Reports Emissions Inventory Other (describe below or on a quest records for the fol scondido, CA 92025

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

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10124 Old Grove Rd, San Diego, CA 92131 <u>www.sdapcd.org</u> 858.586.2600 FAX: 858.586.2601 Email: apcdpermits@sdcounty.ca.gov

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form <u>completely</u>, and identify <u>specifically</u> the type of records you are requesting. Please limit your request to one facility <u>or</u> one site address for each request form filed. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. District Public Records staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record.

REQUESTOR INFORMATION

NAME: Stephen Bartlett		DATE: 6/27/17
COMPANY: Hillmann Consulting		
MAILING ADDRESS: 1745 West Orangewood Avenue		
CITY: Orange	STATE: CA	ZIP CODE: 92868
PHONE NUMBER: (714)-949-2371	FAX NUMBER:	
EMAIL ADDRESS: sbartlett@hillmanngroup.com		

REQUES TED RECORDS

□ Applications (APP)	Complaints (CMP)	Asbestos Notifications/Records (ASB)
□ Authority to Construct	Site Inspection Report	▲ `` '
Notices to Comply (NTC)	□ Source Test Reports	□ Toxic-Health Risk Assessment (HRA)
Notices of Violation (NOV)	Emissions Inventory	□Air monitoring data
□ Title V Permit	□ Other (describe below or	on additional pages):
We would like to re	quest records for the	ollowing address:
141 N fig Street, Eso	condido, CA 92025	

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

I wish to inspect the requested records. I do not want copies produced at this time.

I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.

 \Box I would like copies of the requested records.

□ I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records.

Stephen Bartlett

6/27/2017

Signature of Requestor__

Date _____

San Diego Air Pollution Control District INSTRUCTIONS FOR REQUESTING RECORDS

- 1. In order to expedite your request, requests for records should be in writing. Requests will be processed in the order received. A form is available on the APCD's web page at http://www.sdapcd.org. Requests may be submitted by facsimile to (858) 586-2601, or by email to apcdpermits@sdcounty.ca.gov.
- 2. Requests must be for records prepared, owned, used, or retained by the District. Requests should be for clearly identifiable records. If necessary, the District will assist the requestor in making a request that describes reasonably identifiable records. Copies will not be provided if disclosure would infringe upon a copyright, trade secret, or is otherwise exempt in accordance with state law.
- 3. A search for facility records can only be conducted by one or all of the following:
 - i. Facility Name, Address, or Identification Number;
 - ii. Facility Application Number, or Permit to Operate Number; or
 - iii. Facility Notice of Violation/Notice to Comply Number.
- 4. You will be notified in writing within ten (10) days whether your request seeks copies of disclosable public records prepared, owned, used, or retained by this agency.
- 4. If the search for records finds the records voluminous, you will be notified of the approximate number of pages and/or length of time it will take to process your request.
- 5. If the records you requested have been marked confidential by the source of the record, you will be notified and given the option of continuing with the District's trade secret process.
- 6. If your request is to review records, rather than receive copies, the District will notify you once the records are gathered, and arrangements will be made for your review.

Direct costs of duplication are the following:

Paper copies: \$.20 first page of each separate document plus \$.05 per page for subsequent pages.

Scanned copies: \$.20 first page of each separate document plus \$.02 per page for subsequent pages, plus \$10.00 for each CD.

Electronic copies (provided in an electronic format already maintained by the District) may be provided for free if sent electronically, or for the cost of each CD as specified above.

In addition, when records are requested in electronic format, the requestor shall bear the cost of producing a copy of the record, including the cost to construct the record and the cost of programming and computer services necessary to produce a copy of the record when either of the following applies: (1) the District would be required to produce a copy of an electronic record and the record is one that is produced only at otherwise regularly scheduled intervals, or (2) the request would require data compilation, extraction, or programming to produce the record. [Gov. Code Sec. 6253.9(b)] The District will provide an invoice for charges due along with the copied records. These charges are due and payable upon receipt of the invoice and the copied records. Non-payment of invoices could result in a requirement that requests for records be pre-paid in person before releasing the requested documents.

If you have questions pertaining to the submittal of a Public Records Act request, you may contact the Public Records staff at (858) 586-2600, Monday through Friday, 8:00 a.m. to 5:00 p.m. Our Fax number is (858) 586-2601. Our email address is apcdpermits@sdcounty.ca.gov.



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COMPANY: Hillmann Consulting		
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PHONE NUMBER: (714)-949-2371	FAX NUMBER:	
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□ Authority to Construct	Site Inspection Reports	□ Permits to Operate (PTO)
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Notices of Violation (NOV)	Emissions Inventory	□Air monitoring data
□ Title V Permit	□ Other (describe below or on a	dditionalpages):
We would like to re	quest records for the fol	owing address:
121 N fig Street, Esc	condido, CA 92025	
TIME PERIOD OF DOCUMENTS REC	QUESTED From: 19	20 ^{To:} 2017

REQUESTED ADDRESS INFORMATION (If Applicable)

Equipment Location Address	
□ Owner Mailing Address	
□ Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

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6/27/2017

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Stephen Bartlett

From:	Gould, Cynthia <cynthia.gould@sdcounty.ca.gov></cynthia.gould@sdcounty.ca.gov>
Sent:	Wednesday, June 28, 2017 2:40 PM
То:	Stephen Bartlett
Subject:	Public Records Requests: Various Addresses

Good afternoon: I found no records for these addresses:

121 and 141 N Fig Street, Escondido 555 E Valley Parkway, Escondido 456, 644, 660 E Grand Avenue, Escondido

Thanks.

Cynthia R. Gould APCD Aide & Public Records Liaison Air Pollution Control District 10124 Old Grove Road San Diego CA 92131 Phone: 858-586-2616 Fax: 858-586-2601 Celebrating 62 Years Clean Air Progress

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain information protected by the attorney-client privilege, the attorney work product doctrine or other applicable privileges or confidentiality laws or regulations. If you are not an intended recipient, you may not review, use, copy, disclose or distribute this message or any of the information contained in this message to anyone. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of this message and any attachments. Unintended transmission shall not constitute waiver of the attorney-client or any other privilege.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH

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(858) 505-6700 FAX (858) 505-6848

<u>www.sdcdeh.org</u>

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

	Stephen Bartlett	E-Mail:	sbartlett@h	illmanngroup.com
Phone: <u>(</u> 714)	949-2371	FAX: _(714)	634-9507
Company Name:	Hillmann Consulting			
Mailing Address:	1745 W. Orangewood Aven (You may attach a busin	uue, Suite 110, Orange ess card/overprint with bus	2, <u>CA 92868</u> iness card if pref	erred)
Additional informat completed form to	ion may be accessed fr	rom the DEH web ram at (858) 505-6	site, <u>www.so</u> 848 or <u>deh.p</u>	dcdeh.org. Fax or email your oublicrecords@sdcounty.ca.gov.
660 E Grand Avenu	e, Mission Valley, 92108		or	Assessor Parcel Number
Exa	ct Address (Street, City and Zi	p Code)		Assessor Parcel Number
Optional information (establishment permit number, b	usiness name etc.):		
	purpose of your search b		apply:	
Contaminated Prop	erty Investigation(s) (SAM Cas			toring Well Files
SAM Closure Lette	Is Permit & Underground Stora	ae Tank Files (HMD/U	ST)	
Other (specify):	-		51)	
(-p++++)/				
	OFFICE U	SE ONLY BELOW T		
Files reviewed by:		of		Date:
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Signature - DEH Representative

Date



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PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:	Stephen Bartlett	E-Mail:	sbartlett@	hillmanngroup.com
Phone: <u>(</u> 714)	949-2371	FAX: _(714)	634-9507
Company Name:	Hillmann Consulting			
Mailing Address:	<u>1745 W. Orangewood Ave</u> (You may attach a busi	nue, Suite 110, Orange ness card/overprint with bus	e, <u>CA 92868</u> siness card if pro	eferred)
Additional informat completed form to	ion may be accessed the Public Records Pro	from the DEH webs gram at (858) 505-6	site, <u>www.s</u> 848 or <u>deh</u>	sdcdeh.org. Fax or email your .publicrecords@sdcounty.ca.gov. ddress or parcel number.
644 E Grand Avenu	<u>ie, Mission Valley, 92108</u> act Address (Street, City and Z	Zin Codo)	or	Assessor Parcel Number
EXa	ici Address (Street, City and 2			Assessor Parcer Number
Optional information (e	establishment permit number,	business name, etc.):		
Please indicate the	purpose of your search	by checking all that a	apply:	
	perty Investigation(s) (SAM Ca	ases)	Mor	nitoring Well Files
SAM Closure Lette	-		о т)	
Hazardous Materia Other (specify):	Is Permit & Underground Stor	age Tank Files (HMD/US	SI)	
	_			
	OFFICE	USE ONLY BELOW T		
Files reviewed by:		of		Date:
Files copied for:		of		Date:
Request cancelled by:				
request burbened by.				Date:
Photocopies		Picked up/mailed on		Date: By
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Photocopies A search for DEH recor SAM files for the pern #	Cost cds checked above has been of nit number(s) listed below are a # e permit number(s) listed below	conducted and the follow available. # are available.	wing apply:	By
Photocopies A search for DEH recor SAM files for the perm # HMD/UST files for the #	Cost cds checked above has been of nit number(s) listed below are a # e permit number(s) listed below #	conducted and the follow available. #	wing apply:	By
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Photocopies A search for DEH recor SAM files for the perm # HMD/UST files for the # Original records were #	Cost rds checked above has been of nit number(s) listed below are a # e permit number(s) listed below # purged.	conducted and the follow available. # are available. #	wing apply: #	By
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<u> </u>	<u>ay, Mission Valley, 92108</u> act Address (Street, City and Zip Coo	le)	or	Assessor Parcel Number
Optional information (establishment permit number, busine purpose of your search by ch	ess name, etc.):	nnlv:	
SAM Closure Lette	Is Permit & Underground Storage Ta	ank Files (HMD/US		nitoring Well Files
	OFFICE USE C	NLY BELOW TH	IS LINE	
Files reviewed by:		of		Date:
Files copied for:		of		Date:
Request cancelled by:				Date:
Photocopies	Cost Pick	ed up/mailed on		Ву
A search for DEH recor	ds checked above has been conduc	cted and the follow	ing apply:	
SAM files for the perr #	nit number(s) listed below are available #	e.	#	#
HMD/UST files for the	e permit number(s) listed below are av	ailable.		
#	# #		#	#
Original records were #	purged.			
···	# #		#	#

Signature - DEH Representative

Date



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456 E Grand Avenu	ie, Mission Valley, 92108		or	
Exa	act Address (Street, City and Zip	Code)		Assessor Parcel Number
Ontional information (atabliahmant narmit numbar, bi	usingga nama ata)u		
	establishment permit number, but purpose of your search by		apply:	
Contaminated Prop	perty Investigation(s) (SAM Case	•		pnitoring Well Files
SAM Closure Lette	Is Permit & Underground Stora	e Tank Files (HMD/U)	ST)	
Other (specify):			01)	
	OFFICE US	SE ONLY BELOW T	HIS LINE	
Files reviewed by:		of		Date:
Files copied for:		of		Date:
Request cancelled by:				Date:
Photocopies	Cost	Picked up/mailed on		Ву
A search for DEH recor	ds checked above has been co	nducted and the follo	wing apply:	
SAM files for the perr	nit number(s) listed below are ava	ilable.		
#	# #		#	#
HMD/UST files for the	e permit number(s) listed below ar	e available.		
#	##		#	
Original records were	purged.			
#	##		#	
No SAM/HMD/UST re				
	ecords were found for the address	APN you requested		
	ecords were found for the address	APN you requested.		
	ecords were found for the address	APN you requested.		

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141 N Fig Street, M	ission Valley, 92108		or	
Exa	<u>ission Valley, 92108</u> act Address (Street, City and Zip	Code)		Assessor Parcel Number
Optional information (establishment permit number, bu	usiness name etc.):		
•	purpose of your search by	,	apply: _	
	perty Investigation(s) (SAM Case	•		nitoring Well Files
· · ·	Is Permit & Underground Storag	e Tank Files (HMD/U	ST)	
Other (specify):				
	OFFICE US	E ONLY BELOW T	HIS LINE	
Files reviewed by:		of		Date:
Files copied for:		of		Date:
Request cancelled by:				Date:
Photocopies	Cost	Picked up/mailed on		Ву
A search for DEH reco	ds checked above has been co	nducted and the follo	wing apply:	
SAM files for the perr	nit number(s) listed below are ava	ilable.		
#	# #		#	#
HMD/UST files for the	e permit number(s) listed below ar	e available.		
#	###		#	#
Original records were	purged.			
#	# #		#	#
No SAM/HMD/UST re	ecords were found for the address	APN you requested		

Signature - DEH Representative



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH

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Company Name:	Hillmann Consulting			
Mailing Address:	1745 W. Orangewood Aveni (You may attach a busine	<u>1e, Suite 110, Orange</u> ss card/overprint with bus	e <u>, CA 92868</u> siness card if p	referred)
Additional informat completed form to	ion may be accessed fro	om the DEH web am at (858) 505-6	site, <u>www.</u> 848 or <u>de</u> ł	sdcdeh.org. Fax or email your n.publicrecords@sdcounty.ca.gov
121 N Fig Street, M	<u>ission Valley, 92108</u> act Address (Street, City and Zip		or	Assessor Parcel Number
Exa	act Address (Street, City and Zip	Code)		Assessor Parcel Number
Optional information (establishment permit number, bu	isiness name etc.).		
	purpose of your search by		apply:	
	perty Investigation(s) (SAM Case	•		nitoring Well Files
	Is Permit & Underground Storag	e Tank Files (HMD/U	ST)	
Other (specify):				
	OFFICE US	E ONLY BELOW T	HIS LINE	
Files reviewed by:	OFFICE US	of	HIS LINE	Date:
Files copied for:			HIS LINE	Date: Date:
Files copied for:		of of		Date:Date:
Files copied for:		of		Date:
Files copied for: Request cancelled by: Photocopies		of of of Picked up/mailed on		Date:Date:
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Files copied for: Request cancelled by: Photocopies A search for DEH recor SAM files for the perr # HMD/UST files for the # Original records were	Cost ds checked above has been co nit number(s) listed below are ava # #, e permit number(s) listed below ar # #, purged.	of of Picked up/mailed on nducted and the follo ilable. e available.	wing apply: #	Date: Date: By # #
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Signature - DEH Representative





Request # <u>66-437</u>

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (858) 505-6700 FAX (858) 505-6848

<u>www.sdcdeh.org</u>

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:	Stephen Bartlett	E-M	ail:sbartlett@	hillmanngroup.com	
Phone: (714)	949-2371	FAX	(: <u>(₇₁₄)</u>	634-9507	
Company Name:	Hillmann Consulting	3			
Mailing Address:					
completed form to t	he Public Records	Program at (858)	505-6848 o <mark>r <u>deh</u></mark>	sdcdeh.org. Fax or email .publicrecords@sdcounty.ca. ddress or parcel number.	
<u>456 E Grand Avenue</u> Exac	, <u>Mission Valley, 921(</u> t Address (Street, City ;	08 and Zip Code)	or	Assessor Parcel Number	
Optional information (es					
Please indicate the Contaminated Proper SAM Closure Letter/ Hazardous Materials	rty Investigation(s) (SA Report Permit & Underground	M Cases)	Mor	nitoring Well Files	
	OFFI	CE USE ONLY BEL	OW THIS LINE		
Files reviewed by:		of		Date:	
Files reviewed by:		of		Date:	
		of		Date:	
Files copied for:		of		Date:	
Files copied for: Request cancelled by: Photocopies	Cost	of of of Picked up/maile	ed on	Date: Date:	
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Files copied for: Request cancelled by: Photocopies A search for DEH records	Cost checked above has b	of of of of of	ed on	Date: Date:	
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Request # _____6-438

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (858) 505-6700 FAX (858) 505-6848

<u>www.sdcdeh.org</u>

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:	_Stephen Bartlett		E-Mail:	sbartlett@	hillmanngroup.com
Phone: (714)	949-2371		FAX: (714)	634-9507
Company Name:	Hillmann Consulting				
Mailing Address:	1745 W. Orangewood A (You may attach a bu	venue, Suite usiness card/ove	110, Orange rprint with bus	, <u>CA 92868</u> iness card if p	referred)
completed form to	the Public Records P	rogram at (8	358) 505-68	348 or <u>deh</u>	<u>sdcdeh.org</u> . Fax or email you n.publicrecords@sdcounty.ca.go nddress or parcel number.
644 E Grand Avenu	<u>e, Mission Valley, 92108</u> ct Address (Street, City and			_ or	Assessor Parcel Number
Exa	ct Address (Street, City and	d Zip Code)			Assessor Parcel Number
Optional information (e	stablishment permit numbe	r, business na	me, etc.):		
<i>I</i>	purpose of your searcl		ig all that a	pply:	
SAM Closure Letter	s Permit & Underground St		les (HMD/US		nitoring Well Files
	055105				
Files reviewed by:		USE ONLY of	BELOW II	11S LINE	Date:
Files copied for:		of			Date:
Request cancelled by:					D.t.
Photocopies	Cost	Picked up	/mailed on		Date: By
A search for DEH record	is checked above has beer			dan aanluu	
		i conducted a	nd the follow	ing apply:	
SAM files for the perm	it number(s) listed below are		na the follow	ng appiy:	
SAM files for the perm			na the follow	#	#
#		available. #		#	#
#	it number(s) listed below are #	available. #		#	# #
# ☐ HMD/UST files for the #	it number(s) listed below are # permit number(s) listed belo #	available. #		# #	# #
# ☐ HMD/UST files for the # ☐ Original records were p #	it number(s) listed below are # permit number(s) listed belov # purged. #	available. # w are available # #		# # #	# # #
# ☐ HMD/UST files for the # ☐ Original records were p #	it number(s) listed below are # permit number(s) listed below # purged.	available. # w are available # #		# #	# # #
# ☐ HMD/UST files for the # ☐ Original records were p #	it number(s) listed below are # permit number(s) listed belov # purged. #	available. # w are available # #		# #	_ # # # 6/27/16

	COUNTY OF SAN DIEGO	INSPECTION DATE: 03/02/2017 PAGE 1_OF_1 RECORD ID #: DEH2009-HUPFP-210401 OF_1
	COMPLIANCE INSPECTION REPORT	TIME START: 3:00 PM END: 3:30 PM SPECIALIST: Todd Walsh INSPECTION CONTACT:na
FACILITY NAME:	EXODUS RECOVERY MENTAL HEALTH	TITLE:
ADDRESS:	660 E GRAND AVE	PHONE:
CITY/ZIP:	ESCONDIDO /92025-4403	E-MAIL:

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes	N/A		Yes	N/A	
	x	Unified Program Facility Permit Current		x	Contingency Plan Available 🔲 LQG 🔄 SQG
	x	Hazardous Materials Business Plan Available		x	Employee Training Records Available
	x	Employee Training is Adequate		x	Universal Waste Managed Properly
	x	Waste Disposal Records Available for Review		x	Waste Containers 🗌 Closed 🔲 Labeled
	x	Emergency Contacts Current 📋 Updated today		x	Waste Containers in Good Condition
	x	Chemical Inventory/Map Current 🔲 Updated today			Permit Expires On 05/31/2014

CONSENT TO CONDUCT INSPECTION GRANTED BY: NA

TITLE: NA

INTRODUCTION:

Site visit was conducted today and confirmed that Exodus Recover Mental Health is not operating at this address. The business has closed. The new business at this address is called Healthy Development Services and does speech therapy and behavior modification for children. The new business does not generate any medical waste. Please suspend this permit.

INSPECTION REMARKS:

Helpful Websites:

• For guidance documents on hazardous materials-related topics,

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html

• For information on the California Environmental Reporting System (CERS),

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

• If you have questions on: permit fees, business plan requirements, or hazardous waste regulations,

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html

• To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails:

https://public.govdelivery.com/accounts/CASAND/subscriber/new

If you have any questions regarding this inspection, please contact Todd Walsh ,760 535-4291,<u>Todd.Walsh@sdcounty.ca.gov</u>

INSPECTION PHOTOS None

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: <u>http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html</u>

PRINTED NAME OF FACILITY REPRESENTATIVE			DATE SIGNED
NA	SIGNATURE		
TITLE OF FACILITY REPRESENTATIVE	JUNATURE		
NA		Representative Refused to Sign	

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 Phone: (858) 505-6880 <u>http://www.sdcdeh.org</u>

PEH-2009-HUP	FP-210401
COUNTY OF SAN DIEG	O PAGE $_$ OF $_$ DATE $_$ $1 / 2 / 3 / 3$
	PERMIT# 2-101 01 BUS. CODE 10
COMPLIANCE INSPECTION REPORT	TIME START 12:25 END 12:58
	Specialist Bi Keen
FACILITY NAME TYOAUS KEEDVER MENT	2 DEONEL STIAND
ADDRESS 660 E. Granf hp J He	21th TITLE PN
CITY/ZIP Blondids 192025	PHONE (760 758-1150
On the above date, the County inspected your facility under the authority of the California Health of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Re (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 (Class II) violations. Minor violations do not include repeat violations or violations, Minor violations do not include knowing, willful, intentional, or chronic violations; no The remarks below are intended to provide guidance to correct any violations indicated o report within 30 days (or as specified below) demonstrating that all violations have beer the reason for any disputed violations. Prompt correction can protect you from penalties for all other violations even if they are corrected promptly. However, correction within	egulatory Ordinances (SDCC). This report serves as a Notice to Comply and 25117.6. This report may contain both minor and more significant remaining uncorrected for more than 30 days (or as specified below). or do they include violations showing a pattern of neglect or disregard. In the attached violation report. You must submit a written response to this corrected or include a written notice of disagreement that clearly states for a "minor violation". Penalties can be imposed for each day in violation
Y' N/A' NOTE: Reinspection fees will be charged if additional in	spections are required to determine compliance.
 Unified Program Facility Permit current Hazardous Materials Business Plan available 	Y' N/A' Permit Expires on: <u>5/3(/</u> 3) □ □ □ Contingency Plan available □LQG □SQG
 Employee training is adequate 	Employee training records available
Waste disposal records available for review	Universal waste managed properly
Emergency contacts current 🗆 Updated today Chemical inventory/map current 🖨 Updated today	Waste containers □ closed □ labeled Waste containers in good condition
	Litabeth Dewart RN
Consent to inspect granted by: Inspection Contact Cother:	Champelly good with FIF
Routine	- Luspection
Facility uses mail book out	The for difficience of
- Tadded uses mail- such st	A. IA Calcote in such
	and to the and to
Appred Dixchiatric medicines	and stand were alle to
	ad med, log mis available
- Marce	for verleig).
+ No medical waste vislas	tone were observed today.
+ No medical waste vistas	mont rulte observer joiner.
	<u>,</u>
· · · · · · · · · · · · · · · · · · ·	
□ This is an annual certification that the Hazardous Materials Business Pla emergency contacts, emergency response plan, and employee training plan) is c information required in the H&SC and is maintained at the site where hazardou	n (inventory & site map, urrent and includes all the is materials are stored. Initials of Facility Representative
	ATE SIGNED
Elizabeth Denart	1 113/13
	TLE OF FACILITY REPRESENTATIVE
X Department of Equipmental Health Hercordovs Materials Div	Registered Nurse
Department of Environmental Health, Hazardous Materials Div Phone: (858) 505-6880 http:/	ision, P.O. Box 129261, San Diego, CA 92112-9261 /www.sdcdeh.org
HM-924 (03/11) NCR '(Y= Yes; N/A = Not Applicable)	DISTRIBUTION: WHITE-HMD COPY; YELLOW-FACILITY COPY

ENTERED MAR- 0 6 2009	
COUNTY F SAN DIEGO	PE_/OF_DATE_12/01/2008
COUNTY OF SAM DIEGO	PERMIT # 209169 210401
COMPLIANCE INSPECTION REPORT	TIME START <u>1300</u> END <u>1345</u>
	BUS CODE KIO
BUSINESS NAME <u>Exodus RECOVERY MENTAL HEATTLE UNA</u> ADDRESS 660 E. GRAND AVE	SPECIALIST Jos Murtaugh
BUSINESS NAME CROCLES RECOVERY MEMAN INDIA O	INSPECTION CONTACT/TITLE
ADDRESS 660 E. GRAND AVE	Cynthia Brown Program Director
CITY/ZIP ESCONDIDO 92025	PHONE: (310) 904-9073
On the above date, an inspection of your business/facility was conducted in order to determin Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulation The following remarks are intended to provide guidance to correct the violations noted on	ons (CCR); and the San Diego County Code (SDCC).
NOTE: Reinspection fees will be charged if additional inspections are	-
Y N/A Consent to inspect granted by Inspection Contact D Other:	· · · · · · · · · · · · · · · · · · ·
Unified Program Facility Permit current and available Y N/A	
 Hazardous Materials Business Plan available Employee training is adequate 	Contingency Plan available
 Employee training is adequate Waste disposal records available for review 	Employee training records available Universal waste managed properly
□ □ Emergency contacts current □ Updated today □ □	Waste containers Closed Labeled
□ □ Chemical inventory current □ Updated today □ □	Waste containers in good condition
NEW BUSINESS SITE (INITIAL	Inspection_
The Eacility provides MENTAL he	EATTL SERVICES
	RECEIVED DEC 2 / 2009
- The facility generales sharp i	RECEIVED DEC 21, 2008
- labels with the generator infor	mation were added today
- NO disposal activities have all	
	with ENSERVE - They
plan on adding 150/725R to The	
be mailed -beck to ENSERVE VIA	Codfy
DE MAILES DER TO CNSERVE TO	FEGEA.
- NO Cold Sterilization of Capit	and the readed
- NO Cold STERILIZATION OF CALL	IprieNT IS NEEGEC
- EXPIRED prescription medicine	S and returned in .
a mail-back program.	
	RECEIVED MAR 0 6 2009
- NO INVENTORY MEMS above rep.	ortable limits
- NO Waste is disposed to the de	ANTER
The jovers is in singure of the Co	mpsex.
- NO other items of GONCERN IN	ERE INENIGIES
☐ This is an annual certification that the Hazardous Materials Business Plan (inventory & s	ite man
emergency contacts, emergency response plan, and employee training plan) is current and inc	cludes all the
information required in the H&SC and is maintained at the site where hazardous materials a	re stored. Initials of Business Representative
(15) (12) (12) (12)	Presvan Directer
Signature of Business Representative Date Signed	Title of Business Representative
Department of Environmental Health, Hazardous Materials Division, P.O. Bo Phone: (619) 338-2222 Fax: (619) 338-2377 1-800-253-9933	

ř 1

DISTRIBUTION: WHITE- RETURN TO HMD; YELLOW-BUSINESS RETAINS

COUNTY OF SAN EPARTMENT OF ENVIRON HAZARDOUS MATEL P.O. BOX 129261, SAN DU (619) 338-2222 FAX 1-800-253- BUSINESS AC L FACILITY ID# 3 7 0 0 0 0, 2 1 0 4 BUSINESS NAME (Same as FACILITY NAME of DBA-Doing Dusiness As) Exodus Recovery Mental Health Walk-In Assessment BUSINESS SITE ADDRESS 660 E Grand Ave	ONMENTAL HEAL RIALS DIVISION EGO, CA 92112-9261 (619) 338-2377 9933 CTIVITIES VTIFICATION PHA ID # (1)	TERED MAR D 6 2009 103
BUSINESS SITE CITY Escondido	104	CA 21P CODE 105 92025
II. ACTIVITIES DI	ECLARATION	
NOTE: If you check YES	to any part of this li	· · · · · · · · · · · · · · · · · · ·
please submit the Business Owner		
Does your facility A. HAZARDOUS MATERIALS	If Yes, please	complete these pages of the UPCF
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☐ YES	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)?	TYES 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 (Formerly SWRCB Form A) HM-9715 UST TANK (one page per tank-Formerly Form B) HM-9717
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in above ground tanks or containers?	□YES ⊠NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE		·
 Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable 	\swarrow YES \bowtie NO 9 \square YES \bowtie NO 10	EPA ID NUMBER provide at the top of page RECYCLABLE MATERIALS REPORT (one per
materials (per HSC 25143.2)?		ONSTE HAZADOUS WASTE TREATMENT
Treat hazardous waste on site?	TYES NO 11	- FACILITY ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per 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 hazardous waste and cleaned onsite? 	□ YES ⊠ NO 14	HAZARDOUS WASTE TANK CLOSURE
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 148	Generator.
 Household Hazardous Waste (HHW) Collection site? 	YES NO 14	
 <u>F. LOCAL REQUIREMENTS</u> MEDICAL WASTE Generate <200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste? Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any a Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm i 	amount of medical waste? In any quantity?	IS I YES INO I YES INO I YES INO I YES INO I YES INO I YES INO

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 \boxtimes



UPF Permit#: 2/04/0/

DATE INSPECTED: 12/0/108

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

Date assumed business ownership at this location: 11/5/2008

This permit does not excuse any owner or operator from complying with all applicable federal, state, county or local laws, ordinances or regulations. The owner or operator is required to determine if another permit or approval from any other agency or department is necessary. The County, by issuing this permit, does not relinquish its right to enforce any violation of law.

I have determined that this business or service does <u>not</u> require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.

Title:

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: mall

Printed Name: LeeAnn Skorohod Type of Business:

Specialty Facility Operator

OPERATIONS Date Phone #:

3109453350

Please complete the business information on the following page and return this application to the San Diego County Department of Environmental Health at:

SAN DIEGO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261 SAN DIEGO CA 92112-9261

If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE:

If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.

HM-906 (05/08)

		_	_				
COUNTY OF SAN DEPARTMENT OF ENVIL HAZARDOUS MATH P.O. BOX 129261, SAN D (619) 338-2222 FAX 1-800-253 BUSINESS OW/NED (ODED	RONMENTA ERIALS DIV JIEGO, CA 9211 K (619) 338-2377 3-9933	L HE ISIO 2-9261	Ņ	ENT	ERED	RAR '0 6 200	97
BUSINESS OWNER/OPER	ATOR IL	DEN.	LIFIC	CATI	ION		
	й · ·				•	Page of	f
L IDENTIF	ICATION						
FACILITY ID # 3 7 0 0 0 2 1 0 4	01	BEGIN	INING DA	ATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	1.2				ESS PHON		102
Exodus Recovery Mental Health Walk-In Assessment Cen BUSINESS SITE ADDRESS	ter) 758 388 FAX	1150	102a
660 E Grand Ave				176	2) 751	6-1808	1026
BUSINESS SITE CITY	104		ZIP COL			COUNTY	108
Escondido		CA	9202				100
DUN & BRADSTREET		106			107	San Diego PRIMARY NAICS	1078
			1.1			i i i i i i i i i i i i i i i i i i i	
BUSINESS MAILING ADDRESS			I				1084
9808 Venice Blvd, Suite 700							* 4
BUSINESS MAILING CITY	1085	STAT	Ē	108c	ZIP CODE		108d
Culver City		CA			90232-	,	
BUSINESS OPERATOR NAME		109	BUSINE	ESS OPE	RATOR PI	HONE	110
Luana Murphy			(310)	945-3	3350 x		
II, BUSINESS	SOWNER						
OWNER NAME	5 .	111	OWNER	PHON	Ē		112
Luana Murphy OWNER MAILING ADDRESS			(310)	945-3	3350 x		
							113
9808 Venice Blvd, Suite 700			_				
	114	10	E		ZIP CODE		116
Culver City		CA			90232-		
CONTACT NAME	TAL CONT	ACT	001	27 0110			
LeeAnn Skorohod			CONTAC	-			118
CONTACT MAILING ADDRESS		119	(310) CONTAC				(19a
9808 Venice Blvd, Suite 700			CONTAC	L EMIA			1194
CITY	120	STAIL					122
Culver City		CA	-				
-PRIMARY- IV. EMERGENC	VCONTAC				90232-	ECONDARY-	
	NAME	10				ECONDARI-	128
Cynthia Halpin Brown	Anna G	rell	ert				
TITLE 124			010				129
Program Director	VP Oper	rati	ons				
BUSINESS PHONE 125							130
(760) 758-1150 x	(310) 945	-335	0 x 0				
24-HOUR PHONE* 126			~				131
	1						
1AUEK # 127	LINGLAN #			-			132
ADDITIONAL LOCALLY COLLECTED INFORMATION:	4						
E-MAIL: *	E-MAIL: *						
5 · · · · · · · · · · · · · · · · · · ·			٠,			<u></u>	
*This information will remain confidential.	NI 001-11-	-					
ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMIT Certification: Based on my inquiry of those individuals responsible for obtaining the info	IAL OF ANY O	THER	UNIFIED	PROG	RAM CO	NSOLIDATED FORM	vi
familiar with the information submitted and believe the information is true, accurate, and	complete.	ander p	charty of l	iaw mat	i nave pers	onany examined and ar	n
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE		NAME	OF DOCU	MENT PRE	PARER	135
mana	10/9/01		An	NA	GREC	LERT	1
	TITLE OF SIGNE	-					137
LEFANN DKORUHOD	SEVP		PERA	7100	2'		

HM-906 (05/08) [HM-9702-UPCF-Business Owner/Operator Identification (03/08)]

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Butters Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the Instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

- FACILITY ID NUMBER Enter your 6 character Permit # on your Unlifed Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank. 1.
- BUSINESS NAME Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" Doing Business As. 3
- BEGINNING DATE Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for 100. PBR sites. 101.
- ENDING DATE Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
- 102 BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a. BUSINESS FAX Enter the business fax number, area code first.
- 103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #108a- #108d.
- 104. CITY Enter the city or unincorporated area in which business site is located.
- 105. ZIP CODE Enter the zlp code of business site. The zlp + 4 may also be added.
- 106. DUN & BRADSTREET Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
- PRIMARY SIC NUMBER Enter the primary Standard Industrial Classification system number for primary business activity. Required for EPCRA. NOTE: If code 107. is more than 4 digits, report only the first four.
- 107a. PRIMARY NAICS NUMBER Enter the primary North American Industrial Classification System number.
- 108. COUNTY Enter the county in which the business site is located.
- 108a, BUSINESS MAILING ADDRESS Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b. BUSINESS MAILING CITY Enter the name of the city for the business mailing address.
- 108c. STATE Enter the two character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE Enter the zip code for the business mailing address. The zip + 4 may also be added.
- 109. BUSINESS OPERATOR NAME Enter the name of the business operator which is the name used for mailing correspondence.
- 110. BUSINESS OPERATOR PHONE Enter business operator phone number, if different from business phone, area code first, and any extension.
- 111. BUSINESS OWNER NAME Enter name of business owner, if different from business operator.
- 112. BUSINESS OWNER PHONE Enter the business owner's phone number if different from business phone, area code first, and any extension.
- 113. BUSINESS OWNER MAILING ADDRESS Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
- BUSINESS OWNER CITY Enter the name of the city for the owner's mailing address. 114.
- BUSINESS OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address. 115.
- 116. BUSINESS OWNER ZIP CODE Enter the zip code for the owner's address. The zip + 4 may also be added.
- 117. ENVIRONMENTAL CONTACT NAME Enter the name of the person who receives all environmental correspondence.
- 118. CONTACT PHONE Enter the phone number at which the environmental contact area code first, and any extension.
- 119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
- 119a. CONTACT EMAIL Enter the email address of the environmental contact in 117, if the contact has one.
- 120. CONTACT MAILING CITY Enter the name of the city for the environmental contact's mailing address.
- 121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
- 122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The zip + 4 may also be added.
- 123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 124. TITLE Enter the title of the primary emergency contact.
- 125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extension.
- 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a 126. day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.

128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site famillarity, and authority to make decisions for the business regarding incident mitigation.

- 129. TITLE Enter the title of the secondary emergency contact.
- 130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.

131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.

- 132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
- 133. ADDITIONAL LOCALLY COLLECTED INFORMATION This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
- 134. DATE Enter the date that the document was signed. (YYYYMMDD)
- 135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal Information.
- 136. NAME OF SIGNER Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
- 137. TITLE OF SIGNER Enter the title of the person signing the page.

County of San Diego CUPA

Department of Environmental Health-Hazardous Materials Division

HM-906 (05/08) [HM-9702-UPCF-Business Owner/Operator Identification (03/08)]

• • • •		
	COUNTY OF SAN DIEGO	PAGE OF EST. NO. H 399
	COMPLIANCE INSPECTION REPORT	DATE <u>11/29/00</u> TIME START <u>9:10</u> END <u>9:30</u> BUS. CODE <u>K10</u>
BUSINESS NAM ADDRESS <u>14</u>	ME ESCONDIDO COMMUNITY HEALTH	SPECIALIST <u>M. SEDGH7</u> CONTACT <u>CHRIS UHRING</u> TITLE <u>DIRECTOR OF OPERATIONS</u>
	3CONDIDO, CA 92025	PHONE (760) 737-7896

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

Office Use Only	BEC 2 0 2000
	TNACTIVATION DEC 2 0 DATA
	THE ABOVE REFERENCED FACILITY IS VACANT AT THIS
	TIME, ESCONDIDO COM HEALTH CTR HAS RELOCATED TO
	641 E. PENNSYLVANIZA AVE. # 102. THE NEW H#
	FOR THAT FACILITY IS H 50831.
	INACTIVATE THIS PERMIT AT THIS TIME
	-INACITATIE THIS DEPART TO IS TAME
	* AN INSPECTION OF THE NEW LOCATION WILL BE
	Completed Today.
2	
Chres U	hing 11-29-00 Dir. of Operations
Signature	of Business Representative Date Signed /Title
Department of Env	vironmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

Oct. 24, 2000

County of San Diego Department of Environmental Health P.O. Box 129261 San Diego, Ca. 92112-9261

To Whom It May Concern:

This letter is to notify you that the administrative office for Escondido Community Health Center has moved to a new location. The new address is:

ESCONDIDO COMMUNIT

HEALTH CENTER

425 N. Date St. Escondido, Ca. 92025 Phone (760) 737-2030 Fax (760) 737 - 2024

Lynda Chamblin is no longer an employee. Our facilities manager is Laura Beckstrom, Accounts Payable is Theresa Cruz, and Director of Operations is Chris Uhring, R.N.

Please make a note of these changes. Thank you.

Sincerely, Thes White Chris Uhring

1) HSY669 2) H52399 Stebezted DB sout 3) H51893 4) H53000 -> previously H 51405

DB sent 12/00 by TC. For

RECEIVED

Oct 25 11 47 AN '00

HEALTH SLAVICES

H 54669 KIO

Administrative Offices 425 N. Date St. • Escondido, CA 92025 • (760) 737-2030 • Fax (760) 737-2024

-	MAR
C	OUNTY OF SAN DIEGO Page of
	EST. NO. H 52379
	DATE $3 \sim 25 \cdot \sqrt{3}$ TIME START $3 \sim 25 \cdot \sqrt{3}$
COM	PLIANCE INSPECTION REPORT
	SPECIALIST $\overline{T} \cdot \omega A LS H$
ADDRESS NAM	E Escondido COMMUNILY HEALTH CENTER CONTACT THACY Ream
CITY/ZIP	ESCONDIDO, 92025 PHONE 737-7866
	inspection of your business/facility was conducted in order to determine compliance with the California Atolica and hapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County (
Code (SDCC). The fe	ollowing remarks are intended to provide guidance to correct the violations noted on the attached violation report
	1 10 18 22
Office Use Only	Routine enspection (388
<u></u>	1) Medrical Waxte Management Plan (MWMP)
<u> </u>	was not on and or available. Corrective action,
	Keep a copy of yours MWMP on with at
the settle and	
	- stars contain tred by labeled during inspection
	· · · · · · · · · · · · · · · · · · ·
	· · · · ·
<u> </u>	Hireich Kn 3-25-98 Kn-
Saman	Signature of Business Representative Date Signed Title
Department	of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261
	(619) 338-2222

		-	
	COUNTY OF SAN DIEG		EST. NUMBER H 52399
	MEDICAL WASTE GENERATOR REQUI	REMENTS	DATE <u>3-25-8P</u> PAGE <u>2</u> OF <u>7</u>
BUSINESS ADD	ILII F. ST		5
VIOLATION RE	<u>EPORT</u> : The items checked below refer to specific section to County Code of Regulatory Ordinances Sections 68.1201 All violations must be corrected. Please call (619) 33	numbers of the California Hea et. al.; and the California Coa 38-2222 or your Inspector if y	Ith and Safety Code Sections 25100 and 117600
GENERAL REOUT	EMENTS:	1	
hac not been obt	al Health Permit as a medical waste generator ained. 68.1203, 68.1204, and 117705 al of untreated medical waste to an nt. 118340 via the state using an unapproved method 8215 WASTE is not stored in a locked trash closure so as to deny access to unauthorized V4004 W	[] Maximum holding time exwaste, e.g. greater than 1 LARGE OUANTITY WASTI (≥ 200 pounds of waste in a r	
 [] Improper clippin generation. 68.1 [] Medical waste w of origin. 11827: 	g or cutting of sharps waste at the point of 205 V4005 W as not separated from other waste at the point 5 V4006 W	 Medical Waste Manageme County HIMMD (Annual) Must maintain and show p treatment records for 3 ye Generator did not retain o tracking documents for way 3 years. 117975 Storage time exceeded for 	ent Plan has not been submitted to Requirement). 117960 and 68.1206 . V4034 W proof of "onsite" medical waste ears. 118215 and 117975 V4035 W nn file disposal receipts and/or aste shipped offsite for at least r full sharps container(s), e.g. greater erature. 118285
[] Storage time exc than 90 days. 11	eeded for frozen medical waste, e.g. greater 2820	than 7 days at room temp [] Storage time exceeded for at room temperature 118	erature. 118285
 Generator did no an approved mar Generator has no 	t clean-up a leak or spill of medical waste in uner. 118300		CHEMOTHERAPY WASTE HANDLING:
accumulation are access to unautho [] Operator did not "warning sign" i area(s), 118310	to maintained reusable containers/bins for orage in a clean and sanitary manner. V4007 W	[] Did not cogregate chamot	
[] Generator did no properly marked Did not place a l	t store medical waste in approved and red bags (non-sharps). 118275	markings on the lid and si [] Did not segregate patholog waste. 118275	des. 118275
and phone numb sharps container. [] Generator did no marked sharps c [] Transportation o Registration or y	n English and Spanish at the waste storage t store medical waste in approved and red bags (non-sharps). 118275	 Generator did not label co with the words "pathology on the lid and side. 11827 Unlawful disposal of patho to an unauthorized point. 	ontainer holding pathology waste y waste" or other approved markings 5
from County HN [] Generator did no	MD. 118025	PHARMACEUTICAL WAST	
annually. 11821 [] Generator did not checks for at lea [] Operator did not	t maintain records of thermometer calibration st 3 years. 118215	markings on the lid and si	te pharmaceutical waste from other ontainer holding pharmaceutical ineration only" or other approved ide. 118275g
at least once a m	load of medical waste treated onsite. 118215 . V4019 W ological indicator or other approved method onth to confirm proper disinfection 15		r pharmaceutical waste, e.g. more than er calendar year generated) 118280e . V4046 W rator of pharmaceutical waste (calendar year) improperly storing year. 118280e
 Did not containe resistant, and co Must have waste 	rize and place red bags in rigid, leak vered containers or bins. 118280	/	TREATMENT FACILITY REQUIREMENTS:
so as to be clear [] Did not tape close	y visible. 118280	[] Operator has not obtained	an onsite medical waste treatment
SWALL OUANTITY (<200 pounds per m	(GENERATOR REQUIREMENTS:	and CCR 65620 [] Must maintain an updated medical waste treatment p review, CCR 65621(f) 6	and complete copy of the ermit onsite and available for 5623, 118165, and 118180
County HMMD	Annagement Plan has not been submitted to (Annual Requirement) 68.1206 and 117935 . V4025 W ad show proof of "onsite" medical waste	treatment permit issued by	y the County. CCR 65623 V4051 W
Gacking docume	nd show proof of "onsite" medical waste s for 3 years. 118215 and 117943 V4026 W tt retain on file disposal receipts and/or nts for waste shipped offsite for at least		ZARDOUS WASTE MGMT. AND DISPOSAL: rocessing/ hazardous waste to the
2 years. 117945 [] Need to apply fo exemption for "s waste per week) [] Did not renew a	r and receive a limited-quantity hauling self-hauled" medical waste (<20 pounds of 118030 and 118025	sewer, trash, etc. 25189. [] Generator has not maintai manifests/milk-run receip [] Generator has not obtaine from the State DTSC for	5
annually. 118030 [] Storage time exc than 7 days at ro	eeded for full sharps container(s), e.g. greater	[] Generator did not properly hazardous waste. 66262.3	is waste. 66262.12
 Storage time exc at room tempera Very small quan 	eeded for red bag waste, e.gmore than 7 days ture (>20 pounds/month generator). 118280 . V4031 W tity generator (e.g <20 pounds per month) ng waste for greater than 30 days onsite at e. 118280	waste tightly closed excep waste. 66265.173	in the container holding hazardous ot when adding or removing V4056 W a notification to the County prior to aste onsite (e.g. > 10 gallons/month: .5
			92 b.
ESTABLES	HMENT REPRÉSENTATIVE	DATE SIGNED	

DISTRIBUTION:

WHITE-RETURN TO HMMD YELLOW-BUSINESS RETAINS

PLEASE PRINT
OFFICE USE GALY FILE H#
REQUEST FOR LIMITED QUANTITY HAULER EXEMPTION OF MEDICAL WASTE
Establishment Name: ESCONSTDD COMMUNITY HEALTH CENTER
Address: # 141 N. FIGST. ESCONDID 92025 (Street) (City) (Zip)
Phone: 737-7896 Owner/Agent: ESCONAIAD COMMUNITY CLINIC / TRACY REAM
MEDICAL WASTE INFORMATION:
 Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)
SHARRS, POSSIBLE GAUZE
2. Quantity of Medical Waste generated weekly (pounds/week): 1LB/WK
 Quantity of Medical Waste transported at any one time: <u>4 LQS</u> Location where Medical Waste is generated:
4. Edition where Medical waste is generated. Street: 141 N, FIG ST,City: ESCANAIDO Zip:
5. Location where Medical Waste is transported to:
street: 400 N. ELM City: ESCONAIAO Zip: 92025
 Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES [1] NO []
7. Documentation of employee training kept on file in the medical waste generator's office: YES [V NO []
8. Biomedical Waste Management Plan submitted to the HMMD and kept on file in the generator's office:
I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.
I request a limited quantity hauler exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code, Division 20, Chapter 6.1.
PRINTED NAME TRACY REAM DATE 4/26/95
SIGNATURE Quacy Beam TITLE Executive Director
Office Use Only
GRANTEDDENIED
The exemption may be revoked based upon changes to the original conditions of approval, or for non-compliance with the Medical Waste MaHagement Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.
Hazardous Materials Specialist
Department of Health Services; Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego, CA 92186-5261

TRACKING DOCUMENT FOR MEDICAL WASTE

GENERATOR INFORMATION:	DATE:
NAME:	<u> </u>
ADDRESS:	
PHONE #:	
HAULER INFORMATION:	
NAME:	
ADDRESS:	
PHONE #:	
MEDICAL WASTE INFORMATION:	
TYPE OF MEDICAL WASTE	ESTIMATED QUANTITY OF WASTE
TRANSPORTED	TRANSPORTED
(EXAMPLES: Sharps; culture plates; tubing: dressings; tissue waste)	(POUNDS)
Example: Sharps Container/Needles	1.0 Pound
1.	
2.	
3.	······································
•	
RECEIVING FACILITY INFORMATION:	<u> </u>
NAME:	
ADDRESS:	
PHONE #:	
SIGNATURE: AUTHORIZED REPRESENTATIVE	Date:
te: All information requested on this f	form must be completed to

	C/ Exp 0430 25
COUNTY OF SAN DIEGO	EST. NUMBER H <u>52399</u>
	DATE <u>1 - 17 - 95</u> BUS CODE <u>K 16</u>
BIOMEDICAL - COMPLIANCE INSPECTION REPORT	BUS CODE <u>K16</u> SPECIALIST <u>H-ff</u>
E. I.I.C. t ih-off. Cat	//
BUSINESS NAME Escondido Community Halth Cont	
CITY/ZIP Estondido 92025	
On the above date an inspection of your business/facility was conducted in order to detern Safety Code (HSC), Division 20, Chapter 6.1; the San Diego County Code (SDCC); and loc this inspection are noted below. The following statements are intended to provide guidance	cal City ordinances. Violations determined from
	Dracage
The bronglind waster management fla	in ver received 2/13/15
R735 W Maintain a copy of firmedial way	to disposed receipts on file.
	and math
copy of the permit on site ofter Nou	epored: maintain a
- copy of the permit on the offer in	
V4001 W [] Untreated Medical Waste (Biohazardous) has been unlawfully disposed	(SDCC 68.1203, HSC 25030; 30.1; 41; 51) of (SDCC 68.1203, HSC 25097)
approved method	SDCC 68.1203, (C) & 1204, HSC 25090; 47; 57) l on site and available
Vacuum and a second documentation has not been maintained for on-site treat	
V4004 W V4005 W V4005 W Image: Note of the state	CC 68.1203-1204, HSC 25045; 55; 25090 (C)(5)) (SDCC 68.1205(E))
V4008 W [] Containers storing Medical Waste (Biohazardous) are not properly labe	led (SDCC 68.1205, HSC 25046; 56)
to prevent loss of contents	(SDCC 68.1205, HSC 25046; 56; 81; 82)
of the permissible storage period	• • • • • • (SDCC 68.1203 (C), HSC 25081; 46; 56)
V4011 W [] Medical SOLLD waste is not stored in a manner that prevents access b to disposal	
v4013 w [] A Med. Waste Mgmt. Plan is not maint. and/or updated annually as req v4014 w [] Medical Waste (Biohazardous) storage area is not properly posted or sec	- (SDCC 68.1201 (H); 1206, HSC 25045; 42; 52) uired-(SDCC 68.1201 (H), 1206, HSC 25042; 52) cured (HSC 25086; 46; 56)
v4015 w [] Transportation of Medical Waste (Biohazardous) in an unlawful or unaut	norized manner (HSC 25060; 25097)
Signature of Business Representative	1.17.95
	Title
Department of Health Services, Environmental Health Services, Hazardous Materials Management Div	ision, PO Box 85261, San Diego, CA, 92186-5261

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-	COUNT POF SAN DIEGO	Page _/ of
		EST. NO. H _ 52115
		DATE <u>12-16-97</u>
	COMPLIANCE INSPECTION REPORT	TIME START END BUS. CODE $\not \not \not \not \downarrow $
		SPECIALIST T. (Jelah
	BUSINESS NAME Escondido Hematology Oncology	CONTACT
	ADDRESS 121 N. Fig	TITLE
	CITY/ZIP Escavelle 92025	PHONE
	On the above date an inspection of your businéss/facility was conducted in order to determine Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Reg Code (SDCC). The following remarks are intended to provide guidance to correct the violation Office Use Only	egulations (CCR); and the San Diego Count
	Business no longer et	this

	All -	
1 Joseph Land Contraction	Building vacant.	
Contraction of the second second		
1111	- Building Vacant	
Arrive and the second	V	
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C. Barris and S.		
All the second		
all and the maintenance		
B. B. Start and and and		
1		
Carrier all		
a have been a state of the		
The second second second		
28 TERMO (C. 1915)		

Signature of Business Representative

Date Signed

Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

or	MA
COUNT POF SAN DIEGO	EST. NUMBER I SALLS
BIOMEDICAL - COMPLIANCE INSPECTION REPORT	DATE 1- 8-97 BUS CODE <u>k 10</u>
	SPECIALIST A China
ADDRESS NAME Escendito Nemetology - Oncolog ADDRESS 121 N. Fig St.	TITLE Mars mars
CITY/ZIP Escondido 92025	PHONE 489-7446
On the above date an inspection of your business/facility was conducted in order to determ Safety Code (HSC), Division 20, Chapter 6.1; the San Diego County Code (SDCC); and loca this inspection are noted below. The following statements are intended to provide guidance	l City ordinances. Violations determined from
Office Use Only	frocessed
- no molation at tim	ne of imperturn MSH
Sel 11 + me	
- menual wash in	agement glan
- Employee training	documentation
at)
JAN 1 6 1997	
v4001 w [] Untreated Medical Waste (Biohazardous) has been unlawfully disposed of	(SDCC 68.1203, HSC 25030; 30.1; 41; 51) f(SDCC 68.1203, HSC 25097)
	DCC 68.1203, (C) & 1204, HSC 25090; 47; 57) on site and available
	(SDCC 68.1203-1204, HSC 25045; 25055) tent of
v4004 w [] Quality control documentation has not been maintained for on-site treatm Medical Waste (Biohazardous) v4005 w [] Needles and syringes are unlawfully clipped prior to disposal v4005 w [] Med. Waste (Biohazardous) is not stored in approv. sharps containers &/ v4005 w [] Containers storing Medical Waste (Biohazardous) are not properly labeled	C 68.1203-1204, HSC 25045; 55; 25090 (C)(5)) or red bags - (SDCC 68.1205, HSC 25046; 56) ed (SDCC68.1205, HSC 25046; 56)
[] Madical Waste (Richarardous) has been maintained on site in excess	(SDCC 68.1205, HSC 25046; 56; 81; 82)
V4010 w [] Medical Waste (biohazardous) has been maintained on site in excess of the permissible storage period v4011 w [] Medical SOLID waste is not stored in a manner that prevents access by	(SDCC 68.1203 (C), HSC 25081; 46; 56) unauthorized persons prior
to disposal	zardous)
v4013 w [] A Med. Waste Mgmt. Plan is not maint. and/or updated annually as requ v4014 w [] Medical Waste (Biohazardous) storage area is not properly posted or secu v4015 w [] Transportation of Medical Waste (Biohazardous) in an unlawful or unauth	(SDCC 68.1201 (H); 1206, HSC 25045; 42; 52) ired-(SDCC 68.1201 (H), 1206, HSC 25042; 52) ired (HSC 25086; 46; 56) orized manner (HSC 25060; 25097)
hourta Suliert	1-08-97
Signature of Business Representative	1-08-97 Title

Department of Environmental Health, Hazardous Materials Management Division, P.O. Box 85261, San Diego, CA, 92186-5261

(619) 338-2222

2,97)ATE





MEDICAL WASTE MANAGEMENT PLAN

Business Name: ESCONDIDO HEMATOLOGY	Practice: MEDICAL OFFICE
Site Address: 121 N. FIG STARE	T Zip: 92025 Phone 419 4897140
Contact Person: 130661 5,16600.	Title: NULSE MANAGER
24 Hour Emergency Phone #(619) 4 89 - 71	40

GENERATION AND STORAGE OF BIOHAZARDOUS WASTE:

Describe below the type and quantity of biohazardous waste generated and managed at this facility. SEE SAMPLE PLAN AND ATTACHMENT FOR DEFINITION OF TERMS USED IN THIS PLAN

MEDICAL WASTE TARE	CUANUTY ((be(month))	STORACE (Contraction)	GOLDENVILLENT	410 ENE	OFF STE	GELIVACI ELLVACI
BIOHAZARDOUS WASTE Sharp Waste Needles/syringes/slides	4	SHARDS CONTAINER	- ALETOCLAVE		~	BRI
Non-sharp Waste Articles containing Fluid Blood (gauze, bandages, tubing, etc.)						
Solids (cultures, lab waste, etc.)	ļ					
Liquids (cultures, urine, etc.)						
Trace chemotherapy waste	40	CONTAINER	SINCIN ERATE		V	BFI
Contaminated animal carcasses						
Other						
MEDICAL SOLID WASTE Gloves, empty specimen containers, gauze with dry blood, treated biohazardous waste	N/A	REGULAL TRAGH GAGS	N/A	N/A	N/A	ESCONDI TRASH DISPOSA

* If applicable, attach a copy of biohazardous waste hauler contract or Limited Quantity Hauler exemption.

Biohazardous WASTE STORAGE LOCATION: [Please check the appropriate box(es)].

Biohazardous Waste: M Inside establishment in secured area Medical Solid Waste: 1 Inside establishment

[] Outside in posted, secure area

Outside in Locked/secured dumpster

PERSONNEL TRAINING:

All personnel handling biohazardous waste have been trained in all aspects of this management plan. Training includes the legal definition of biohazardous waste, separation and proper storage, transportation, treatment, and disposal of biohazardous waste. Documentation for completed employee training will be kept onsite.

CERTIFICATION STATEMENT:

I certify that the above management plan is complete and accurate, and that this business will adhere to all aspects of the plan. I further understand that any violation of this plan or any applicable law or regulation may result in legal action.

SIGNATURE OF RESPONSIBLE PERSON ERTA SIEBERT OBERTA

NAME OF RESPONSIBLE PERSON (please print or type)

DISTRIBUTION: WHITE - RETURN TO HMMD **YELLOW - BUSINESS RETAINS**

DEH:HM-9209 NCR (Rev. 12/95)

County of San Diego Department of Environmental Health

TITLE, 08,





Request # 66-437

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (858) 505-6700 FAX (858) 505-6848 www.sdcdeh.org

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:	_Stephen Bartlett	E-M	ail:sbartlett@l	nillmanngroup.com	
Phone: (714)	949-2371	FAX	: (714)	634-9507	
Company Name:	Hillmann Consulting				
Mailing Address: _	1745 W. Orangewood A (You may attach a bu	venue, Suite 110, C Isiness card/overprint w	Prange, CA 92868 /ith business card if pre	ferred)	
Additional informati completed form to	ion may be accessed the Public Records Pi	from the DEH	website, <u>www.s</u> 505-6848 or <u>deh.</u>	dcdeh.org. Fax or email publicrecords@sdcounty.c ldress or parcel number.	
<u>456 E Grand Avenu</u> Exac	e, Mission Valley, 92108 ct Address (Street, City and	Zip Code)	or	Assessor Parcel Number	
	stablishment permit numbe				
Contaminated Prope	s Permit & Underground St	Cases)	Moni	toring Well Files	
	OFFICE	USE ONLY BELC	OW THIS LINE		
Files reviewed by:	OFFICE	OF	OW THIS LINE	Date:	
Files reviewed by:	OFFICE	of	OW THIS LINE	Date:	
·		of	OW THIS LINE	Date:	
Files copied for:		of		Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record	Cost s checked above has beer	of of Picked up/maile	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record	Cost	of of Picked up/maile	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi #	Cost Is checked above has been t number(s) listed below are #	of of Picked up/maile n conducted and the available. #	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi #	Cost Is checked above has beer t number(s) listed below are	of of Picked up/maile n conducted and the available. #	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi # HMD/UST files for the p #	Cost	of of Picked up/maile n conducted and the available. #	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi # HMD/UST files for the p #	Cost	of of Picked up/maile n conducted and the available. #	d on	Date: Date:	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi # HMD/UST files for the p # Original records were p #	Cost Is checked above has been t number(s) listed below are # permit number(s) listed below # purged.	of of Picked up/mailed available. #ware available. #ware available. #	d on following apply: # # #	Date: Date: By # #	
Files copied for: Request cancelled by: Photocopies A search for DEH record SAM files for the permi # HMD/UST files for the p # Original records were p #	Cost	of	d on following apply: # # #	Date: Date: By # #	

DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Please be advised that photocopy and/or scanned file fees may apply.





Request # _____6-438

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (858) 505-6700 FAX (858) 505-6848

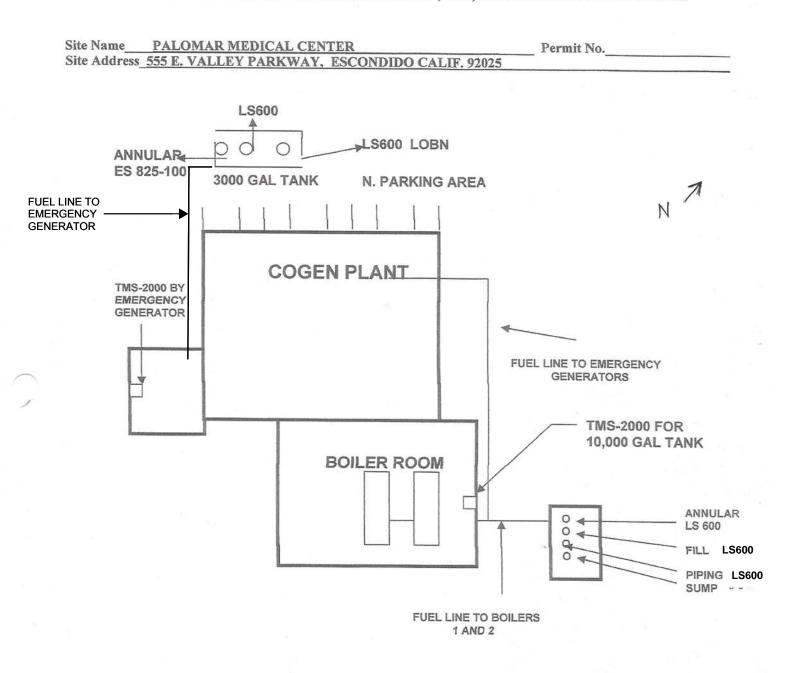
www.sdcdeh.org

PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:	Stephen Bartlett	E-1	Mail:sbartlett@	hillmanngroup.com
Phone: (714)	949-2371	FA	X: (714)	634-9507
Company Name:	Hillmann Consulting			
Mailing Address:	745 W. Orangewood (You may attach a	Avenue, Suite 110, business card/overprint	Orange, CA 92868 with business card if pr	eferred)
Additional information completed form to t	on may be access he Public Records	ed from the DEH Program at (858)	l website, <u>www.s</u> 505-6848 or <u>deh</u>	dcdeh.org. Fax or email you publicrecords@sdcounty.ca.gov ddress or parcel number.
644 E Grand Avenue	, Mission Valley, 9210	8	or	Assessor Parcel Number
Exac	t Address (Street, City a	ind Zip Code)		Assessor Parcel Number
Optional information (es				
Please indicate the p				
SAM Closure Letter/	Permit & Underground			itoring Well Files
	OFFIC			
	UTIN	JE USE ONLY BEI	OW THIS LINE	
Files reviewed by:	OTTO	of	OW THIS LINE	Date:
Files reviewed by:		of	OW THIS LINE	Date:
3	UT N	of	OW THIS LINE	Date:
Files copied for:		of		Date:
Files copied for:	Cost	of of of Picked up/mai	ed on	Date: Date:
Files copied for: Request cancelled by: Photocopies	Cost s checked above has be	of of of of of of	ed on	Date: Date:
Files copied for: Request cancelled by: Photocopies A search for DEH records	Cost s checked above has be	of of of of of of	ed on	Date: Date:
Files copied for: Request cancelled by: Photocopies A search for DEH records	Cost s checked above has be number(s) listed below a #	of of of of of of	ed on	Date: Date:
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Files copied for: Request cancelled by: Photocopies A search for DEH records SAM files for the permit # HMD/UST files for the p # Original records were pu	Cost s checked above has be number(s) listed below a # ermit number(s) listed be # urged. #	of of of of	ed on ne following apply: # # #	Date: Date: By #
Files copied for: Request cancelled by: Photocopies A search for DEH records SAM files for the permit # HMD/UST files for the p # Original records were pu #	Cost s checked above has be number(s) listed below a # ermit number(s) listed be # urged. # ords were found for the ac	of of of of	ed on ne following apply: # # #	Date: Date: By #

DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Please be advised that photocopy and/or scanned file fees may apply.

UST MONITORING PLOT PLAN . UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 11/5/15

DATE MODIFIED 04/20/2016

DEH 2002 - HUPPP - 114230



4780 Cheyenne Way Chino, CA 91710 (909) 594-9850 Fax: (909) 594-6169 RECEIVE

MAY 17 2016

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May 11, 2016

Agency: San Diego County Department of Environmental Health Attn: UST Program / CUPA PO Box 129261 San Diego, CA 92112-9261

Subject: Secondary Containment Testing - Fail

Enclosed please find the original copy of the Secondary Containment Testing for the Palomar Health facility located at:

Palomar Medical Center (Downtown Campus) - 555 East Valley Parkway, Escondido, CA 92025

The tanks/systems have been tested/calibrated in accordance with the manufacturer's instructions and do not meet the manufacturer's specification. The results of this testing have failed to meet the requirements of a "passing" test results in accordance with CCR Title 23, Division 3, Chapter 16, §2637.

We are in the process of preparing a proposal for the repairs to be completed and will submit a work plan with the permit application (if applicable) to make the necessary repairs.

Should you have any questions or need additional information, please call me at (909) 594-9850 Ext. 8011, or you may reach Mike Dorsey at (619) 338-2139

Suzanne Kissick SunWest E.C., Inc.

60

W/O#: 160314-012

Page 1 of 8

SWRCB, January 2002

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: PMC DC Palomar Medical Center (Do	wntown Campi	15)	Date of Testing: 4/27/16		
Facility Address: 555 East Valley Parkway		Escondi	do	CA	
Facility Contact: SCOTT FOSTER			760-664-7120		
Date Local Agency Was Notified of Testing:					
Name of Local Agency Inspector Present (if present during testing):	NA				

2. TESTING CONTRACTOR INFORMATION

Company Name: SunWest Engineering Construct	ors, Inc.			
Technician Conducting Test: Leonardo Aguilar				
Credentials: CSLB Licensed Contractor	SWRCB Licensed Tank Tester			
License Type: General Engineering "A" License Number: 703190				
	Manufacturer Training			
Manufacturer	Component(s)	Date Training Expires		
INCON	TS-STS	11/23/17		
JOOR	UST	NEVER EXPIRES		

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
3K DIESEL PIPING	\mathbf{X}				10K PIPING SUMP		\mathbf{X}		
3K FILL SUMP	\times				10K FILL SUMP	\times			
3K VENT LINE	\mathbf{X}				10K VENT LINE	\times			
3K SUPPLY LINE	\boxtimes				10K SUPPLY LINE		\times		
3K RETURN LINE	\mathbf{X}				10K RETURN LINE		\times		
3K SPILL BUCKET	\mathbf{X}				10K SPILL BUCKET	\times			
3K ANNULAR SPACE	\mathbf{X}				10K ANNULAR SPACE	\times			

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

All test water was left on site in 2 55 gallon steel drums and 1 5 gallon bucket for proper disposal by client.

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

Digitally signed by Leonardo Aguilar for WT#160314-012

Technician's Signature:

04/27/2016 14:48:16

Date: 4/27/15

Revision: QA/QC APPROVED 5/6/20162:10 PMBra

5/6/20162:10 PMBrandon Bo

4. TANK ANNULAR TESTING

	4. TANK AN	NULAR TESTING	
Test Method Developed By:	Tank Manufacture	er 🛛 Industry Stan	ndard Professional Engineer
	Other (Specify)		
Test Method Uses:	Pressure	🛛 Vacuum	Hydrostatic
	Other (Specify)		
Test Equipment Used: 0 TO 30" HG	. GLYCERIN FILLED	VACUUM GUAGES	Equipment Resolution: 0.1" HG.
and the second	Tank # 3K TANK	Tank # 10K TANK	Tank # Tank #
Is tank Exempt From Testing? ¹	NO	NO	
Tank Capacity:	3,000 GAL.	10,000 GAL.	
Tank Material:	STEEL/FIBERGLASS	STEEL/FIBERGLASS	s
Tank Manufacturer:	JOOR	JOOR	
Product Stored:	DIESEL	DIESEL	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.	
Test Start Time:	9:30 AM	11:45 AM	
Initial Reading (R ₁):	10" HG.	10" HG.	
Test End Time:	10:30 AM	12:45 PM	
Final Reading (R_F) :	10" HG.	10" HG.	
Test Duration:	1 HOUR	1 HOUR	
Change in Reading (R _F -R _I):	0	0	
Pass/Fail Threshold or Criteria:	0	0	
Test Result:	PASS	PASS	
Was sensor removed for testing?	YES	YES	
Was sensor properly replaced and verified functional after testing?	YES	YES	

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests) **SENSORS WERE PROPERLY REPOSITIONED BUT NOT TESTED AT THIS TIME.**

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 Code of Regulations, Title 23, Section 2637(a)(6)}

Change in Reading (R_F-R_I):

Test Result:

Pass/Fail Threshold or Criteria:

Page <u>3</u> of <u>8</u>

	5. SECONE	OARY PIPE TESTIN	G	
Test Method Developed By:	Piping Manufac Other (Specify)	turer 🛛 🖾 Industry S	tandard 🗌 Profes	sional Engineer
Test Method Uses:		🗆 Vacuum	🗆 Hydro	static
Test Equipment Used: 0 TO 15 P	SI GLYCERIN FILLE	D PRESSURE GUAGES	Equipment Resolution:	0.1 PSI
	Piping Run #3K SUPPLY	Piping Run #3K RETURN	Piping Run # 3K VENT	Piping Run #
Piping Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS	
Piping Manufacturer:	A.O. SMITH	A.O. SMITH	A.O. SMITH	
Piping Diameter:	3"	3"	3"	
Length of Piping Run:	75`	75`	75`	
Product Stored:	DIESEL	DIESEL	DIESEL	
Method and location of piping-run isolation:	3"X2" TEST BOOT	3"X2" TEST BOOT	3"X2" TEST BOOT	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.	30 MIN.	
Test Start Time:	9:30 AM	9:30 AM	9:30 AM	
Initial Reading (R _I):	5 PSI	5 PSI	5PSI	
Test End Time:	10:30 AM	10:30 AM	10:30 AM	
Final Reading (R _F):	5 PSI	5 PSI	5 PSI	
Test Duration:	2X15 MIN.	2X15 MIN.	2X15 MIN.	

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

0

0

PASS

0

0

PASS

0

0

PASS

11

Test Method Developed By:	Piping Manufact Other (Specify)	urer 🛛 Industry S	Standard Profess	sional Engineer
Test Method Uses:		Vacuum	Hydros	static
Test Equipment Used: 0 TO 15 P	SI GLYCERIN FILLED	PRESSURE GUAGES	Equipment Resolution:	0.1 PSI
	Piping Run # 0K SUPPL)	Piping Run #.0K RETUR	Piping Run # 10K VENT	Piping Run #
Piping Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS	
Piping Manufacturer:	A.O. SMITH	A.O. SMITH	A.O, SMITH	
Piping Diameter:	3"	3"	3"	
Length of Piping Run:	40`	40`	40`	
Product Stored:	DIESEL	DIESEL	DIESEL	
Method and location of piping-run isolation:	3"X2" TEST BOOT	3"X2" TEST BOOT	3"X2" TEST BOOT	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.	30 MIN.	
Test Start Time:	11:45 AM	11:45 AM	11:45 AM	
Initial Reading (RI):	5 PSI	5 PSI	5 PSI	
Test End Time:	12:45 PM	12:45 PM	12:45 PM	
Final Reading (R _F):	2 PSI	0	5 PSI	
Test Duration:	1 HOUR	1 HOUR	1 HOUR	
Change in Reading (R _F -R _l):	-3.5 PSI	-5 PSI	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	FAIL	FAIL	PASS	

5. SECONDARY PIPE TESTING

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

the supply and return lines were both failures and no leaks were able to be detected at either end of the piping run, it was determined the leak is underground

Page 4 of 8

6. PIPING SUMP TESTING

Test Method Developed By:	Sump Manufacture Other (Specify)	r 🛛 Industry Stan	ıdard	Profess.	ional Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	🛛 Hydros		atic
Test Equipment Used: INCON TS-S	STS		Equipment	Resolution	0.001"
Sump Diameter:	Sump # 3K 30"	Sump # 10K 30"	Sump #		Sump #
Sump Depth:	48"				
Sump Material:		40"			
Height from Tank Top to Highest	FIBERGLASS	FIBERGLASS			
Piping Penetration:	12"	14"			
Height from Tank Top to Lowest Electrical Penetration:	14"	14"		Haural (Est	
Condition of sump prior to testing:	GOOD	GOOD			
Portion of Sump Tested ¹	22"	23"			
Does turbine shut down when sump sensor detects either product or water?	NA	NA			
Turbine shutdown response time2*	NA	NA			a califoldum - California-
Is system programmed for fail-safe shutdown?*	NA	NA			
Was fail-safe verified to be operational?*	NA	NA			
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.			
Test Start Time:	9:48 AM/10:04 AM	11:59 AM/12:15 PM		- Source - S	
Initial Reading (R ₁):	5.3982"/5.3981"	5.7466"/5.6912"	1		
Test End Time:	10:03 AM/10:19 AM	12:15 PM/12:30 PM			
Final Reading (R _F):	5.3981"/5.3986"	5.6994"/5.6248"			
Test Duration:	2X15 MIN.	2X15 MIN.			
Change in Reading (RF-RI):	+0.0005"	-0.0664"			
Pass/Fail Threshold or Criteria:	0.002"	0.002"			()
Test Result:	PASS	FAIL			
Was sensor removed for testing?	YES	YES			
Was sensor properly replaced after testing?	YES	YES			

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

The piping sump was a failure and after testing the water level was brought down below all electrical penetrations and at this level the sump passed, recommend installing electrical penetrations and retesting.

¹ If the testing method does not test the entire 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 shutdown. (See SWRCB LG-160)

 2 With the submersible pump running, place the sensor in product (discriminating sensors should 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 method used does not test the entire volume of the sump.

* This information is not needed if the entire sump is tested.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Page <u>5</u> of <u>8</u>

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Test Method Developed By:	UDC Manufacturer Other (Specify)		Industry Standard		Professional Engineer	
Test Method Uses:	Pressure Other (Specify)		Vacuum 🛛		Hydro	static
Test Equipment Used:				Equipment	Resolution:	
	UDC #	UDC #		LUNC #		Luno "
UDC Manufacturer:	ODC #	UDC #		UDC #		UDC #
UDC Material:						
UDC Depth:			1910			
Height from UDC Bottom to Top						
of Highest Piping Penetration:						
Height from UDC Bottom to		-				
Lowest Electrical Penetration:						
Condition of UDC prior to			Transferration and the second		11-17-20 C-111 - C	
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?*					W.1177	
Wait time between applying pressure/vacuum/water and						
starting test:						
Test Start Time:						
Initial Reading (R ₁):						
Test End Time:		-				
Final Reading (R _F):						
Test Duration:						
Change in Reading (R _F -R ₁)						
Pass/Fail Threshold or Criteria:						
Test Result:	NA DESCRIPTION AND AND AND AND AND AND AND AND AND AN	Constantine			na katalan	
Was sensor removed for testing?		A SAME AND AND A SAME AND A				
in as sensor removed for testing:						
Was sensor properly replaced and						
verified functional after testing?						

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

* This information is not needed if the entire sump is tested.

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 shutdown. (See SWRCB LG-160)

 $^{^{2}}$ With the submersible pump running, place the sensor in product (discriminating sensors should 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 method used does not test the entire volume of the UDC.

Page 6 of 8

2

128

8. FILL RISER CONTAINMENT SUMP

Facility is Not Equipped With Fill				
Fill Riser Containment Sumps are	Present, but were Not Tes	ted 🔲		
Test Method Developed By:	Sump Manufacture Other (Specift)	er 🛛 Industry Star	ndard 🔲 Professi	onal Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	🛛 Hydrost	atic
Test Equipment Used: INCON TS	S-STS		Equipment Resolution:	0.001"
				Courses of the second second
	Fill Sump # 3K	Fill Sump # 10K	Fill Sump #	Fill Sump #
Sump Diameter:	30"	30"		
Sump Depth:	48"	40"		i (al Shukebar) in Summer (Sheetan (al Shukebar) . T
Height from Tank Top to Top of Highest Piping Penetration:	13"	13"		
Height from Tank Top to Lowest Electrical Penetration:	14"	16"		81
Condition of sump prior to testing:	GOOD	GOOD		
Portion of Sump Tested	22"	22" 20"		
Sump Material:	FIBERGLASS	FIBERGLASS		
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.		
Test Start Time:	9:48 AM/10:04 AM	11:59 AM/12:15 PM		
Initial Reading (R1):	3.9203"/3.9199"	5.6017"/5.6027"		
Test End Time:	10:03 AM/10:19 AM	12:15 PM/12:30 PM		
Final Reading (R _F):	3.9200"/3.9198"	5.6026"/5.6015"		
Test Duration:	2X15 MIN.	2X15 MIN.		
Change in Reading (R R)	-0.0001"	-0.0012"		
Pass/Fail Threshold or Criteria:	0.002"	0.002"		
Test Result:	PASS	PASS		
Is there a sensor in the sump?	YES	YES		
Does the sensor alarm when either product or water is detected?	YES	YES		
Was sensor removed for testing?	YES	YES		
Was sensor properly replaced and verified functional after testing?	YES	YES		

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests) SENSORS WERE PROPERLY REPOSITIONED BUT NOT TESTED AT THIS TIME.

and an fire

9. SPILL/OVERFILL CONTAINMENT BOXES

1

Facility is Not Equipped With Sp	ill/Overfill Containment Bo	oxes 🗖		
Spill/Overfill Containment Boxes	s are Present, but were Not	Tested		
Test Method Developed By:	Spill Bucket Manu	ifacturer 🛛 Industry	y Standard	Professional Engineer
Test Method Uses:	Pressure Other (Specify)		n	Hydrostatic
Test Equipment Used: INCON T	S-STS		Equipment Res	olution: 0.001"
	Spill Box # 3K	Spill Box # 10K	Spill Box #	Spill Box #
Bucket Diameter:	12"	12"		
Bucket Depth:	12"	14"	1	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.		
Test Start Time:	9:48 AM/10:04 AM	11:59 AM/12:15 PM	1	
Initial Reading (RI):	5.8520"/5.8519"	7.1734"/7.1736"		
Test End Time:	10:03 AM/10:19 AM	12:15 PM/12:30 PM	1	
Final Reading (R _F):	5.8518"/5.8520"	7.1737"/7.1736"		
Test Duration:	2X15 MIN.	2X15 MIN.		
Change in Reading (R F-RI):	+0.0001"	0		
Pass/Fail Threshold or Criteria:	0.002"	0.002"		And the first state of the second state of the
Test Result:	PASS	PASS		

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Please direct any comments regarding this form to:

SWRCB UST Program, Attn: Scott Bacon 1001 "I" Street, Box 944212 Sacramento, CA 95814 Phone: (916) 341-5873, Fax: (916) 341-5808 e-mail: bacons@cwp.swrcb.ca.gov

0 PALOMAR MEDICAL CENTER 555 E. VALLEY PKWY ESCONDIDO CA. 92025 0 0 PALOMAR MEDICAL CENTER PALOMAR MEDICAL CENTER 04/27/2016 10:19 AM 555 E. VALLEY PKWY 555 E. VALLEY PKWY ESCONDIDO CA. 92025 ESCOND100 CA. 92025 SUMP LEAK TEST REPORT 04/27/2016 12:15 PH 04/27/2016 10:03 AM **3KPIPNG** SUMP LEAK TEST REPORT SUMP LEAK TEST REPORT TEST STARTED 10:04 AM , TEST STARTED 04/27/2016 10KPPNG 3KP I PNG BEGIN LEVEL 5. 3981 IN TEST STARTED 11:59 AM END TIME 10:19 AM TEST STARTED 9:48 AM END DATE 04/27/2016 IEST STARTED 04/27/2016 TEST STARTED 04/27/2016 END LEVEL 5.3986 IN BEGIN LEVEL 5.7466 IN BEGIN LEVEL 5.3982 IN LEAK THRESHOLD 0.002 IN END TIME 12:15 PM 10:03 AM END TIME TEST RESULT PASSED END DATE 04/27/2016 END DATE 04/27/2016 END LEVEL 5.6994 IN END LEVEL 5,3981 IN LEAK THRESHOLD 0,002 IN LEAK THRESHOLD 0.002 IN **3KFILL** TEST RESULT FAILED TEST RESULT PASSED TEST STARTED 10:04 AM TEST STARTED 04/27/2016 10KFILL **3KFILL** BEGIN LEVEL 3, 9199 IN END TIME 10:19 AM TEST STARTED 11:59 AM TEST STARTED 9:08 AM END DATE 04/27/2016 TEST STARTED 04/27/2018 TEST STARTED 04/27/2016 3,9198 IN END LEVEL BEGIN LEVEL 5, 6017 IN BEGIN LEVEL 3, 9203 IN LEAK THRESHOLD 0,002 IN END TIME 12:15 PH END TIME 10:03 AM TEST RESULT PASSED END DATE 04/27/2016 04/27/2016 ENO DATE END LEVEL 5.6026 IN END LEVEL 3.9200 IN LEAK THRESHOLD 0,002 IN LEAK THRESHOLD 0.002 IN . **3KBUCKT** TEST RESULT PASSED TEST RESULT PASSED TEST STARTED 10:04 AM TEST STARTED 04/27/2016 10KEUKT **SKBUCKT** BEGIN LEVEL: 5,8519 IN END TIME 10:19 AM TEST STARTED 11:59 AN TEST STARTED 9:48 AM TEST STARTED 04/27/2016 END DATE 04/27/2016 TEST STARTED 04/27/2016 END LEVEL 5.8520 IN BEGIN LEVEL 7, 1734 IN BEGIN LEVEL 5, 8520 IN LEAK THRESHOLD 0,002 IN END TIME 12:15.PH 10:03 AM END TIME . TEST RESULT PASSED END DATE 04/27/2016-04/27/2016 END DATE END LEVEL 7.1737 IN END LEVEL 5.8518 IN LEAK THRESHOLD 0,002 IN LEAK THRESHOLD 0.002 IN TEST RESULT PASSED TEST RESULT PASSED

3

PALOHAR MEDICAL CENTER 555 E. VALLEY PKWY ESCONDIDO CA, 92025 04/27/2015 12:30 PM SUMP LEAK TEST REPORT **10KPPNG** TEST STARTED 12:15 PM TEST STARTED 04/27/2016 BEGIN LEVEL 5.6912 IN END TIME 12:30 PM END DATE 04/27/2016 END LEVEL 5,6248 IN LEAK THRESHOLD 0.002 IN TEST RESULT FAILED 10KFILL TEST STARTED 12:15 PM TEST STARTED 04/27/2016 BEGIN LEVEL 5, 6027 IN END TIME -12:30 PM END DATE 04/27/2018 END LEVEL 5.6015 IN LEAK THRESHOLD 0.002 IN PASSED TEST RESULT 10KBUKT. TEST STARTED 12:15 PM TEST STARTED 04/27/2016 BEGIN LEVEL 7, 1736 IN END TIME 12:30 PM END DATE 04/27/2016

END LEVEL

TEST RESULT

7, 1736 IN

PASSED

LEAK THRESHOLD 0.002 IN

0



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME:	PALOMAR HEALTH DOWNTOWN CAMPUS	
ADDRESS:	555 E VALLEY PKWY	
CITY/ZIP:	ESCONDIDO	/92025

	INSPECTION DATE: 11/01/2016 PAGE 1 OF 8
J	RECORD ID #: DEH2002-HUPFP-114230
	TIME START: 8:00 AM END: 11:00 AM
	SPECIALIST: Gary Griffith
	INSPECTION CONTACT: Scott Foster
	TITLE: Maintenance Lead Operator
	PHONE: (760) 644-7120
	E-MAIL: scott.foster@palomarhealth.org

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). **This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6**. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes N/A	Yes N/A	
🗴 📋 Unified Program Facility Permit Current	🗴 📋 Contingency Plan Available 🗌 LQG 🕱 SQG	
🗴 📋 Hazardous Materials Business Plan Available	🗴 📋 Employee Training Records Available	
🗴 📋 Employee Training is Adequate	🗴 📋 Universal Waste Managed Properly	
🗴 📋 Waste Disposal Records Available for Review	🗴 🗌 Waste Containers 🕱 Closed 🕱 Labeled	
Emergency Contacts Current Updated today	x U Waste Containers in Good Condition	
Chemical Inventory/Map Current Updated today	Permit Expires On 09/30/2017	
CONSENT TO CONDUCT INSPECTION GRANTED BY: Scott Foster	TITLE: Maintenance Supervisor	
INTRODUCTION: exp 9/30/2017 Paul McLane, 8191873-UT exp. 4/14/2017 SunWest Engineering Comonitoring certification this date. 10,000 diesel tank #23489 3,000 diesel tank #23490 Spill buckets for the 10K and 3K USTs were conducted and passed Annular sensor ES 825 100F OK Pipe sump sensor LS 600 OK Fill sump sensor LS 600 OK Sensors tagged during the inspection Fill pipe Flapper valve OK SB989 Secondary Containment test 4/27/2015 with followup retest UST Operating Permit exp. 12/11/2018 UST training conducted 5/23/2016 Certification of Financial Responsibility 8/13/2015 Designated Operator filed 11/5/2015 UST Monthly Inspection reports are on file in excess of two years. The following summarizes inspections since the 10/19/2016 no alarm 9/8/2016 no alarm	8:15 AM to 9:15 AM.	
8/11/2016 no alarm		
7/20/2016 no alarm		
6/13/2016 no alarm		
5/23/2016 no alarm		
4/7/2016 no alarm		
3/22/2016 no alarm		
2/11/2016 no alarm		
1/18/2016 fuel alarm on 10K diesel tank. Transition sump and rep	pipe repair done under HMD permit, completed October 2016.	

12/15/2015 no alarm

11/5/2015 no alarm

Medical Waste is generated at large quantity generator quantities due to OB, including C Sections, pathology lab.

Medical waste is picked up twice weekly by Stericycle.

No medical waste is treated on site.

Current medical waste disposal receipts are on site.

In service training is conducted monthly by Environmental Services.

Stericycle provides DOT training on a three year cycle.

VIOLATION # 1

2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2

Underground Storage Tanks: 23489,23490

Classification: Class II

Observations:

The Certification of Financial Responsibility on site and in the California Environmental Reporting System is dated 8/13/2015. Certification expires after one year.

Corrective Action Due By:12/01/2016

Complete a Certification of Financial Responsibility statement and upload it into the California Environmental Reporting System (CERS). Maintain a copy on site.

INSPECTION REMARKS:

Helpful Websites:

• For guidance documents on hazardous materials-related topics,

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html

- For information on the California Environmental Reporting System (CERS),
- go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html
- If you have questions on: permit fees, business plan requirements, or hazardous waste regulations,
- go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html
- To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails: https://public.govdelivery.com/accounts/CASAND/subscriber/new

If you have any questions regarding this inspection, please contact Gary Griffith , (619) 607-1095, Gary.Griffith@sdcounty.ca.gov

INSPECTION PHOTOS None

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: <u>http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html</u>

PRINTED NAME OF FACILITY REPRESENTATIVE			DATE SIGNED
Scott Foster	SIGNATURE		11/01/2016
TITLE OF FACILITY REPRESENTATIVE	JUNATURE	Drad don	
Maintenance Supervisor			

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 Phone: (858) 505-6880 <u>http://www.sdcdeh.org</u>



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Handlers of Hazardous Materials and Small and Large Quantity Generators of Hazardous Waste

ADDRESS: *	555 E VALLEY PKWY	CITY/ZIP: *ESCONDIDO	92025
return to complie you have any qu	hecked below is for the section(s) of the California Health and Safety C cs. Incorporated provisions of Title 40 of the Code of Federal regulations ance to your Specialist. You may use the Corrective Action Form (HM-926 estions. HMBP = Hazardous Materials Business Plan; CUPA = Certified U ous Waste Generator; LQG = Large Quantity Hazardous Waste Generator) to document your return to compliance. Please call nified Program Agency; CERS = California Environmer	(858) 505-6880 or your Specialist if
	Hazardous Materials Requirements	Hazardous Waste Requirements for S	QGs ONLY (continued)
#	VIOLATION DESCRIPTION	VIOLATION DESCRIPTION	
1010001	HMBP not established/ implemented. HSC 25505(a) and 25507(a)	3030007 Failed to properly label/date hazardo	ous waste container and/or tank.
1010002	HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC	22 CCR 66262.34(f) 3030010 Accumulated waste too long (>180 o	r 270 days) (>90 days for an
1010003	25404(e)(4); 27 CCR 15188(a), (d) Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4)	acutely hazardous waste (30 King (>180 C acutely hazardous waste). (40 CFR 26 CCR 66262.34(d)	
1010004	Chemical inventory incomplete or not submitted in CERS. HSC 25505(a) (1); 25506; 25507; and 25508(a)(1)(A)	3030013 Failed to accumulate hazardous was condition. (40 CFR 262.34(d)(2); 265.	171.) 22 CCR 66262.34(d)(2)
1010005	Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and	3030015 Failed to accumulate or store hazard container. (40 CFR 262.34(d)(2); 265	
	25508(a)(1)(A) HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e)	3030017 Failed to properly close hazardous w 262.34(d)(2); 265.173.) 22 CCR 6626	aste container(s). (40 CFR
	HMBP not updated to reflect substantial change to the handler's	3030019 Failed to inspect hazardous waste st 262.34(d)(2); 265.174.) 22 CCR 6626.	
1010008	operations. HSC 25508.1(f) HMBP not certified annually as complete and accurate in CERS. HSC	3030022 Failed to properly separate incompa 265.177.) 22 CCR 66262.34(d)(2)	
1010010	25508.2 Emergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A)	3030030 Failed to maintain and/or operate th possibility of a fire, explosion, or any release of hazardous waste or hazard	unplanned sudden or non-sudden dous waste constituents. (40 CFR
1010011	Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1	262.34(d)(4), 265.31.) 22 CCR 66262 3030036 Failed to maintain adequate aisle spa 22 CCR 66262.34(d)(2)	
	Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1	3010022 Failed to post, next to the telephone	
	Failure to submit emergency response plan in CERS, when not meeting	containing the location of emergence numbers. (40 CFR 262.34(d)(5)(ii).) 2	2 CCR 66262.34(d)(2)
1010015	agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)	3020001 Failed to ensure employees are train compliance with regulations, and em CFR 262.34(d)(5)(iii).) 22 CCR 66262.	ergency response procedures. (40
1010016	HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A)	3030032 Failed to maintain or have emergence equivalents. 1) An internal communi	y equipment, supplies, or
1020001	Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A)	device, such as a telephone; 3) Porta equipment, spill control equipment, and 4) Water at adequate volume ar	ble fire extinguishers, fire control and decontamination equipment;
	Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available	265.32) 22 CCR 66262.34(d)(2)	
	or not maintained for 3 years. HSC 25505(a)(4) Hazardous materials release or threatened release not reported to the	3030039 Failed to implement contingency pla release. (40 CFR 262.34(d)(5)(iv).) 22	
	CUPA and OES immediately upon discovery. HSC 25510(a)	Hazardous Waste Tank System	s for SQGs ONLY
	Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a)	3030024 Failed to maintain sufficient freeboa prevent overtopping unless the tank	is equipped with a containment
	Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905	structure, a drainage control system capacity that equals or exceeds the v	olume of the top 2 ft of the tank.
HMD 1005	Emergency contact not provided or current. HSC 25508.1(f)	(40 CFR 62.34(d)(3); 265.201(b)(c).) (3030025 Failed to provide an overfill protection	
HMD 1007	Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b)	hazardous waste tank. (40 CFR 262.3 66262.34(d)(2)	
	Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c)	3030027 Failed to conduct daily tank inspection monitoring equipment, and tank leve	
HMD 1013	HMBP not readily available for review. HSC 25505(c)	265.201(c)(2), 265.201(c)(3), 262.34 3030028 Failed to conduct weekly inspections	
Haza	rdous Waste Requirements for SQGs ONLY	fixtures, and surrounding areas of th 265.201(c)(4); 265.201(c)(5); 262.34	
	Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).)	3050007 Failed to properly decontaminate an hazardous waste tank system. (40 CF	d document closure of a
HMD	22 CCR 66262.34(d)(2) Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2)	HMD Hazardous waste improperly stored 1612 corrosion, or failure. (40 CFR 265.20)	in a tank system causing leaks,
HM-923 (03-15)	Cincipency, (40 Cin 202.34(a)(3)(i),) 22 CCN 00202.34(a)(2)	HMD Failed to pre-notify the CUPA in writ 1614 waste tank system. 22 CCR 67383.3(ng prior to closing a hazardous
		HMD Failed to properly accumulate ignital 1615 system. (40 CFR 265.201(g).) 22 CCR	ole or reactive waste in a tank

INSPECTION DATE: 11/01/2016

RECORD ID #: DEH2002-HUPFP-114230

PAGE 3 OF 8



Hazardous Materials and Hazardous Waste (continued)

Hazardous Waste Requirements for SQGs and LQGs **RECORD KEEPING/OPERATIONAL REQUIREMENTS**

VIOLATION DESCRIPTION

VIOLATION DESCRIPTION	#
3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905	
3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b)	
3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12	
3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a)	
3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42	
3010010 Failed to maintain uniform hazardous waste manifest, consolidated	

manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3),
25185(a)(4); 22 CCR 66262.40(a)
2010011 Foiled to cond hozardous waste manifest equips to the Department

3010011 Failed to send hazardous waste manifest copies to the Department of
Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4)

\square	3010013 Failed to meet the consolidated manifesting requirements for waste
	shipment. HSC 25160.2; 22 CCR 66262.40(a)

3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22
CCR 66266.81(a)(4)(B)

3030006 Failed to determine if a hazardous waste is restricted or prohibited
 from land disposal. 22 CCR 66268.7(a)

3010016	Failure of recycler who recycles more than 100 kilograms per month of
	recyclable material under a claim that the material qualifies for
	exclusion or exemption to provide and submit in CERS the required
	information. HSC 25143.10(a), (c), and/or (d)

Failed to keep disposal receipts for drained used oil filters and/or

0149	drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130
	Eailed to have copies of analytical records, waste analysis records, an

Failed to have copies of analytical records, waste analysis records, and/ or waste determination results for 3 years. 22 CCR 66262.40(c)U HMD 0148

HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8)

3250005	Failed to obtain a Treatment, Storage and Disposal Facility (TSDF)
	permit or authorization to store/treat/dispose of hazardous waste.
	HSC 25201(a)

3050005	Failed to have adequate records demonstrating claim of exemption for
	Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g)
3210001	Failed to notify the CUPA in CERS for onsite hazardous waste
	$t_{\text{max}} = t_{\text{max}} + t_{$

	treatment/tiered permitting. HSC 25201(a)
HMD 0138	Manifest signed by the TSDF not available for inspection. 22 CCR
- 0138	66262.40(a)

Hazardous Waste Requirements for SQGs and LQGs **DISPOSAL AND TRANSPORTATION**

3010007	' Failed to prepare a hazardous waste manifest for the transport of a
	waste for off-site transfer, treatment, storage, or disposal. HSC
	25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a)
3030005	Failed to make a proper waste determination. 22 CCR 66262.11,

	ranca to mane a proper	nable actermination	
_	66262.40(c)		
3050001	Failed to use a California	a registered hazardous	waste transporter to

	ornia registered nazardous waste transporter to	
transport hazardou	s waste. HSC 25163(a); 22 CCR 66263.41	
3050002 Failed to properly c	ispose of hazardous waste at an authorized facility	ι.

	۰,
HSC 25189.5(a); 25189(c),(d); 25189.2(c)	
113C 25185.5(a), 25185(c),(u), 25185.2(c)	
2120002 Impormissible dilution of hozordous waster 22 CCD (6268 2/a)	

3130002 Impermissible dilution of hazardous waste. 22 CCR 66	268.3(a)
--	----------

HMD	Disposed of used oil illegally.	HSC 25250.5(a); 25189.5(a); 25189(c),(d);
0305	25189.2(c)	

HMD 0306	Disposed of hazardous waste latex paint improperly. HSC 25217.1
0300	

HM-923 (03-15)

Hazardous Waste Requirements for SQGs and LQGs STORAGE AND HANDLING

VIOLATION DESCRIPTION

3030001	Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1)
3030003	Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b)
3030004	Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130
3050004	Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c)
HMD 0222	Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a).
HMD 0216	Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f)
HMD 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f)
HMD 0219	Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6)
HMD 0221	Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e)
HMD 0223	Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f)
HMD 0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f)
Ī	Jniversal Waste Handler Requirements
3010004	Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b)
3020002	Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d)
3020003	Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b)
3030008	Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34
3030011	Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b)
3030046	Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c), (d)(2)
3030051	Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f)
3040004	Failed to manage universal waste in a manner to prevent release(s) to

3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5

3050003 Disposal	of universal	waste (UW)	to an un	authorized	point.	HSC
25189.5	a), 25189(c),	(d); 25189.2	2(c); 22 C	CR 66273.3	1(a)	



COUNTY OF SAN DIEGO **COMPLIANCE INSPECTION REPORT**

INSPECTION DATE: 11/01/2016 PAGE 5 OF 8 RECORD ID #: DEH2002-HUPFP-114230

Underground Storage Tank (UST) Program

VIOLATION REPORT: Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.

	GENERAL PROGRAM REQUIREMENTS UST System – File Records	GENERAL PROGRAM REQUIREMENTS UST System – File Records (continued)
#	VIOLATION DESCRIPTION #	VIOLATION DESCRIPTION
□ 203002 □ 203003 □ 206000 □ 201001 □ 201000 1	UST System – File Records	UST System – File Records (continued) VIOLATION DESCRIPTION 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) 2030023 Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years 50 cx 2712(b) 2030002 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) 2010006 Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23
201000 	3 The owner/operator has failed to designate an UST operator or to	 2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d) 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) 2030012 Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are
	practices, protocols, or test methods. 23 CCR 2637 6 Failure to conduct secondary containment testing at installation. 23 CCR 2637 4 Failure to properly affix tag/sticker on monitoring equipment being	responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f)
	certified, repaired, or replaced. 23 CCR 2638(f) 4 Owner/operator deposited or allowed deposit of petroleum into a UST	2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm
206001	that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f) 1 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b)	history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the
	 3 Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e) 47 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a) 25292(a): 22 CCR 2662 	proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715
	25291(a), 25292(e); 23 CCR 2662 (1 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295 Failure to submit enhanced leak detection testing results to the board	 2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643 2030066 Failure to take appropriate action to repair and retest any component
_	 and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5) 7 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3) 	of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c)



UST PROGRAM (continued)

#

UST Tank (DW/SW) Requirements

2030001 (RD) Failure to maintain leak detection alarm logs and/or maintain

2060003 Failure to inspect at the installation site using an electric resistance

2060005 Failure of the UST system to be designed and constructed with a

2030059 Failure to maintain UST system in accordance with exclusion/

exemption status. HSC 25281.6, 25283.5

records of appropriate follow-up actions. 23 CCR 2632, 2634

holiday detector and repair if necessary before installation. 23 CCR

monitoring system capable of detecting the entry of the hazardous

substance stored in the primary containment into the secondary

2060006 Failure of secondary containment piping to slope back to the collection

VIOLATION DESCRIPTION

containment. HSC 29291(b)

2635(a)(2)(B)

sump. 23 CCR 2636 2060007 Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d) 2060010 (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 2060019 Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 2030007 Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) \square 2030036 (RP) Failure of the overfill prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm

- at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665
- 2060020 (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665
- 2030008 Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291
- 2060015 (RD) Failure of sensor to be located in the proper position/location. 23 . CCR 2630(d), 2641(a)
- 2030016 (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/ visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2) (A)&(B), 2633(c), 2636(f)
- 2030017 Failure to maintain all product piping outside the dispenser to be failsafe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5)
- 2030019 Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1)
- 2030022 Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648
- 2030028 Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663
- 2030029 (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 vears after. 23 CCR 2663
- 2060024 UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1
- 2030040 (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a)

UST Tank (DW/SW) Requirements (continued) VIOLATION DESCRIPTION 2030060 Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 2030055 Failure to test the spill bucket annually. HSC 25284.2

2060022 Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d)

2030065 (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e)

2060023 Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d)

UST Tank (SW) Requirements

- 2030005 (RD) Option 1: Failure to conduct the 0.2 gallon per hour continuous in tank leak detection test. 23 CCR 2643(b)(5)
- 2030006 (RD) Option 1: Failure to conduct the monthly 0.2 gallon per hour automatic tank gauging test on a single wall tank and/or failure of the automatic tank gauge to generate and print a hard copy of the monthly 0.2 gallons per hour test. 23 CCR 2643(b)(1)
- 2030056 Option 2: Failure to submit the annual statistical inventory reconciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j)
- \square 2030057 (RD) Option 2: When statistical inventory reconciliation results indicate failure or inconclusive, owner/operator failed to complete one or more of the following: notify CUPA of a possible release within 24 hours; submit copy of the report to the CUPA within 10 days; inspect records for errors and physically inspect the UST system within 24 hours; have meters recalibrated within 48 hours of receipt of report. 23 CCR 2646.1(d)
- 2030058 (RD) Option 2: Failure to meet one or more of the requirements of SIR, including but not limited to: measurements taken daily, calculated monthly, capable of detecting a 0.2 gallon per hour release, conduct a tank integrity test every two years, conduct piping and or tank test within 15 days of receipt of two successive SIR reports which are inconclusive or which indicate a possible release and/or calibrate dispenser meters annually. CCR 2646.1
- 2030030 (RD) Option 3: Weekly gauging not being performed in according to the required specifications. 23 CCR 2645
- 2030004 (RD) Option 4: Failure of the automatic tank gauge to test the tank at least once per month when the product level in the tank is at least three feet and shall be capable of detecting a release of 0.1 gallons per hour. 23 CCR 2643(b)(2)

HM-928 UST (02-15)



UST PROGRAM (continued)

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UST Pressurized Piping (DW) Requirements

VIOLATION DESCRIPTION

- 2030018 (RD) Failure of the double wall pressurized piping in the turbine sump to be continuously monitored with a system that activates an audible and visual alarm or restricts or stops flow at dispenser when a leak is detected. 23 CCR 2636(f)(1)
- \square 2030025 (RD) Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow or product through the piping or trigger an alarm when a release occurs. 23 CCR 2636(f)(2)
- 2030026 Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2)
- 2060014 Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638
- 2060012 (RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529
- 2030042 (RD) Option 1: Failure to perform and/or pass the annual line integrity test for pressurized piping that does not utilize fail safe or shut down. 23 CCR 2636(f)(4)
- 2030020 (RD) Option 3: Failure to conduct daily visual inspections each time the tank is operated, but not less than monthly, and maintain a log of inspection results for review of the CUPA. HSC 25281.5(b)(3)

UST Pressurized Piping (SW) Requirements

- 2060018 (RP) Failure to demonstrate that existing single wall pressurized pipe containing motor vehicle fuel is constructed of glass fiber reinforced plastic, cathodically protected steel, or steel clad with glass reinforced plastic. HSC 25292(e)(2); 23 CCR 2666(b)
- 2030027 (RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c)
- 2060017 Failure to install an automatic line leak detector capable of shutting off the pump when a release occurs, fails, or is disconnected. 23 CCR 2666(c)
- 2030052 (RD) Option 3: Failure to monitor pressurized pipe containing motor vehicle fuel at least hourly at any pressure and either perform 0.2 gallon per hour monthly line integrity test or perform 0.1 gallon per hour annual line integrity test. 23 CCR 2641(a), 2643
- 2030053 (RD) Option 3: Piping fails to meet one or more of the following requirements: below grade piping sloped to drain back into storage tank if the suction is released, only one check valve on the piping located directly below the suction pump, and inspection method which readily demonstrates compliance. 23 CCR 2636(a)(3) 2641(b)

UST Piping (SW) Requirements – Conventional Suction

- 2030050 (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d)
- 2030049 Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d)

UST Piping (SW) Requirements – Gravity

2030051 Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e)

HM-928 UST (02-15)

UST System – Cathodic Protection Requirements

VIOLATION DESCRIPTION

#

- 2030009 (RP) Failure to inspect the impressed-current system every 60 calendar days and/or failure to have corrosion protection equipment turned on and functioning properly and/or failure to inspect the impressedcurrent system within six months of installation and at least every three years thereafter and/or failure to test sacrificial anodes once every three years in accordance with the manufacturer's instructions. 23 CCR 2635 2060004 (RP) Failure to install corrosion protection for USTs and/or failure of
 - the field-installed cathodic protection system to meet the consensus standards. 23 CCR 2635(a)(2)(A)

UST System – Closure

- 2030063 (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671
- 2030038 UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670.2672



INSPECTION DATE: 11/01/2016 RECORD ID #: DEH2002-HUPFP-114230

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Medical Waste Generators

Each violation checked below is for the section(s) of the California health and Safety Code (HSC), California Code of Regulation (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. UPF = Unified Program Facility; MW = Medical Waste; USPS = United States Postal Service; DOT = Department of Transportation

STORAGE AND LABELING			TRANSPORTATION REQUIREMENTS			
#	HMD	VIOLATION DESCRIPTION #	÷	HMD	VIOLATION DESCRIPTION	
E	4201	UPF Permit not obtained. HSC 117705; SDCC 68.905, 68.1202		4260	Transportation of MW without State Hauler Registration, USPS or	
[4202	Medical waste (MW) not separated from other waste at the point of origin. HSC 118275		4311	requirements of the DOT "Materials of Trade Exceptions." HSC 118025 Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040	
L	4203	Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310			SMALL QUANTITY GENERATORS ONLY	
	4204	MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which		(<2	00 pounds of medical waste generated per month)	
Ľ	4205	can be read from 25 ft. HSC 118310 Medical SOLID WASTE not secured to deny access to unauthorized persons. SDCC 68.1211			☐ 4301 ☐ 4302	Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935 Did not maintain and show proof of "onsite" medical waste treatment
E	4206	Spill of MW not properly cleaned up. HSC 118300		_	records for 3 years. HSC 117943	
Ľ	4207	Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d)		4303	Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945 MWMP or equivalent information not onsite (only for SQG doing	
[4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b)		4303	onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032	
L	4209	Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205			LARGE QUANTITY GENERATORS ONLY	
E	4210	Medical waste not stored in approved and properly marked biohazard		(≥ 2	00 pounds of medical waste generated per month)	
Г	4211	bags. HSC 118275(a) Biohazard bags not tied off to prevent leakage/expulsion of contents		4351	MWMP not submitted to HMD (initial/updates). HSC 117960, 117970	
Г	4212	during handling and storage. HSC 118280(a) Biohazard bags not containerized in rigid, leak resistant, and covered		4352	Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E)	
_	_	containers or bins when placed for storage, handling, or transport. HSC 118280(b)		4353	Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975	
L	4213	Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word		CHEM	OTHERAPY, PATHOLOGY, PHARMACEUTICAL	
г	7 4214	"BIOHAZARD" on the lid and sides. HSC 118280(c)			HAZARDOUS & UNIVERSAL WASTES	
L	4214	Reusable containers/bins for MW storage not kept clean and sanitary. HSC 118295, 118305		4401	Trace Chemo waste not segregated from other MW. HSC 118275(a)(4)	
Ľ	4215	Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e) (2)		4402	Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4)	
	4306	Full sharps container stored >30 days at >0°C. HSC 118285(c)		4403	Illegal disposal of chemo waste. HSC 118340	
	4307	Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/ month). HSC 118280(e)(1)(A)		4411	Pathology waste not segregated from other MW. HSC 118275(a)(5)	
L	4308	Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/ month). HSC 118280(e)(1)(B)		4412	Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5)	
L	4219	MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310		4413	Illegal disposal of pathology waste. HSC 118340	
Ľ	4220	MW interim storage area not properly secured. HSC 118307		4421	Pharm waste not segregated from other MW. HSC 118275(a)(6) Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid	
		TREATMENT AND DISPOSAL		4422	and the sides. HSC 118275(a)(6)	
	4251	MW treated by unapproved method/procedure. HSC 118215		4423	Pharm waste stored >90 days when container full, or stored longer than one year (maximum allowable time). HSC 118280(f)	
L F	4252	Standardized written operating procedures for steam sterilization not		4432	Illegal disposal of pharm waste. HSC 118340, 118222(b)	
-	_	available. HSC 118215(a)(2)(A)		4441	Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5	
L	4253	Recording thermometer not calibrated annually. HSC 118215(a)(2)(B)		3030046	Failed to keep records of offsite universal waste shipment(s) available	
L	4254 4255	No records of annual thermometer calibration checks onsite for at least the past 2 years. HSC 118215(a)(2)(B) Heat-sensitive tape/other approved method not used for each load			for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2) Disposed of universal waste to an unauthorized point. HSC 25189.5(a); DE190(c) (d), 25400 2(c); 25 CCP 6272.24(c)	
L	4255	treated onsite. HSC 118215(a)(2)(C)			25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)	
	4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D)			LQG MW ONSITE TREATMENT FACILITY 200 pounds of medical waste generated per month)	
	4257	Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B)		4501	Onsite MW treatment permit not obtained/renewed. HSC 117950,	
Ľ	4258	Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E)		4502	118130, 65620, 65623 Current copy of the MW treatment permit not available. HSC 65621(f), 65623, 118165, 118180	
	4259	Disposal of untreated MW to an unauthorized point. HSC 118340		4503	Condition(s) of the MW treatment permit violated. HSC 65623	
HM-9	9255 MW (02	2-15)				



SPECIALIST'S COMMENTS:

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

INSPECTION DATE: 11/01/2016 RECORD ID #: DEH2002-HUPFP-114230 SPECIALIST: Gary Griffith INSPECTION CONTACT:Scott Foster TITLE: Maintenance Lead Operator PHONE: (760) 644-7120 E-MAIL: scott.foster@palomarhealth.org

FACILITY NAM	1E: PALOMAR HEALTH DOWNTO	WN CAMPUS	- E-MAIL: scott.f
ADDRESS:	555 E VALLEY PKWY		E-IMAIL.SCOULI
CITY/ZIP:	ESCONDIDO	/92025	_

VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
# 1 2010007			12/01/2016

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE			DATE SIGNED			
TITLE OF FACILITY REPRESENTATIVE	SIGNATURE					
SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW						
COUNTY OF SAN DIEGO USE ONLY						
REVIEWED BY:		DATE:				

All violations noted on date listed above were corrected	
Based On Information Provided By The Facility	RTC entered by Specialist on:
Based On Field Verification By Specialist	RTC entered by Office Assistant on:

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 http://www.sdcdeh.org 858-505-6880

	COUNTY OF SAN DIEG COMPLIANCE INSPECTION REPORT	TIME START: 12:30 PM END: 5:00 PM
FACILITY NAME:	PALOMAR HEALTH DOWNTOWN CAMPUS	TITLE: Lead Maintenance
ADDRESS:	555 E VALLEY PKWY	PHONE: (760) 739-2314
CITY/ZIP:	ESCONDIDO /92025	E-MAIL:

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

			-	-			
Yes N/A		Yes	N/A				
x	Unified Program Facility Permit Current	X		Contingency Plan Available 🗌 LQG 🛛 🕱 SQG			
x	Hazardous Materials Business Plan Available	x		Employee Training Records Available			
x	Employee Training is Adequate	x		Universal Waste Managed Properly			
x	Waste Disposal Records Available for Review			Waste Containers 🗌 Closed 🔲 Labeled			
x	Emergency Contacts Current 🛛 Updated today	x		Waste Containers in Good Condition			
x	Chemical Inventory/Map Current 🔲 Updated today			Permit Expires On 09/30/2016			
CONSENT TO CONDUCT INSPECTION GRANTED BY: Bill Watson TITLE: Lead Maintenance							
INTRODU							
This hosp	ital has been absorbed into the facilities in West Escondid	o ano	d Pow	'ay.			
This locat	ion will discontinue services in approximately one year.						
There is r	no overnight patient care at this facility.						
The gene	ration of radioactive contaminated medical waste was disc	conti	nued.				
-	ration and de-contamination of endoscopy appliances with						
-	no treatment of medical waste on site.						
	ration of chemotherapy waste was discontinued.						
-	collects, transports and treats medical waste.						
•	•	ts we	ere re	viewed with no significant problems			
	The underground storage tank Designated Operator monthly reports were reviewed with no significant problems. The UST employee operator training was done 3/27/2015.						
	is the Designated Operator certified 3/20/2015						
		0					
The underground storage tank operating permit expires 12/11/2018.							

The UST monitoring certification is scheduled for 11/5/2015.

VIOLATION # 1

3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f)

Classification: Minor

Observations:

Observed Gram stain waste container that was not properly labeled as hazardous waste. The container tank was missing [a legible hazardous waste labael. Hazardous waste containers must be labeled with the following: The words "Hazardous Waste", the name and address of the generator, the composition and physical state of the waste, the hazardous properties of the waste, and the accumulation start date.

Corrective Action Due By:11/29/2015

Immediately begin labeling the container with the required labeling. Within 30 days, submit documentation to the HMD that this violation was corrected.



COUNTY OF SAN DIEGO SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

VIOLATION # 2

3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2)

Classification: Minor

Observations:

Gram stain waste container, about 1/2 gallon open mouth container, was uncovered.

Corrective Action Due By:11/29/2015

Maintain hazardous waste containers closed except when adding or removing contents.

VIOLATION # 3

2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2

Underground Storage Tanks: 23489,23490

Classification: Minor

Observations:

The financial responsibility documentation on site was dated 7/23/2014.

Corrective Action Due By:11/29/2015

Maintain current financial responsibility and renew annually by submitting the document through the California Environmental Reporting System.

VIOLATION # 4

HMD4351 MWMP not submitted to HMD (initial/updates). HSC 117960, 117970

Classification: Minor

Observations:

The medical waste management plan is dated 2/20/2013 on an old format.

Corrective Action Due By:11/29/2015

Update the medical waste management plan for significant changes in generation quantities and characteristics. Report the medical waste management plan on the revised form, compliant with the September 2015 Medical Waste Management Act. A copy of the form is provided by email to George Watson

INSPECTION REMARKS:

Helpful Websites:

• For guidance documents on hazardous materials-related topics,

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html

• For information on the California Environmental Reporting System (CERS),

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

• If you have questions on: permit fees, business plan requirements, or hazardous waste regulations, go to: <u>http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html</u>

• To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails: <u>https://public.govdelivery.com/accounts/CASAND/subscriber/new</u>

If you have any questions regarding this inspection, please contact Griffith, Gary , (619) 607-1095, <u>Gary.Griffith@sdcounty.ca.gov</u>

INSPECTION PHOTOS



COUNTY OF SAN DIEGO SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: <u>http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html</u>

PRINTED NAME OF FACILITY REPRESENTATIVE George Watson	SIGNATURE	Bell	DATE SIGNED 10/30/2015
TITLE OF FACILITY REPRESENTATIVE	SIGNATORE		
Lead Maintenance			

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 Phone: (858) 505-6880 <u>http://www.sdcdeh.org</u>



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Handlers of Hazardous Materials and Small and Large

F/

Quantity Generators of Hazardous waste						
FACILITY NA	ME: *PALOMAR HEALTH DOWNTOWN CAMPUS 555 E VALLEY PKWY			Y/ZIP: *ESCONDIDO	92025	
		ode (F				
return to compli you have any qu	hecked below is for the section(s) of the California Health and Safety (cs. Incorporated provisions of Title 40 of the Code of Federal regulations ance to your Specialist. You may use the Corrective Action Form (HM-92) estions. HMBP = Hazardous Materials Business Plan; CUPA = Certified U our Wacto Concerner 10C = Large Quentity Hazardous Wacto Concerner	5) to do Inified I	cument y	our return to compliance. Please call (858)	505-6880 or your Specialist if	
Quantity παzατά	ous Waste Generator; LQG = Large Quantity Hazardous Waste Generato					
	Hazardous Materials Requirements	Haz	ardous	Waste Requirements for SQGs	<u>SONLY (continued)</u>	
#	VIOLATION DESCRIPTION	#		VIOLATION DESCRIPTION		
	HMBP not established/ implemented. HSC 25505(a) and 25507(a)	1 ×	3030007	7 Failed to properly label/date hazardous wa 22 CCR 66262.34(f)	aste container and/or tank.	
	HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) Business Activities and/or Business Owner/Operator Identification not		3030010	Accumulated waste too long (>180 or 270 acutely hazardous waste). (40 CFR 262.34(CCR 66262.34(d)		
1010004	completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)		3030013	Failed to accumulate hazardous waste in a condition. (40 CFR 262.34(d)(2); 265.171.)		
 1010005	(1); 25506; 25507; and 25508(a)(1)(A) Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and		3030015	5 Failed to accumulate or store hazardous w	aste in a lined/compatible	
 1010006	25508(a)(1)(A) HMBP not updated to reflect inventory changes or facility information.	2 🗙	3030017	: (265.172) 7 Failed to properly close hazardous waste c 262.34(d)(2); 265.173.) 22 CCR 66262.34(c	ontainer(s). (40 CFR	
 □ 1010007	HSC 25508.1(a-e) HMBP not updated to reflect substantial change to the handler's		3030019	Failed to inspect hazardous waste storage	area at least weekly. (40 CFR	
 1010008	operations. HSC 25508.1(f) HMBP not certified annually as complete and accurate in CERS. HSC		3030022	262.34(d)(2); 265.174.) 22 CCR 66262.34(c 2 Failed to properly separate incompatible v 265.177.) 22 CCR 66262.34(d)(2)		
1010010	25508.2 Emergency response procedures to mitigate a release or threatened		3030030) Failed to maintain and/or operate the facil possibility of a fire, explosion, or any unpla		
	release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A)			release of hazardous waste or hazardous v 262.34(d)(4), 265.31.) 22 CCR 66262.34(d)	vaste constituents. (40 CFR	
	Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1		3030036	5 Failed to maintain adequate aisle space. (4 22 CCR 66262.34(d)(2)		
	Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1		3010022	 Pailed to post, next to the telephone, eme containing the location of emergency equi 		
1010014	Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)		3020001	numbers. (40 CFR 262.34(d)(5)(ii).) 22 CCR L Failed to ensure employees are trained for	66262.34(d)(2)	
1010015	Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A)		0020001	compliance with regulations, and emerger CFR 262.34(d)(5)(iii).) 22 CCR 66262.34(d)(ncy response procedures. (40	
1010016	HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A)		3030032	Pailed to maintain or have emergency eque equivalents. 1) An internal communication	ipment, supplies, or	
1020001	Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A)			device, such as a telephone; 3) Portable fir equipment, spill control equipment, and d and 4) Water at adequate volume and pre	e extinguishers, fire control econtamination equipment;	
1020002	Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available		2020020	265.32) 22 CCR 66262.34(d)(2) Failed to implement contingency plan duri		
□ 1040001	or not maintained for 3 years. HSC 25505(a)(4) Hazardous materials release or threatened release not reported to the			release. (40 CFR 262.34(d)(5)(iv).) 22 CCR 6	56262.34(d)(2)	
_	CUPA and OES immediately upon discovery. HSC 25510(a) Failed to prepare and implement a written Spill Prevention Control and		Haza	ardous Waste Tank Systems for	<u>SQGs ONLY</u>	
4010001	Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a)		3030024	Failed to maintain sufficient freeboard of 2 prevent overtopping unless the tank is equ structure, a drainage control system or a d	uipped with a containment	
HMD 1001	Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905			capacity that equals or exceeds the volum (40 CFR 62.34(d)(3); 265.201(b)(c).) 22 CCF	e of the top 2 ft of the tank.	
HMD 1005	Emergency contact not provided or current. HSC 25508.1(f)		3030025	5 Failed to provide an overfill protection dev	vice on continuously fed	
HMD 1007	Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b)		2020025	hazardous waste tank. (40 CFR 262.34(d)(3 66262.34(d)(2)		
HMD 1008	Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c)		3030027	7 Failed to conduct daily tank inspection of t monitoring equipment, and tank level. (40 265 201(c)(2) 265 201(c)(2) 262 24(d)(2)	CFR 265.201(c)(1),	
HMD 1013	HMBP not readily available for review. HSC 25505(c)		3030028	265.201(c)(2), 265.201(c)(3), 262.34(d)(3). 3 Failed to conduct weekly inspections of the fixtures, and currenting areas of the basis	e construction materials,	
<u>Haza</u>	rdous Waste Requirements for SQGs ONLY	_		fixtures, and surrounding areas of the haza 265.201(c)(4); 265.201(c)(5); 262.34(d)(3).) 22 CCR 66262.34(d)(2)	
HMD 0219	Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6)			7 Failed to properly decontaminate and doc hazardous waste tank system. (40 CFR 265)	.201(f).) 22 CCR 67383.3	
HMD 0226	Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2)		HMD 1612	Hazardous waste improperly stored in a ta corrosion, or failure. (40 CFR 265.201(b).)	22 CCR 66262.34(d)	
HMD 0412	Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2)		HMD 1614	Failed to pre-notify the CUPA in writing pri waste tank system. 22 CCR 67383.3(a)(1)	-	
HM-923 (03-15)	· · · · · · · ·		HMD 1615	Failed to properly accumulate ignitable or system. (40 CFR 265.201(g).) 22 CCR 66262		

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Hazardous Materials and Hazardous Waste (continued)

Hazardous Waste Requirements for SQGs and LQGs **RECORD KEEPING/OPERATIONAL REQUIREMENTS**

VIOLATION DESCRIPTION

2010001	Unified Program Eacility (UPE) permit not obtained for the generation
	Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905
3010029	The facility has not submitted complete and accurate facility
i	information in CERS. HSC 25404(e)(4); 27 CCR 15188(b)
3010002	Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12
3010008	Failed to properly complete a uniform hazardous waste manifest. 22
	CCR 66262.23(a)
3010009	Failed to complete the hazardous waste manifest Exception
	Requirement 22 CCR 66262 42

301	L0010 I	Failed to maintain uniform hazardous waste manifest, consolidated
	1	manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3),
	Ĩ	25185(a)(4); 22 CCR 66262.40(a)
201	0011	Called to cond becordous waste manifest conjects the Department

3010011 Failed to send hazardous waste manifest copies to the Department of
Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4)

3010013 Failed to meet the consolidated manifesting requirements for waste
 shipment. HSC 25160.2; 22 CCR 66262.40(a)

3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22
 CCR 66266.81(a)(4)(B)

3030006 Failed to determine if a hazardous waste is restricted or prohibited
from land disposal. 22 CCR 66268.7(a)

3010016	Failure of recycler who recycles more than 100 kilograms per month of
	recyclable material under a claim that the material qualifies for
	exclusion or exemption to provide and submit in CERS the required
	information. HSC 25143.10(a), (c), and/or (d)

Failed to keep disposal receipts for drained used oil filters and/or

0149	drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130
🗌 HMD	Failed to have copies of analytical records, waste analysis records, and/

	i alleu to nave copies of analytical records, waste analysis records, al	IU
0148	or waste determination results for 3 years. 22 CCR 66262.40(c)	

- HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8)
- 3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a)

3050005	Failed to have adequate records demonstrating claim of exemption for
_	Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g)
3210001	Failed to notify the CUPA in CERS for onsite hazardous waste

treatment/tiered permitting. HSC 25201(a) 🗌 HMD Manifest signed by the TSDF not available for inspection. 22 CCR 0138 66262.40(a)

Hazardous Waste Requirements for SQGs and LQGs **DISPOSAL AND TRANSPORTATION**

Γ	3010007	Failed to prepare a hazardous waste manifest for the transport of a
		waste for off-site transfer, treatment, storage, or disposal. HSC
		25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a)
Г	3030005	Failed to make a proper waste determination 22 CCR 66262 11

- 3030005 ake a proper waste determination. 22 CCR 66262.11, 66262.40(c)
- 3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41

3050002 Failed to properly dispose of nazardous waste at an authorized	racility.
HSC 25189.5(a); 25189(c),(d); 25189.2(c)	
\neg 2120002 lung superiorithic dilution of become superior 22 CCD (C2CD 2/s)	

3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a)

HMD	Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d);
0305	25189.2(c)

HMD 0306	Disposed of hazardous waste latex paint improperly. HSC 25217.1
0306	

HM-923 (03-15)

Hazardous Waste Requirements for SQGs and LQGs STORAGE AND HANDLING

VIOLATION DESCRIPTION

#

3030001	Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1)
3030003	Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b)
3030004	Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130
3050004	Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c)
HMD 0222	Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a).
HMD 0216	Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f)
HMD 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f)
HMD 0221	Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e)
HMD 0223	Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f)
HMD 0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f)
ļ	Universal Waste Handler Requirements
3010004	Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b)
3020002	Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d)
3020003	Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b)
3030008	Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34
3030011	Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b)
3030046	Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c), (d)(2)
3030051	Failed to meet the accumulation standards for universal waste aerosol

3030051 Failed to meet the accumulation standards for universal waste aerosol
containers and waste handling. HSC 25201.16(f)

- 3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5
- 3050003 Disposal of universal waste (UW) to an unauthorized point. HSC 25189.5(a), 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)



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Underground Storage Tank (UST) Program

VIOLATION REPORT: Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.



UST PROGRAM (continued)

2030059 Failure to maintain UST system in accordance with exclusion/ exemption status. HSC 25281.6, 25283.5 2060003 Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) 2060005 Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) 2060006 Failure of secondary containment piping to slope back to the collection

sump. 23 CCR 2636 2060007 Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d)

UST Tank (DW/SW) Requirements

2030001 (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634

VIOLATION DESCRIPTION

- 2060010 (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291
- 2060019 Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665

2030007 Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j)

- \square 2030036 (RP) Failure of the overfill prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665
- 2060020 (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665
- 2030008 Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291
- 2060015 (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a)
- 2030016 (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/ visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2) (A)&(B), 2633(c), 2636(f)
- 2030017 Failure to maintain all product piping outside the dispenser to be failsafe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5)
- 2030019 Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1)
- 2030022 Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648
- 2030028 Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663
- 2030029 (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 vears after. 23 CCR 2663
- 2060024 UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1
- 2030040 (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a)

	<u>UST Ta</u>	<u>nk (DW/SW) Requirements (continued)</u>
ŧ	VIOI	ATION DESCRIPTION
	con	ure to maintain entry fitting such that it properly seals to the tainment. 23 CCR 2630, 2635(d), 2636(c), 2666 ure to test the spill bucket annually. HSC 25284.2
	1, 2 con of ti secc into 2030065 (RD pre: con haz: env 2060023 Faili and of ti secc	ure of UST system installed on or after July 1, 2003 and before July 004 to comply with one or more of the following: be designed and structed with a monitoring system capable of detecting the entry he hazardous substance stored in the primary containment into the ondary containment and/or capable of detecting water intrusion it he secondary containment. HSC 25290.2(d)) Failure to maintain the interstitial space under constant vacuum, ssure, or hydrostatic such that a breach in the primary or secondary tainment is detected before the liquid or vapor phase of the ardous substance stored in the UST tank is released into the ironment. (Product Tight) HSC 25290.1(e) ure of a UST system installed on or after July 1, 2004 to be designed constructed so as to detect the entry of the liquid or vapor-phase he hazardous substance stored in the primary containment into the ondary containment. HSC 25290.1(d)
		UST Tank (SW) Requirements
	tanl) Option 1: Failure to conduct the 0.2 gallon per hour continuous in < leak detection test. 23 CCR 2643(b)(5)) Option 1: Failure to conduct the monthly 0.2 gallon per hour
	auto mor	omatic tank gauging test on a single wall tank and/or failure of the omatic tank gauge to generate and print a hard copy of the thly 0.2 gallons per hour test. 23 CCR 2643(b)(1)
	reco	ion 2: Failure to submit the annual statistical inventory onciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j)
	2030057 (RD failu of ti sub for e met) Option 2: When statistical inventory reconciliation results indicate are or inconclusive, owner/operator failed to complete one or more he following: notify CUPA of a possible release within 24 hours; mit copy of the report to the CUPA within 10 days; inspect records errors and physically inspect the UST system within 24 hours; have eres recalibrated within 48 hours of receipt of report. 23 CCR 6.1(d)
	inclu moi tanl with incc) Option 2: Failure to meet one or more of the requirements of SIR, uding but not limited to: measurements taken daily, calculated nthly, capable of detecting a 0.2 gallon per hour release, conduct a k integrity test every two years, conduct piping and or tank test nin 15 days of receipt of two successive SIR reports which are onclusive or which indicate a possible release and/or calibrate benser meters annually. CCR 2646.1

- 2030030 (RD) Option 3: Weekly gauging not being performed in according to the required specifications. 23 CCR 2645
- 2030004 (RD) Option 4: Failure of the automatic tank gauge to test the tank at least once per month when the product level in the tank is at least three feet and shall be capable of detecting a release of 0.1 gallons per hour. 23 CCR 2643(b)(2)

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UST PROGRAM (continued)

UST Pressurized Piping (DW) Requirements

VIOLATION DESCRIPTION

- 2030018 (RD) Failure of the double wall pressurized piping in the turbine sump to be continuously monitored with a system that activates an audible and visual alarm or restricts or stops flow at dispenser when a leak is detected. 23 CCR 2636(f)(1)
- 2030025 (RD) Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow or product through the piping or trigger an alarm when a release occurs. 23 CCR 2636(f)(2)
- 2030026 Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2)
- 2060014 Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638
- 2060012 (RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529
- 2030042 (RD) Option 1: Failure to perform and/or pass the annual line integrity test for pressurized piping that does not utilize fail safe or shut down. 23 CCR 2636(f)(4)
- 2030020 (RD) Option 3: Failure to conduct daily visual inspections each time the tank is operated, but not less than monthly, and maintain a log of inspection results for review of the CUPA. HSC 25281.5(b)(3)

UST Pressurized Piping (SW) Requirements

- 2060018 (RP) Failure to demonstrate that existing single wall pressurized pipe containing motor vehicle fuel is constructed of glass fiber reinforced plastic, cathodically protected steel, or steel clad with glass reinforced plastic. HSC 25292(e)(2); 23 CCR 2666(b)
- 2030027 (RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c)
- 2060017 Failure to install an automatic line leak detector capable of shutting off the pump when a release occurs, fails, or is disconnected. 23 CCR 2666(c)
- 2030052 (RD) Option 3: Failure to monitor pressurized pipe containing motor vehicle fuel at least hourly at any pressure and either perform 0.2 gallon per hour monthly line integrity test or perform 0.1 gallon per hour annual line integrity test. 23 CCR 2641(a), 2643
- 2030053 (RD) Option 3: Piping fails to meet one or more of the following requirements: below grade piping sloped to drain back into storage tank if the suction is released, only one check valve on the piping located directly below the suction pump, and inspection method which readily demonstrates compliance. 23 CCR 2636(a)(3) 2641(b)

UST Piping (SW) Requirements – Conventional Suction

- 2030050 (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d)
- 2030049 Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d)

UST Piping (SW) Requirements – Gravity

2030051 Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e)

HM-928 UST (02-15)

<u>UST System – Cathodic Protection Requirements</u>

VIOLATION DESCRIPTION

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- 2030009 (RP) Failure to inspect the impressed-current system every 60 calendar days and/or failure to have corrosion protection equipment turned on and functioning properly and/or failure to inspect the impressed-current system within six months of installation and at least every three years thereafter and/or failure to test sacrificial anodes once every three years in accordance with the manufacturer's instructions. 23 CCR 2635
 2060004 (RP) Failure to install corrosion protection for USTs and/or failure of
 - 2060004 (RP) Failure to install corrosion protection for USTs and/or failure of the field-installed cathodic protection system to meet the consensus standards. 23 CCR 2635(a)(2)(A)

UST System – Closure

- 2030063 (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671
- 2030038 UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672



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IANCE INSPECTION REPOR

Medical Waste Generators

Each violation checked below is for the section(s) of the California health and Safety Code (HSC), California Code of Regulation (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. UPF = Unified Program Facility; MW = Medical Waste; USPS = United States Postal Service; DOT = Department of Transportation

STORAGE AND LABELING			TRANSPORTATION REQUIREMENTS			
#	HMD	VIOLATION DESCRIPTION	#	HMD	VIOLATION DESCRIPTION	
	4201	UPF Permit not obtained. HSC 117705; SDCC 68.905		4260	Transportation of MW without State Hauler Registration, USPS or	
	4202	Medical waste (MW) not separated from other waste at the point of origin. HSC 118275		4311	requirements of the DOT "Materials of Trade Exceptions." HSC 118025 Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040	
	4203	Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310			SMALL QUANTITY GENERATORS ONLY	
	4204	MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which		(<:	200 pounds of medical waste generated per month)	
	4205	can be read from 25 ft. HSC 118310 Medical SOLID WASTE not secured to deny access to unauthorized persons. SDCC 68.1211		☐ 4301 ☐ 4302	Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935 Did not maintain and show proof of "onsite" medical waste treatment	
	4206	Spill of MW not properly cleaned up. HSC 118300			records for 3 years. HSC 117943	
	4207	Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d)		4303	Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945 MWMP or equivalent information not onsite (only for SQG doing	
	4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b) $$		4309	onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032	
	4209	Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205			LARGE QUANTITY GENERATORS ONLY	
	4210	Medical waste not stored in approved and properly marked biohazard bags. HSC 118275(a)		(≥	200 pounds of medical waste generated per month)	
	4211	Biohazard bags not tied off to prevent leakage/expulsion of contents	4	× 4351	MWMP not submitted to HMD (initial/updates). HSC 117960, 117970	
	4212	during handling and storage. HSC 118280(a) Biohazard bags not containerized in rigid, leak resistant, and covered		4352	Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E)	
		containers or bins when placed for storage, handling, or transport. HSC 118280(b) $% \left(b\right) =0$		4353	Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975	
	4213	Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word		CHEN	NOTHERAPY, PATHOLOGY, PHARMACEUTICAL	
	4214	"BIOHAZARD" on the lid and sides. HSC 118280(c) Reusable containers/bins for MW storage not kept clean and sanitary.			HAZARDOUS & UNIVERSAL WASTES	
	4214	HSC 118295, 118305		4401	Trace Chemo waste not segregated from other MW. HSC 118275(a)(4)	
	4215	Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e) (2)		4402	Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4)	
	4306	Full sharps container stored >30 days at >0°C. HSC 118285(c)		4403	Illegal disposal of chemo waste. HSC 118340	
	4307	Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/ month). HSC 118280(e)(1)(A)		4411	Pathology waste not segregated from other MW. HSC 118275(a)(5)	
	4308	Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/ month). HSC 118280(e)(1)(B)		4412	Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5)	
	4219	MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310		4413	Illegal disposal of pathology waste. HSC 118340 Pharm waste not segregated from other MW. HSC 118275(a)(6)	
	4220	MW interim storage area not properly secured. HSC 118307			Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid	
		TREATMENT AND DISPOSAL			and the sides. HSC 118275(a)(6)	
	4251	MW treated by unapproved method/procedure. HSC 118215		4423	Pharm waste stored >90 days when container full, or stored longer than one year (maximum allowable time). HSC 118280(f)	
	4252	Standardized written operating procedures for steam sterilization not		4432	Illegal disposal of pharm waste. HSC 118340, 118222(b)	
	4253	available. HSC 118215(a)(2)(A) Recording thermometer not calibrated annually. HSC 118215(a)(2)(B)		4441	Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5	
	4254	No records of annual thermometer calibration checks onsite for at			6 Failed to keep records of offsite universal waste shipment(s) available for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2)	
	4255	least the past 2 years. HSC 118215(a)(2)(B) Heat-sensitive tape/other approved method not used for each load		305000	3 Disposed of universal waste to an unauthorized point. HSC 25189.5(a); 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)	
	4256	treated onsite. HSC 118215(a)(2)(C) Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D)		(>	LQG MW ONSITE TREATMENT FACILITY 200 pounds of medical waste generated per month)	
	4257	Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B)		4501	Onsite MW treatment permit not obtained/renewed. HSC 117950,	
	4258	Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E)		4502	118130, 65620, 65623 Current copy of the MW treatment permit not available. HSC 65621(f),	
	4259	Disposal of untreated MW to an unauthorized point. HSC 118340		4503	65623, 118165, 118180 Condition(s) of the MW treatment permit violated. HSC 65623	
нм	-9255 MW (02	-15)				



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE INSPECTION DATE: 10/30/2015 RECORD ID #: DEH2002-HUPFP-114230 SPECIALIST: Griffith, Gary INSPECTION CONTACT: Bill Watson TITLE: Lead Maintenance PHONE: (760) 739-2314 E-MAIL:

FACILITY NAME:	PALOMAR HEALTH DOWNTOWN CAMPUS	
ADDRESS:	555 E VALLEY PKWY	
CITY/ZIP:	ESCONDIDO	/92025

	VIOL#	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)	DUE DATE
#1	3030007			11/29/2015
#2	3030017			11/29/2015
#3	2010007			11/29/2015
# 4	HMD4351			11/29/2015

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE		DATE SIGNED
TITLE OF FACILITY REPRESENTATIVE	SIGNATURE	

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY:	DATE:			
SPECIALIST'S COMMENTS:				
All violations noted on date listed above were corrected				
Based On Information Provided By The Facility	RTC entered by Specialist on:			
Based On Field Verification By Specialist	RTC entered by Office Assistant on:			

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 http://www.sdcdeh.org 858-505-6880

DEH2002-HUPFP-114230 151001-478

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

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.

A. General I Facility Na	ame: Palomar Medica	1 Center (Downtown Campus)		Bldg. No.: PMC DC
Site Addre	ess: <u>555 East Valley I</u>	arkway	_ City: Escondido	Zip: <u>92025</u>
Facility Co	ontact Person: Scott For	ster	Contact Phone No.:	760-739-3549
Make/Moo	lel of Monitoring System:	Pnumercator TMS-2000	Date of Testing/	Servicing: 11/5/15
	of Equipment Tested/Co	ertified Indicate specific equipment insp	ected/serviced:	
Tank ID: Diese In-Tank Gai Annular Sp Piping Sum Fill Sump S Mechanical Electronic L Tank Overfi	 I - 10,000 Gallon - UST Jging Probe. ace or Vault Sensor. p / Trench Sensor(s). ensor(s). Line Leak Detector. ine Leak Detector. I / High-Level Sensor. 	Model:	Tank ID: In-Tank Gauging Probe. Annular Space or Vault Sen Piping Sump / Trench Sens Fill Sump Sensor(s). Mechanical Line Leak Detect Electronic Line Leak Detect Tank Overfill / High-Level S	or(s). Model: Model: ctor. Model: or. Model:
Tank ID: In-Tank Ga Annular Spa Piping Sum Fill Sump S Mechanical Electronic L Tank Overfi	uging Probe. ace or Vault Sensor. p / Trench Sensor(s). ensor(s). Line Leak Detector. ine Leak Detector. II / High-Level Sensor.	Model: Model: Model: Model: Model: Model: Model: Model: Model:	Tank ID: In-Tank Gauging Probe. Annular Space or Vault Ser Piping Sump / Trench Sens Fill Sump Sensor(s). Mechanical Line Leak Detect Electronic Line Leak Detect Tank Overfill / High-Level S	Model:
□ Shear Valve	Containment Sensor(s). e(s). Containment Float(s) and (Dispenser ID: Dispenser Containment Ser Shear Valve(s). Dispenser Containment Flo	
Dispenser ID: Dispenser (Shear Valve	Containment Sensor(s).	Model:	Dispenser ID: Dispenser Containment Ser Shear Valve(s). Dispenser Containment Flo	nsor(s). Model:
Shear Valve	Containment Sensor(s). a(s). ontainment Float(s) and C		Dispenser ID: Dispenser Containment Ser Shear Valve(s). Dispenser Containment Flo	

*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 II Alarm history report) given by Paul McLane for WT#151001-478

Technician Name (print): Paul McLane	Signature:	11/05/2015 10:50:44	
Certification No.: 8191873-UT	License. No.: 703190		
Testing Company Name: Sunwest Engineering Inc.	Phone No(888) 588-8737	
Testing Company Address: 4780 Chevenne Way Chino, Ca.	91710	Date of Testing/Servicing: 11/5/15	

Monitoring System Certification

Page 1 of 4

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QA/QC APPROVED 11/12/201512:36 PMJustin Tr

D. Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

×	Yes		No*	Is the audible alarm operational?
68	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	C.	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? Type; 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?
Ũ	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"	8	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.
ĸ	Yes	1	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
×	Yes	In	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:

There is an overfill prevention valve installed in drop tube. No tank probe installed.

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*	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):

Second Check this box if LLDs are not installed.

Complete the following checklist:

Somprote an	a ronotring on	
🗋 Yes	No*	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*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
🔲 Yes	No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
🗌 Yes	No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
🛄 Yes	No*	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?
		the other have and when the set definition wave as will be corrected

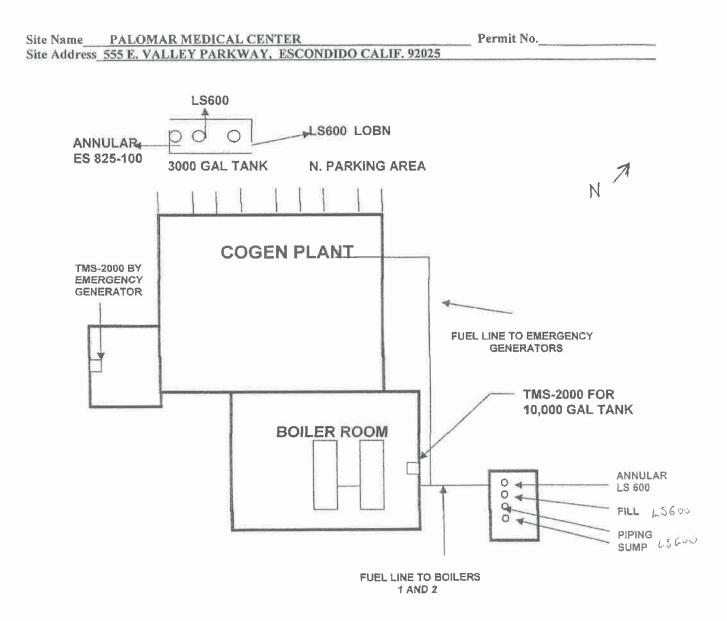
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

12/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 11/5/15

Configuration

10,000 11/05/15 6allas 07:49 02986 Site id Unit id 01 Config Header Acc Code 000000 Security Serial Unit id 01 02986 Site id Dsp Mode Dsp Mode Gr vol Baud rateSErA .96K Serial finteta N-8-1 Baud rateSErb .12K Serialfmtetb N-8-1 Tank Qty SP Units ø 2 Vol Sale En No None Horndelay Autoprint Yes LeakprintPass-194 Monthly Print No 1964 90 %cap Ull Limit Dst Enabl Yes ----Confie Tank 1

Not Enabled

Probe 1

Confis

Not Enabled

Confis SEnSr Inp 1 Sensor En Alarm Ls600 TYPE Mode Leak Pieina Ine Name User name Pault En User Open Open Thk No Dsp No Normally Associate Associate Config 8 SEnSr Ing 2 Sensor En Alarm Tare Ls608 Node Leak Sump User ine Name User name Flault En No Noreally Open Trik No Associate Associate DSP No Confis SEnSr Ine Sensor En Alara Tate Latega 3 norle Inr Narie Leah daul t Uzor name Facil En Normally User He Open finate ate Tak No. Gastion a te DEP No.

Confis	Inventory
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Hour 2	69:00
Hour2 Prb	No
Hour 3	96 : 60
Hours Prt	
oun Enabl	No
Sun Enabl Hon Enabl Tue Enabl	Ho Ha
Ident English	No No
Ved Enabl Thu Enabl Fri Enabl Sat Enabl	No
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Sat Ensbl	No
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M-F Open	00:00
M-F Close	68:00
Sat Open	88:36
Lat Close	
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Sun Close	00:00
Config	Modem
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FCE RFEE	10.414
Basel Rabes Disa Tura	
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Tal Line D	edicated
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Config	Dial Out 1
Tel Local Tel Ares Tel Ares2	
Line Type	Data
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SP1 Pial	No
SP1 Dial SF2 Dial	No
8P3 Dial	No
h2o Dial	No
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oc Dial SEnS Dial	包括
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Inc Hour	66:00
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Date Time	11×05 08:06	I	Date Time		11/05 08:09	
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Alarm Id Detail Andreandaiche	Sensr Closed oktobologicka	8 	Alarm Detail ******		Sensr Closed *******	

> 11/05/15 08:08

Site Unit	02936 01
Date Time	11/05 08:08

Level___ Alarm Insut # 02

Alarm Id Sensr Detail Closed

i.

ł.

****	***********							19 Ave. 10 Ave. 10 Ave. 10	
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	ju, 1000	Date Time	11/05 08:55	Date Time	18/89 98:35	Dete lime	07/19 98:40	Date Time	32/26 11:05
11705715 08:20		Level Input #	Alarm 02	Level Input #) Alarm 03	Hish Hish Inert #	81arm 03
Site id Unit id	02986 01	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed
Log	Alarms i	 Log	Alarms 6	Los	Alarms il	Loa	Alarms 16	Los	Alarms 21
Date Time	11/05 08:09	Date Time	11/05 08:54	Date Time	10/09 08:34	Date Time	07/19 08:37	Date Time	02/26 85:26
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	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Senar Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Slosed
Log	Alarms 2	Los	Alarms 7	Log	Alarms 12	Los	Alarms 17	Los	Alarms 22
Date Time	11/05 08:08	Dste Time	10/09 08:42	Dete Time	07/19 08:41	Date Time	06/23 98:50	Date Time	01/07 09:51
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	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed
Los	Alarms 3	Los	Alarms 8	Loa	Alarms 13	Log	Alarms 18	Los	Alarms 23
Date Time	11/05 08:06	Date Time	10/09 08:41	Date Time	07×19 08:41	Date Time	86/23 98:59	Date Time	01/07 09:50
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Alarm Id Detail		Alerm Id Octoil	Sensr Closed	Slarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Neteil	Sensr Closed

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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: Palomar Medical Center (Downtown Campus)	Date of Testing: 11/5/15		
Facility Address: 555 East Valley Parkway			
Facility Contact: Scott Foster	Phone:	760-739-3549	
Date Local Agency Was Notified of Testing: 48 Hours Prior			
Name of Local Agency Inspector (if present during testing): Gary Griffith			

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc. Technician Conducting Test: Paul McLane

Credentials : CSLB Contractor ICC Service Tech. SWRCB Tank Tester Other (Specify)

License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard Lake Test						
Test Equipment Used: Tape Measure						
Identify Spill Bucket (by Tank Number, Stored Product, etc.	10,000 Gallon-DSL					
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump		
Bucket Diameter:	12"					
Bucket Depth:	14"					
Wait time between applying vacuum/water and start of test:	15 min.					
Test Start Time (T ₁):	8:30 am					
Initial Reading (R ₁):	13"					
Test End Time (T _F):	9:30 am					
Final Reading (R _F):	13"					
Test Duration (T _F - T ₁):	1 Hour					
Change in Reading (R _F - R _I):	0"					
Pass/Fail Threshold or Criteria:	0"					
Test Results	Pass					

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

11/05/2015 10:49:12

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements. Digitally signed by Paul McLane for WT#151001-478

Technician's Signature:

Date: 11/5/2015

State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

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. General Information

Facility Name: Palomar Medical Center (Downtown Campus	s)	Bldg. No.: PMC DC	<u>=</u> 0
Site Address: 555 East Valley Parkway	City: Escondido	Zip: <u>92025</u>	_
Facility Contact Person: Scott Foster	Contact Phone No.:	760-739-3549	
Make/Model of Monitoring System: Pnumercator TMS-2000	Date of Testin	g/Servicing: 11/5/15	_

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: Dissel - 3,000 Gallon - UST In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Environment Problem Model: Electronic Line Leak Detector. Model: Electronic Line Leak Detector. Model: Environment Problem Model: Other (specify equipment type and model in Section E on Page 2).	Tank ID:
Tank ID:	Tank ID: In-Tank Gauging Probe. Model: 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 I Alarm history report) give by Paul McLane for W1#151001-479

Technician Name (print): Paul McLane	Signature:	11/05/2015 11:47:19	
Certification No.: 8191873-UT	License. No.: 703190		
Testing Company Name: Sunwest Engineering Inc.	Phone No.:(888) 588-8737	
Testing Company Address: 4780 Cheyenne Way Chino, Ca. 9	91710	Date of Testing/Servicing: 11/5/15	

Monitoring System Certification

Α.

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QA/QC APPROVED 11/12/201512:57 PMJustin Tr

D. Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

001	ipiere i	inc i	onomi	ig checking.
Þś	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?
Ъс	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	X	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? Types; 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*	8	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.
8	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?
* 1m	Contin	E	holow	describe how and when these deficiencies were or will be corrected

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

There is an overfill prevention valve installed in drop tube. No tank probe installed.

Monitoring System Certification

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.

3

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:

complete the	e following ch	CONIST
🔲 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*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
🗋 Yes	No*	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*	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?
		depending there and other there definite more equilibre associated

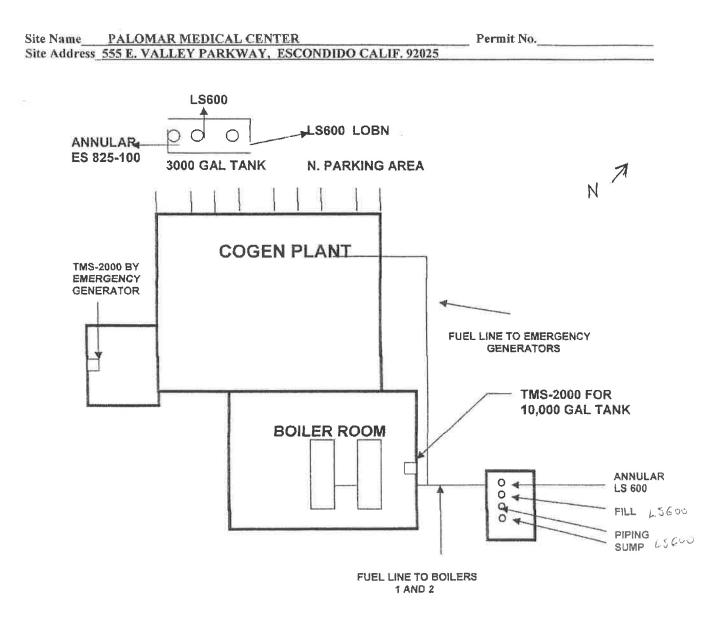
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

12/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 11/5/15

2

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Configuration

PALOMAR MEDI. CTR. 555 E. VALLEY PRKW. 11/05/15 5,000 Gallon 12:10 Site id Unit id 000000 00 Config Header Acc Code NARANA Security Serial Unit id ΡĤ 00000 Site id Dsp Mode Gr vol Baud rateSErA .96K Serialfmteta N-8-1 Baud rateSErb .96K SerialfmtPtb N-8-1 Tank Qty ø % Vol SP Units Sale En No Horndelay None Autoprint Yes Leakerinteass-fail Monthly Print No 90 Kcar Ull Limit No Dst Enabl Confie Tank 1

Not Enabled

Confis Probe 1

Not Enabled

Confie SEASE Inp 1 Sensor En Alarm eneT 1.5600 . Leak Mode Ine Name User name Rault En Input No Open Trik No. Normalls. Associate COP (4) Resociate ----------Confis SEnSr Ine 2 Sensor En Tispe filerm. 1.5669 Leak flode Contri Inp Name Ineut User name Fault En No Deen Normally ank No Associate Associate Der No Config SEnSr In# Sensor En Plara Ec0251 i sina INP NAME Dista11 liser cate Feelt En Input No Clean Marmally. Trik, No Associate Associate tise No

Confi a	Inventory
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Confis	Nodea
Modea For Local For Area Baud Rates Dial Time Pause Tel Line D Confis	Tone 1 sec
Tel Local Tel Area Tel Area Line Type LeAk Dial SP2 Dial SP2 Dial SP3 Dial H20 Oiel Thft Dial CC Dial Frið Dial Er Dial Ing Dial Ing Dial	Data No No No No No No No No No No No No No

**** Alarm PALOMAR MEDI. CTR. 355 E. VALLEY PRKW. 11/05/15 12:25 00000 Site id Unit id 00 1.1 Date 11/05 Time 12:25 Overfl.___ Alarm Input # 03 Alarm Id Sensr Detail Closed **** ***** Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW. 11/05/15 12:26 00000 Site id

00

11/05 12:26

02

Sensr Closed

action and the constraints and the constraints

Unit id

Input #

Detail

Hihish___ Alarm

Date

Time

1

Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW. 11/05/15 12:28 Site id 99999 Unit id 90 Date 11/05 Time 12:28 Hish____ Alarm Input # 01 Alarm Id Sensr Detail Closed ****

	anderska skale anderska skale sk	Los	Alarms 5	Log	Alarms 10	Los	Alarms 15	Poa	Alarms 20
Log PALOMAR	MEDI. CTR.	Date	11/05	Date Time	05×02 17×28		05/02 10:25	Date Time	07×19 11×11
	VALLEY PRKW.	Time Hihish	i2:35 Alarm	Overfl Ineut #		0verfl Input #		Hish Input #	
12:31	13 Gallons	Inpot #	02	Alara Id	Sensr	Alarm [d	Sensr	Alarm Id Detail	Sensi Closed
Site id Unit id	00000 00	Alarm Id Detail	Sensr Closed	Detail Log	Closed Alarms 11	Detail Los	Closed Blarms 16	103 Vetali	Alarms 21
Loa	Alarms 1	Loa	Alarms 6	Date	05/02	Date	85/82	Date	07-19
Date Time	11/05 12:28	Date Time	11705 12:34	Time	17:08	Time		Time Hihish	ju sil Dlarm
	Alarm Øi	Overfl Input #		Hihi9h Input #		Overfl Input #		Input #	02
Alarm Id	Sensr	91arm Id	Sensr	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sens: Closed
Detail	Closed	Detail Los	Closed Alarms 7	l.os	91erms 12	Los	Glarms 17	Loa	Alaros 22
Log Date	Alarms 2 11/05	Date	16/89	Date Time	05/02 17:06	Date Time	05/91 12+32	Date Time	07/19 11:09
Time Hihish	12:126	Time Hish	11:49 Alsrm	Hihish Input #		Hihish Input #		Overfl Input #	Alars 33
Input #	Ø2	ln⊳yt #	81	Alarm Id	Sensr	Alarm Id	Sensr	Alarm Id Detail	Senar Closed
Alarm Id Detail	Senar Clo≋ed	Alarm Id Detail	Sensr Closed	Detail	Closed Alarms 13	Detail Los	Closed Alarms 18	Los	9)orms 23
Los	Alarms 3	Los	Alarms 8	+ -	05/02	Date	05/01	Date	07/19 11:05
Date Time	11/05 12:25	Date Time	10/09 11:48	Time	17:06	Time	12:32	Fime Overfl	
Overfl Input #		Hihiah Insut #		Hihish Input #		Hish Input #		imput #	63
Alarm Id	Sensr	Alarm Id Detail	Sansr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Glarm Id Detail	Sensr Glosed
Detail Log	Closed Alarms 4	Los	Alarms 9	1.40%	Alarms 14	Los	Alarms 19	Los	Alarms 24
Date	11/05	Date	10/05	Date Time	95/02 17:02	Date Time	05×01 12×32	Date Time	06/23 11:29
Time High Input #	. PPA SD DD	Time Overfl Input #	ll:46 Alarm 93	Hihish In⊨ut ¥		Overfl Input #		High Input #	Ø1
	Sensr	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed	Alarm Id Detail	Sensr Closed
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SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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: Palomar Medical Center (Downtown Campus)		Date of Testing: 11/5/15	
Facility Address: 555 East Valley Parkway			
Facility Contact: Scott Foster Phone:		760-739-3549	
Date Local Agency Was Notified of Testing: 48 Hours Prior			
Name of Local Agency Inspector (if present during testing): Gary Griffith			

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.

Technician Conducting Test: Paul McLane Credentials : CSLB Contractor ICC Service Tech. SWRCB Tank Tester Other (Specify)

License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard Lake Test					
Test Equipment Used: Tape Measure					
Identify Spill Bucket (by Tank Number, Stored Product, etc.	3,000 Gallon-DSL				
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump	
Bucket Diameter:	12"				
Bucket Depth:	14"				
Wait time between applying vacuum/water and start of test:	15 min.				
Test Start Time (T ₁):	10:30 am				
Initial Reading (R _I):	13"				
Test End Time (T _E):	11:30 am				
Final Reading (R _F):	13"				
Test Duration (T _F - T _I):	1 Hour				
Change in Reading (R _F - R _I):	0"				
Pass/Fail Threshold or Criteria:	0"				
Test Results	Pass				

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

11/05/2015 11:46:05

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements. Digitally signed by Paul McLane for WT#151001-479

Technician's Signature:

Date: 11/5/2015

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

		TEM CERTIFICATION as Within the State of California
		le; Chapter 16, Division 3, Title 23, California Code of
	each monitoring system control panel by the technician who perfor	oring equipment. A separate certification or report must be prepared for ms the work. A copy of this form must be provided to the tank system to the local agency regulating UST systems within 30 days of test date.
A.	General Information Facility Name: Palomar Medical Center (Downtown Campus)	Bidg. No.: PMC DC
	Site Address: 555 East Valley Parkway	City: Escondido Zip: 92025
	Facility Contact Person: Scott Foster	Contact Phone No.: () (760) 644-7120
	Make/Model of Monitoring System: Pnuemercator TMS-2000	Date of Testing/Servicing: 11/5/2014
В.	Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment insp	pected/serviced:
• • • • • •	k ID: Diescl - 3,000 Gallon - UST n-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: ES825-100F Piping Sump / Trench Sensor(s). Model: LS600 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). k ID: n-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: Mechanical Line Leak Detector. Model:	Tank ID: In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Priping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Mechanical 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: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Electronic Line Leak Detector. Model: Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).
Ξ.	Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).	Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).
•	penser 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).
Dis	penser ID:	Dispenser ID:
Ξ:	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).
Dis	penser ID:	Dispenser ID:
	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).
*lf ti	he facility contains more tanks or dispensers, copy this form. Include inform	nation 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):

Technician Name (print): Paul McLane	Signature: Part Mich
Certification No.: 8191873-UT	License. No.: 703190
Testing Company Name: Sunwest Engineering Inc.	Phone No.:(888) 588-8737
Testing Company Address: 2766 Pomona Blvd. Pomona, Ca	. 91768 Date of Testing/Servicing: 11 / 05 / 2014

Monitoring System Certification

Page 1 of 4

12/07

Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

	and the second se	Comments in the second		
×	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	- R	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? (I 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*	X	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*	X	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?
	A			

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

There is an overfill prevention valve installed in drop tube. This is the Primary overfill protection. There is no tank probe installed with monitoring system. Tank levels are measured manually.

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- H Check this box if no tank gauging or StR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

I Yes	1 No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
I Yes	I No*	Were all tank gauging probes visually inspected for damage and residue buildup?
E Yes	□ No*	Was accuracy of system product level readings tested?
E Yes	□ No*	Was accuracy of system water level readings tested?
I Yes	i No*	Were all probes reinstalled properly?
I Yes	I 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):

E Check this box if LLDs are not installed.

Complete the following checklist:

Ľ	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.
1	Yes	Ι	No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
1	Yes	1	No*	Was the testing apparatus properly calibrated?
С	Yes		No* N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
C	Yes		No* N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	_	No* N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
C	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?
1	Yes		No* N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Г	Yes	٦	No*	Were all items on the equipment manufacturer's maintenance checklist completed?

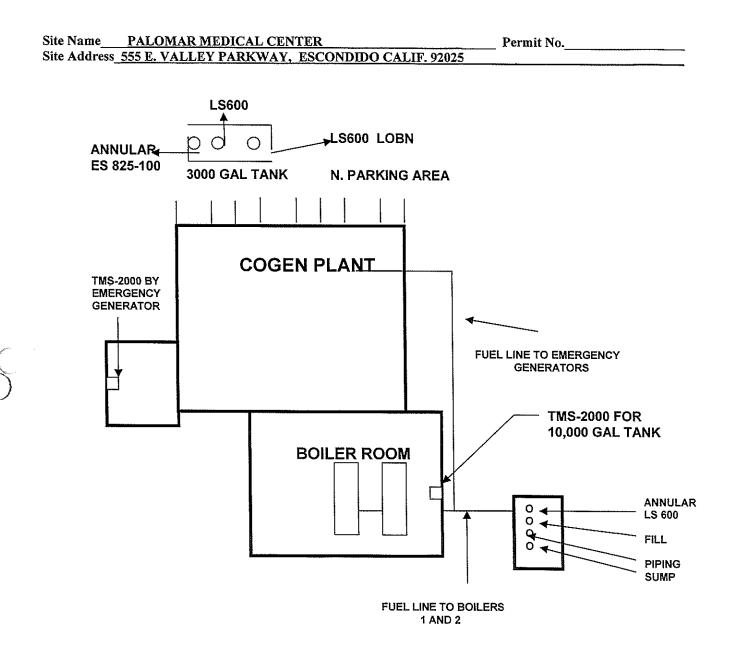
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

12/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 12-09-08

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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: Palomar Medical Center (Downtown)	2014 (1997)	Date of Testing: 11/5/2014			
Facility Address: 555 East Valley Parkway Escondido, Ca. 92025					
Facility Contact: Scott Foster	Phone:	(760) 644-7120			
Date Local Agency Was Notified of Testing: 48 Hours Prior					
Name of Local Agency Inspector (if present during testing); Michelle Chairs					

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc. Technician Conducting Test: Paul McLane Credentials : CSLB Contractor ICC Service Tech SWRCB Tank Tester Other (Specify) License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard Lake Test						
Test Equipment Used: Tape M	Test Equipment Used: Tape Measure					
Identify Spill Bucket (by Tank Number, Stored Product, etc.	Diesel-Fill-3,000 Gallon					
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump		
Bucket Diameter:	12"					
Bucket Depth:	14"					
Wait time between applying vacuum/water and start of test:	15 min.					
Test Start Time (T _I):	9:00 am					
Initial Reading (R _I):	12.5"					
Test End Time (T _F):	10:00 am					
Final Reading (R _F):	12.5"			-		
Test Duration (T _F -T _I):	1 Hour					
Change in Reading (R _F -R _I):	0"					
Pass/Fail Threshold or Criteria:	0 ⁴			۲		
Test Results	Pass					
Commenter Constants C				A STATE OF A		

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

ne Ye

Date: 11/5/2014

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Maria 10 - 1990 Maria	and the second sec	- y - ang tang tang tang tang tang tang tang	جمعو المنابع ومنه ويتبع والمله الجرار والمرا المنابع مرسمة وسنة والمرا المحمد والمراج والمراج والمراج والمراج و	
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555 E. VALLEY PRKW.	PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.	Confis Rely cc 6	FP Ack No Delay None Latch En No	Logic En - Off Timedelag - 0 Sec
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Tank Alarms T P P	SP Units % Vol Sale En No	Powerfail No Sys Error no	Normally Close Logic En Off	Inp Name User User name Input
A RRN N UT O	Horndelay None Autóprint Yes	والمعا والمع وأبسا السار والمع الماري ولمارة هلما عبدا والمار المالة ليرابغ عليان القرب وليزار والمار مستع والم والمري	Timedelay 0 Sec	Normally Close
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I APPPEFMNA	Ull Limit 90 7Cap	FP Ack No Delay None	Inp Name User User name Input	Config SEnSr Inp 1
D K123RTECL	Dst Enabl No	Latch En No	Normally Close Logic En Off	Sensor En Alarm Type Ls600
Leak Sensor Alarms	Confis Tank 1	Confis Rely Mode 2 Normally Off	Timedelay Ø Sec	Node Leak Inp Name Pipins
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E K .	Confis Probe 1,	Latch En No	Cc Enable Off Inp Name User	Normally Open Associate Tnk No
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R P L R A M	Config Rely Tank 1	co out a a	Losic En Off Timedelay Ø Sec	Confis SEnSr Inp 2
II RÁ DD ML	Config Rely cc 1	Latch En No	Confis cc Input 4	Sensor En Alarm Type Ls600
01 PiPing X	cc Tris no	Confia Rely Mode 4	Cc Enable Off Inp Name User	Mode Leak Ine Name Contr
02 Contn X	Confia Rela cc 2	Normally Off FP Ack No	User name – Input Normally – Close	User name Input Fault En No
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Alarm status key A = GENERAL Alarm	Confia Rela cc 3 cc Tria no	Confia Rely Mode 5	Confis cc Input 5	Associate Dsp No
F = GENERAL FAULT 0 = OPEN-CIRCUIT FAULT	Config Rely cc 4	Hormally Off · FP Ack No	Cc Enable Off Inp Name User	
P = PRODUCT ALARM S = SHORT-CIRC. FAULT	cc Tria ro	Delay None Latch En No	User name Input	

×			
Confia SEnt np 3 Sensor En Hlarm Type Es8251 Inp Name Dbwall User name Input Fault En No Normally Open Associate Tnk No Associate Dsp No	h2o Dial No Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Hour Ø0:00 Confis Dial Out 2	h2o Dial h Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Hour 00:00 Confis Dial Out 5	Confia 4 to 20mA 4to20 En Tok no dAtA SEL ar VoL Confia 4 to 20mA 4to20 En Tok no
ConfisInventoryHour 100:00Hour 1PrtHour 200:00Hour 200:00Hour 300:00Hour 300:00Hour 3PrtNoSun EnablNoNoTue EnablNoWed EnablNoThu EnablNoFri EnablNoSat EnablNo	Tel Local Tel Area Tel Area2 Line Tupe Data LeAk Dial No SP1 Dial No SP2 Dial No SP3 Dial No h2o Dial No Cc Dial No SEnS Dial No Err Dial No Inu Dial No Inu Hour 00:00	Tel Local Tel Area Tel Area2 Line Type Data LeAk Dial No SF1 Dial No SP2 Dial No SP3 Dial No Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Dial No	dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA
Confis Theft M-F Open 00:00 M-F Close 00:00 Sat-Open 00:00 Sat Close 00:00 Sun Open 00:00 Sun Close 00:00	Confis Dial Out 3 Tel Local Tel Area Tel Area2 Line Type Data LeAk Dial No SP1 Dial No	Confia Tank Leak 1 Not Enabled Confia 4 to 20mA 4to20 En Tnk no dAtA SEL ar VoL	Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no
Confia Nodem Modem None Fcs Local Fcs Area Baud Ratesera .24K Dial Type Tone Pause 1 sec Tel Line Dedicated Confia Dial Out 1 Tel Local Tel Area Tel Area Line Type Data	SP2 DialNoSP3 DialNoh2o DialNoThft DialNocc DialNoSEnS DialNoErr DialNoInv DialNoInv Hour00:00ConfisDial OutTel LocalTel AreaTel AreaLine TypeDataLeAk DialNoSF1 DialNo	Cooling 4 to 20m2	dAta SEL gr VoL ***********
LeAk Dial No SP1 Dial No SP2 Dial No	SF1 Dial No SP2 Dial No SP3 Dial No	4to20 En Tnk no dAtA SEL ar Vol	

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(mark)			·	
Los	Los Alarms 5	Los Alarm d	Log Alarms 15	Loa Alarms
PALOMAR MEDI. CTR.	Date 05/02	Date 05/02	Date 07/19	Date 06/23
555 E. VALLEY PRKW.	Time 17:08	Time 10:25	Time 11:11	Time 11:29
11/05/14	Hihish Alarm	Overfl Alarm	Hihish Alarm	Överfl Alarm
12:14	Input # 02	Ineut # 03	Ineut # 02	Input # 03
Site id 00000	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Unit id 00	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Log Alarms 1	Los Alarms 6	Log Alarms ii	Los Alarms 16	Log Alarms 21
Date 10/09	Date 05/02	Date 05/01	Date 07/19	Date 06/23
Time 11:49	Time 17:06	Time 12:32	Time 11:09	Time 10:32
Hish Alarm Input # 01	Hihish Alarm Input # 02	Hihish Alarm Input # 02	Overfl Alarm • Input # 03	Hihish Alarm Input # 02
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Los Alarms 2	Los Alarms 7	Log Alarms 12	Los Alarms 17	Log Alarms 22
Date 10/09	[™] Date 05/02	Date 05/01	Date 07/19	Date 06/23
Time 11:48	Time 17:05	Time 12:32	Time 11:05	Time 10:32
Hihish Alarm	Hihish Alarm	Hish Alarm	Overfl Alarm	Hish Alarm
Input # 02	Input # 02	Input # 01	Input # 03	Input # 01
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Los Alarms 3	Los Alarms 8	Log Alarms 13	Log Alarms 18	Loa Alarms 23
Date : 10/09	Date 05/02	Date 05/01	Date 06/23	Date 01/07
Time : 11:46	Time 17:02	Time 12:32	Time 11:29	Time 13:25
Overfl Alarm	Hihish Alarm	Overfl Alarm	Hish Alarm	Hish Alarm
Input # 03	Input # 82	Input # 03	Input #81	[neut # 01
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Log Alarms 4	Log Alarms 9	Los Alarms 14	Los Alarms 19	Los Alarms 24
Date 05/02	Date 05/02	Date 07/19	Date 06/23	Date 01/07
Time 17:28	Time 10:25	Time 11:11	Time 11:29	Time 13:24
Overfl Alarm	Overfl Alarm	Hish Alarm	Hihish Alarm	Hihish Alarm
Input # 03	Input # 03	Input # 01	Input # 02	Input # 02
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Détail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed

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Alarm						
	PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.					
11/05 12:34	/14					
Site id Unit id	00000 00					
Date Time	11/05 12:34					
OverflAlarm Input # 03						
Alarm Id Detail *******	Sensr Closed ******					

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 Alarm			
	EDI. CTR. LLEY PRKW.	-	
11/05/1 12:35	4		
Site id Unit id	00000 00		S: Ur
Date Time	11/05 12:35		Da Ti
Hihish A Input #	larm Ø2		Ir
	Sensr Closed *****	and a second	A] De **
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	Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.				
11/05/ 12:37	14				
Site id	00000				
Unit id	00				
Date	11/05				
Time	12:37				
Hish (Alarm				
Input #	01				
Alarm Id	Sensr				
Detail	Closed				
********	*****				

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

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 each monitoring system control panel by the technician who performs the work. A copy of this form must owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST system General Information Facility Name: <u>Palomar Medical Center (Downtown Campus)</u> 	be provided to the tank system ms within 30 days of test date.
Site Address: 555 East Valley Parkway City: Escondido Zip:	92025
Facility Contact Person: Scott Foster Contact Phone No.: 760)-644-7120
Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Servicing:	11/5/14
B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:	
Tank ID: Dicsel - 10,000 Gallon - UST In-Tank Gauging Probe. In-Tank Gauging Probe. • Annular Space or Vault Sensor. Model: LS600 Piping Sump / Trench Sensor(s). • Fill Sump Sensor(s). Model: LS600 Piping Sump / Trench Sensor(s). • Fill Sump Sensor(s). Model: LS600 Piping Sump / Trench Sensor(s). • Mechanical Line Leak Detector. Model: Model: Sensor(s). • Electronic Line Leak Detector. Model: Model: • Tank Overfill / High-Level Sensor. Model: Mcchanical Tank Overfill / High-Level Sensor. • Tank Coverfill / High-Level Sensor. Model: Mcchanical Tank Overfill / High-Level Sensor. • Tank Rouging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Piping Sump / Trench Sensor(s). • Piping Sump / Trench Sensor(s). Model: Piping Sump / Trench Sensor(s). Piping Sump / Trench Sensor(s). • Fill Sump Sensor(s). Model: Fill Sump Sensor(s). Fill Sump Sensor(s). • Fill Sump Sensor(s). <td>Model: Model: Model: Model: Model: Model:</td>	Model: Model: Model: Model: Model: Model:
Dispenser ID: Dispenser Containment Sensor(s). Model: Dispenser Containment Sensor(s). Shear Valve(s). Shear Valve(s). Shear Valve(s). Shear Valve(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s).	Model:
Dispenser ID: Dispenser ID:	
Dispenser Containment Sensor(s). Model: Dispenser Containment Sensor(s). Shear Valve(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s).	
Dispenser ID: Dispenser ID:	
 Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s Dispenser Containment Float(s) and Chain(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):

Technician Name (print): Paul McLane	Signature:	11/05/2014 11:34:04
Certification No.: 8191873-UT	License. No.: 703190	
Testing Company Name: Sunwest Engineering Inc.	Phone No.:(888) 588-8737
Testing Company Address: 4780 Cheyenne Way Chino, Ca.	91710	Date of Testing/Servicing: <u>11/5/14</u>

Monitoring System Certification

12/07

. Results of Testing/Servicing

Software Version Installed: N/A

Complete	the	following	checklist:
oomprote.	11111	ronoming	ALLCOURS!!

×	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?	
x	Yes	11	No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?	
1 1	Yes	Ī	No* N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) 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? I 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*	X	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*	X	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:

There is an overfill prevention valve installed in drop tube. This is the primary overfill protection. There is no tank probe installed with monitoring system. Tank levels are measured manually. This tank monitor is not capable of printing system setup or alarm history. There is no printer installed.

Monitoring System Certification

Page 2 of 4

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. ٦
- ×

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

e:

I Yes	1 No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
I Yes	1 No*	Were all tank gauging probes visually inspected for damage and residue buildup?
C Yes	⊐ No*	Was accuracy of system product level readings tested?
E Yes	⊐ No*	Was accuracy of system water level readings tested?
I Yes	I No*	Were all probes reinstalled property?
1 Yes	1 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):

Source Check this box if LLDs are not installed.

Complete the following checklist:

C	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: 73 g.p.h.; 70.1 g.p.h; 70.2 g.p.h.
1	Yes	∣ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
Ι	Yes	I No*	Was the testing apparatus properly calibrated?
C	Yes	□ No* □ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
Ľ	Yes	□ No* ⊤ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	J No* ⊐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
Ċ	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?
I	Yes	I No* ⊐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
٣	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:

Suction system.

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Date	Date of Testing: 11/5/14				
Phone:	760-644-7120				
Date Local Agency Was Notified of Testing: 48 Hours Prior					

Name of Local Agency Inspector (if present during testing): Michelle Chairs

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.

Technician Conducting Test: Paul McLane

CSLB Contractor ICC Service Tech. X SWRCB Tank Tester Other (Specify) Credentials :

License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard Lake Test				
Test Equipment Used: Tape Measure				
Identify Spill Bucket (by Tank Number, Stored Product, etc.	Diesel-Fill /oK			
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying vacuum/water and start of test:	15 min.			
Test Start Time (T _I):	9:00 am			
Initial Reading (R _I):	12.5"			
Test End Time (T _F):	10:00 am			
Final Reading (R _F):	12.5"			
Test Duration (T _F -T _I):	1 Hour			
Change in Reading (R _F -R _I):	0"			
Pass/Fail Threshold or Criteria:	0"	~		
Test Results	Pass			

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Digitally signed by Paul McLane for WT#141016-004 11/05/2014 11:42:14

Date: 11/5/2014

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

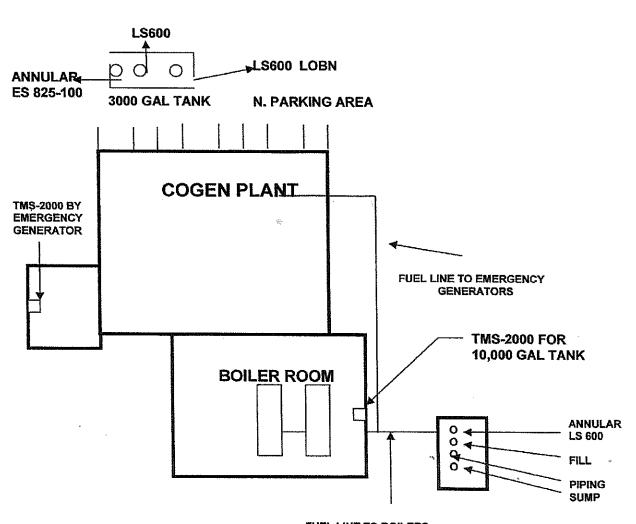
UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

 Site Name
 PALOMAR MEDICAL CENTER
 Permit No.

 Site Address
 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025

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FUEL LINE TO BOILERS 1 AND 2

DRAWN DATE 12-09-08

UNDERGROUND STORAGE TANK SYSTEM OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

FACILITY NAME	PHONE					
Palomar Medical Center	760)644-7120					
FACILITY SITE ADDRESS	CITY	······································				
555 East Valley Parkway	Escor	ndido				
REASON FOR SUBMITTING THIS FORM (Check OI	ne): 🗹 Change of Designated Operator 🗹	Update of ICC Certification Expiration Date(s)				
PRIMARY DESIGNATED UST OPERAT	PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY					
Designated Operator's Name: Spencer Kiss	siek	Relation to UST Facility (Check One)				
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗌 Owner 🔲 Operator 🗌 Employee				
Designated Operator's Phone #: (909) 594	-9850	Service Technician 🗹 Third Party				
International Code Council Certification #:	8169987	Expiration Date: 8/11/2016				
ALTERNATE 1 DESIGNATED UST OPE	RATOR FOR THIS FACILITY (Optio	nal)				
Designated Operator's Name: David Smith		Relation to UST Facility (Check One)				
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗌 Owner 🗌 Operator 📋 Employee				
Designated Operator's Phone #: (909) 594		Service Technician 🗹 Third Party				
International Code Council Certification #:	8260473	Expiration Date: 6/7/2016				
ALTERNATE 2 DESIGNATED UST OPE	ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)					
Designated Operator's Name: Kenneth Wi	thee	Relation to UST Facility (Check One)				
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗋 Owner 🔲 Operator 🗌 Employee				
Designated Operator's Phone #: (909) 594	-9850	Service Technician Third Party				
International Code Council Certification #:	8252648	Expiration Date: 3/28/2016				
ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)						
Designated Operator's Name: Todd Hanse	n	Relation to UST Facility (Check One)				
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	Owner Operator Employee				
Designated Operator's Phone #: (909) 594	-9850	Service Technician 🗹 Third Party				
International Code Council Certification #:	8250244	Expiration Date: 11/7/2015				

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) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME:	Scott F. Foster		
TANK OWNER TITLE:	Lead Plant Operatos	OWNER PHONE: 760-644-7120	
TANK OWNER SIGNATU	RE: Sol Jaco	DATE: 11/10/2014	

INSTRUCTIONS

- 1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC). ICC certification information is available on-line at: www.iccsafe.org/e/certsearch.html. Search for "California UST System Operators."
- 2. Submit this completed form to the local agency that regulates this facility's USTs. Unidocs member agency jurisdictions and contact information are listed on-line at: www.unidocs.org/members/whoregulateswhat.html. Contact information for other local agencies within California is available at: www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls.
- 3. 23 CCR §2715(a) requires that you notify the local agency of any changes to this information within 30 days of the date of change.

UN-062 - 1/1

www.unidocs.org

FACILITY NAME FACILITY	PHONE			
Palomar Medical Center	(760)644-7120			
FACILITY SITE ADDRESS CITY				
(555 East Valley Parkway Esco	ndido			
REASON FOR SUBMITTING THIS FORM (Check One): Change of Designated Operator	Update of ICC Certification Expiration Date(s)			
ALTERNATE 4 DESIGNATED UST OPERATOR FOR THIS FACILITY (Opti-	onal)			
Designated Operator's Name: Paul McLane	Relation to UST Facility (Check One)			
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	Owner Operator Employee			
Designated Operator's Phone #: (909) 594-9850	Service Technician 🗹 Third Party			
International Code Council Certification #: 8198073	Expiration Date: 1/23/2015			
ALTERNATE 5 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optic	onal)			
Designated Operator's Name: Leonardo Aguilar	Relation to UST Facility (Check One)			
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	🖸 Owner 🗋 Operator 📋 Employee			
Designated Operator's Phone #: (909) 594-9850	Service Technician I Third Party			
International Code Council Certification #: 5302718	Expiration Date: 1/23/2015			
ALTERNATE 6 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optim	onal)			
Designated Operator's Name: Ruben Becerra	Relation to UST Facility (Check One)			
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	Owner 🗌 Operator 🗌 Employee			
Designated Operator's Phone #: (909) 594-9850	Service Technician 🗹 Third Party			
International Code Council Certification #: 8198701	Expiration Date: 1/23/2015			
ALTERNATE 7 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)				
Designated Operator's Name:	Relation to UST Facility (Check One)			
Bussiness Name (If different from above):	Owner Operator Employee			
Designated Operator's Phone #:	Service Technician Third Party			
International Code Council Certification #:	Expiration Date:			
ALTERNATE 8 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)				
Designated Operator's Name:	Relation to UST Facility (Check One)			
Bussiness Name (If different from above):	Owner Operator Employee			
Designated Operator's Phone #:	Service Technician I Third Party			
International Code Council Certification #:	Expiration Date:			

Consider

COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933 UNDERGROUND STORAGE TANK																
I	RESPONSE PL											(One	form	per	facili	ty)
TYPE OF ACTION 🔲 1. NEW PLAN 🗵	2. CHANGE OF INFOR															R01
FACH ITY ID # (degree the Orbit	I. FACILITY INFORMATION															
FACILITY ID # (Agency Use Only)	Delter		3 7	<u> </u>	0		0 (0			1		<u> </u>	<u> </u>		1
BUSINESS NAME (Same as FACILITY NAME or DBA Palomar Medical Center	A – Doing Business As)															R02
Palomar Medical Center BUSINESS SITE ADDRESS	******		R03	CITY	r					RO	74			P CC	DDE	R05
555 East Valley Parkway				Esc		lide	0					CA		202		
· · · · · · · · · · · · · · · · · · ·	L CONTROL AN			РМ	ETE	HC	ODS									
 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 24 hours of discovery. Recovered hazardous materials, unless 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 which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and <u>sealed container</u>. Waste material shall be disposed appropriately. 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 unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. 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: Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment; 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 III. SPILI PERIODIC MAINTENANCE: Spill control and clean	L CONTROL AND	O CLEA	AN-U	P EQ	UII	PN	MEN	T		-						
PERIODIC MAINTENANCE: Spill control and clean equipment is inspected at least monthly, and after each us EQUIPMENT NOT PERMANENTLY ON-SITE, BU	se, supplies are replenished	as needed	l. Defec	tive eq	uipme	ent	t is rep	pairo	ed or	repla	s Ma acec	aterials 1 as ne	e Busi cessai	iness ry.	s Plai	a. This
EQUIPMENT NOT PERMANENTLY ON-SITE, BU	LOCATION	as ir infek	SDED:	Comp			y if ap VAII	-		•					<u></u>	
R10				ŀ	R20											R30
R11				1	R21											R31
R12				1	R22											R32
RI3				1	R23		<u></u>									R33
R14				1	R24											R34
RIS				1	R25											R35
	IV. RESPONSI					_		_				***********				
THE FOLLOWING PERSON(S) IS/ARE RESPONSI NAME	IBLE FOR AUTHORIZI	NG ANY TITLE	WORK	NECI	ESSA	AR!	Y UN	DĒ	R T	HIS	RES	SPON	SE PI	JAN	:	R50
Dan Farrow				ector l	Plar	nt	Оре	rat	tion	s						
NAME Steve Fox	R41	TITLE		nager	· Pla	- ant	l On	er=	atio	าร	-					RSI
NAME -Darreil-Boe Scott Faster	R42	TITLE													<u> </u>	R52
NAME		TITLE		d Pla	uit C	Jb	erat	or			<u> </u>					R53
· · · · · · · · · · · · · · · · · · ·	V. MONITORIN	G IND	ICAI	ORS	5											
IF MONITORING INDICATES A POSSIBLE UNAUTI	HORIZED RELEASE, STI	EPS TO V	ERIFY	THE R	ELE	AS	E WI	LL Oth	BE N Her (s	MAD pecif)E A fy):	S FOI	LOV	VS:		R60
Plant Operator will investigate alarm, Designated UST Operator will be notified to validate alarm accuracy. Further testing will be conducted by qualified under ground storage contractor if needed																

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COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933 UNDERGROUND STORAGE TANK

RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- > The UST operator's name and telephone number;
- > A list of the types, quantities, and concentrations of hazardous substances released;
- > A description of the actions taken to control and clean up the release;
- > The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- > A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- > The UST owner's or operator's name and telephone number;
- > A list of the types, quantities, and concentrations of hazardous materials released;
- > The approximate date of the release;
- > The date on which the release was discovered;
- > The date on which the release was stopped;
- > A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- > The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- > Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- > A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- > A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- > A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- > Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.							
OWNEBAOPERATOR SIGNATURE	DATE R70						
Dan Famor	12/10/2008						
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE						
Dan Farrow	Director Plant Operations						
(Agency Use Only) This plan has been reviewed and is: Approved	Approved With Conditions* Disapproved						
Local Agency Signature:	Date:						
*Conditions of approval (if any):							

Type Name and Address of Issuer Number Amount Period Action Com Pollution Liability Coverage BETA Risk Mgmt Authority BETA Healthcare Group 1433 Darville Boulevard Alamo, CA 94507 Certificate No. HCL-15-691, Amement No. H210-01 \$\$3,000,000 per claim and \$\$6,000,000 in the annual aggregate July 1, 2016 YES YES Note: 1433 Darville Boulevard Alamo, CA 94507 No. H210-01 Sh,000,000 in the annual aggregate July 1, 2016 YES YES Note: 1<	State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2121 (Instructions on reverse side)			I CARA	ate Use Only				
Division 3, Chapter 18, Section 2807, Imilion dollars per occurrence Imilion dollars annual aggregate Imilion dollars per occurrence AND Imilion dollars annual aggregate Imilion dollars per occurrence Imilion dollars annual aggregate B. Palomar Health hereby cartifies that it is in compliance with the requirements of Section 2807, (Mome or Denator) California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807 are as follows: Coverage Action Coverage S00,000 per Inir P July 1, 2015 VES YES YES YES Pollution Liability BETA Risk Mgmt Authority Certificate \$3,000,000 per \$6,000,000 in the July 1, 2016 VES YES YES YES Note: Note: Note: Sectificate \$6,000,000 in the July 1, 2016 VES YES YES YES	The start when a provide a start of the star								
D.	Division 3, Chapter 18, Section 2807, 500,000 dollars per occurrence AND Or Or Or Or						23,		
Type Name and Address of Issuer Number Amount Period Action Com Pollution Liability Coverage BETA Risk Mgmt Authority BETA Healthcare Group 1433 Damille Boulevard Alamo, CA 94507 Certificate No. HCL-15-691, Amement No. H210-01 \$\$3,000,000 per claim and \$\$0,000,000 in the annual aggregate July 1, 2016 YES YES Note: Image: Second to the second	(Name of Tank Owner or Operator) California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.								
Description BETA Risk Mgmt Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507 Certificate No. HCL-15-691, Amendment No. H210-01 \$3,000,000 per claim and \$6,000,000 in the annual aggregate July 1, 2016 YES YES Note: Image: 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 <u>all</u> conditions for participation in the Fund. See instructions. D. Facility Name Facility Address Palomar Medical Center 2185 Citracado Parkway, Escondido, CA 92029 Facility Name Facility Address Palomar Medical Center 555 E. Valley Parkway, Escondido, CA 92025 Facility Name Facility Address Palomar Medical Center Facility Address Palomar Medical Center Facility Address Palomar Medical Center Facility Address Palomar Health Downtown Campus 555 E. Valley Parkway, Escondido, CA 92025 Facility Name Facility Address Pomerado Hospital 15615 Pomerado Road, Poway, CA 92064		Name and Address of Issuer						Third Party Comp	
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 <u>all</u> conditions for participation in the Fund. See instructions. D. Facility Name Palomar Medical Center 2185 Citracado Parkway, Escondido, CA 92029 Facility Name Facility Address Palomar Health Downtown Campus 555 E. Valley Parkway, Escondido, CA 92025 Facility Name Facility Address Pomerado Hospital 15615 Pomerado Road, Poway, CA 92064	Pollution Liability	BETA Risk Mgmt AuthorityCertificateLiabilityBETA Healthcare GroupNo. HCL-15-691,e1443 Danville BoulevardAmendment		691,	\$3,000,000 per claim and \$6,000,000 in the	July 1, 2015 to		YES	
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Facility Name Facility Address Pomerado Hospital 15615 Pomerado Road, Poway, CA 92064	Facility Name			Facility Address					
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	Facility Name			Facility Address					
	Pomerado Hospital			156	15 Pomerado Road	, Poway, CA 92	2064		
E. Signature of Tank Owner or Operator Date Name and Title of Tank Owner or Operator Diane Hansen, Executive Vice President Finance	E. Signature of Tank Owner or Operator Date			Na				ance	
Signture of Witness or Notary Date Name of Witness or Notary WXADDUUL 8-13-15 Tanya Howell, Executive Assistant CFR (Revised 11/b8) FILE: Original - Local Agency Copies - Facility/Site(s)	<) any	abuell 8	-13-15		Tanya Howell, E	xecutive Assist			

BETA Risk Management Authority ("BETARMA")

A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun HCL-15-69	
Issued to: Palomar Health		bach as French in the
Effective Date: 07/01/15 at 12:01 a.m.	Expiration Date: 07/01/16 at 12:01 a.m.	Additional Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BETARMA AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in **boldface** are defined in Section C or in Section 1 of the Contract.)

A. BETARMA's Basic Obligation. What BETARMA will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$3,000,000 per Claim and \$6,000,000 in the aggregate for all Claims first made and reported to BETARMA during the Contract Period, BETARMA will pay those sums which the **Member** is legally required to pay as **Damages** for a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** at or from the **Named Member's** or **Subsidiary's** premises, a **Waste** site or the **Named Member's** or **Subsidiary's** work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the **Member** had no knowledge of facts or circumstances that would cause a reasonable person to believe that a **Claim** might be made; and

c. the **Claim** is first made against the **Member** during the **Contract Period** and is reported in writing to BETARMA as soon as possible, and in no event later than thirty (30) calendar days after the termination of the **Contract Period**.

2. BETARMA has the right and duty to defend any covered **Claim** brought against a **Member**. This means that BETARMA will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BETARMA will reduce the Limit of Liability provided by this Amendment. The most BETARMA will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or

BETA Risk Management Authority ("BETARMA") A Public Entity

AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num FICL-15-691	
Issued to: Palomar Health		chair and the second
Effective Date: 07/01/15 at 12:01 a.m.	Expiration Date: 07/01/16 at 12:01 a.m.	Additional Contribution: Per Contract

alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 6 of the Certificate of Participation. BETARMA's right and duty to defend ends when BETARMA has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 14 and 15, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any **Occurrence** commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BETARMA or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

		tificate Number: HCL-15-691	Amendment No.: H210-01
Issued to: Palomar Health			len in indi
Effective Date: 07/01/15 at 12:01 a.m.	Expiration Date: 07/01/16 at	12:01 a.m. Addition	al Contribution: Per Contract

one Limit of Liability shall apply to all such Claims.

6. The **Member** must notify BETARMA, as soon as practicable, of an **Occurrence**, act, error or omission which may reasonably be expected to result in a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution**. The notice must include:

a. how, when and where the Occurrence, act, error or omission took place;

b. the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BETARMA in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BETARMA.

8. Incident reports, trending reports or other data collection reports to BETARMA do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the **Named Member** or BETARMA, the **Named Member** shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the **Named Member's** election is received by BETARMA within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for **Claims** which are otherwise covered under this Amendment and are first made and reported in writing to BETARMA as soon as possible during the extended reporting period by reason of an **Occurrence** which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BETARMA at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BETARMA will pay.

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed

BETA Risk Management Authority ("BETARMA") A Public Entity

A Fublic Entity

AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num HCL-15-691	
Issued to: Palomar Health		
Effective Date: 07/01/15 at 12:01 a.m.	Expiration Date: 07/01/16 at 12:01 a.m.	Additional Contribution: Per Contract

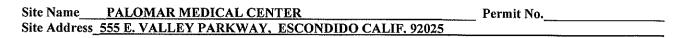
to reimburse BETARMA for any amount BETARMA has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BETARMA.

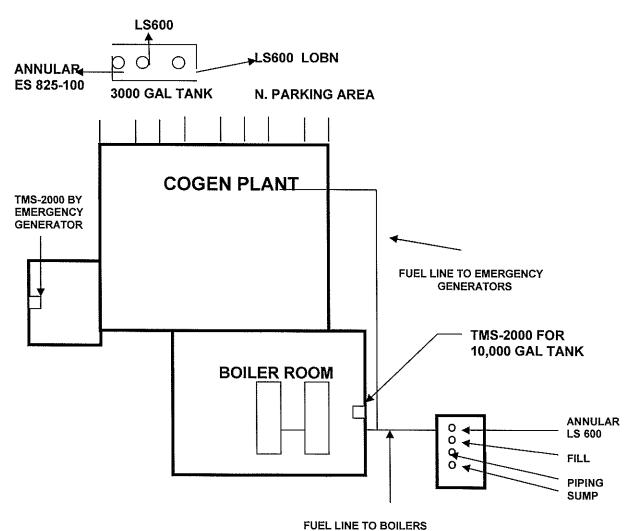
ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R Couglo

Authorized Representative of BETARMA

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM





1 AND 2

DRAWN DATE 12-09-08

	COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT	INSPECTION DATE: 11/05/2015 PAGE 1 OF 8 RECORD ID #: DEH2002-HUPFP-114230
ACILITY NAME:	PALOMAR HEALTH DOWNTOWN CAMPUS	TITLE: Lead Maintenance
ADDRESS:	555 E VALLEY PKWY	PHONE: (760) 739-3170
CITY/ZIP:	ESCONDIDO /92025	E-MAIL: george.watson@palomarhealth.org

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Yes	S N/A		Yes N/	A
x		Unified Program Facility Permit Current	x	Contingency Plan Available 📋 LQG 🕱 SQG
x		Hazardous Materials Business Plan Available	x	Employee Training Records Available
x		Employee Training is Adequate	x	Universal Waste Managed Properly
x		Waste Disposal Records Available for Review	x	Waste Containers 🕱 Closed 🕱 Labeled
x		Emergency Contacts Current 📋 Updated today	x	Waste Containers in Good Condition
x		Chemical Inventory/Map Current 🔲 Updated today		Permit Expires On 09/30/2016

TITLE: Lead Maintenance

CONSENT TO CONDUCT INSPECTION GRANTED BY: Bill Watson

INTRODUCTION:

Paul McLane ICC certification #8191873, Pneumercator #10920 exp. 4/14/17, conducted the underground storage tank monitoring certification this date.

The 3000 gallon diesel tank has a flapper valve overfill device.

The annular sensor, fill sump sensor and pipe sump sensor tested OK.

The spill bucket tested OK after one hour.

The tank-specific Pneumercator TMS 2000 with printer was in normal condition at the start of inspection, and did not show significant events during the past year.

The 10000 gallon diesel tank has a flapper valve overfill device.

The annular optical sensor, fill sump sensor and pipe sump sensor tested OK.

The spill bucket tested OK after one hour.

The tank-specific Pneumercator TMS 2000 with printer was in normal condition at the start of inspection, and did not show significant events during the past year.

INSPECTION REMARKS:

Helpful Websites:

• For guidance documents on hazardous materials-related topics,

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_publications.html

• For information on the California Environmental Reporting System (CERS),

go to: http://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

• If you have questions on: permit fees, business plan requirements, or hazardous waste regulations, go to: <u>http://www.sandiegocounty.gov/content/sdc/deh/hazmat.html</u>

• To find out the latest San Diego County News and receive updates, subscribe to our govdelivery emails:

https://public.govdelivery.com/accounts/CASAND/subscriber/new

If you have any questions regarding this inspection, please contact Griffith, Gary , (619) 607-1095, Gary.Griffith@sdcounty.ca.gov

INSPECTION PHOTOS



COUNTY OF SAN DIEGO SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: <u>http://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html</u>

PRINTED NAME OF FACILITY REPRESENTATIVE George Watson	SIGNATURE	B. M.L.)	DATE SIGNED 11/05/2015
TITLE OF FACILITY REPRESENTATIVE	JIGNATURE	200000	
Lead Maintenance			

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261 Phone: (858) 505-6880 <u>http://www.sdcdeh.org</u>



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Handlers of Hazardous Materials and Small and Large **Quantity Generators of Hazardous Waste**

ADDRESS: *	555 E VALLEY PKWY	CITY/ZIF	P: *ESCONDIDO	92025
Each violation (indicated in ital return to compl you have any q Quantity Hazar	checked below is for the section(s) of the California Health and Safety ics. Incorporated provisions of Title 40 of the Code of Federal regulations liance to your Specialist. You may use the Corrective Action Form (HM-92 uestions. HMBP = Hazardous Materials Business Plan; CUPA = Certified I dous Waste Generator; LQG = Large Quantity Hazardous Waste Generato	Code (HSC), California (CFR) are noted for rei 5) to document your re Inified Program Agency r	Code of Regulations (CCR), or ference. All violations must be sturn to compliance. Please cal cy; CERS = California Environme	the San Diego County Code (SDCC, corrected. Sübmit documentation o I (858) 505-6880 or your Specialist i ntal Reporting System; SQG = Smal
	Hazardous Materials Requirements	Hazardous Was	ste Requirements for S	SQGs ONLY (continued)
#	VIOLATION DESCRIPTION	# <u>VIOLA</u>	ATION DESCRIPTION	
101000	I HMBP not established/ implemented. HSC 25505(a) and 25507(a)			ous waste container and/or tank.
	2 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) 3 Business Activities and/or Business Owner/Operator Identification not	3030010 Accur acute		or 270 days) (>90 days for an 62.34(e) and (f).) HSC 25201(a); 22
	completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) 4 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)	3030013 Failed	56262.34(d) d to accumulate hazardous was ition. (40 CFR 262.34(d)(2); 265	te in a container that is in good (171) 22 CCP 66262 34(d)(2)
 1010005	(1); 25506; 25507; and 25508(a)(1)(A) 5 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A)	3030015 Failed		dous waste in a lined/compatible
101000	5 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e)	3030017 Failed 262.3	d to properly close hazardous v 34(d)(2); 265.173.) 22 CCR 6626	vaste container(s). (40 CFR v2.34(d)(2)
	7 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f)	262.3	34(d)(2); 265.174.) 22 CCR 6626	corage area at least weekly. (40 CFR b2.34(d)(2) itible waste. (40 CFR 262.34(d)(2);
1010008	3 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2	265.1	177.) 22 CCR 66262.34(d)(2)	
1010010	Demergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A)	possi relea	se of hazardous waste or hazar	y unplanned sudden or non-sudden dous waste constituents. (40 CFR
_	I Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1	3030036 Failed	34(d)(4), 265.31.) 22 CCR 66262 d to maintain adequate aisle sp CR 66262.34(d)(2)	2.34(d)(2) ace. (40 CFR 262.34(d)(4); 265.35.)
	2 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1 I Failure to submit emergency response plan in CERS, when not meeting	3010022 Failed conta	d to post, next to the telephone aining the location of emergence	cy equipment, contact names, and
	agricultural handler exemption. HSC 25507.1 (a) and 25508(a)(1)(A) 5 Failure to submit employee training plan in CERS, when not meeting	3020001 Failed		22 CCR 66262.34(d)(2) ned for hazardous waste handling, nergency response procedures. (40
	agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) 5 HMBP not established or submitted in CERS, when not meeting the	CFR 2	262.34(d)(5)(iii).) 22 CCR 66262 d to maintain or have emergen	.34(d)(2)
102000	remote site exemption. HSC 25507.2 and 25508(a)(1)(A) I Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A)	equiv devic equip	valents. 1) An internal commun e, such as a telephone; 3) Porta oment, spill control equipment,	
—	2 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4)	265.3 3030039 Failed	32) 22 CCR 66262.34(d)(2) d to implement contingency pla se. (40 CFR 262.34(d)(5)(iv).) 22	an during an emergency, spill/
104000	I Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a)		us Waste Tank System	
401000	I Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a)	3030024 Failed preve	d to maintain sufficient freeboa ent overtopping unless the tank	ard of 2 ft in uncovered tanks to s is equipped with a containment
HMD 1001	Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905	capad	ture, a drainage control system city that equals or exceeds the FR 62.34(d)(3); 265.201(b)(c).)	or a diversion structure with a volume of the top 2 ft of the tank.
HMD 1005	Emergency contact not provided or current. HSC 25508.1(f)	3030025 Failed	d to provide an overfill protecti	on device on continuously fed
HMD 1007	Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b)		dous waste tank. (40 CFR 262.) 2.34(d)(2)	34(d)(3); 265.201(b)(4).) 22 CCR
HMD 1008	Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c)	3030027 Faileo moni	d to conduct daily tank inspecti toring equipment, and tank lev	el. (40 CFR 265.201(c)(1),
HMD 1013	HMBP not readily available for review. HSC 25505(c)	3030028 Failed		(d)(3).) 22 CCR 66262.34(d)(2) s of the construction materials, ne hazardous waste tank. (40 CFR
	ardous Waste Requirements for SQGs ONLY	265.2	201(c)(4); 265.201(c)(5); 262.34	(d)(3).) 22 CCR 66262.34(d)(2)
HMD 0219	Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6)		d to properly decontaminate ar dous waste tank system. (40 C	nd document closure of a FR 265.201(f).) 22 CCR 67383.3
HMD 0226	Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262 34(d)(2)	🗌 HMD 🛛 Hazaı		in a tank system causing leaks,

HMD 0412 HM-923 (03-15) 22 CCR 66262.34(d)(2)

Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2)

Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1) HMD 1614

	illed to properly accumulate ignitable or reactive waste in a tank stem. (40 CFR 265.201(g).) 22 CCR 66262.34(d)(2)
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Hazardous Materials and Hazardous Waste (continued)

Hazardous Waste Requirements for SQGs and LQGs **RECORD KEEPING/OPERATIONAL REQUIREMENTS**

VIOLATION DESCRIPTION

	#
3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905	
3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b)	
3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12	
□ 3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a)	
□ 3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42	
3010010 Failed to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3), 25185(a)(4); 22 CCR 66262.40(a)	
□ 3010011 Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4)	
□ 3010013 Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a)	
3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B)	
3030006 Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a)	
2010016 Egilure of regular who regular more than 100 kilograms per month of	£

- 3010016 Failure of recycler who recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption to provide and submit in CERS the required information. HSC 25143.10(a), (c), and/or (d) Failed to keep disposal receipts for drained used oil filters and/or drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130 HMD 0149
- Failed to have copies of analytical records, waste analysis records, and/ or waste determination results for 3 years. 22 CCR 66262.40(c) HMD 0148
- Failed to have Land Disposal Restriction documentation onsite for 3 HMD 0140 years. 22 CCR 66268.7(a)(8)
- 3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a)
- 3050005 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g) 3210001 Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a)
- HMD 0138 Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a)

Hazardous Waste Requirements for SQGs and LQGs **DISPOSAL AND TRANSPORTATION**

3010007 Failed to prepare a hazardous waste manifest for the transport of a
waste for off-site transfer, treatment, storage, or disposal. HSC
25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a)
3030005 Failed to make a proper waste determination. 22 CCR 66262.11,

- 66262.40(c)
- 3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41
- 3050002 Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c) 3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a)
- HMD 0305 Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c)
- □ HMD 0306 Disposed of hazardous waste latex paint improperly. HSC 25217.1

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Hazardous Waste Requirements for SQGs and LQGs STORAGE AND HANDLING

VIOLATION DESCRIPTION

3030001	Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1)
3030003	Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b)
3030004	Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130
3050004	Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c)
HMD 0222	Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a).
HMD 0216	Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f)
HMD 0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f)
HMD 0221	Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e)
HMD 0223	Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f)
HMD 0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f)
<u> </u>	Jniversal Waste Handler Requirements
3010004	Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b)
3020002	Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c).(d)
3020003	Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b)
3030008	Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34
3030011	Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b)
3030046	Failed to keep records of offsite universal waste (UW) shipment(s)
	available for inspection for 3 years. HSC 25185(a); 22'CCR' 66273.39(c), (d)(2)

- 3030051 Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f)
- 3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5
 3050003 Disposal of universal waste (UW) to an unauthorized point. HSC
- 25189.5(a), 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)



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Underground Storage Tank (UST) Program

VIOLATION REPORT: Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions.

GENERAL PROGRAM REQUIREMENTS UST System – File Records	GENERAL PROGRAM REQUIREMENTS UST System – File Records (continued)
# <u>VIOLATION DESCRIPTION</u>	# VIOLATION DESCRIPTION
 2030064 Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4) 2030021 Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i) 2030039 Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299 	 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) 2030023 Failure of service technician, designated operator, installer, and/or
 2060001 Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8) 2010010 Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711 2010001 Failure to obtain and maintain a valid Board of Equalization account 	 employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715
number. HSC 25286 2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2 2030037 Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b) 2030033 Failure to maintain on site an approved monitoring plan. 23 CCR 2632,	2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such
 2634, 2711, 2712(i) 2030046 Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i) 2030041 Failure to submit, obtain approval, or maintain a complete/accurate 	systems. 23 CCR 2712(b) 2030062 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) 2010006 Owner/operator made false statements, representation, or
 plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8) 2030002 (RD) Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638 	 certification on an application, record, or other document. HSC 25299 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666 2010004 The owner/operator has failed to comply with one or more of the
 2030003 (RD) Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666 2060002 (RD) Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system.; HSC 25292(a); 23 CCR 2643 	following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715
2010003 The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a)	2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d)
 2010009 Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e) 2030048 Failure to comply with one or more of the following: conduct 	 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) 2030012 Failure to comply with one or more of the following: provide training
secondary containment testing, within six months of installation and every 3 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637 2060016 Failure to conduct secondary containment testing at installation. 23	to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating
CCR 2637 2030034 Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f)	hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f) 2030013 Failure to comply with one or more of the designated operator
2030044 Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f)	monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for
 2060011 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b) 2060013 Failure to test and pass the primary and secondary containment 	the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the
installation testing per manufacturers guidelines. 23 CCR 2636(e) 2030047 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662	containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715
2030061 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295	2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 22 CCP 2642
2010005 Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5)	23 CCR 2643 2030066 Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST
2030067 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3)	system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c)
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UST PROGRAM (continued)

UST Tank (DW/SW) Requirements

#		VIOLATION DESCRIPTION	#	VIC	DLATION DESCRIPTION
	_	(RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634		cor	lure to maintain entry fitting such that it properly seals to the ntainment. 23 CCR 2630, 2635(d), 2636(c), 2666
	2030059	Failure to maintain UST system in accordance with exclusion/ exemption status. HSC 25281.6, 25283.5			lure to test the spill bucket annually. HSC 25284.2
		Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B)		1, 2 cor	lure of UST system installed on or after July 1, 2003 and before July 2004 to comply with one or more of the following: be designed and nstructed with a monitoring system capable of detecting the entry the hazardous substance stored in the primary containment into the
		Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) Failure of secondary containment piping to slope back to the collection	ı	sec int 2030065 (RE pre	condary containment and/or capable of detecting water intrusion o the secondary containment. HSC 25290.2(d) D) Failure to maintain the interstitial space under constant vacuum, sesure, or hydrostatic such that a breach in the primary or secondary ntainment is detected before the liquid or vapor phase of the
		sump. 23 CCR 2636 Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d)		haz env 2060023 Fai and	zardous substance stored in the UST tank is released into the vironment. (Product Tight) HSC 25290.1(e) lure of a UST system installed on or after July 1, 2004 to be designed d constructed so as to detect the entry of the liquid or vapor-phase the hazardous substance stored in the primary containment into the
		(RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291		sec	condary containment and capable of detecting water intrusion into e secondary containment. HSC 25290.1(d)
		Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665			UST Tank (SW) Requirements
	2030007	Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j))		D) Option 1: Failure to conduct the 0.2 gallon per hour continuous in ik leak detection test. 23 CCR 2643(b)(5)
	2030036	(RP) Failure of the overfill prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible	5	2030006 (RE aut	D) Option 1: Failure to conduct the monthly 0.2 gallon per hour tomatic tank gauging test on a single wall tank and/or failure of the
		and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank		mc	tomatic tank gauge to generate and print a hard copy of the nthly 0.2 gallons per hour test. 23 CCR 2643(b)(1)
		is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of	۱	rec	tion 2: Failure to submit the annual statistical inventory conciliation (SIR) Report to the CUPA. 23 CCR 2646.1(j)
		flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665		fail	D) Option 2: When statistical inventory reconciliation results indicate lure or inconclusive, owner/operator failed to complete one or more the following: notify CUPA of a possible release within 24 hours; omit copy of the report to the CUPA within 10 days; inspect records
	2060020	(RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be		for me 264	errors and physically inspect the UST system within 24 hours; have eters recalibrated within 48 hours of receipt of report. 23 CCR 46.1(d) D) Option 2: Failure to meet one or more of the requirements of SIR,
		resistant to galvanic corrosion. 23 CCR 2635(b), 2665 Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291	-	inc mc tar	luding but not limited to: measurements taken daily, calculated onthly, capable of detecting a 0.2 gallon per hour release, conduct a nk integrity test every two years, conduct piping and or tank test
	2060015	(RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a)		inc	thin 15 days of receipt of two successive SIR reports which are onclusive or which indicate a possible release and/or calibrate
		(RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/ visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2)		2030030 (RE the	penser meters annually. CCR 2646.1 D) Option 3: Weekly gauging not being performed in according to required specifications. 23 CCR 2645
		(A)&(B), 2633(c), 2636(f) Failure to maintain all product piping outside the dispenser to be fail-		lea	D) Option 4: Failure of the automatic tank gauge to test the tank at ist once per month when the product level in the tank is at least and the average of the average of the tank is at least
	_	safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR			ee feet and shall be capable of detecting a release of 0.1 gallons per ur. 23 CCR 2643(b)(2)
	2030019	2636(f)(5) Failure of the double wall pressurized piping in the under dispenser			
		containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1)			
		Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648			
	2030028	Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following			
		lining, employ proper coatings expert and/or special inspector. 23 CCR 2663			
	2030029	(RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663			
	2060024	UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1			
		(RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a)			
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UST Tank (DW/SW) Requirements (continued) RIPTION tain entry fitting such that it properly seals to the 3 CCR 2630, 2635(d), 2636(c), 2666



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UST PROGRAM (continued)

UST Pressurized Piping (DW) Requirements

VIOLATION DESCRIPTION

- 2030018 (RD) Failure of the double wall pressurized piping in the turbine sump to be continuously monitored with a system that activates an audible and visual alarm or restricts or stops flow at dispenser when a leak is detected. 23 CCR 2636(f)(1)
- 2030025 (RD) Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow or product through the piping or trigger an alarm when a release occurs. 23 CCR 2636(f)(2)
- 2030026 Failure of line leak detector to detect a leak and/or failure of audible and visual alarm. 23 CCR 2636(f)(2)
- 2060014 Failure to install leak detection equipment correct for the type of system. HSC 25290.1; 23 CCR 2638
- 2060012 (RD) Failure to install line leak detector on pressurized piping system. HSC 25290.1(h), 25290.2(g), 25291(f), 2529
- 2030042 (RD) Option 1: Failure to perform and/or pass the annual line integrity test for pressurized piping that does not utilize fail safe or shut down. 23 CCR 2636(f)(4)
- 2030020 (RD) Option 3: Failure to conduct daily visual inspections each time the tank is operated, but not less than monthly, and maintain a log of inspection results for review of the CUPA. HSC 25281.5(b)(3)

UST Pressurized Piping (SW) Requirements

- 2060018 (RP) Failure to demonstrate that existing single wall pressurized pipe containing motor vehicle fuel is constructed of glass fiber reinforced plastic, cathodically protected steel, or steel clad with glass reinforced plastic. HSC 25292(e)(2); 23 CCR 2666(b)
- 2030027 (RD) Failure of pump shut down when a leak is detected or when line leak detector is disconnected. 23 CCR 2666(c)
- 2060017 Failure to install an automatic line leak detector capable of shutting off the pump when a release occurs, fails, or is disconnected. 23 CCR 2666(c)
- 2030052 (RD) Option 3: Failure to monitor pressurized pipe containing motor vehicle fuel at least hourly at any pressure and either perform 0.2 gallon per hour monthly line integrity test or perform 0.1 gallon per hour annual line integrity test. 23 CCR 2641(a), 2643
- 2030053 (RD) Option 3: Piping fails to meet one or more of the following requirements: below grade piping sloped to drain back into storage tank if the suction is released, only one check valve on the piping located directly below the suction pump, and inspection method which readily demonstrates compliance. 23 CCR 2636(a)(3) 2641(b)

UST Piping (SW) Requirements – Conventional Suction

- 2030050 (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d)
- 2030049 Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d)

UST Piping (SW) Requirements - Gravity

2030051 Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e)

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UST System – Cathodic Protection Requirements

VIOLATION DESCRIPTION

#

- 2030009 (RP) Failure to inspect the impressed-current system every 60 calendar days and/or failure to have corrosion protection equipment turned on and functioning properly and/or failure to inspect the impressed-current system within six months of installation and at least every three years thereafter and/or failure to test sacrificial anodes once every three years in accordance with the manufacturer's instructions. 23 CCR 2635
- 2060004 (RP) Failure to install corrosion protection for USTs and/or failure of the field-installed cathodic protection system to meet the consensus standards. 23 CCR 2635(a)(2)(A)

UST System – Closure

2030063 (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671

2030038 UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672



COUNTY OF SAN DIEGO **COMPLIANCE INSPECTION REPORT**

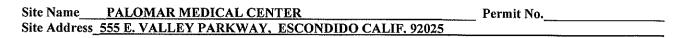
INSPECTION DATE: 11/05/2015 PAGE 8 OF 8 RECORD ID #: DEH2002-HUPFP-114230

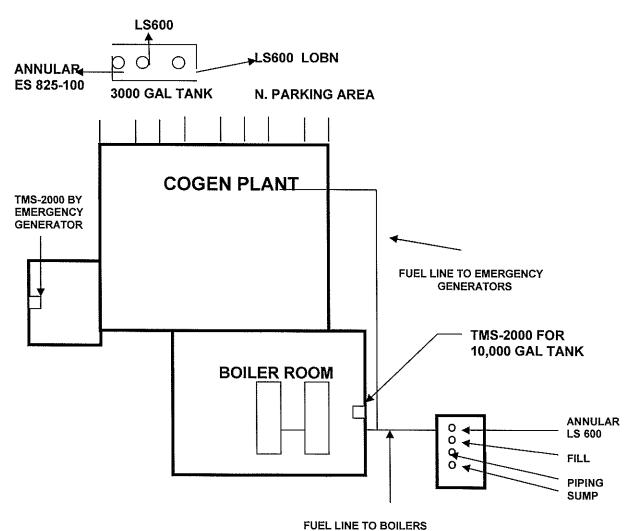
Medical Waste Generators

Each violation checked below is for the section(s) of the California health and Safety Code (HSC), California Code of Regulation (CCR), or the San Diego County Code (SDCC) indicated in italics. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. UPF = Unified Program Facility; MW = Medical Waste; USPS = United States Postal Service; DOT = Department of Transportation

		STORAGE AND LABELING			TRANSPORTATION REQUIREMENTS
#	HMD	VIOLATION DESCRIPTION	#	HMD	VIOLATION DESCRIPTION
	4201	UPF Permit not obtained. HSC 117705; SDCC 68.905		4260	Transportation of MW without State Hauler Registration, USPS or
	4202	Medical waste (MW) not separated from other waste at the point of origin. HSC 118275		4311	requirements of the DOT "Materials of Trade Exceptions." HSC 118025 Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040
	4203	Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310			SMALL QUANTITY GENERATORS ONLY
	4204	MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which			200 pounds of medical waste generated per month)
	4205	can be read from 25 ft. HSC 118310 Medical SOLID WASTE not secured to deny access to unauthorized		☐ 4301 ☐ 4302	Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935 Did not maintain and show proof of "onsite" medical waste treatment
	4206	persons. SDCC 68.1211 Spill of MW not properly cleaned up. HSC 118300			records for 3 years. HSC 117943
	4207	Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d)			Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945
	4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b)		4309	MWMP or equivalent information not onsite (only for SQG doing onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032
	☐ 4209 —	Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205			LARGE QUANTITY GENERATORS ONLY
	4210	Medical waste not stored in approved and properly marked biohazard bags. HSC 118275(a)			200 pounds of medical waste generated per month)
	4211	Biohazard bags not tied off to prevent leakage/expulsion of contents		4351	MWMP not submitted to HMD (initial/updates). HSC 117960, 117970
	4212	during handling and storage. HSC 118280(a) Biohazard bags not containerized in rigid, leak resistant, and covered containers or biosed for storage, bandling, or transport USC			Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E)
	4213	containers or bins when placed for storage, handling, or transport. HSC 118280(b) Waste container/bin not labeled with the words "Biohazardous Waste"		4353	Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975
	1213	or with the international biohazard symbol and the word		<u>CHEN</u>	<u>/IOTHERAPY, PATHOLOGY, PHARMACEUTICAL</u>
	4214	"BIOHAZARD" on the lid and sides. HSC 118280(c) Reusable containers/bins for MW storage not kept clean and sanitary.			HAZARDOUS & UNIVERSAL WASTES
		HSC 118295, 118305		4401	Trace Chemo waste not segregated from other MW. HSC 118275(a)(4)
	4215	Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e) (2)		4402	Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4)
	4306	Full sharps container stored >30 days at >0°C. HSC 118285(c)		4403	Illegal disposal of chemo waste. HSC 118340
	4307	Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/ month). HSC 118280(e)(1)(A)		4411	Pathology waste not segregated from other MW. HSC 118275(a)(5)
	☐ 4308 —	Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/ month). HSC 118280(e)(1)(B)		4412	Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5)
	4219	MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310		4413	Illegal disposal of pathology waste. HSC 118340 Pharm waste not segregated from other MW. HSC 118275(a)(6)
	4220	MW interim storage area not properly secured. HSC 118307			Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid
		TREATMENT AND DISPOSAL		4423	and the sides. HSC 118275(a)(6) Pharm waste stored >90 days when container full, or stored longer
	4251	MW treated by unapproved method/procedure. HSC 118215			than one year (maximum allowable time). HSC 118280(f)
	4252	Standardized written operating procedures for steam sterilization not available. HSC 118215(a)(2)(A)			Illegal disposal of pharm waste. HSC 118340, 118222(b)
	4253	Recording thermometer not calibrated annually. HSC 118215(a)(2)(B)			Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5 6 Failed to keep records of offsite universal waste shipment(s) available
	4254	No records of annual thermometer calibration checks onsite for at least the past 2 years. HSC 118215(a)(2)(B)			for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2) 3 Disposed of universal waste to an unauthorized point. HSC 25189.5(a);
	4255	Heat-sensitive tape/other approved method not used for each load treated onsite. HSC 118215(a)(2)(C)			25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)
	4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D)		(≥	<u>LQG MW ONSITE TREATMENT FACILITY</u> 200 pounds of medical waste generated per month)
	4257	Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B)		4501	Onsite MW treatment permit not obtained/renewed. HSC 117950,
	4258	Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E)		4502	118130, 65620, 65623 Current copy of the MW treatment permit not available. HSC 65621(f), 65623, 118165, 118180
	4259	Disposal of untreated MW to an unauthorized point. HSC 118340		4503	Condition(s) of the MW treatment permit violated. HSC 65623
ΗN	I-9255 MW (02	2-15)			

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM





1 AND 2

DRAWN DATE 12-09-08

DEH2002 . HUPFP. 114230



NOV 2 0 2014

4780 Cheyenne Way Chino, CA 91710 Phone (909) 594-9830 Fax (909) 594-6169

ENVIRONMENTAL

November 17, 2014

Agency: San Diego County Department of Environmental Health P.O. Box 129261 San Diego, CA 92112-9261

Subject: UST MONITORING EQUIPMENT CERTIFICATE

Enclosed please find the original copy of the UST Monitoring Equipment Certificates for the Palomar Medical Center facility located at <u>555 East Valley Parkway, Escondido, CA 92025.</u>

The tanks/systems have been tested/calibrated in accordance with the manufacturer's instructions and meet the manufacturer's specification. A copy of the test results has been sent to the facility and will be available for review.

Should you have any questions or need additional information, please call me at (909) 594-9850 Ext. 8011, or you may reach Palomar Medical Center, Scott Foster at (760) 739-644-7120.

Suzanne Kissick SunWest E.C., Inc.



Appendix VI

NOV 2 0 2014

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

MONITORING SYSTEM CERTIFICATION HEALTH

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. General Information

Facility Name: Palomar Medical Center (Downtown Campus)	Bldg. No.: PMC DC
Site Address: 555 East Valley Parkway	City: Escondido	Zip: <u>92025</u>
Facility Contact Person: Scott Foster	Contact Phone No.:	760-644-7120
Make/Model of Monitoring System: Pnuemercator TMS-2000	Date of Testin	g/Servicing: <u>11/5/14</u>

B. Inventory of Equipment Tested/Certified

A.

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: Diesel - 10,000 Gallon - UST In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Image: Display Symp / Trench Sensor(s).	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: In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Image: Priping Sump / Trench Sensor(s). Model: Image: Prilow Sensor(s). Prilow Sensor(s). Image: Prilow Sensor(s). Prilow Sensor(s). Image: Prilow Sensor(s). Prilow Sensor(s). <	Annular Space or Vault Sensor. Model: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model:
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 ID: Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s If the facility contains more tanks or dispensesthe face is the face of th	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 (s.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):

Technician Name (print): Paul McLane	Signature:	11/05/2014 12:47:47	
Certification No.: 8191873-UT	License. No.: 703190		
Testing Company Name: Sunwest Engineering Inc.	Phone No	.:(888) 588-8737	
Testing Company Address: 4780 Cheyenne Way Chino, Ca.	. 91710	Date of Testing/Servicing:	11/5/14

Monitoring System Certification

Page 1 of 4

12/07

Document Reviewed 11/6/201410:43 AMJustin Trelstad

QA/QC APPROVED 11/7/20141:03 PMMike P. B

2/21/07

D. Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

191	Yes		No*	Is the audible alarm operational?			
53	Yes		No*	Is the visual alarm operational?			
28	Yes		No*	Were all sensors visually inspected, functionally tested, and confirmed operational?			
5đ	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. modern) 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? Type; 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.			
0	Yes*	8	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	2	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable			
8	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:

<u>There is an overfill prevention valve installed in drop tube. This is the primary</u> <u>overfill protection. There is no tank probe installed with monitoring system.</u> <u>Tank levels are measured manually. This tank monitor is not capable of</u> <u>printing system setup or alarm history. There is no printer installed.</u>

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?	٦
🖸 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):

B Check this box if LLDs are not installed.

Complete the following checklist:

🖸 Yes	No*	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	D No⁺ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
🛛 Yes	No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
Yes	No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
🖸 Yes	No*	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?
tin the Deal	Law 14 Is at and	dependent to the second s

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

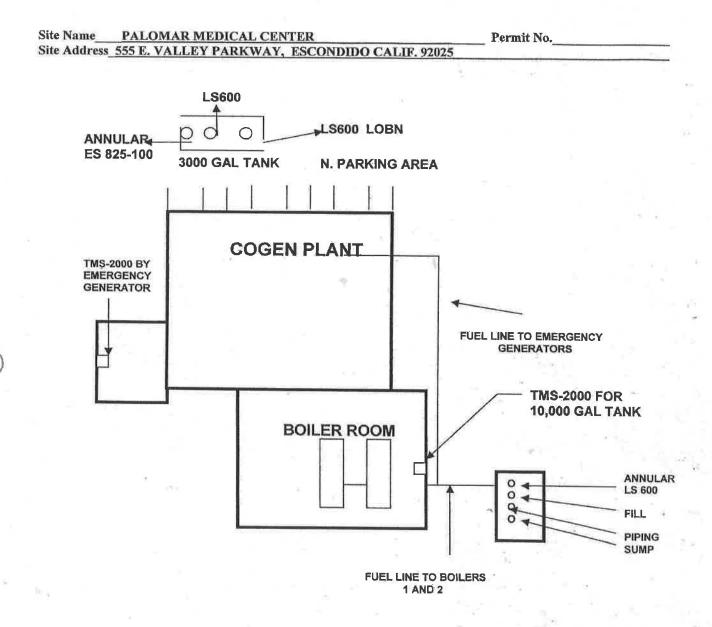
H. Comments:

Suction system.

Monitoring System Certification

12/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 12-09-08

)

Loa	Los Alarms 5	Les Olares 10		-
and the second second second		Los Alarms 10	Log Alarms 15	Log Alarms 20
PALOMAR MEDI. CTR.	Date 65/02	Date 05/02	Date 07/19	Date 06/23
555 E, VALLEY PRKW.	Time 17:08	Time 10425	Time 11:11	Time 11:29
11/05/14	Hihish Alarm	Overfl Alarm	(Hihish Alarm	Overfl Alarm
12:14	In⊨ut # 02	Input W 03	Input # 02	Input # 83
Site id 00000	Alars Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Init id 00	Detail Closed	Detail Closed	Detail Closed	Detail Closed
.os Alarms 1	Loa Alarms 6	Log Alarms 11	Los Alarms 16	Log Rlarms 21
2ate 10/09	Date 85/82	Date 05/01	Date 07/19	Date 86/23
Time 11:49	Time 17186	Time 12#32	Time 11:09	Time 19:32
Hish Alarm	Hihish Alarm	Hihish Alarm	Overfl Alarm	Hihish Alarm
nPut # 01	Input # 02	Input # 02	• Input # 83	Input # 02
ilarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Vetail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
os Alarms 2	Los Alaras 7	Los Alarms 12	Los Alarms 17	Log Alarms 22
ate 10/09	Date 05/02	Date 05/01	Date 07/19	Date 06/23
ime 11:48	Time 17:06	Time 12:32	Time 11:05	Time 10:32
ihish Alanm	Hihish Alarm	Hish Alarm	Overfl Alarm	Hish Alarm
n⊨ut # 02	Input # 02	Input # 01	Input #03	Input # 01
larm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
etail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
os Alaras 3	Los Alarms 8	Los Alarms 13	Los Alarms 18	Los Alarms 23
ate 10/09	Date 05/02 *	Date 05/01	Date 06/23	Date 01/07
ime 11:46	Time 17:02	Time 12:32	Time 11:29	Time 13:25
verfl Alarm	Hihish Alarm	Overfl Alarm	Hish Alarm	Hish Alarm
neut # 03	Input # 02	Input # 03	Input #01	Input # 01
larm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
etail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
os Alarms 4	Los Alarms 9	Los Alarns 14	Log Alarms 19	Los Alaras 24
ate 05/02	Date 05/02	Date 07/19	Date 06/23	Date 01/07
ime 17:28	Time 10:25	Time 11:11	Time 11:29	Time 13:24
verfl Alarm	Overfl Alarm	Hish Alarm	Hihigh Alarm	Hihish Alarm
hput # 03	Input #03	Input # 81	Input # 02	
llarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
etail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed

Alar#

PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.

11/05/14 12:34 Site id 00000 Unit id 00 Date 11/05

Time 12:34

Overfl____Alarm Input # 03

Alarm Id Sensr Detail Closed Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKM.

11/05/14 12:35

 Site id
 00000

 Unit id
 00

 Date
 11/05

 Time
 12:35

Hihish___ Alarm Input # 02

Alarm Id Sensr Detail Closed Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW. 11/05/14 12:37

 Site id
 00000

 Unit id
 00

 Date
 11/05

 Time
 12:37

Hish___ Alarm Input # 01

Alarm Id Sensr Detail Closed

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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: Palomar Medical Center (Downtown Campus)	Date of Testing: 11/5/14					
Facility Address: 555 East Valley Parkway						
Facility Contact: Scott Foster	Phone:	760-644-7120				
Date Local Agency Was Notified of Testing: 48 Hours Prior						
Name of Local Agency Inspector (if present during testing): Michelle (Chairs					

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc. Technician Conducting Test: Paul McLane

Credentials : CSLB Contractor ICC Service Tech. SWRCB Tank Tester Other (Specify)

License Number(s): 8191873-UT

Test Method Used: Standard Lake Test

3. SPILL BUCKET TESTING INFORMATION

Test Equipment Used: Tape Measure								
Identify Spill Bucket (by Tank Number, Stored Product, etc.	DSL-10K-FILL							
Bucket Installation Type:	Direct Bury Contained in Sump							
Bucket Diameter:	12"							
Bucket Depth:	14"							
Wait time between applying vacuum/water and start of test:	15 min.							
Test Start Time (T _I):	9:00 am							
Initial Reading (R _I):	12.5"							
Test End Time (T _F):	10:00 am							
Final Reading (R _F):	12.5"							
Test Duration (T _F -T _I):	1 Hour							
Change in Reading (R _F - R _I):	0"			!				
Pass/Fail Threshold or Criteria:	0"							
Test Results	Pass							

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Digitally signed by Paul McLane for WT#141016-004 11/05/2014 12:47:38

Date: 11/5/2014

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

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. General Information Facility Name: Palomar Medical Center (Downtown Campus) Blog. No .: PMC DC City: Escondido Zip: 92025 Site Address: 555 East Valley Parkway) (760) 644-7120 Facility Contact Person: Scott Foster Contact Phone No.: (____ Date of Testing/Servicing: 11/5/2014 Make/Model of Monitoring System: Pnuemercator TMS-2000 Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced: Tank ID: Diesel - 3,000 Gallon - UST Tank ID: Model: In-Tank Gauging Probe. Model: In-Tank Gauging Probe. Annular Space or Vault Sensor. Model: Model: ES825-100F Annular Space or Vault Sensor. Piping Sump / Trench Sensor(s). Model: Piping Sump / Trench Sensor(s). Model: LS600 Model: Model: LS600 Fill Sump Sensor(s). Ŧ Fill Sump Sensor(s). 1111 Mechanical Line Leak Detector. Model Mechanical Line Leak Detector. Model: Electronic Line Leak Detector. Model: Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: Mcchanical Tank Overfill / High-Level Sensor. Model:

Other (specify equipment type and model in Section E on Page 2).	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: Model: In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Kechanical 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 ID;				
• Dispenser Containment Sensor(s). Model:	• Dispenser Containment Sensor(s). Model:				
• Shear Valve(s)	• Shear Valve(s).				
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).				
Dispenser ID:	Dispenser ID:				
Sipenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:				
Shear Valve(s).	Shear Valve(s).				
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).				
Dispenser ID:	Dispenser ID:				
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:				
Shear Valve(s).	Shear Valve(s).				
Dispenser Containment Float(s) and Chain(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): Bystem set-up Barm history peopl

Technician Name (print): Paul McLane	Signature:	faul	4	My	
Certification No.: 8191873-UT	License. No.:	703190			
Testing Company Name: Sunwest Engineering Inc.	Pi	hone No.:(_	888) 588-8737 -	
Testing Company Address: 2766 Pomona Blvd. Pomona, Ca	. 91768		Da	ate of Testing/Servicing:	11/05/2014

Monitoring System Certification

A.

8.

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12/07

QA/QC APPROVED 11/7/20141:03 PMMike P. B

D. Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

ж	Yes		No*	Is the audible alarm operational?
	Yes		No*	Is the visual alarm operational?
×	Yes	1	No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
X	Yes	1	No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
1	Yes	()	No" N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) operational?
	Yes	π	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? If 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?
11	Yes*	8	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:

There is an overfill prevention valve installed in drop tube. This is the Primary overfill protection. There is no tank probe installed with monitoring system. Tank levels are measured manually.

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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:

J	Yes	I No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?			
1	Yes	I No*	Were all tank gauging probes visually inspected for damage and residue buildup?			
٢.	Yes	⊐ No*	Was accuracy of system product level readings tested?			
Е	Yes	⊃ No*	Was accuracy of system water level readings tested?			
ŧ	Yes	I NO*	Were all probes reinstalled properly?			
1	Yes	I 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):

G Check this box if LLDs are not installed.

Complete the following checklist:

C	Yes	No* ב N/A ר	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.; 3 0.1 g.p.h; 3 0.2 g.p.h.
1	Yes	I No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
L	Yes	I No*	Was the testing apparatus property calibrated?
C	Yes	□ No* I N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
E	Yes	□ No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	J No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
٣	Yes	I NO"	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
ł	Yes	I No*	For electronic LLDs, have all accessible wiring connections been visually inspected?
Г	Yes	7 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:

Suction system.

Monitoring System Certification

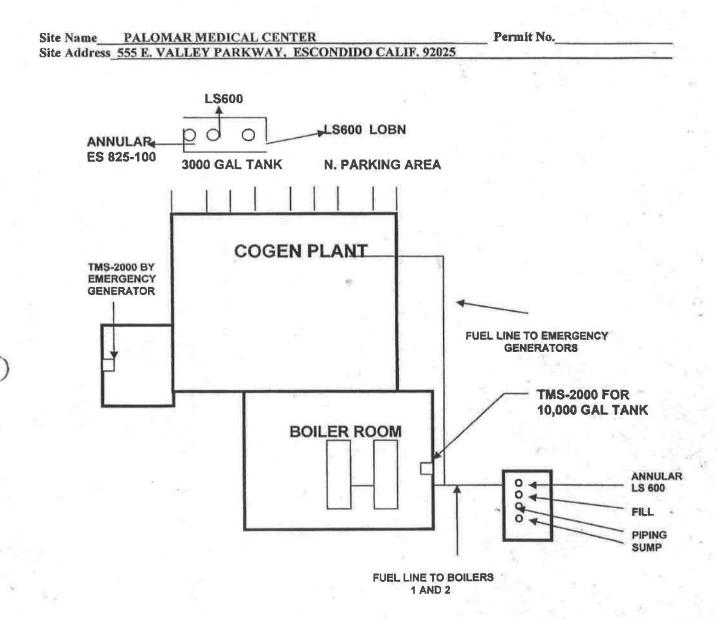
Page 3 of 4

4

12/07

2/21/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 12-09-08

1.5.2

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	(
roa	Los Alarms 5	Los Alarms 10	Los Alarms 15	Los Alarms 20
PALOMAR MEDI. CTR.	Date 05/02	Date 05/02	Date 07/19	Date 06/23
555 E. VALLEY PRKW.	Time 17:08	Time 10:25	Time 11:11	Time 11:29
11/05/14	Hihish Alarm	Overfl Alarm	(Hihish Alarm	Qverfl Alarm
12:14	Input # 02	Input # 03	Input # 02	Input # 03
Site id 00000	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Unit id 00	Detail Closed	Detail Closed	Detail Closed	Detail Closed
.os Alarms 1	Los Alarms 6	Los Alarms 11	Los Alarms 16	Los Alarms 21
)ate 10/09	Date 05/02	Date 05/01	Date 07/19	Date 06/23
Time 11:49	Time 17:06	Time 12432	Time 11:09	Time 10:32
Hish Alarm	Hihish Alarm	Hihish Alarm	Overfl Alarm	Hihish Alarm
Input # 01	Input # 02	Input # 02	Input # 03	Input # 02
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Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
.og Alarms 2	Los Alarms 7	Los Alarms 12	Los Alarms 17	Los Alarms 22
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ime 11:46	Time 17:02	Time 12:32	Time 11:29	Time 13:25
Nverfl Alarm	Hihish Alarm	Overfl Alarm	Hish Alarm	Hish Alarm
neut # 03	Input # 02	Input # 03	Input #01	Input # 01
llarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
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Vétail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed

Alarm

PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.

11/05/14 12:34

Site id 00000 Unit id 00 Date 11/05 Time 12:34

Overfl____ Alarm Input # 03

Alarm Id Sensr Detail Closed Alarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.

11/05/14 12:35

 Site id
 00000

 Unit id
 00

 Date
 11/05

 Time
 12:35

Hihi**sh___** Alarm Input # 02

Alarm Id Sensr Detail Closed Alarm PALOMAR MEDI. CTR. 555 E. UALLEY PRKU. 11/05/14 12:37

 Site id
 00000

 Unit id
 00

 Date
 11/05

 Time
 12:37

Hish___ Alarm Input # 01

Alarm Id Sensr Detail Closed

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

		D	
Facility Name: Palomar Medical Center (Downtown)		Date of Testing: 11/5/2014	
Facility Address: 555 East Valley Parkway Escondido, Ca. 92025			
Facility Contact: Scott Foster	Phone:	(760) 644-7120	
Date Local Agency Was Notified of Testing: 48 Hours Prior			
Name of Local Agency Inspector (if present during testing): Michelle C	hairs		

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.

Technician Conducting Test: Paul McLane

Credentials : CSLB Contractor ICC Service Tech X SWRCB Tank Tester Other (Specify)

License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard	Lake Test			AND AND PROPERTY AND AND
Test Equipment Used: Tape N	leasure	, V		Allowing and the second s
Identify Spill Bucket (by Tank Number, Stored Product, etc.	Diesel-Fill-3,000 Gallon			
Bucket Installation Type:	Direct Bury Contained in Sump			
Bucket Diameter:	12"			AND AND INSTRUMENT
Bucket Depth:	14 [#]			
Wait time between applying vacuum/water and start of test:	15 min.			+
Test Start Time (T ₁):	9:00 am			
Initial Reading (R1):	12.5"			
Test End Time (T _F):	10:00 am	1		1
Final Reading (R _F):	12.5"			
Test Duration (TF-TI):	1 Hour			
Change in Reading (R _F -R _I):	0"		14	
Pass/Fail Threshold or Criteria:	0"			-
Test Results	Pass			Surflands - Anna Sta

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: 11/5/2014

State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

DEtto	2002-11	tupfp-	11.4230
COUNTY OF SAN DEPARTMENT OF ENVIE HAZARDOUS MATE P.O. BOX 129261, SAN D PHONE: (858) 505-6700; FAX: (858) 505-68 CERS ACCESS/I.D.	RONMENTA RIALS DIVI IEGO, CA 92112 348; Email: hmd	L HEALTH ISION 2-9261 utyeb@sdcounty	
All Certified Unified Program Agency (CUPA) regulated businesses a information electronically through the California Environmental Repo Unified Program Facility Permit Hazardous Materials Business Plan Hazardous Waste Hazardous Waste Onsite Treatment Hazardous Waste Tank Closures A CERS I.D. is required in order to obtain or maintain a valid Unified County of San Diego Hazardous Materials Division (address above). users will receive an email with directions to begin electronic reportin '' In San Diego County, Medical Waste Generators are required to report in CERS in or	are required by orting System Remote Wa Recyclable Undergroun Abovegrou Medical W I Program Fac When your C	y law (Assemb (CERS). This aste Consolida Materials Rep nd Storage Tar nd petroleum s aste** sility Permit. P ERS account i	bly Bill 2286) to submit business includes information related to your: tion ports hks storage over 1,320 gallons lease send your completed form to the
I. IDENTIFI			
 Change of Owner: a business is sold to a new owner. Relocation: a business moves to a new address and owner remains the same. New Business: a business opens in a vacant or newly constructed building. CERS Assistance Requested: none of the above are applicable. I need access to my CERS account. 			
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)* Palomar Health			BUSINESS PHONE* 760-739-2008
SITE ADDRESS*			SUITE NUMBER*
555 East Valley Parkway			Marketing Department
СПУ*		T	ZIP CODE*
Escondido		CA	92025
BUSINESS OWNER FIRST AND LAST NAME or CORPORATE NAME* Palomar Health		1	BUSINESS OWNER PHONE 760-740-6393
II. PREVIOUS ADDRES	SS (IF APPLI	CABLE)	
PREVIOUS SITE ADDRESS		1	PREVIOUS PERMIT/RECORD NUMBER
15255 Innovation Drive, Suite 204	039A	12	210767
PREVIOUS CITY		CA	PREVIOUS ZIP CODE
San Diego			92128
III. CERS LE	AD USERS		
-PRIMARY-	1	S	ECONDARY-
NAME* Mary Coalson	NAME Luanne Arangio-Law, R.N.		.N.
TITLE* TITLE TITLE TITLE Health Education Specialist Supervisor/Community Health Nurse Educator		Hoolth Numa Educates	
BUSINESS PHONE BUSINESS PHONE			
760-739-2008 760-739-2005			
E-MAIL			
nary.coalson@palomarhealth.org Luanne.Arangio-Law@palomarhealth.org			
*Required			
I authorize the Hazardous Materials Division to create my CERS ID. I understand that I am responsible for completing and maintaining my facility information in CERS as required by law. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and believe the information is true, accurate, and confidence.			
SIGNATURE OF OWNER OF OPERATOR		DATE' 7/1	114
NAME OF SIGNER (print)		TITLE OF SIGN	<u></u>
Michael Covert		Chief Execu	
	HUP		
OFFICE USE Transfer past submittals? no yes ONLY PLAN CHECK: no yes		PP#: 1BP #:	

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County of San Diego CUPA Department of Environmental Health - Hazardous Materials Division

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Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

	MONITORING SYSTEM CERTIFICATION For Use By All Jurisdictions Within the State of California							
		le; Chapter 16, Division 3, Title 23, California Code of						
	each monitoring system control panel by the technician who perfor	oring equipment. A separate certification or report must be prepared for ms the work. A copy of this form must be provided to the tank system to the local agency regulating UST systems within 30 days of test date.						
A.	General Information Facility Name: Palomar Medical Center (Downtown Campus)	Bidg. No.: PMC DC						
	Site Address: 555 East Valley Parkway	City: Escondido Zip: 92025						
	Facility Contact Person: Scott Foster	Contact Phone No.: () (760) 644-7120						
	Make/Model of Monitoring System: Pnuemercator TMS-2000	Date of Testing/Servicing: 11/5/2014						
В.	Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment insp	pected/serviced:						
• • • • • •	k ID: Diescl - 3,000 Gallon - UST n-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: ES825-100F Piping Sump / Trench Sensor(s). Model: LS600 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). k ID: n-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: Mechanical Line Leak Detector. Model:	Tank ID: In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: Priping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Mechanical 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: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Electronic Line Leak Detector. Model: Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).						
Ξ.	Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).	Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).						
•	penser 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).						
Dis	penser ID:	Dispenser ID:						
Ξ:	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).						
Dis	penser ID:	Dispenser ID:						
	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s	Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).						
*lf ti	he facility contains more tanks or dispensers, copy this form. Include inform	nation 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):

Technician Name (print): Paul McLane	Signature: Part Mich
Certification No.: 8191873-UT	License. No.: 703190
Testing Company Name: Sunwest Engineering Inc.	Phone No.:(888) 588-8737
Testing Company Address: 2766 Pomona Blvd. Pomona, Ca	. 91768 Date of Testing/Servicing: 11 / 05 / 2014

Monitoring System Certification

Page 1 of 4

12/07

Results of Testing/Servicing

Software Version Installed: N/A

Complete the following checklist:

		Comments in the second		
×	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	- R	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? (I 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*	X	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*	X	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?
	A			

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

There is an overfill prevention valve installed in drop tube. This is the Primary overfill protection. There is no tank probe installed with monitoring system. Tank levels are measured manually.

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- H Check this box if no tank gauging or StR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

I Yes	1 No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
I Yes	I No*	Were all tank gauging probes visually inspected for damage and residue buildup?
E Yes	□ No*	Was accuracy of system product level readings tested?
E Yes	□ No*	Was accuracy of system water level readings tested?
I Yes	i No*	Were all probes reinstalled properly?
I Yes	I 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):

E Check this box if LLDs are not installed.

Complete the following checklist:

Ľ	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.
1	Yes	Ι	No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
1	Yes	1	No*	Was the testing apparatus properly calibrated?
С	Yes		No* N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
C	Yes		No* N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	_	No* N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
C	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?
1	Yes	•	No* N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Г	Yes	٦	No*	Were all items on the equipment manufacturer's maintenance checklist completed?

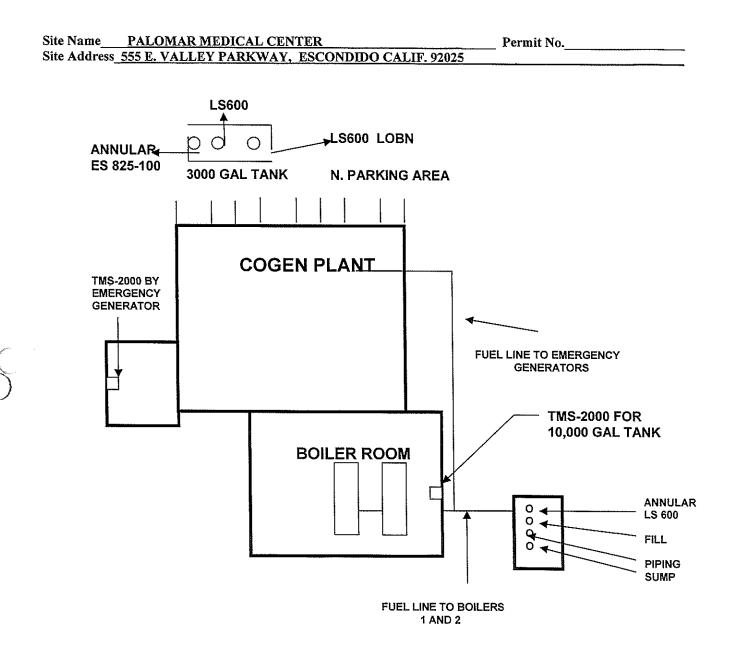
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

12/07

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM



DRAWN DATE 12-09-08

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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: Palomar Medical Center (Downtown)		Date of Testing: 11/5/2014			
Facility Address: 555 East Valley Parkway Escondido, Ca. 92025					
Facility Contact: Scott Foster	Phone:	(760) 644-7120			
Date Local Agency Was Notified of Testing: 48 Hours Prior					
Name of Local Agency Inspector (if present during testing): Michelle Chairs					

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc. Technician Conducting Test: Paul McLane Credentials : CSLB Contractor ICC Service Tech SWRCB Tank Tester Other (Specify) License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard Lake Test						
Test Equipment Used: Tape Measure						
Identify Spill Bucket (by Tank Number, Stored Product, etc.	Diesel-Fill-3,000 Gallon					
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump		
Bucket Diameter:	12"					
Bucket Depth:	14"					
Wait time between applying vacuum/water and start of test:	15 min.					
Test Start Time (T _I):	9:00 am					
Initial Reading (R _I):	12.5"					
Test End Time (T _F):	10:00 am					
Final Reading (R _F):	12.5"			-		
Test Duration (T _F -T _I):	1 Hour					
Change in Reading (R _F -R _I):	0"					
Pass/Fail Threshold or Criteria:	0 ⁴			۲		
Test Results	Pass					
Commente Guilit 1 1 C				A STATE OF A		

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

ne Ye

Date: 11/5/2014

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

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Inventor	Configuration	Confis Rely 75 cc Tris no	Confis Rely Mode 6 Normally Off	, Normally Close
555 E. VALLEY PRKW.	PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.	Confis Rely cc 6	FP Ack No Delay None Latch En No	Logic En - Off Timedelag - 0 Sec
11/05/14	11/05/14	cc Tris no	Latch En No	Confis cc Input 6
12:22	12:08	Confis Rely cc 7 cc Tris no	Config Rely Mode 7	Cc Enable Off Inp Name User
Site id 00000 Unit id 00	Site id 00000 Unit id 00	beed have paper some done most many access much actor space spice tring have date have allow that have date have	Normally Off FP Ack No	User name Input
******	Confis Header	Confis Rely cc 8 cc Tris no	Delay None Latch En No	Losic En Off
Current Alarm Status		Config Rely Sens 1	Confis Rely Mode 8	Timedelay 0 Sec
PALOMAR MEDI. CTR.	Security Serial	SEnS Tris no	Normally Off	Confis cc Input 7 Cc Enable Off
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Unit id 00	Serialfmtetb N-8-1 Tank Qty 0	Confia RelySite 1 Theft no	Ine Name Genrtr User name Input	Confis cc Ineut 8 Cc Enable Off
Tank Alarms T P P	SP Units % Vol Sale En No	Powerfail No Sys Error no	Normally Close Logic En Off	Inp Name User User name Input
A RRN N UT O	Horndelay None Autóprint Yes	والمعا والمع وأبسا السار والمع الماري ولمارة هلما عبدا والمار المالة ليرابغ عليان القرب وليزار والمار مستع والم والمري	Timedelay 0 Sec	Normally Close
K L ÄHTSR Esssteivm	Leakprintpass-fail Monthly Print No	Confis Rely Mode 1 Normally Off	Confis cc Ineut 2 Cc Enable ' Off	Losic En Off Timedelay 0 Sec
I APPPEFMNA	Ull Limit 90 7Cap	FP Ack No Delay None	Inp Name User User name Input	Config SEnSr Inp 1
D K123RTECL	Dst Enabl No	Latch En No	Normally Close Logic En Off	Sensor En Alarm Type Ls600
Leak Sensor Alarms	Confis Tank 1	Confis Rely Mode 2 Normally Off	Timedelay Ø Sec	Node Leak Inp Name Pipins
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E K .	Confis Probe 1,	Latch En No	Cc Enable Off Inp Name User	Normally Open Associate Tnk No
SD N OS AO	Not Enabled	Confis Rely Mode 3 Normally Off	User name – Input Normally – Close	Associate DSP No
R P L R A M	Config Rely Tank 1	co out a a	Losic En Off Timedelay Ø Sec	Confis SEnSr Inp 2
II RÁ DD ML	Config Rely cc 1	Latch En No	Confis cc Input 4	Sensor En Alarm Type Ls600
01 PiPing X	cc Tris no	Confia Rely Mode 4	Cc Enable Off Inp Name User	Mode Leak Ine Name Contr
02 Contn X	Confia Rela cc 2	Normally Off FP Ack No	User name – Input Normally – Close	User name Input Fault En No
03 dbwALL X	cc Tris no	Delay None Latch En No	Logic En Off Timedelay Ø Sec	Normall's Open` Associate Tnk No
Alarm status key A = GENERAL Alarm	Confia Rela cc 3 cc Tria no	Confia Rely Mode 5	Confis cc Input 5	Associate Dsp No
F = GENERAL FAULT 0 = OPEN-CIRCUIT FAULT	Config Rely cc 4	Hormally Off · FP Ack No	Cc Enable Off Inp Name User	
P = PRODUCT ALARM S = SHORT-CIRC. FAULT	cc Tria ro	Delay None Latch En No	User name Input	

×			
Confia SEnt np 3 Sensor En Hlarm Type Es8251 Inp Name Dbwall User name Input Fault En No Normally Open Associate Tnk No Associate Dsp No	h2o Dial No Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Hour Ø0:00 Confis Dial Out 2	h2o Dial h Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Hour 00:00 Confis Dial Out 5	Confia 4 to 20mA 4to20 En Tok no dAtA SEL ar VoL Confia 4 to 20mA 4to20 En Tok no
ConfisInventoryHour 100:00Hour 1PrtHour 200:00Hour 200:00Hour 300:00Hour 300:00Hour 3PrtNoSun EnablNoNoTue EnablNoWed EnablNoThu EnablNoFri EnablNoSat EnablNo	Tel Local Tel Area Tel Area2 Line Tupe Data LeAk Dial No SP1 Dial No SP2 Dial No SP3 Dial No h2o Dial No Cc Dial No SEnS Dial No Err Dial No Inu Dial No Inu Hour 00:00	Tel Local Tel Area Tel Area2 Line Type Data LeAk Dial No SF1 Dial No SP2 Dial No SP3 Dial No Thft Dial No cc Dial No SEnS Dial No Err Dial No Inv Dial No Inv Dial No	dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA
Confis Theft M-F Open 00:00 M-F Close 00:00 Sat-Open 00:00 Sat Close 00:00 Sun Open 00:00 Sun Close 00:00	Confis Dial Out 3 Tel Local Tel Area Tel Area2 Line Type Data LeAk Dial No SP1 Dial No	Confia Tank Leak 1 Not Enabled Confia 4 to 20mA 4to20 En Tnk no dAtA SEL ar VoL	Confis 4 to 20mA 4to20 En Tnk no dAtA SEL sr VoL Confis 4 to 20mA 4to20 En Tnk no
Confia Nodem Modem None Fcs Local Fcs Area Baud Ratesera .24K Dial Type Tone Pause 1 sec Tel Line Dedicated Confia Dial Out 1 Tel Local Tel Area Tel Area Line Type Data	SP2 DialNoSP3 DialNoh2o DialNoThft DialNocc DialNoSEnS DialNoErr DialNoInv DialNoInv Hour00:00ConfisDial OutTel LocalTel AreaTel AreaLine TypeDataLeAk DialNoSF1 DialNo	Cooling 4 to 20m2	dAta SEL gr VoL ***********
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Los	Los Alarms 5	Los Alarm d	Log Alarms 15	Loa Alarms
PALOMAR MEDI. CTR.	Date 05/02	Date 05/02	Date 07/19	Date 06/23
555 E. VALLEY PRKW.	Time 17:08	Time 10:25	Time 11:11	Time 11:29
11/05/14	Hihish Alarm	Overfl Alarm	Hihish Alarm	Överfl Alarm
12:14	Input # 02	Ineut # 03	Ineut # 02	Input # 03
Site id 00000	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Unit id 00	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Log Alarms 1	Los Alarms 6	Log Alarms ii	Los Alarms 16	Log Alarms 21
Date 10/09	Date 05/02	Date 05/01	Date 07/19	Date 06/23
Time 11:49	Time 17:06	Time 12:32	Time 11:09	Time 10:32
Hish Alarm Input # 01	Hihish Alarm Input # 02	Hihish Alarm Input # 02	Overfl Alarm • Input # 03	Hihish Alarm Input # 02
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Los Alarms 2	Los Alarms 7	Log Alarms 12	Los Alarms 17	Log Alarms 22
Date 10/09	[°] Date 05/02	Date 05/01	Date 07/19	Date 06/23
Time 11:48	Time 17:05	Time 12:32	Time 11:05	Time 10:32
Hihish Alarm	Hihish Alarm	Hish Alarm	Overfl Alarm	Hish Alarm
Input # 02	Input # 02	Input # 01	Input # 03	Input # 01
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Los Alarms 3	Los Alarms 8	Log Alarms 13	Log Alarms 18	Loa Alarms 23
Date : 10/09	Date 05/02	Date 05/01	Date 06/23	Date 01/07
Time : 11:46	Time 17:02	Time 12:32	Time 11:29	Time 13:25
Overfl Alarm	Hihish Alarm	Overfl Alarm	Hish Alarm	Hish Alarm
Input # 03	Input # 82	Input # 03	Input #81	[neut # 01
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Detail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed
Log Alarms 4	Log Alarms 9	Los Alarms 14	Los Alarms 19	Los Alarms 24
Date 05/02	Date 05/02	Date 07/19	Date 06/23	Date 01/07
Time 17:28	Time 10:25	Time 11:11	Time 11:29	Time 13:24
Overfl Alarm	Overfl Alarm	Hish Alarm	Hihish Alarm	Hihish Alarm
Input # 03	Input # 03	Input # 01	Input # 02	Input # 02
Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr	Alarm Id Sensr
Détail Closed	Detail Closed	Detail Closed	Detail Closed	Detail Closed

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Alarm					
PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.					
11/05 12:34	/14				
Site id	00000				
Unit id	00				
Date	11/05				
Time	12:34				
Overfl	Alarm				
Input #	03				
Alarm Id	Sensr				
Detail	Closed				
*******	******				

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 Alarm			
	EDI. CTR. LLEY PRKW.	-	
11/05/1 12:35	4		
Site id Unit id	00000 00		S: Ur
Date Time	11/05 12:35		Da Ti
Hihish A Input #	larm Ø2		Ir
	Sensr Closed *****	and a second	A] De **
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	MEDI. CTR. ALLEY PRKW.
11/05/ 12:37	14
Site id	00000
Unit id	00
Date	11/05
Time	12:37
Hish (Alarm
Input #	01
Alarm Id	Sensr
Detail	Closed
********	*****

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.waterboards.ca.gov.)

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 each monitoring system control panel by the technician who performs the work. A copy of this form must owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST system General Information Facility Name: Palomar Medical Center (Downtown Campus) 	be provided to the tank system ms within 30 days of test date.
Site Address: 555 East Valley Parkway City: Escondido Zip:	92025
Facility Contact Person: Scott Foster Contact Phone No.: 760)-644-7120
Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Servicing:	11/5/14
B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:	
Tank ID: Dicsel - 10,000 Gallon - UST In-Tank Gauging Probe. In-Tank Gauging Probe. • Annular Space or Vault Sensor. Model: LS600 Piping Sump / Trench Sensor(s). • Fill Sump Sensor(s). Model: LS600 Piping Sump / Trench Sensor(s). • Fill Sump Sensor(s). Model: LS600 Piping Sump / Trench Sensor(s). • Mechanical Line Leak Detector. Model: Model: Sensor(s). • Electronic Line Leak Detector. Model: Model: • Tank Overfill / High-Level Sensor. Model: Mcchanical Tank Overfill / High-Level Sensor. • Tank Rouging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Tank ID: Tank ID: • In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Annular Space or Vault Sensor. • Piping Sump / Trench Sensor(s). Model: In-Tank Bauging Probe. Annular Space or Vault Sensor. • Piping Sump / Trench Sensor(s). Model: Piping Sump / Trench Sensor(s). Fill Sump Sensor(s). • Fill Sump Sensor(s). Mod	Model: Model: Model: Model: Model: Model:
Dispenser ID: Dispenser Containment Sensor(s). Model: Dispenser Containment Sensor(s). Shear Valve(s). Shear Valve(s). Shear Valve(s). Shear Valve(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s).	Model:
Dispenser ID: Dispenser ID:	
Dispenser Containment Sensor(s). Model: Dispenser Containment Sensor(s). Shear Valve(s). Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s).	
Dispenser ID: Dispenser ID:	
 Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s Dispenser Containment Float(s) and Chain(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):

Technician Name (print): Paul McLane	Signature:	11/05/2014 11:34:04
Certification No.: 8191873-UT	License. No.: 703190	
Testing Company Name: Sunwest Engineering Inc.	Phone No.:(888) 588-8737
Testing Company Address: 4780 Cheyenne Way Chino, Ca.	91710	Date of Testing/Servicing: <u>11/5/14</u>

Monitoring System Certification

12/07

. Results of Testing/Servicing

Software Version Installed: N/A

Complete	the	following	checklist:
oomprote.	12.12	ronoming	ALLCOURS!!

×	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?
x	Yes	11	No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
1 1	Yes	Ī	No* N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) 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) I Sump/Trench Sensors; Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? I 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*	X	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*	X	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:

There is an overfill prevention valve installed in drop tube. This is the primary overfill protection. There is no tank probe installed with monitoring system. Tank levels are measured manually. This tank monitor is not capable of printing system setup or alarm history. There is no printer installed.

Monitoring System Certification

Page 2 of 4

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. ٦
- ×

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

e:

I Yes	1 No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
I Yes	1 No*	Were all tank gauging probes visually inspected for damage and residue buildup?
C Yes	⊐ No*	Was accuracy of system product level readings tested?
E Yes	⊐ No*	Was accuracy of system water level readings tested?
I Yes	I No*	Were all probes reinstalled property?
1 Yes	1 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):

Source Check this box if LLDs are not installed.

Complete the following checklist:

C	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: 73 g.p.h.; 70.1 g.p.h; 70.2 g.p.h.
1	Yes	I No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
Ι	Yes	I No*	Was the testing apparatus properly calibrated?
C	Yes	□ No* □ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
Ľ	Yes	□ No* ⊤ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	J No* ⊐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
Ċ	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?
I	Yes	I No* ⊐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Г	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:

Suction system.

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Date	Date of Testing: 11/5/14	
Phone:	760-644-7120	

Name of Local Agency Inspector (if present during testing): Michelle Chairs

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.

Technician Conducting Test: Paul McLane

CSLB Contractor ICC Service Tech. X SWRCB Tank Tester Other (Specify) Credentials :

License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Standard	Test Method Used: Standard Lake Test			
Test Equipment Used: Tape N	Test Equipment Used: Tape Measure			
Identify Spill Bucket (by Tank Number, Stored Product, etc.	Diesel-Fill /oK			
Bucket Installation Type:	Direct Bury	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying vacuum/water and start of test:	15 min.			
Test Start Time (T _I):	9:00 am			
Initial Reading (R _I):	12.5"			
Test End Time (T _F):	10:00 am			
Final Reading (R _F):	12.5"			
Test Duration (T _F -T _I):	1 Hour			
Change in Reading (R _F -R _I):	0"			
Pass/Fail Threshold or Criteria:	0"			
Test Results	Pass			

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Digitally signed by Paul McLane for WT#141016-004 11/05/2014 11:42:14

Date: 11/5/2014

¹State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

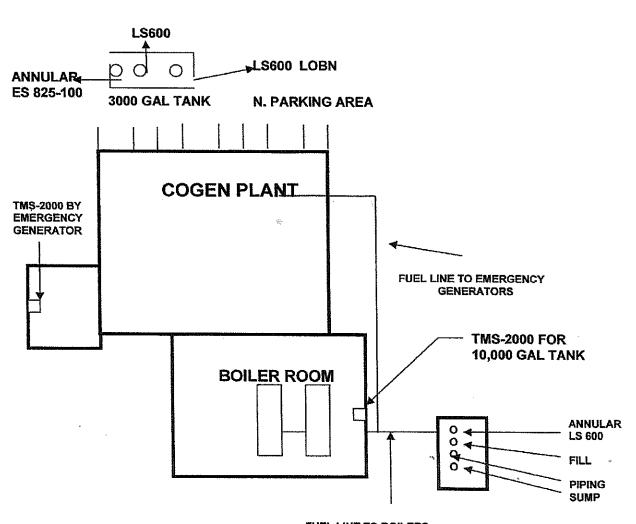
UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

 Site Name
 PALOMAR MEDICAL CENTER
 Permit No.

 Site Address
 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025

#5 , **1**

÷ 4 -



FUEL LINE TO BOILERS 1 AND 2

DRAWN DATE 12-09-08

UNDERGROUND STORAGE TANK SYSTEM OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

FACILITY NAME	FACILITY 1	PHONE
Palomar Medical Center	(760)644-7120
FACILITY SITE ADDRESS	CITY	······································
555 East Valley Parkway	Escor	ndido
REASON FOR SUBMITTING THIS FORM (Check OI	ne): 🗹 Change of Designated Operator 🗹	Update of ICC Certification Expiration Date(s)
PRIMARY DESIGNATED UST OPERAT	OR FOR THIS FACILITY	
Designated Operator's Name: Spencer Kiss	siek	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗌 Owner 🔲 Operator 🗌 Employee
Designated Operator's Phone #: (909) 594	-9850	Service Technician 🗹 Third Party
International Code Council Certification #:	8169987	Expiration Date: 8/11/2016
ALTERNATE 1 DESIGNATED UST OPE	RATOR FOR THIS FACILITY (Optio	nal)
Designated Operator's Name: David Smith		Relation to UST Facility (Check One)
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗌 Owner 🗌 Operator 📋 Employee
Designated Operator's Phone #: (909) 594		Service Technician 🗹 Third Party
International Code Council Certification #:	8260473	Expiration Date: 6/7/2016
ALTERNATE 2 DESIGNATED UST OPE	RATOR FOR THIS FACILITY (Optio	nal)
Designated Operator's Name: Kenneth Wi	thee	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	🗋 Owner 🔲 Operator 🗌 Employee
Designated Operator's Phone #: (909) 594	-9850	Service Technician Third Party
International Code Council Certification #:	8252648	Expiration Date: 3/28/2016
ALTERNATE 3 DESIGNATED UST OPE	RATOR FOR THIS FACILITY (Optio	nal)
Designated Operator's Name: Todd Hanse	n	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	SunWest Engineering Constructors, Inc.	Owner Operator Employee
Designated Operator's Phone #: (909) 594	-9850	Service Technician 🗹 Third Party
International Code Council Certification #:	8250244	Expiration Date: 11/7/2015

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) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME:	Scott F. Foster		
TANK OWNER TITLE:	Lead Plant Operatos	OWNER PHONE: 760-644-7120	
TANK OWNER SIGNATU	RE: Sol Jaco	DATE: 11/10/2014	

INSTRUCTIONS

- 1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC). ICC certification information is available on-line at: www.iccsafe.org/e/certsearch.html. Search for "California UST System Operators."
- 2. Submit this completed form to the local agency that regulates this facility's USTs. Unidocs member agency jurisdictions and contact information are listed on-line at: www.unidocs.org/members/whoregulateswhat.html. Contact information for other local agencies within California is available at: www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls.
- 3. 23 CCR §2715(a) requires that you notify the local agency of any changes to this information within 30 days of the date of change.

UN-062 - 1/1

www.unidocs.org

FACILITY NAME FACILITY	PHONE		
Palomar Medical Center	(760)644-7120		
FACILITY SITE ADDRESS CITY			
(555 East Valley Parkway Esco	ndido		
REASON FOR SUBMITTING THIS FORM (Check One): Change of Designated Operator	Update of ICC Certification Expiration Date(s)		
ALTERNATE 4 DESIGNATED UST OPERATOR FOR THIS FACILITY (Opti-	onal)		
Designated Operator's Name: Paul McLane	Relation to UST Facility (Check One)		
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	Owner Operator Employee		
Designated Operator's Phone #: (909) 594-9850	Service Technician 🗹 Third Party		
International Code Council Certification #: 8198073	Expiration Date: 1/23/2015		
ALTERNATE 5 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optic	onal)		
Designated Operator's Name: Leonardo Aguilar	Relation to UST Facility (Check One)		
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	🖸 Owner 🗋 Operator 📋 Employee		
Designated Operator's Phone #: (909) 594-9850	Service Technician I Third Party		
International Code Council Certification #: 5302718	Expiration Date: 1/23/2015		
ALTERNATE 6 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)			
Designated Operator's Name: Ruben Becerra	Relation to UST Facility (Check One)		
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	Owner 🗌 Operator 🗌 Employee		
Designated Operator's Phone #: (909) 594-9850	Service Technician 🗹 Third Party		
International Code Council Certification #: 8198701	Expiration Date: 1/23/2015		
ALTERNATE 7 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optim	onal)		
Designated Operator's Name:	Relation to UST Facility (Check One)		
Bussiness Name (If different from above):	Owner Operator Employee		
Designated Operator's Phone #:	Service Technician Third Party		
International Code Council Certification #:	Expiration Date:		
ALTERNATE 8 DESIGNATED UST OPERATOR FOR THIS FACILITY (Opti	onal)		
Designated Operator's Name:	Relation to UST Facility (Check One)		
Bussiness Name (If different from above):	Owner Operator Employee		
Designated Operator's Phone #:	Service Technician I Third Party		
International Code Council Certification #:	Expiration Date:		

Consider

COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933 UNDERGROUND STORAGE TANK																
I	RESPONSE PL											(One	form	per	facili	ty)
TYPE OF ACTION 🔲 1. NEW PLAN 🗵	2. CHANGE OF INFOR															R01
FACH ITY ID # (degree the Orbit	I. FACILITY IN	VFORM	1	1							-					
FACILITY ID # (Agency Use Only)	Delter		3 7	<u> </u>	0		0 (0			1		<u> </u>	<u> </u>		1
BUSINESS NAME (Same as FACILITY NAME or DBA Palomar Medical Center	A – Doing Business As)															R02
Palomar Medical Center BUSINESS SITE ADDRESS	**************		R03	CITY	r					RO	74			P CC	DDE	R05
555 East Valley Parkway				Esc		lido	0	<u> </u>				CA		202		
· · · · · · · · · · · · · · · · · · ·	L CONTROL AN			РМ	ETE	HC	ODS									
 If safe to do so, facility personnel will take immedial remaining hazardous material from the UST system. Any release to secondary containment will be pumped intended use, will be managed as hazardous waste. Absorbent material will be used to contain and clea effective or which is no longer intended for use will be it is non-hazardous. Used absorbent material, reuse appropriately. Facility personnel will determine whether any wate hazardous material. If the water is contaminated, it w that it is non-hazardous. If the water has a petroleum rainbow colors. Water (hazardous or non-hazardous) We will review secondary containment systems for properties. Secondary containment is prone to damage from 3. Hazardous material, other than the product/wase released product/waste, and the added material or secondary contained in contact with secondary contained in contact with secondary contained is proved to damage from the product/waste, and the added material or secondary contained to the product/waste, and the added material or secondary contained to the product/waste, and the added material or secondary contained to the product/waste, and the added material or secondary contained to the product/waste or secondary contained to the product/waste or secondary contained to the added material or secondary contained to the product/waste or secondary contained to the added material or secondary contained to the added material or secondary contained to the product/waste or secondary contained to the added material or secondary contained to the added material or secondary contained to the product/waste or secondary contained to the added material or secondary contained tor secondary contained to the added material or secondary cont	d or otherwise removed wit an up manageable spills of be managed as hazardous we able or waste, will be stor er removed from secondar, will be managed as hazardou to sheen (i.e., rainbow colors from sumps, spill containe ossible deterioration if any ntainment is not compatible any equipment used to remote ste stored in the primary of	thin 24 ho f hazardou vaste unles red in a p ry contain us waste u s), it is con rs, etc. wi of the foll e with the love or cle containmen	urs of di as mater ss a wast properly ment sy unless a ntaminaa ill not be lowing c materiaal can up ha nt syster	ials. A te deter labeled stems, waste d ted. A dispos onditio used fo azardou n, is p	y. Re Absort mina d and or fr letern thick and to ons oc or sec or sec us ma laced	eco rber atio d se rom min k flo o sto cour con ater d in	nt ma n in a <u>caled</u> n clea nation oating orm w r: ndary rial co nside	I haz iteria iccon in a g pel vater con illec secc	zardo al wl ordano <u>ntaino</u> accon trole: r syst ntainr ted in onda	bus m hich ce wi ar. W tivity rdanc um la tems. nent; n sec ry co	has has ith 2 /aste /, ha ce w ayer ; cond	rials, u becon 22 CCF e mate as been vith 22 r may r lary con inment	nless ne too §662 rial si n in c CCR not ne not ne ntainn to fr	suitz o sat 262. hall contz §66 ccess	able f urate 11 fin be d act w 262.1 arily	for their rds that disposed rith any l1 finds display
III. SPILI	L CONTROL AND	O CLEA	AN-U	P EQ	UII	PN	MEN	T		-						
PERIODIC MAINTENANCE: Spill control and clean equipment is inspected at least monthly, and after each us EQUIPMENT NOT PERMANENTLY ON-SITE, BU	se, supplies are replenished	as needed	l. Defec	tive eq	uipme	ent	t is rep	pairo	ed or	repla	s Ma acec	aterials 1 as ne	e Busi cessai	iness ry.	s Plai	a. This
EQUIPMENT NOT PERMANENTLY ON-SITE, BU	LOCATION	as ir infek	SDED:	Comp			y if ap VAII	-		•					<u></u>	
R10				ŀ	R20											R30
R11				1	R21											R31
R12				1	R22											R32
RI3				1	R23		<u></u>									R33
R14				1	R24											R34
RIS				1	R25											R35
	IV. RESPONSI					_		_				***********				
THE FOLLOWING PERSON(S) IS/ARE RESPONSI NAME	IBLE FOR AUTHORIZI	NG ANY TITLE	WORK	NECI	ESSA	AR!	Y UN	DĒ	R T	HIS	RES	SPON	SE PI	JAN	:	R50
Dan Farrow				ector l	Plar	nt	Оре	rat	tion	s						
NAME Steve Fox	R41	TITLE		nager	· Pla	- ant	l On	er=	atio	าร	-					RSI
NAME -Darreil-Boe Scott Faster	R42	TITLE													<u> </u>	R52
NAME		TITLE		d Pla	uit C	<u>Jb</u>	erat	or			<u> </u>					R53
· · · · · · · · · · · · · · · · · · ·	V. MONITORIN	G IND	ICAI	ORS	5											
IF MONITORING INDICATES A POSSIBLE UNAUTI	HORIZED RELEASE, STI	EPS TO V	ERIFY	THE R	ELE	AS	E WI	LL Oth	BE N Her (s	MAD pecif)E A fy):	S FOI	LOV	VS:		R60
Plant Operator will investigate alarm, De testing will be conducted by qualified under	signated UST Oper	rator wi	ll be r	otifie	ed to					•		ccura	icy.	Fu	the	r

C

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COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933 UNDERGROUND STORAGE TANK

RESPONSE PLAN – PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- > The UST operator's name and telephone number;
- > A list of the types, quantities, and concentrations of hazardous substances released;
- > A description of the actions taken to control and clean up the release;
- > The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- > A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- > The UST owner's or operator's name and telephone number;
- > A list of the types, quantities, and concentrations of hazardous materials released;
- > The approximate date of the release;
- > The date on which the release was discovered;
- > The date on which the release was stopped;
- > A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- > The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- > Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- > A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- > A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- > A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- > Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and	accurate to the best of my knowledge.
OWNEBAOPERATOR SIGNATURE	DATE R70
Dan Famor	12/10/2008
OWNER/OPERATOR NAME (print) R71	OWNER/OPERATOR TITLE
Dan Farrow	Director Plant Operations
(Agency Use Only) This plan has been reviewed and is: Approved	Approved With Conditions* Disapproved
Local Agency Signature:	Date:
*Conditions of approval (if any):	

Sta Div P.C	ate of California ate Water Resources Control Board vision of Financial Assistance D. Box 944212 cramento, CA 94244-2121 (Instr	uctions on reverse si		ate Use Only				
	CERTIFICATION C							
Division 3, Chap 500,000	demonstrate Financial Responsibility in oter 18, Section 2807, 0 dollars per occurrence or n dollars per occurrence	the required amounts	1 millio	Code of Regulation on dollars annual or on dollars annual	aggregate	23,		
California Code of Re	Health k Owner or Operator) egulations, Title 23, Division 3, Chap ed to demonstrate financial respons	pter 18, Article 3, S	t it is in compliance w ection 2807. by Section 2807 are a		nents of Sectio	on 2807,		
C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party		
Pollution Liability Coverage	BETA Risk Mgmt Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507	Certificate No. HCL-14-691 Amendment No. H210-01	\$3,000,000 per occurrence and \$6,000,000 annual aggregate	7/1/2014 to 7/1/2015	Yes	Yes		
Note:								
	ng the State Fund as any part of yo on also certifies that you are in con structions.							
D. Facility Name Palomar Medica	al Center	and service the service of the servi	Facility Address 2185 Citracado Parkway, Escondido, CA 92029					
Facility Name Palomar Health Downtown Campus			Facility Address 555 E. Valley Parkway, Escondido, CA 92025					
Facility Name			Facility Address					
Facility Name	Pomerado Hospital			15615 Pomerado Road, Poway, CA 92064				
	pital	1	5615 Pomerado Roa					
Pomerado Hos	ank Owner of Operator	Date N	5615 Pomerado Roa lame and Title of Tank (Robert A. Hemker, C	Owner or Operato	pr			

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nur HCL-14-69	and a second
Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

one Limit of Liability shall apply to all such Claims.

6. The Member must notify BETARMA, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

a. how, when and where the Occurrence, act, error or omission took place;

b. the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BETARMA in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BETARMA.

8. Incident reports, trending reports or other data collection reports to BETARMA do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the Named Member or BETARMA, the Named Member shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the Named Member's election is received by BETARMA within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for Claims which are otherwise covered under this Amendment and are first made and reported in writing to BETARMA as soon as possible during the extended reporting period by reason of an Occurrence which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BETARMA at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BETARMA will pay.

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun HCL-14-69	and the second
Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 6 of the Certificate of Participation. BETARMA's right and duty to defend ends when BETARMA has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 14 and 15, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any **Occurrence** commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of Pollution, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BETARMA or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more Claims are treated as a single Claim under the definition of "Claim," the single Claim shall be considered first made when the earliest of the Claims is first made, and one Deductible and

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num HCL-14-691	\$\$\$\$\$###\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BETARMA AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in **boldface** are defined in Section C or in Section 1 of the Contract.)

A. BETARMA's Basic Obligation. What BETARMA will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$3,000,000 per Claim and \$6,000,000 in the aggregate for all Claims first made and reported to BETARMA during the Contract Period, BETARMA will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the **Member** had no knowledge of facts or circumstances that would cause a reasonable person to believe that a **Claim** might be made; and

c. the Claim is first made against the Member during the Contract Period and is reported in writing to BETARMA as soon as possible, and in no event later than thirty (30) calendar days after the termination of the Contract Period.

2. BETARMA has the right and duty to defend any covered Claim brought against a Member. This means that BETARMA will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BETARMA will reduce the Limit of Liability provided by this Amendment. The most BETARMA will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or

AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun HCL-14-69	alatura di artifiki di Alatifiki di A
Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

to reimburse BETARMA for any amount BETARMA has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BETARMA.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R Cory Crone

Authorized Representative of BETARMA

DEH 2002. HLIPEP.1142.30

COUNTY OF SAN DIEGO	PAGE 1 OF 4 DATE 10/9/2013
COMPLIANCE INSPECTION REPORT	PERMIT # 114230 BUS. CODE K36 TIME START 09:00am END
FACILITY NAME Palomar Medical Center	SPECIALIST <u>Michelle Chairs</u> INSPECTION CONTACT
ADDRESS 555 E Valley Parkway	Scott Foster
CITY/ZIP Escondido / 92025	TITLE Lead Engineer PHONE 760-644-7125

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include repeat violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penalty less likely.

Y.	N/A [•]	NOTE: Reinspection fees will be charged if additiona	l ins	pections	are required to determine compliance.
Y.		Unified Program Facility Permit current	Y	N/A'	Permit Expires on: <u>9/30/2013</u>
XX		Hazardous Materials Business Plan available			Contingency Plan available LQG SQG
X		Employee Training is adequate	\bowtie		Employee Training records available
ž		Waste disposal records available for review	\mathbf{X}		Universal waste managed properly
X		Emergency contacts current []Updated today			Waste containers 🛄 closed 🛄 labeled
		Chemical inventory/map current 🗌 Updated today	M		Waste containers in good condition
Co	nsent t	to inspect granted by: 🔀 Inspection Contact \Box Other	er:		

Routine Inspection - Final Inspection Report

On October 9th, 2013, **a Routine Inspection** was performed by Michelle Chairs - HMD with Scott Foster - Lead Engineer and Steve Fox - Facility Manager with Palomar Hospital. Consent was obtained by Steve Fox - facility representative, to perform the inspection.

Palomar Health Downtown Campus is a full service 319 bed acute care medical center. The Palomar Health Downtown Campus specializes in women's, children's, rehabilitation, and behavioral health services. The facility also provides a Standby Emergency Department for all your non-life threatening medical needs 24 hours a day, 7 days a week. Medical and surgical services offered at this facility include: Birth Center and Neonatal Intensive Care Unit; Pediatric Care Unit (in partnership with Rady's Children's Hospital); Oncology Treatment; Stereotactic Radiosurgery; Rehabilitation Services; and Center for Behavioral Health.

The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.

Stericycle is used for disposal of biohazardous red bag, sharps, laboratory, pharmaceutical, chemotherapy, and medical solid wastes. EXP Pharmaceutical Services Corporation is used for

emergency contacts, emer	ification that the Hazardous Material gency response plan, and employee tra ne H&SC and is maintained at the site	s Business Plan (inventory & site map, ining plan) is curent and includes all the where hazardous materials are stored.	Initials of Facility Representative
PRINTED NAME OF FACILITY RE	PRESENTATIVE	DATE SIGNED	
Steve F	-οχ	10/ 17 /	13
SIGNATURE OF FAGALITY REPRE	SENTATIVE	TITLE OF FACILITY REPRESENTAT	IVE
x Aun	- Te	Facility	Manager
Departme	ent of Environmental Health, Hazardo	us Materials Division, P.O. Box 129261, Sa	an Diego, CA 921129261
	Phone: (619) 338-2222 Toll	Free: (800) 253-9933 http://www.sdcde	h.org
HM-924-E (11/08)	*(Y= Yes; N/A = Not Applicable)	DISTRIBUTION: WH	TEHMD COPY; YELLOW-FACILITY COPY



2

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERM				
DATE	10/9/2	013		
PAGE	2	OF	4	

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

reverse distribution of expired pharmaceuticals.

A routine UST monitoring system certification was conducted during this inspection and was due by 7/19/2013. The last secondary containment 989 testing was performed and passed on 05/01/2013 (and was due by 10/16/2012) and the next testing is due by 10/16/2015 (or during the annual monitoring inspection). The UST monitoring certification was performed by John Kneisel of Petroleum Tank Testing - TMS 2000 certification 10880 exp. 5/23/2013 & ICC Tech. #525290 exp. 4/2/14.

UST Employee Training was last performed on 3/28/2013.

1. HMD UPFP fees were due by 9/30/2013 and fees owed for 2013 are \$5,742, which do not include late fee penalties.

VIOLATION 3101/4201/1001/0131 - UPF Permit has expired for management of USTs, Hazardous Materials, Hazardous Waste, and Medical Waste. 25284; 68.905, 68.1003, 68.1005; 117705. NOTICE TO COMPLY - Submit, within 30 days to my attention, document showing evidence of payment of UPFP fees.

This inspection covered the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management regulations.

The following is a Notice to Comply for the violations observed.

Summary of Underground Storage Tank Violations:

2. V3138 has been rescinded.

3. Evidence of financial assurance reviewed expired on 7/1/2013. VIOLATION 3105 - Documentation showing evidence of financial responsibility is not available. HSC 25292.2 NOTICE TO COMPLY - Submit, within 30 days to my attention, documents showing evidence of financial responsibility.

4. Records reviewed showed that annual monitoring certification was due by 7/19/2013. VIOLATION 3110 - Certification of ATG and sensors not performed within 1 year. 2641(j). NOTICE TO COMPLY - Annual monitoring certification was performed during inspection for return to compliance.

5. Records reviewed showed that designated operator (DO) on the UST notification expired on 9/28/2012.

VIOLATION 3191 - Designated Operator (DO) Notification/Change form not submitted to HMD. 2715(a)(b). NOTICE TO COMPLY - Submit a notification with a current DO certification to my attention within 30 days for return to compliance.

6. Records reviewed showed that 989 secondary containment testing was due by 10/16/2012 and wasn't performed until 5/1/2013. VIOLATION 3114 - 989 secondary containment testing not performed within 3 years. 25284.1; 2637(a)&(e). NOTICE TO COMPLY - 989 Secondary Containment testing was performed on 5/1/2013 for return to compliance.

Manno SIGNATURE OF FACILITY REPRESENTATIVE TITLE OF FACILITY REPRESENTATIVE DATE SIGNED HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI				
DATE	10/9/2	013		
PAGE	3	OF	4	-

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

7. According to the underground storage tank records reviewed during the inspection, the designated operator failed to complete monthly inspection reports with accurate annual monitoring certification and 989 secondary containment dates on them. For example, the last complete secondary containment testing was performed on 10/16/09 and due by 10/16/12 (Partial testing was performed on 3/29/10 due to replacement of a vent pipe only). This specific violation was also cited during the last inspection on 7/19/12.

<u>VIOLATION 3192</u> - Designated operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715(c)(d)(e)

NOTICE TO COMPLY - Complete forms each month per instructions by designated operator for facility and submit evidence of return to compliance to my attention within 30 days.

Summary of Hazardous Materials Violations:

8. Facility has failed to submit a current Hazardous Materials Business Plan elements; including chemical inventory/hazardous waste, annual list of carcinogens, emergency training/response plan, and underground storage tank forms, and site map, through the CERS system.

<u>VIOLATION 1017</u> -Business Plan not certified annually. 25505(d)&(e)2 NOTICE TO COMPLY - Within 30 days, submit to my attention, a complete CERS submittal, for my review to return to compliance.

Summary of Hazardous Waste Violations:

9/11/10. During the walk-through inspection, 4 - 5 gallon containers storing RCRA pharmaceutical waste located in caged outside storage area, and 1 - 5 gallon container storing RCRA pharmaceutical waste located in the pharmacy were either missing hw labels or missing information/accumulation start dates from the labels, therefore not complying with qualifying criteria for satellite accumulation. Violation 0227 was also cited for the RCRA pharmaceutical wastes during inspections dated $6/23/11 \le 7/19/12$ and facility could not provide evidence that RCRA waste has been properly disposed of in the past 3 years.

VIOLATION 0221 - Failed to comply with satellite regulations. 66262.34(e) on 6/23/11 and evidence of proper disposal could not be provided. VIOLATION 0225 - Hazardous waste is stored in excess of allowable time period without a State permit or written variance (SQG). CCR 66262.34, CFR 262.34 VIOLATION 0227 - Hazardous waste container and/or tank are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34(a)(2), 66262.34(a)(3), 66262.34(f) NOTICE TO COMPLY - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste. Dispose of hazardous waste at least annually for satellite accumulation areas. Submit to my attention, within 30 days, evidence of return to compliance.

12. Facility has failed to adequately train employees in proper management of hazardous waste) which includes labeling and disposal in accordance with regulatory requirements. This violation was also cited during the 6/23/11 and 7/19/12 inspections. <u>VIOLATION 0407</u> - Employee training program not adequate. CFR 262.34(d)(5)(iii) <u>NOTICE TO COMPLY</u> - Provide required training and maintain records documenting training topics, attendance, and dates. Submit evidence of compliance to my attention within 30 days.

SIGNATURE OF FACILITY REPRESENTATIVE HM-9110-E (11/08)

10/17/ DATE SIGNED

Facility Manager TITLE OF FACILITY REPRESENTATIVE

White: HMD Copy Yellow: Facility Copy DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261





SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

DATE 10/9/2013 PAGE 4 OF 4	PERMI				
PAGE 4 OF 4	DATE	10/9/2	013		
	PAGE	4	OF	4	_

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

Within 30 days, complete the Corrective Action Form provided. With corrective action taken to resolve the items noted above, attach any requested documentation and submit to my attention.

Summary of attachments provided:

· Corrective Action Form to Document Return to Compliance

Applicable Violation Checklists were provided to facility at the end of the 10/9/2013

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)712-5975 San Marcos, CA 92078 FAX (760)940-2853

DI

IONA TITLE OF FACILITY REPRESENTATIVE

SIGNATURE OF FACILITY REPRESENTATIVE HM-9110-E (11/08)

DATE SIGNED White: HMD Copy Yellow: Facility Copy DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

	COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT	PAGE 1 OF 4 DATE 10/9/2013 PERMIT # 114230 BUS. CODE K65 TIME START 09:00am END
FACILITY NAM	E Palomar Medical Center	SPECIALIST Michelle Chairs INSPECTION CONTACT
ADDRESS 555 E	Vailey Parkway	Darrell Ros- Scott Foster
CITY/ZIP Escon	dido / 92025	TITLE Lead Engineer

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penaly less likely.

N/A.	NOTE: Reinspection fees will	l be charged if additional inspections a	are required to determine compliance.
N/A	TOTE: Reinspection rees the	i be charged if additional inspections a	are required to determine compliance

N/A^{*}

Unified Program Facility Permit current
Hazardous Materials Business Plan available
Employee Training is adequate
Waste disposal records available for review
Emergency contacts current [] Updated today

Emergency contacts current []Updated today Chemical inventory/map current [] Updated today

Consent to inspect granted by: 🛛 Inspection Contact 🗌 Other:

The Summary of Violations provided today may not be the final report. If a final report is necessary, it will detail the violations observed during the facility inspection and will be issued within five (5) days. For multi-day inspections, a summary of violations will be issued at the end of the inspection.

ROUTINE INSPECTION

Routine	Inspection	was pe	rformed	with S	scott	50 31	er f	bud	Stel	Ven Fo	x- Fa	ciliti	ex,
Consent	was obtain	ed by 🍃	feven i	τοx	- :	facili	ty r	epres	senta	tive, to	perfo	rm insp	pection.
	fees were penalties		9/30/201	13 and	fees	owed	for	2013	are	\$5,742,	which	do not	include

Photographs will be taken with consent from the facility representative if needed.

Palomar Medical Center was a full service 319 bed acute care medical center and served as North County's designated trauma center. This facility is now

The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.

Stericycle is used for biohazardous red bag, sharps, laboratory, pharmaceutical, chemotherapy, and medical solid wastes. EXP Pharmaceutical Services Corporation is used for

☐ This is an annual certification that the Hazardous Materials Business emergency contacts, emergency response plan, and employee training plan) information required in the H&SC and is maintained at the site where hazar	Plan (inventory & site map, is current and includeall the rdous materials are stored. Initials of Facility Representative						
PRINTED NAME OF FACILITY REPRESENTATIVE	DATE SIGNED						
Steve Fox	10, 9, 1.3						
SIGNATURE OF FACILITY REPRESENTATIVE	TITLE OF FACILITY REPRESENTATIVE						
x stan Te							
Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261							
Phone: (619) 338-2222 Toll Free: (800) 253-9933 http://www.sdcdeh.org							

DISTRIBUTION: WHITEHMD COPY; YELLOW-FACILITY COPY

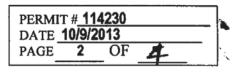
Permit Expires on: 9/30/2013

Contingency Plan available 🗌 LQG 🖾 SQG

Employee Training records available Universal waste managed properly Waste containers + closed | labeled

Waste containers in good condition

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT



FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

reverse distribution of expired pharmaceuticals.

A routine UST monitoring system certification was conducted during this inspection and was due by 7/19/2013. The last secondary containment 989 testing was performed and passed on 05/01/2013 (and was due by 10/16/2012) and the next testing is due by 10/16/2015 (or during the annual monitoring inspection).

UST Operating Permit expires on 12/11/2013 and will not be re-issued until facility is in full regulatory compliance.

This inspection covers the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management regulations.

Assistance was provided to facility to input current hazardous materials information into CERS during this inspection.

Applicable Violation Checklists and a Return to Compliance forms were provided at the end of inspection.

The following is a Notice to Comply for the violations observed.

A final report will be issued within 5 business alays. Facility is requesting name change to: Palomar Health Downtown Campus,

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)712-5975 San Marcos, CA 92078 FAX (760)940-2853

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

Anna TITLE OPFACILITY REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	T # 11	4230	
DATE	10/9/2	013	
PAGE	2	_ OF	4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

reverse distribution of expired pharmaceuticals.

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151 E. Carmel Street PHONE (760)712-5975 San Marcos, CA 92078 FAX (760)940-2853

RE OF FACILITY REPRESENTATIVE

White: HMD Copy Yellow: Facility Copy HM-9110-E (11/08)

MANA TITLE OPFACILITY REPRESENTATIVE DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



PERMIT#: 114230

PAGE:

DATE:	10/09/	2012
DAIL	10/ 07/	2015

3

OF

COMPLIANCE INSPECTION REPORT

 BUSINESS ADDRESS:
 555 E Valley Parkway
 Escondido
 ZIP:
 92025

 VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION					
	Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V	
*	1	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101	1	6	Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	8	
		Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment	3115		
OK	2	All permit operating conditions not met. 25284; 2712	3158	R	L	components not completed. 25284.1, 25291(a)(2); 2637	•		
		UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151		
		CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152		
	2	Current evidence of financial responsibility not				Monitoring Cert. not submitted to CUPA w/I 30 days. 2638(d)	3161		
	<u> </u>	available. 25292.2(a), 25299.33; 2809	3105	1	'	Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193		
		Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106		•	Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154		
		Monitoring procedures not available/completed/ submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162		
		Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163		
		Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157		
	4	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110	V		All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164		
		Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116		-	UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160		
	5	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191	~	7	Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite.2715 (c)(d)(e)	3192	~	

UST SYSTEM INSPECTION	TA	NK#				
Requirements applicable for both, single & double walled systems	PRO	DUCT				
# VIOLATION DESCRIPTION	NOV	VIOL	V	V	v	V
Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
UST system does not have an approved overfill protection system. 2635(b)(2)		3254	1			
Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255	1			
Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
Secondary containment system components not liquid free. 2631(d)(4)		3257				
Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
Secondary containment piping obstructed preventing drainage to sump. 2632		3262	1			
Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
Spill containment not tested annually. 25284.2		3264			1	
UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265	1		(
UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268	t	1		
UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION						
System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301	1	1		
Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302		1		-
Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS				1		
Temporary closure requirements not completed. 25298, 2671		3322		1		
Linused tank not properly closed. Permanent closure requirements not met. 25298-2672		3324				
Stam Fe 1019113		Facilit	y Mi	nan	e-e	
Signature of Business Representative Date Signed		Title of B	usiness R	epresent	ative	

DEH:HM-928 (Revised 06/05) NCR

DISTRIBUTION WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS



1

COUNTY OF SAN DIEGO

PERMIT #:

COMPLIANCE INSPECTION REPORT -

<u>114230</u> DATE: <u>7 / 19/ 2012</u>

USI	INESS ADD	RESS: 555 E Vallev Parkwav Escondido		:	ZIP: <u>9</u>	2025		
		UST SYSTEM INSPECTION		TANK #				
	Poquiro	ments for Double Walled Systems		PRODUCT	1			
#	Trequire	VIOLATION DESCRIPTION			 			<u>├</u> ──
			NOV		V	v	v	l v
PIPI		RING: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)	NOV	VIOL	V V	•	V	–
		audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410		r	 	_
		ector not installed, not functional, or not tested. 2636(f)(2),25284.1(a)(4)(C),2641(j)		3411	$\vdash \not$			—
		No annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412	\vdash		L	┞──
		No pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5)		3413	V -		┝───	
		No pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414	1			_
	OPTION 3 Monitoring st	Emergency Generators without LDs: ystem not checked daily or log (record) of daily checks not available. 2636(f)(6)		3415/	1			1
		Vapor or pressure monitoring system not functioning. 25290.1 (d&e)	-	341.5				
DIDI	1	RING: SUCTION SYSTEMS			en lis		1 nd 1 da	1.1
		audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451	The state of the s	<u></u>		
				/	1		L	L
		ments for Single Walled Systems		/		· · · · · , · · ·		
FAN		RING REQUIREMENTS	/	2504	<u> </u>			14 ⁹ 1
	OPTION 1	Monthly 0.2 gph tank gauging test not performed. 2643(b)(1)	\vdash	3501	─			<u> </u>
	OPTION 2	Monthly Statistical Inventory Reconciliation (SIR) not performed. 25292(b)(1); 2643(b)(3)		3502				
		Stick not in good condition or without 1/8" increments. 2045, 2646		3503				
		Dispenser meters not calibrated. 2646.1		3504	_			ļ
		SIR not capable of detecting 0.2 gph release. 2643(b)(3)		3505				<u> </u>
		Did not notify HMD of a possible release within 10 days. 2646.2(d)		3510				
		Biennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506				
		Annual SIR report not submitted. 2646.1(j)		3507				
	OPTION 3	Weekly manual tank gauging not performed. (UST capacity <1000 gallors). 2645		3508				
		Annual integrity test not performed. (UST capacity 1000 gallons or less). 2645		3509				
PIPI	NG REQUIR	EMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2/3, & A						
		tector (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551				f
		ot shut down pump with release and detector failure/disconnection. 2666(c)		3552				
	OPTION 1	Hourly line leak detector monitoring not performed. 25284.1(a)(4) (C); 2643(c)(1)		3553				
		Monthly electronic line leak detection not performed. 2643(c)(2)	\mathbf{X}	3554				
	OPTION 2	Hourly line leak detector monitoring not performed. 25294.1(a)(4) (c); 2643(c)(1)		3561	1			
		Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562				
	OPTION 3	Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563				
		Annual piping integrity test not performed. 2643(s)(3)		3564				
	OPTION 4	Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		\3565				
		Line leak detector could not detect 0.1 gph at/150% pressure. 2643(c)(3)		3566				
PIPI	NG REQUIR	REMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING				lat "of		ĝ.
		ity test not performed every 3 years. 2643(g)		3604		that has made	<u> </u>	1 N
		ring not performed and/or logged. 2643(d) Appendix II		3602			<u> </u>	<u> </u>
		REMENTS: SINGLE WALLED SAFE/SUCTION PIPING				ar s		†
1171		ne check valve or single valve not located property. 2641(b), 2636(a)(3)		3651		<u>`</u>	 	f
		not drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652	1.5			†
		REMENTS: SINGLE WALLED GRAVITY PIPING			$\overline{\nabla}$			\mathbf{t}
PIPI				2704	├ ``		<u> </u>	⊢
		rity test not performed every 2 years. 2643(e)		3701		 		
	Enhanced le	ak detection not performed as required. 25292.4(a)		3702	1			

Signature of Business Representative

Date Signed

Title of Business Representative

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COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT #	114	4230	
DATE 10/)9/2	2013	
PAGE	4	OF	4

	Handlers of Hazardous Materials						
FACILITY ADDRESS: 555 E Valley Parkway Escondido				ZIP: 92025			
VIOLATION REPORT. The items checked below refer to specific section numbers of Titles 19, 22 & 27 of the California Code of R egulations (CCR), Chapters 6 5, 6 67 & 6.95 of the Health and Safety Code, and or the San Diego County Code (SDCC) Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR).							
and/or the San De	tego County Code (SDCC) Small Quantity Hazardous Waste Generator=(SQG); La ust be corrected. Submit documentation of return to compliance to your	iree Ha	zardı	ous Wa	iste Quantity Generator=(LOG): Code 40 of Federal Regulations=(CFR).		
All violations m	liance. Your Specialist can provide this form. Please call (858) 505-6880	or you	ur S	pecial	ist if you have any questions.		
	HAZARDOUS MATERIALS REQUIREMENTS HAZWASTE REQUIREMENTS FOR LQGs & SQGs						
Viol # V	VIOLATION DESCRIPTION	Viol #		V	VIOLATION DESCRIPTION		
7 1001	UPF permit not obtained for hazardous materials SDCC 68.905	STO	RA		ND HANDLING		
1002	Hazardous Materials Business Plan (HMBP) not established/			_	Used oil intentionally contaminated with HW. 25250.7(a)		
	implemented. 25503.5(a)				Used oil filters improperly managed. 66266.130		
	HMBP not submitted to the CUPA. 25505(a)				Failed to label bazardous materials within 10 days or less		
	Emergency contact not provided or current. 25509(a)(7)		ıп.	0216	25124(b)(3)(A) & 66262.34(f)		
	Highly toxic gas (TLV≤10 ppm) not disclosed. 68 1113(b)			0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262 34(f)		
	Did not submit annual carcinogen/reproductive toxin hst 68.1113(c)		-		Failed to label &/or close drained \Box used oil filters &/or \Box used fue		
	Site map is not sufficient or complete 25509(a)(5) & 25505(a)(2)			0218	filters. 25250.22 & 66266.130(c)(3)		
	Did not report release or threatened release. 25507(a), 19 CCR 2703			0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)		
	SPCC Plan not prepared. 25270.3 & 25270.4 5(a)						
1013	Copy of HMBP not onsite for inspector's review 25505(e)		. .		Spent lead acid batteries not properly managed. 66266 81		
1014	HMBP is incomplete/inadequate/not amended to reflect changes 25504, 25505(a)(2) &/or 25509(a), 25505(b); 19 CCR 2729 & 2729.1	9	_		Failed to comply with satellite regulations. 66262.34(e)		
0 1015	Did not have adequate employee training program 2732 &/or 25504(c)			0222	Failed to properly label ERM. 25143.9(a)		
	Failed to have an adequate emergency response plan 25504(b), 2731			0223	Failed to properly manage <u>non-empty</u> container or inner liner removed from a container. 66261.7(b), (d) &/or (r)		
8 1017	Business Plan not certified annually 25505(d) & (e)(2) Inventory not amended for 100% increase of hazardous material onsite			0224	Failed to mark date on empty container larger than 5 gallons &/or		
1018	or inventory is incomplete. 25509, 25510	-		0237	Failed to properly dispose of UW within one year. 66273.35(a) &/or (b)		
019	SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref CFR 112.1(b) & CFR 112.5]		1	0238	Eailed to manage LIW in a manner to prevent release(s) to the		
1020	Failed to submit Unified Program Consolidated Form(s) to the CUPA for regulated activity or change of information. 27 CCR 15400 1(b) &/or SDCC 68 906, 68.909, &/or 68 908.2		_		Failed to properly label or mark UW (non-CESQUWG). 66273.34		
	ASTE REQUIREMENTS FOR LOGs & SQGs	H	IA7	ZWA	ASTE REQUIREMENTS FOR SOGS ONLY		
RECORDKE		STO	RA	GE A	ND HANDLING Pursuant to 66262,34(d)		
	Unified Program Facility (UPF) permit not obtained SDCC 68.905		1 .	0225	A commutated wants too long $(>180 \text{ or } 270 \text{ days})$ 66262 34(d)		
	Failed to obtain & maintain a valid EPA ID Number 66262.12(a)	μ			CFR 262 34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]		
	Failed to obtain a maintain a value of A 1D Mainten (00202, 12(a)) Failed to send manifest copy to DTSC, 66262 23(a)(4)	-			Did not accumulate waste in container or tank. 66262.34(d)(2)		
	Failed to send mannest copy to D132, 00202 22(4)(4) Failed to file Exception Report with DTSC, 66262.42	10			Failed to properly label/date hazardous waste container &/or tank. 66262 34(f)		
			-		Failed to keep container closed. CFR 265.173		
0135	Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3), 25185(a)(4)	<u> </u>	_		Failed to conduct weekly inspections. CFR 265.174		
0136	Did not have records of battery disposal 66266.81(a)(4)(B)				Failed to maintain aisle space. CFR 265.35		
0137	Failed to complete manifest properly 66262.23(a)		_		Failed to properly separate incompatible wastes. CFR 265.177		
0138	Manifest signed by the TSDF not available for inspection, 66262 40(a)		-		Waste accumulated in a container in poor condition CFR 265.171		
0140	Failed to have LDR documentation onsite. 66268 7(a)(8)				Failed to use a lined/compatible container. CFR 265.172		
0141	Failed to obtain approval for TSDF 25201(a)				Did not maintain &/or operate facility to prevent release or fire. CFR 265.3		
	Failed to notify CUPA for eligible onsite treatment 25201(a)				CONTINGENCY PLAN & ER PROCEDURES		
0145	ERM reporting not submitted biennially &/or available, 25143 10				<pre>56262.34(d)(2) Employee training program not adequate CFR 262.34(d)(5)(iii)</pre>		
0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM) 25143 2(f) & 66261.2(g)	<u> </u>	-		Failed to post ER plan by phone. CFR 262 34(d)(5)(ii)		
	Failed to keep records of offsite universal waste (UW) shipment(s)	-	-		 Spill/fire control equip not available CFR 265.32(c) 		
	available for inspection for 3 years. 66273.39(c) & (d)(2), 25185(a)(4) Failed to keep copies of analytical results, waste analysis records,	-		0409	Failed to equip facility with internal communication or alarm		
	or waste determination results. (5 years) 00202 40(C)			0411	Failed to carry out contingency plan during an emergency.		
	Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250 22 & 66266.130(c)(5) AND TRANSPORTATION				Failed to have an emergency coordinator on call or available during		
	Unauthorized disposal of hazardous waste, 25189 5(a) or 25189(c) or (d) or 25189.2(c)			0412			
	Unlawful transportation of hazardous waste (HW). 25163(a)	<u>HAZ</u>	AR	DOU	S WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)		
	Did not use HW manifest for disposal 66262 20(a) $25160(b)(1)$ or (2)			1612			
	Failed to make a proper waste determination. 66262.11 & 66260 200(c)			1613	Failed to comply with tank standards which include: two (2) feet of freeboard (where applicable), shut off for waste feed line, and daily		
	Disposed of used oil illegally. 25250.5(a) & 25189.5(a) or 25189(c) or (d) or 25189.2(c)		1		and weekly inspections CFR 265.201(b) & (c)		
	Disposed of latex paint illegally. 25217.1			1614			
	Disposed of latex paint megany, 25217.1 Disposed of UW to an unauthorized point 25189.5(a) or 25189(c) or	-		1/14	Failed to safely accumulate ignitable or reactive waste in a tank.		
0307	(d) or 25189.2(c); 66273.31(a)	<u> </u>		1615	CFR 265.201(e)		
0308	Impermissible dilution of hazardous waste. 66268 3(a)	L	J	1616	5 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)		

Sem Fre SIGNATURE OF FACILITY REPRESENTATIVE HM-923 (06/11) NCR

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Facility Manager TITLE OF FACILITY REPRESENTATIVE

10/9/13 DATE SIGNED DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

DEH 200 2 . HUPPP . 114230

Rec'd fr Tanya on 8/19/2013

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Stat Div P.O	State of California State of Water Resources Control Board Division of Clean Water Programs 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									
CCR: 500,000	ı mill	ounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, i million dollars annual aggregate or 2 million dollars annual aggregate							
B. Palomar Health (Name of Tank Owner or Operator) 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	Mechanis Numbe		Coverage Amount	Coverage Period	Corrective Action	Third Party Comp		
Pollution Liability Coverage	on Liability BHG Risk Mgmt Authority Certificate		nt	\$3,000,000.00/ \$6,000,000.00	7/1/13 to 7/1/14	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 Palomar Medical Center				Facility Address 2185 Citracado Parkway, Escondido, CA 92029					
Facility Name Palomar Health Downtown Campus				Facility Address 555 E. Valley Parkway, Escondido, CA 92025					
Facility Name Pomerado Hospital			Facility Address 15615 Pomerado Road, Poway, CA 92064						
E. Signature of Trans Owner or Operator Date 8/19/12			Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer						
	Signure of Witness or Notary / Date Duty Duty / Date S/19/12 CFR (Revised 04/95) FILE: Original - Loc				Name of Witness or Notary Tanya Howell, Executive Assistant Incal Agency Copies - Facility/Site(s)				

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

		Certificate Number: C-13-691		Amendment No.: H210-01					
Issued to: Palomar Health									
Effective Date: 07/01/13 at 12:01 a.m.	Expiration Date: 07/0	01/14 at 12:01 a.m.	Addition	al Contribution: Per Contract					

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BETARMA AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in boldface are defined in Section C or in Section 1 of the Contract.)

A. BETARMA'S Basic Obligation. What BETARMA will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$3,000,000 per Claim and \$6,000,000 in the aggregate for all Claims first made and reported to BETARMA during the Contract Period, BETARMA will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the Bodily Injury or Property Damage is caused by an Occurrence that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the Member had no knowledge of facts or circumstances that would cause a reasonable person to believe that a Claim might be made; and

c. the Claim is first made against the Member during the Contract Period and is reported in writing to BETARMA as soon as possible, and in no event later than thirty (30) calendar days after the termination of the Contract Period.

2. BETARMA has the right and duty to defend any covered Claim brought against a Member. This means that BETARMA will pay all reasonable Defense Expenses incurred in defending the Claim, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BETARMA will reduce the Limit of Liability provided by this Amendment. The most BETARMA will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nu C-13-69		Amendment No.: H210-01					
Issued to: Palomar Health								
Effective Date: 07/01/13 at 12:01 a.m.	Expiration Date: 07/01/14 at 12:01 a.m.	Addition	Additional Contribution: Per Contract					

alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 6 of the Certificate of Participation. BETARMA's right and duty to defend ends when BETARMA has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

4. Storage Tank Limitation: However, coverage for Bodily Injury or Property Damage arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any Member is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 14 and 15, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any Occurrence commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of Pollution, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BETARMA or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more Claims are treated as a single Claim under the definition of "Claim," the single Claim shall be considered first made when the earliest of the Claims is first made, and one Deductible and

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BETA Risk Management Authority ("BETARMA") A Public Entity AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate N C-13-6		Amendment No.: H210-01		
Issued to: Palomar Health					
Effective Date: 07/01/13 at 12:01 a.m.	Expiration Date: 07/01/14 at 12:01 a.m	. Addition	al Contribution: Per Contract		

one Limit of Liability shall apply to all such Claims.

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6. The Member must notify BETARMA, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

a. how, when and where the Occurrence, act, error or omission took place;

b. the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the Contract Period the Member becomes aware of an Occurrence, act, error or omission that may reasonably be expected to give rise to a Claim against a Member for Bodily Injury or Property Damage arising out of or resulting from Pollution and reports to BETARMA in writing all the information set forth in clause 6 above, and the manner in which the Member first became aware of the Occurrence, act, error or omission, then any Claim subsequently arising from such reported Occurrence, act, error or omission shall be deemed to be a Claim made during the Contract Period in which the Occurrence, act, error or omission was first duly reported to BETARMA.

8. Incident reports, trending reports or other data collection reports to BETARMA do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the Named Member or BETARMA, the Named Member shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the Named Member's election is received by BETARMA within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for Claims which are otherwise covered under this Amendment and are first made and reported in writing to BETARMA as soon as possible during the extended reporting period by reason of an Occurrence which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BETARMA at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BETARMA will pay.

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed

BETA Risk Management Authority ("BETARMA") A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nur C-13-691	nber: Amendment No.: H210-01
Issued to: Palomar Health		
Effective Date: 07/01/13 at 12:01 a.m.	Expiration Date: 07/01/14 at 12:01 a.m.	Additional Contribution: Per Contract

to reimburse BETARMA for any amount BETARMA has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BETARMA.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R Cory Grove-

Authorized Representative of BETARMA

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	RECEIVE
	DEH2002. HUPFP. 114250 VE
County of	San Diego NOV 19 2013
DEPARTMENT OF ENVIRONMENTAL H	HEALTH-HAZARDOUS MATERIALS DIVISION ENVIRONMENTAL
(619) 338-2222 FAX (619)	MONITORING SYSTEM CERTIFICATION
By All Jurisdictions Within the State of California Authority Cited: Chapter 6.7 This form must be used to document testing and servicing of monitoring equipm	, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations nent. A separate certification or report must be prepared for each monitoring system control rovided to the tank system owner/operator. The owner/operator must submit a copy of this Permit Number:
Facility Name: Palomar Medical Center	
Site Address: 555 East Valley Parkway	City: Escondido Zip: 92025
Facility Contact Person: Scott Foster	Contact Phone No.: (760) 644-7120
Make/Model of Monitoring System: Pneumercator / TMS2000	Date of Testing/Servicing: 10/9/2013
B. Inventory of Equipment Tested/Certified Check	he appropriate boxes to indicate specific equipment inspected/serviced:
Tank ID: Diesel 10k	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: 825-100F	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model: LS 600 DLBM	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model: LS 600 DLBM	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Tank ID:	
In-Tank Gauging Probe. Model:	🗌 In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Dispenser ID:	Dispenser (D:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	□ Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s). Discussion: Discussion: Charles (Charles (Charle	Shear Valve(s).
Dispenser Containment Float(s) and Chain(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): INIA

Technician Name (print): John Kneisel	Signature:
Certification No.: Pneumercator_10880 / ICC_5252941 UT	
Testing Company Name: Petroleum Tank Testing Inc.	Phone No.: (661) 943-0989
Testing Company Address: 42143 Valley Vista Dr., Quartz Hil	I, CA 93536 Date of Testing/Servicing: 10/9/2013



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-5261 (619) 338-2222 FAX (619) 338-2377; 1-800-263-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

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.

Plan Check Number: A. General Information **Permit Number:**

Facility Name:	Palomar Medical C	enter			Bldg. N	o.:
Site Address:	555 East Valley Park	way	City:	Escondido	Zip	: 92025
Facility Contact	Person: Scott Foste	r		Contact Phone No .:	(760) 644-7120	
Make/Model of	Monitoring System:	Pneumercator / TMS2000		Date of T	esting/Servicing:	10/9/2013

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

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).

*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):

Technician Name (print): John Kneisel	Signature:
Certification No.: Pneumercator_10880 / ICC_5252941 UT	
Testing Company Name: Petroleum Tank Testing Inc.	Phone No.: (661) 943-0989

D. Results of Testing/Servicing

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Software Version Installed: 900461-1-Rev. T

Complete	the follow	ing 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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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: Suction system.

F. In-Tank Gauging / SIR Equipment:

 \Box Check this box if tank gauging is used only for inventory control. \boxtimes 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):

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: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 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:

Page 3 of 3

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UST Monitoring	Site Plan		
Site Address: 555 E. VALLEY PARKLAY	Espana	(A	91015
Site Address: Er Adden TAICACE AT	C.OCON BI BIL	<u> </u>	
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Date map was drawn: 10,9,15

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

Monitoring System Certification

Page 4 of 4

12/07

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION						
Facility Name:	Palomar Medical Center		Date of Testing:	10/9/2013		
Facility Address:	555 Valley Parkway, Escondido, CA 92025				_	
Facility Contact:	Scott Foster	Phone:	(760)644-7120			
Date Local Agency W	as Notified of Testing :	10/3/2013			_	
Name of Local Agency Inspector (if present during testing):		Michelle Ch	airs			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Petroleum Tank Testing	
Technician Conducting Te	t: John Kneisel	
Credentials ¹ : CSLB C	ontractor ICC Service Tech. SWRCB Tank Tester Other (Specify)	
License Number(s):	5252941UT	

3. SPILL BUCKET TESTING INFORMATION				
Test Method Used:	Hydrostatic	□ Vacuum	□ Other	
Test Equipment Used: Visual			Equipment Resolution:	+/- 1/16"
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel 10k	2 Diesel 3k	3	4
Bucket Installation Type:	☐Direct Bury ⊠Contained in Sump	☐Direct Bury ⊠Contained in Sump	□Direct Bury □Contained in Sump	☐Direct Bury ☐Contained in Sump
Bucket Diameter:	12"	12"		
Bucket Depth:	14"	14"		
Wait time between applying vacuum/water and start of test:	15 Min.	15 Min.		
Test Start Time (T _I):	9:00	9:00		
Initial Reading (R1):	12 1/2"	12 1/2"		
Test End Time (T _F):	10:00	10:00		
Final Reading (R _F):	12 1/2"	12 1/2"		
Test Duration $(T_F - T_I)$:	60 Min.	60 Min.	· · · · · · · · · · · · · · · · · · ·	
Change in Reading (R _F - R _I):	0.0"	0.0"		
Pass/Fail Threshold or Criteria:	Visual	Visuai		
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)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: ____ 10/9/2013____

State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

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Date 10/09 Time 11:46

Overfl____ Alarm Input #____03

Rlarm Id Sensr Detail Closed

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Site id 00090 Unit id 00 Date 10/09

Time 11:48 Hibiah Alard Tolin Insat i

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Rlarm PALOMAR MEDI. CTR. 555 E. VALLEY PRKW. 10/09/13 11:49 Site id 20070 Unit 10 Site id 20070 Site i

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County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261. SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

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 a the local agency regulating LIST systems within 30 days of test date

Plan Check Number: A. General Information	Permit Number:
Facility Name: Palomar Medical Center	Bldg. No.:
Site Address: 555 East Valley Parkway	City: Escondido Zip: 92025
Facility Contact Person:	Contact Phone No.: ()
Make/Model of Monitoring System: Pneumercator / TMS2000	Date of Testing/Servicing: 7/19/2012
B. Inventory of Equipment Tested/Certified Check the	e appropriate boxes to indicate specific equipment inspected/serviced:
Tank ID: Diesel 10k	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: 826-100F	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model: LS 600 DLBM	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model: LS 600 DLBM	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Lenk Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Tank ID:	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page-2).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	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.

Dispenser Containment Float(s) and Chain(s).

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):

Technician Name (print): John Kneisel	Signature:	JA AL	
Certification No.: Pneumercator_10880 / ICC_5252941 UT		AHAZ_728872	
Testing Company Name: Petroleum Tank Testing Inc.		Phone No.: (661) 943-0989	
Testing Company Address: 42143 Valley Vista Dr., Quartz Hil	II, CA 93536	Date of Testing/Servicing: 7/19/2012	· · .
Page 1	of 3		



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P.O. BOX 129251, SAN I	DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 3	338-2377; 1-800-253-9933
	IONITORING SYSTEM CERTIFICATION
This form must be used to document testing and servicing of monitoring equipment	Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations m. <u>A separate certification or report must be prepared for each monitoring system control</u> wided to the tank system owner/operator. The owner/operator must submit a copy of this Permit Number:
A. General Information	
Facility Name: Palomar Medical Center	Bldg. No.:
Site Address: 555 East Valley Parkway	City: Escondido Zip: 92025
	Contact Phone No.: ()
Facility Contact Person:	
Make/Model of Monitoring System: Pneumercator / TMS2000	Date of Testing/Servicing: 7/19/2012
B. Inventory of Equipment Tested/Certified Checkth	e appropriate boxes to indicate specific conjument inspected/serviced:
Tank ID: Diesel 3k	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: 825-100F	Annular Space or Vault Sensor. Model:
Image: Sump / Trench Sensor(s). Model: LS 600 DLBM Image: Sump / Trench Sensor(s). Model: LS 600 DLBM	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model: LS 600 DLBM Model: Model:	Fill Sump Sensor(s). Model:
	Mechanical Line Leak Detector. Model: Electronic 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 Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).
Tank ID:	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model: 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).
Other (specify equipment type and model in Section E on Page 2).	and speen y equipment type and motion in section is on rage 2).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	
Shear Valve(s).	Dispenser Containment Sensor(s). Model: Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Order Varve(s), Dispenser Containment Float(s) and Chain(s),
*If the facility contains more tanks or dispensers, copy this form. Include informati	
C. Certification - I certify that the equipment identified in this document was this Certification is information (e.g. manufacturers' checklists) necessa	s inspected/serviced in accordance with the manufacturers' guidelines. Attached to ry to verify that this information is correct and a Plot Plan showing the layout of
System set-up Alarm tistory report	eports, I have also attached a copy of the report; (check all that apply):
	<i>IL_N/</i> //

Technician Name (print): John Kneisel	Signature:
Certification No.: Pneumercator_10880 / ICC_5252941 UT	License. No.: AHAZ_728872
Testing Company Name: Petroleum Tank Testing Inc.	Phone No.: (661) 943-0989

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D. Results of Testing/Servicing

Software Version Installed: 900461-1-Rev. T

Complete the following checklist:

compiete	the lonow	ing theenist.
🛛 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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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: Suction system.

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Page 2 of 3

F. In-Tank Gauging / SIR Equipment:

 \Box Check this box if tank gauging is used only for inventory control. \boxtimes 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):

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: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 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:

Page 3 of 3

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Monitoring System Certification

UST Monitoring Site Plan Site Address: 555 VALLEY PARKWAY ESCONDIDO, CA 97075					
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Date map was drawn: <u><u>TIPIIZ</u>.</u>

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

Monitoring System Certification

Page 4 of 4

12/07

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

FACTI ITV INFORMATION

	I. FACILITI IN	ORMATION			
Facility Name:	Palomar Medical Center		Date of Testing:	7/19/2012	
Facility Address:	555 Valley Parkway, Escondido, CA 92025		- Hereiter		
Facility Contact:		Phone:	()		
Date Local Agency Wa	s Notified of Testing :	7/12/2012			
Name of Local Agency	Inspector (if present during testing):	Michelle Ch	airs		

2. **TESTING CONTRACTOR INFORMATION**

Company Name: Petroleum Tank	Testing
Technician Conducting Test: John W	ineisel
Credentials ¹ : CSLB Contractor	ICC Service Tech. SWRCB Tank Tester Other (Specify)
License Number(s): 5252941UT	

	3. SPILL BU	CKET TESTING INFO	RMATION	
Test Method Used:	Hydrostatic	□ Vacuum	□ Other	
Test Equipment Used: Visual			Equipment Resolution:	+/- 1/16"
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel 10k	2 Diesel 3k	3	4
Bucket Installation Type:	Direct Bury	☐Direct Bury ⊠Contained in Sump	□Direct Bury □Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	12"	12"		
Bucket Depth:	14"	14"		
Wait time between applying vacuum/water and start of test:	16 Min.	15 Min.		
Test Start Time (T ₁):	8:00	8:00		
Initial Reading (R ₁):	12"	12"		
Test End Time (T _F):	9:00	9:00		
Final Reading (R _F):	12"	12"		
Test Duration $(T_F - T_1)$:	60 Min.	60 Min.		
Change in Reading (R _F - R _I):	0.0"	0.07		
Pass/Fail Threshold or Criteria:	Visuał	Visual		
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)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: 7/19/2012

State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

DEH 2002 - HUPEP-11-4230 PERMIT#:114230



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE SPECIALIST: MICHELLE CHAIRS INSPECTION DATE: 7/19/2012

CONTACT: Stephen Fox

FACILIT	TY NAME PA	LOMAR MEDICAL CENTER					
ADDRE	ss 555 E Val	ley Parkway	CITY Escondido	ZIP <u>92029</u>			
VIOL #	DATE CORRECTED	INDICATE HOW VIOLA (Attach Any Supp	orting Documentation)				
1 v 3105	8/8/12	Copy was forwarded f - attached					
2 v:3193	8/8/12	Training Record was ser	Training Record was sent to facility from Contractor - attached Nonthly Visual Inspections are current in (UST) binder				
3 V 3192	8 8/12	, , , , , , , , , , , , , , , , , , ,					
4 v42.09	,	EVS placed proper hable		g ather			
5 v4391	7/31/12	Luble concerting Director & EUS - Alice Worner					
6	7/3/2	additional attached Connection e made to con					
7 v0238	211	Cour + contain replaced		fel when			
8 v0239	8/7/12	UN container was property					
9 V0225	8/8/12	Waghe was removed and con I year in Lewith of storage of					
10 v0227	8/9/12	- 1 year in Length of storage of materials Container was Lablack with proper information					
examined a	I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.						
-	Responsible Party: STEPHAN FOX Steven Fox Job Title FACILITIES MGR.						
Signatu	Signature of Responsible Party: Date: 7/19/2012						
		d completed form and supporting documentat					
<u>COUNTY OF SAN DIEGO USE ONLY:</u> Reviewed by: <u>M. Manager M. Date: 11/16/12</u> (Specialist's name and date required for processing)							
Specialis	Specialist's comments:						
			Based on information provid Based on field verification b	v Specialist			
X RTC		iva by Specialist on: <u>11/16/12</u> CRTC en rtment of Environmental Health, Hazardes Materials Divis	ion, P.O. Box 129261, San Diego, CA 92				
L		http://www.sdedeh.org 858	5-505-6880				
HM-926-w	vi (03/11)	WPC	totecl AA 4.2.13				



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE PERMIT#:114230

SPECIALIST: MICHELLE CHAIRS

Ń

INSPECTION DATE: 7/19/2012

CONTACT: Stephen Fox

FACILIT	гү	LOMAR MEDICAL CENTER		
ADDRE	ss <u>555 E Val</u>	ley Parkway	CITY Escondido	ZIP <u>92029</u>
VIOL #	DATE CORRECTED	INDICATE HOW VIO	LATIONS WERE CORREC	TED
1		containar was replaced	supporting Documentation) with sutuble replace	
v0232	7/30/12	use.		
2	8/9/12	use. soptimental training was po needing training.	informal to coepture	employees
v0407	1/1/12	needing training.	· · · · · · · · · · · · · · · · · · ·	
3				
V				
4 v				
5				
v				
6				· · · · · · · · · · · · · · · · · · ·
v				
7				
v				
8				
v 9				
v y				
10				
· · · ·		· · · · · _ ···	- · · · ·	
examined a	nd am familiar with	that this facility has corrected all violations marked on the https://www.com/contents/all/contents/all/content/conten	ie, accurate and complete. I am authorized to fi	
Respon	sible Party:	STEPHAN FOX	Job Title FACILITIE	SMGR.
		Print Name		
Signatu	ire of Respor		Date: <u>7/19/2012</u>	
		d completed form and supporting documer		
COUNT	Y OF SAN D	IEGO USE ONLY: Reviewed by:	ialist's name and date required for	Date: $\frac{1}{b}$
Specialis	t's comments:			
		ed on date listed above were corrected. va by Specialist on: <u>11</u> / <u>16</u> / <u>12</u> 🖾 RTC	Based on information provid Based on field verification centered in Kiva by Office Assis	by Specialist
		tment of Environmental Health, Hazardas Materials I	Division, P.O. Box 129261, San Diego, CA 92	
L		http://www.sdcdch.org	030-303-0000	

HM-926-wi (03/11)



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 921129261 (858) 505-6880 FAX (858) 505-6848 http://www.sdcdeh.org



Medical Waste Management Plan

		Fac	ility Inf	ormation	Unified Program F	acility
Business					Permit #:	
Name: <u>Palo</u>	<u>mar Health</u>					
Type of Bus	iness: <u>Medica</u>	al Center			Date: <u>7 /31 /201</u>	2
Address:	<u>555</u>	E. Valley Pkwy.		Escondido	<u>CA</u>	<u>92025</u>
	Street No.	Street Name		City	State	Zip Code
	Person Res	sponsible for impleme	<u>enting t</u>	he Medical W	aste Management Pla	<u>in</u>
Name: <u>Alice</u>	Warner					
Title: <u>Syste</u>	Title: System Director, EVS Phone: (760)739 X 2468					
		Types o	f waste	s generated		
		ades, scalpels, or broken gla vith biohazardous waste.	ass	or other regu	ody fluids - liquid blood o ulated body fluids, or articles ood or body fluids.	
	Estimated	l monthly amount <u>1,910</u>	lbs		Estimated monthly am	ount <u>82,191</u> lbs
Home-Generated Sharps Sector - recognizable human anatomical parts.					an anatomical	
	Estimated	monthly amount	lbs	perior	Estimated monthly an	nount <u>1,018</u> lbs
cultures, s	Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.				suspected to be ious to humans.	
	Estimated	monthly amount <u>13,452</u>	lbs		Estimated monthly an	nount lbs
	eated on site by	iohazardous laboratory chemical disinfection* and		exudates or	vaste - waste contaminated secretions from humans or to highly communicable dis	animals who are
	Estimated	monthly amount	lbs		Estimated monthly an	nount Ibs
	ontaminated w erapeutic age	ith fixatives or nts.		parts, tissue	ated animals - animal car s or fluids suspected to be c a are contagious to humans.	
	Estimated	I monthly amount <u>1,002</u>	lbs	Ligorito tritori	Estimated monthly an	nount Ibs
Californi		narmaceutical waste monthly amount <u>28,659</u>	lhs	Other (spe	cify): Estimated monthly an	nount Ibs
	Estimate o	of <u>TOTAL</u> monthly	medic	al waste ge	enerated: <u>391,727</u>	IDS
ONSITE M	EDICAL WAS	TE TREATMENT ONL	Y: Meth	od of medical	waste treatment if perf	ormed o <u>nsite</u> :
Steam A	utoclaving	Other state app	roved a	Iternative tech	nology (specify below):	
0	nsite medical	waste treatment record	s must l	be maintained	for three years. HSC §1	17975
the NIH, the CI	DC, or the Americ	or semi-liquid biohazardous can Biological Safety Associ e waste shall be managed in	ation. If th	ne chemical disinf	ection of the medical waste	causes the waste to

§25100) of Division 20.

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: Stericycle

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (323) 854 - 7133

Contact Person: Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

,,,,	
Facility Name: Stericycle - Autoclave Treatment	
Address: <u>2775 E. 26th St.</u>	
City: Vernon State CA ZIP Code 90058	
Phone #: (<u>951)897</u> - <u>7440</u>	
Contact Person: <u>Glenna Young</u>	Phone #:(<u>951)897</u> - <u>7440</u>
I hereby certify to the best of my knowledge and believe	the statements made herein are correct and accurate.
Name: <u>Alice Warner</u> Type or Print	
Title: System Director, Evs	
Signature: Alice Warner	Date: 7 /31 /12
Emergency Action Plan: Note: This requirement only applies to Large Quantit	y Generators of Medical Waste (≥200 lbs/month)
This plan is to be followed to ensure the proper disposal treatment system break down, power failure, etc. (600 chara	of medical waste in the event of a natural disaster, spill, acters max. for WORD interactive form - use additional sheets if necessary).
1. At Palomar West - In the event the San-I-Pak brea	ks down, and is out of service for more than 1 day, the
licensed hauler of medical waste which is contracted by	Palomar Health shall be called upon to haul the medical
waste generated by the hospital until the San-I-Pak is ret	urned to operation.
All other Palomar locations will continue to use a license	d hauler.

State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2121 (Instructions on reverse side)				For Str	ate Use Only			
	CERTIFICATIO	N OF FIN	ANC		ESPO	ONSIBIL	ITY	
	FOR UNDERGRO	UND STORAGE	TANK	S CONTA	INING F	PETROLEUM		
A. I am require Division 3, 0	d to demonstrate Financial Respons Chapter 18, Section 2807,	bility in the required a	imounts a	as specified in	California	Code of Regulation	ons (CCR), Title 2	23,
500	000 dollars per occurrence				1 millio	on dollars annual	aggregate	
X 1 m	or illion dollars per occurrence	AND		X	2 millio	or on dollars annual	aggregate	
	ar Health	hereby certif	les that	it is in comp	liance w	ith the requiren	nents of Sectio	n 2807,
California Code o	f Tank Owner or Operator) of Regulations, Title 23, Division a used to demonstrate financial r	3, Chapter 18, Arti esponsibility as rec	cle 3, Se quired b	ection 2807. y Section 28	07 are a	s follows:		
C. Mechanism Type	Name and Address of I	Mechar ssuer Numb		Cover Amou		Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BHG Risk Management Au BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507			\$3,000,000/ \$6,000,000		7/1/12 to 7/1/13	Yes	Yes
Note:	units the Olde Fundament							
this certifi	using the State Fund as any pe cation also certifies that you are re instructions.	e in compliance an	d shall	or financial r maintain coi	npliance	with <u>all</u> conditi	ons for particip	pation in the
D. Facility Name Facility Address								
Palomar Medical Center 2185 W. Citracado Parkway, Escondido, CA S				CA 92029				
Facility Name Facility Address Palomar Health Downtown Campus 555 E. Valley Parkway, Escondido, CA 9202				A 92025				
Facility NameFacility AddressPomerado Hospital15615 Pomerado				o Road, Po	oway, CA 9	02064		
E. Signature	of Tenk Ofener or Operator-	Date				Owner or Operat		
Signture o	f Witness or Notary	/2//2-		KODER A.		er, Chief Fi	nancial Off	ICEI
Jamas	Havel	7/12				Executive A	ssistant	
CFR (Revised)11/	08)	FILE: Original -	Local A	gency		Copies - F	acility/Site(s)	

- -

Facility Employee Trainir	1g
Facility Name Aloner Medical Center	Facility ID #
Facility Address: 555 E. Valley Parkway	Phone#
City/State/Zip Escondido Ca 92025	Fax#

Certified Facility Emergency Contact

The person(s) listed below have been trained in basic operation of the fuel system at the above stated facility as mandated by the SWRCD and in compliance with local regulatory agency. This Emergency contact will be primarily responsible for responding to any alarm conditions to include logging and reporting the alarm condition as well a notifying the owner/operator and/ or a qualified service technician, If required, to respond to the alarm condition in a timely manner.

It is not the responsibility of the certified Designated UST Operator to teach the Emergency contact person(s) to troubleshoot or in anyway repair an alarm condition. This certification is a basic guide to identifying the type of alarm so that a timely response can be addressed by the owner / operator and / or

qualitieo service technician.		
Name of person(s) to be Trained by Designated UST Operator 1_Scott F.Fester	Note type of training: 30 Day new hire Or Annual Training معتبر المحمد المعتبر	Training Date
2 Gregg Pather	Arwal Training New Hive	3/30/12
3 Bon Esmende	Annul Tring	3/30/12
4 Robert Giffer	Annul Training	3/30/12
5 Lin Munilo	Annul Training	3/30/12
б		
7		
8		
9		
10		

Note: The Local Regulatory Agency must be notified of any changes to this information within 30 days of the change.

I certify that, for the facility indicated above, the individual(s) listed have been identified by the owner/ operator as the Facility Emergency Contact(s). The individual(s) will respond to and document any alarm conditions for the fuel system during any given month during a calendar year. If a new employee is hired to replace a current facility emergency contact, that person must be trained within 30 days of being given designation as such.

Matt Biyant Name of Designated UST Operator performing training

3-30-2012

Date signed

5244637-un ICC Certification #

Signature

758-0469

Designated operator phone #

p.1



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (858) 505-6880 FAX (858) 505-6848 http://www.sdcdeh.org



Medical Waste Management Plan

		Facility	Information	Unified Program	Facility	
Business				Permit #:		
Name: Palo	mar Health					
Type of Bus	siness: <u>Medica</u>	I Center		Date: <u>2 /20 /20</u>	13	
Address:	555 Street No.	E. Valley Pkwy. Street Name	Escondido _{City}	CA State	<u>92025</u> Zip Code	
Person Responsible for implementing the Medical Waste Management Plan						
Name: Alice	Warner					
Title: System Director, Evs Phone: (760)739 X 2468						
		Types of w	astes generated			
Sharps - or syringe	Sharps - e.g., needles, blades, scalpels, or broken glass or syringes contaminated with biohazardous waste. Blood or body fluids - liquid blood or blood products, or other regulated body fluids, or articles contaminated with liquid blood or body fluids.					
	Estimated (monthly amount 22,465 lbs	5	Estimated monthly a	mount <u>92,967</u> lbs	
Home-G	enerated Shar	os	Pathology parts.	waste - recognizable hu	man anatomical	
	Estima	ted monthly amount 25 lbs	,	Estimated monthly amount 6,890 lbs		
Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.		removed surg	Surgical specimens - human or animal parts or tissues removed surgically or by autopsy and are suspected to be contaminated by agents which are contagious to humans.			
	Estimated	monthly amount 6,726 lbs	5	Estimated monthly a	mount lbs	
waste - ti	reated on site by d to sewer.	iohazardous laboratory chemical disinfection* and	exudates or isolated due	aste - waste contaminal secretions from humans to highly communicable	or animals who are diseases.	
	Estimated	monthly amount lbs	5	Estimated monthly a	amount lbs	
	ontaminated w erapeutic age	ith fixatives or nts.	parts, tissues	ted animals - animal c s or fluids suspected to be are contagious to humans	contaminated by	
	Estima	ted monthly amount 43 lbs	6	Estimated monthly a	amount Ibs	
Californi		armaceutical waste monthly amount <u>6,194</u> lbs	Other (spe	cify): Estimated monthly a	amount Ibs	
	Estimate	of <u>TOTAL</u> monthly m	edical waste g	enerated:	lbs	
ONSITE M	EDICAL WAS	TE TREATMENT ONLY:	Method of medical	waste treatment if pe	erformed onsite:	
📋 Steam A	utoclaving	Other state approv	ed alternative techr	ology (specify below)		
0	Insite medical	waste treatment records m	ust be maintained f	or three years. HSC §	\$117975	
		or semi-liquid biohazardous labo				

the NIH, the CDC, or the American Biological Safety Association. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chapter 6.5 (commencing with §25100) of Division 20.

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: Stericycle

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (323) 854 - 7133

Contact Person: Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

Facility Name: Stericycle - Autoclave Treatment

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (951)897 - 7440

Contact Person: Glenna Young

Phone #:(951)897 - 7440

I hereby certify to the best of my knowledge and believe the statements made herein are correct and accurate.

Name: <u>Alice Warner</u>		
Type or Print	Δ .	
Titles Sunday Bet and F		
Title: System Director, Ev	$P(\Lambda \Lambda A$	
Signature:		Date: 2 /20 /2013

Emergency Action Plan:

Note: This requirement only applies to Large Quantity Generators of Medical Waste (≥200 lbs/month)

This plan is to be followed to ensure the proper disposal of medical waste in the event of a natural disaster, spill, treatment system break down, power failure, etc. (600 characters max. for WORD interactive form - use additional sheets if necessary).

1. Palomar Health Downtown Campus will continue to use a licensed hauler.

RECEIVED

SWRCB, January 2002 JUN 0 4 2013

DEH2002. HUPPP 11/230

Page ____ of ____

ENSecondarry 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 INFOR	MATION		
Facility Name:	Palomar Health		Date of Testing:	5/1/2013
Facility Address:	555 East Valley Parkway, Escondido	, CA 92025		
Facility Contact:	Scott Foster	Phone:	(760)644-7120	
Date Local Agency	Was Notified of Testing :	4/26/2013		
Name of Local Agen	cy Inspector (if present during testing):	None pres	sent	

2. TESTING CONTRACTOR INFORMATION

Petroleum Tank Testing Inc. (661) 943-0989	
cting Test: John Kneisel		
CSLB Licensed Contractor	SWRCB Licensed Tan	k Tester
A-HAZ	A-HAZ License Number: A-HAZ 980036 / SWRCB 90-106.	
Ma	nufacturer Training	
er	Component(s)	Date Training Expires
TS-STS Level 4 – 397-	4673702	02/04/2015
UST Monitoring TMS	2000 - 10880	05/10/2013
	A&A A	04/02/2014
	icting Test: John Kneisel ⊠ CSLB Licensed Contractor A-HAZ er TS-STS Level 4 – 397 UST Monitoring TMS	Image: Superior of the sector of the sect

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular: 3K Diesel	\square				Spill Box: 3K Diesel	\boxtimes			
Tank Annular: 10K Diesel	\boxtimes				Spill Box: 10K Diesel				
Secondary: 3K Diesel Supply									
Secondary: 3K Diesel Return									
Secondary: 3K Diesel Vent									
Secondary: 10K Diesel Supply	\boxtimes								
Secondary: 10K Diesel Return									
Secondary: 10K Diesel Vent									
Piping Sump: 3K Diesel	\boxtimes			Ü					
Piping Sump: 10K Diesel									
Fill Sump: 3K Diesel									
Fill Sump: 10K Diesel	\boxtimes								

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

1, 55 gallon drum (rinsate) left onsite, test water retained.

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:

Date: 5/1/2013

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Page	of
X	~.

	4. TANK ANNU	JLAR TESTING			
Test Method Developed By:	Tank Manufactur	rer 🔯 Industry Standard 🔲 Professional Engineer			
	\Box Other (Specify)				
Test Method Used:	Pressure	🛛 Vacuum	□ Hydrosta	ntic	
	□ Other (Specify)				
Test Equipment Used: NOSHOK			Equipment Resolution		
	Tank # 3K Diesel	Tank # 10K Diesel	Tank #	Tank #	
Is Tank Exempt From Testing? ¹	🛛 Yes 🛛 No	🛛 Yes 🗌 No	🗆 Yes 🔲 No	🗌 Yes 🗌 No	
Tank Capacity:	3,000	10,000			
Tank Material:	Steel	Steel			
Tank Manufacturer:	EnviroVault	EnviroVault			
Product Stored:	Diesel	Diesel			
Wait time between applying	2015	20 1 (20.14	20.26	
pressure/vacuum/water and starting test:	30 Min.	30 Min.	30 Min.	30 Min.	
Test Start Time:	9:00	11:00			
Initial Reading (R ₁):	-10.0	-10.0			
Test End Time:	10:00	12:00			
Final Reading (R _F):	-10.0	-10.0			
Test Duration:	60 Min.	60 Min.	120 Min.	120 Min.	
Change in Reading (R _F -R ₁):	0.0	0.0			
Pass/Fail Threshold or Criteria:	+/- 0.0	+/- 0.0	+/- 0.0	+/- 0.0	
Test Result:	🛛 Pass 🔲 Fail	🖾 Pass 📋 Fail	🗋 Pass 🔲 Fail	🗌 Pass 🔲 Fail	
Was sensor removed for testing?	🛛 Yes 🗌 No 🗌 NA	Yes 🗆 No 🗆 NA		🗌 Yes 🗌 No 🗌 NA	
Was sensor properly replaced and verified functional after testing?			🗆 Yes 🗋 No 🗌 NA	□ Yes □ No □ NA	

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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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 Code of Regulations, Title 23, Section 2637(a)(6)}

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5. SECONDARY PIPE TESTING

Test Method Developed By:	5. SECON Piping Manufa	cturer 🛛 Industry	The second se	ssional Engineer
rest method beveloped by.	□ Other (Specify)	po means presentation de la companya		
Test Method Used:	⊠ Pressure	🗋 Vacuum	Hydro	ostatic
	Other (Specify)		_	
Test Equipment Used: Noshok			Equipment Resolution:	
	Pipe # 3K Diesel supply	Pipe # 3K Diesel return	Pipe # 3K Diesel vent	Pipe # 10K Dsl supply
Piping Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
Piping Manufacturer:	Smith	Smith	Smith	Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	65'	65'	45'	50'
Product Stored:	Diesel	Diesel	Vent	Diesel
Method and location of piping-run isolation:	Piping sump test boot	Piping sump test boot	Piping sump test boot	Piping sump test boo
Wait time between applying pressure/vacuum/water and starting test:	30 Min.	30 Min.	30 Min.	30 Min.
Test Start Time:	9:00	9:00	9:00	11:00
Initial Reading (R ₁):	5.0psi	5.0psi	5.0psi	5.0psi
Test End Time:	10:00	10:00	10:00	12:00
Final Reading (R _F):	5.0psi	5.0psi	5.0psi	5.0psi
Test Duration:	60 Min.	60 Min.	60 Min.	60 Min.
Change in Reading (R _F -R _I):	0.0	0.0	0.0	0.0
Pass/Fail Threshold or Criteria:	+/- 0.0	+/- 0.0	+/- 0.0	+/- 0.0
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)

Page ____ of ___

6. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufa	cturer 🛛 Industry	Standard	Professional Engineer
	□ Other (Specify)			
Test Method Used:	Pressure	□ Vacuum		□ Hydrostatic
	□ Other (Specify)			
Test Equipment Used: Noshok	0-15 Psi			solution: 0.1 +/- 0.5%
	Pipe # 10K Diesel return	Pipe # 10K Diesel vent		
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	Smith	Smith		
Piping Diameter:	3"	3"		
Length of Piping Run:	50'	25'		
Product Stored:	Diesel	Vent		
Method and location of piping-run isolation:	Piping sump test boot	Piping sump test boot		
Wait time between applying pressure/vacuum/water and starting test:	30 Min.	30 Min.		
Test Start Time:	11:00	11:00		
Initial Reading (R _I):	5.0psi	5.0psi		
Test End Time:	12:00	12:00		
Final Reading (R _F):	5.0psi	5.0psi		
Test Duration:	60 Min.	60 Min.		
Change in Reading (R _F -R _I):	0.0	0.0		
Pass/Fail Threshold or Criteria:	+/- 0.0	+/- 0.0		
Test Result:	🛛 Pass 📋 Fail	🖾 Pass 🗆 Fail		

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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Page ____ of ___

	7.	PIPING	SUMP TI	ESTING			and the second
Test Method Developed By:	Sump Manufacturer Industry S Other (Specify)			ndustry Sta	ndard	Profe	essional Engineer
Test Method Used:	Pressu	re		□ Vacuum		Hydrostatic	
	Other ((Specify)					
Test Equipment Used: Incon					Equipme	ent Resoluti	on: +/- 0.0001
	Sump #	3K Diesel	Sump#	IOK Diesel	Ť		T
Sump Diameter:		0"	1	0"			
Sump Depth:		2"		B"			
Sump Material:		glass	Fiber	glass	1		
Height from Tank Top to Top of Highest Piping Penetration:		1"		2"			
Height from Tank Top to Lowest Electrical Penetration:		3"		4"			
Condition of sump prior to testing:		n/Dry		ı/Dry			
Portion of Sump Tested ¹	2" above	high pen.	2" above	high pen.			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	🗆 Yes 🗋 No 🖾 NA		🗆 Yes 🗋 No 🖾 NA				
Turbine shutdown response time	N	A	NA				
Is system programmed for fail-safe shutdown?*	□ Yes □	□ Yes □ No 🛛 NA		No 🛛 NA			
Was fail-safe verified to be operational? ⁴	🗆 Yes 🛛	No 🛛 NA		No 🖾 NA			
Wait time between applying pressure/vacuum/water and starting test:	15 1	15 Min. 15 I		vin.			
Test Start Time:	9:37	9:53	11:21	11:36			
Initial Reading (R _I):	6.2313	6.2310	5.9155	5.9160			
Test End Time:	9:52	10:08	11:36	11:51			
Final Reading (R _F):	6.2310	6.2307	5.9160	5.9160			
Test Duration:	151	vlin.	151	Ain.			
Change in Reading (R _F -R _I):	-0.0003	-0.0003	-0.0005	0.0000			
Pass/Fail Threshold or Criteria:	+/- 0	.002	+/- 0	.002			
Test Result:	🛛 Pass	🗆 Fail	Pass Pass	🗇 Fail			
Was sensor removed for testing?	🛛 Yes 🗆	No 🗆 NA	Yes 🗆	No 🗆 NA			
Was sensor properly replaced and verified functional after testing?	🛛 Yes 🗆	No 🗆 NA	🛛 Yes 🗆	No 🗆 NA			

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests) Suction system - Emergency generator @ hospital - shutdown not required

¹ 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)

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	FILL RI	ISER CON	TAINMENT	SUMP	TESTING
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	FILL RIS	ER CONT.	AINMENT	SUMP T	ESTING		
Facility is Not Equipped With Fill I	Riser Contain	nment Sump	s 🗌				
Fill Riser Containment Sumps are I	resent, but v	were Not Tes	sted 🔲				
Test Method Developed By:	Sump N	Ianufacturer		dustry Stan	dard	Profes	sional Engineer
	Other (Specify)					
Test Method Used:	Pressur	e		acuum		Hydro:	static
	Other (2	Specify)					
Test Equipment Used: Incon					Equipme	nt Resolutio	on: +/- 0.0001
	Fill Sump	# 3K Diesel	Eill Cum	# 10K Dsl	<u> </u>	÷	
		0")# 10K DSI 0"			
Sump Diameter:		<u>0"</u> 5"	4				
Sump Depth:		-		4″	<u> </u>		
Height from Tank Top to Top of Highest Piping Penetration:	_	4"		-			
Height from Tank Top to Lowest Electrical Penetration:	1	6"	10	6"			
Condition of sump prior to testing:	Clear	n/Dry	Clear	/Dry			
Portion of Sump Tested	2" above	2" above high pen.		2" above high pen.		*****	
Sump Material:		Fiberglass		Fiberglass			
Wait time between applying		Min.	15 Min.				
pressure/vacuum/water and	151	viiii.		·1116.			
starting test:							
Test Start Time:	9:37	9:53	11:21	11:36			
Initial Reading (R ₁):	6.3338	6.3332	5.3791	5.3799			
Test End Time:	9:52	10:08	11:36	11:51			
Final Reading (R _F):	6.3332	6.3329	5.3799	5.3799			
Test Duration:	15 1	Min.	15 N	/lin.			
Change in Reading (R _F -R _I):	-0.0006	-0.0003	+0.0008	0.0000			
Pass/Fail Threshold or Criteria:	+/- 0	.002	+/- 0	.002			
Test Result:	🛛 Pass	🗆 Fail	🛛 Pass	🗌 Fail			
Is there a sensor in the sump?	🛛 Yes	🗌 No	🛛 Yes	□ No			
Does the sensor alarm when either product or water is detected?	🛛 Yes 🗆	No 🗌 NA	🛛 Yes 🗌	No 🗆 NA			
Was sensor removed for testing?	Yes 🗆	No 🗋 NA	🛛 Yes 🗌	No 🗆 NA			
Was sensor properly replaced and verified functional after testing?		No 🗌 NA	Yes 🗋				

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 Bo	exes are Present, but were N	Not Tested				
Test Method Developed By:	Spill Bucket Ma	anufacturer 🛛 Indus	try Standard Professional Engineer			
	□ Other (Specify)					
Test Method Used:	Pressure	🗆 Vacu	um 🛛 Hydrostatic			
	□ Other (Specify)					
Test Equipment Used: Visual			Equipment Resolution: +/- 1/16"			
	Spill Box # 3K Diesel	Snill Box # 10K Diesel				
Bucket Diameter:	12"	12"				
Bucket Depth:	13"	14"				
Wait time between applying pressure/vacuum/water and starting test:	15 Min.	15 Min.				
Test Start Time:	9:00	11:00				
Initial Reading (R _I):	11 1/2"	12 1/2"				
Test End Time:	10:00	12:00				
Final Reading (R _F):	11 1/2"	12 1/2"				
Test Duration:	60 Min.	60 Min.				
Change in Reading (R _F -R ₁):	0.0"	0.0"				
Pass/Fail Threshold or Criteria:	Visual	Visual				
Test Result:	🖾 Pass 🛛 Fail	🖾 Pass 🛛 Fail				

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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Page ____ of ___

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PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.	12:32	PALOMAR HEALTH 555 EAST VALLEY PKY ESCONDIDD CA 92025	PALOMAR HEALTH 555 EAST VALLEY PKY ESCONDIDO CA 92025	
25-61/13 12:30		SCOTT FOSTER 769-644-7120	SCOTT FOSTER 760-644-7120	
Siteid 00000 Unitid 00	Date 05/01 Time 12:32	05/01/2013 9:52		
****	Overfl Alarm Input # 52	3K-PS	10K-PS	
PALOMAR MEDI. CTR. 555 E. VALLEY PRKW.	Alers 10 Losr Maria Closed	TEST STARTED 9:37 TEST STARTED 05/01/2013 BEDIM LEUEL 6.2313 IN END TIME 9:52 IND DATE 05/01/2013 END LEUEL 6.2310 IN LEAK THRESHOLD 0.002 IN TEST RESULT PASSED	BEGIN LEVEL 5.9155 IM END TIME 11:36 END DATE 05/01/2013 END LEVEL 5.9160 IM LEAK THRESHOLD 6.002 IM	
05/01/13	eereen al and an	3K+#S	10K-FS	
12:30 Site id 00000 Unit id 00 Tank Alarms	PALOMAR MEDI. CTR.	TEST STARTED 9:37 TEST STARTED 85/01/2013 BEGIN LEVEL 6.3338 IK END TIME 9:52 END DATE 05/01/2013 END LEVEL 6.3332 IN LEAK THRESHOLD 0.002 IN	BEGIN LEVEL 5.3791 IN END TIME 11:36 11:36 END DATE 85/01/2013 3.3799 IN	
N UT S K L SAISR STEIYM AFPPEFMNA K123RTECL	Site id 00000 Unit id ~~ Data (5/0) (~ 12:32 Hish Alars (neut # 01	TEST RESULT PASSED	TEST RESULT PASSED	•
Leak Sensor Alarms T S N E K N / S D N	Alarm Id Sensr Detail Closed ********************************	PALOMAR HEALTH 555 EAST VALLEY PKY 53CONDIDO CA 92025 SCOTT FOSTER 760-644-7120	PALOMAR YEALTH 555 EAST VALLEY PKY ESCONDIDO CA 92025 SCOTT FOSTER 760-644-7120	
SD N OS AU RP LR		05/01/2013 10:08		
	**************************************	SUMP LEAK TEST REPORT		
D D - PiPins X Contn X 33 dbwALL X	PALOMAR MEDI. CTF 555 E. UQIIF	3K-PS TEST STARTED 9:53 TEST STARTED 05/01/2013 REGIN LEVEL 6.2310 IN END TIME 10:08 END DATE 05/01/2013 END LEVEL 6.2307 IN LEAK THRESHOLD 0.002 IN TEST RESULT PASSED	TEST STAR:ED 05/01/2013 SEGIN LEVEL 5.9160 IN END TIME 11:51 END DATE 05/01/2013 END LEVEL 5.9160 IN	••••••
0 = OPEN-CIRCUIT FRULT	Date 05/61 Time 12:32 Hihish Alarm Input # 92	BEGIN LEVEL 6.3332 IN END TIME 10:00	TEST STARTED 05/01/2013 BEGIN LEVEL 5.3799 IN END TIME 11:51 END DATE 95/01/2013	
***** *25a PALOMAR MEDI, CTR.	Alarm Id Sensr Detail Closed **************	END LEVEL 6.3329 IN LEAK THRESHOLD 6.002 IN TEST RESULT PASSED	END LEVEL 5.3799 IN LEAK THRESHOLD 8.802 IN TEST RESULT PASSED	:

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PALOMAR MEDI, CTR. 355 E. VALLEY PRKW.

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ENTERED FEB 0 2 2011	
COUNTY OF SAN DIEGO	PAGE 1 OF 4 DATE 1 1 7 1 2011
	PERMIT# 11-1230 BUS. CODE K65
COMPLIANCE INSPECTION REPORT	TIME START 9 20AM END
	SPECIALIST GARY GRIPPITH
FACILITY NAME PALOMAN MEDICA CENTER	PAUL GETCHEL
ADDRESS 555 E, VALLEY PANKWAY	TITLE ENGINEER
CITY/ZIP ESCONDINO 92025	PHONE (760) 644 -7125
On the above date, the County inspected your facility under the authority of the California Health and Safet of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 2511 (Class II) violations. Minor violations do not include repeat violations or violations remaining Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they The remarks below are intended to provide guidance to correct any violations indicated on the attact report within 30 days (or as specified below) demonstrating that all violations have been correcte the reason for any disputed violations. Prompt correction can protect you from penalties for a "min for all other violations even if they are corrected promptly. However, correction within 30 days	Ordinances (SDCC). This report serves as a Notice to Comply. 7.6. This report may contain both minor and more significant g uncorrected for more than 30 days (or as specified below). I include violations showing a pattern of neglect or disregard. The violation report. You must submit a written response to this d or include a written notice of disagreement that clearly states or violation". Penalties can be imposed for each day in violation
Y' N/A' NOTE: Reinspection fees will be charged if additional inspectio	
□ □ Unified Program Facility Permit current Y' N/A □ □ Hazardous Materials Business Plan available □ □	Yermit Expires on: <u>9 / 30 / 2011</u> Contingency Plan available DLQG DSQG
Employee training is adequate	Employee training records available
□ □ Waste disposal records available for review □ □ □ □ Emergency contacts current □ Updated today □ □	Universal waste managed properly Waste containers 🗖 closed 🗖 labeled
□ □ Chemical inventory/map current □ Updated today □ □	Waste containers in good condition
Consent to inspect granted by: Inspection Contact Other:	
THIS INSPECTION OF THE UNDERGEDUNI) TANES WAS GRANTED
BY PAUL GETCHEL, THE LOW PEDOVE ALEM TO ME ADDING	
THE JOK REDOYE DIDER TANK SUPPLIES	
FHE IOK TANK PIPE SUMP WEAT IMPO A	
TITE 3K TANK ANNULAR WENT WIT A	
THE IOK TANK FILL SCAF WENT LATE AL	
RESCINDED NOTICE TO COMPLY	RECEIVED JAN 2 8 2011
ALNTAIN THE SECONDARY CONTAINME	NT ANNUAR CONFRI
FUL SUMPS AND PIPESUMPS FOR THE	
FREE OF LIQUID. FREVENT ENTRANCE OF	
ALARM.	
	PULLED INC TESTED THE
UNDERGROUND TANK ELECTRONIC MONITORING	
MR WARLIN IS ICC SERVICE TECHNICIAN	CERTIFIED # 5246736-UT,
EXPIRATION DATE 3/4/11	
This is an annual contification that the Userandous Maturials During Dis.	
□ This is an annual certification that the Hazardous Materials Business Plan (inven emergency contacts, emergency response plan, and employee training plan) is current ar information required in the H&SC and is maintained at the site where hazardous materia	tory & site map, id includes all the als are stored. Initials of Facility Representative
PRINTED NAME OF FACILITY REPRESENTATIVE DATE SIGNE	
SIGNATURE TITLE OF FACILITY REPRESENTATIVE	
	CILITY REPRESENTATIVE
Department of Environmental Health, Hazardous Materials Division, P.C.	D. Box 129261, San Diego, CA 92112-9261
Phone: (619) 338-2222 Toll Free: (800) 253-9933 h HM-924 (11/08) NCR *(Y= Yes; N/A = Not Applicable) DIS	ttp://www.sdcdeh.org 7 TRIBUTION: WHITE-HMD COPY; YELLOW-FACILITY COPY

COUNTY OF SAN DIEGOPERMIT # $1/4236$ SUPPLEMENTAL COMPLIANCE INSPECTION REPORTDATE $1/7/2611$ PAGE 2. OF 4
BUSINESS ADDRESS: 555 E. VALLEY PARKWAY ZIP CODE: 9202
THE 3K TANK ANNULAR SENSOR, FILL SUMPAND PIDE SUMP
THE IOK TANK ANNULAR SENSOR, FILLSUMP SENSOR
AND PIPE SUMP SENSORS TESTED DE.
ID TAGS WERE PLACED ON THE 3K SENSORS, IOK SENSORS AND
THEPOK PNEUMERCATOR TMS 2000 WITHOUT PRIMTOUT ALARM PANEL.
FOR THE 3K TANK WAS TAGGOD WITH THE SORVICE TROUT PRINTONT
TANK SYIJEMS ARE INSPECTED BY THREE SHIPTS DAILY AND RESULTS RECORDED ON INSPECTION SHEETS GACH SHIPT.
UNOBOLOULO JAME OPERATION TEAMING WAS DONE BY MATTHEW BRYANT ON 2/18/10. THE NEXT TRAINING IS DUE 2/18/11.
THE UNDERGROUND TANK OPENATING PERMIT EXPIRES 12/11/13. A FINANCIAL RESPONSIBILITY STATEMENT. DATED 3/18/10. WAS RECEIVED.
A DESIGNATED UST OPENATOR DESIGNATION FORM DATED 12/22/9
WAS RECEIVED. BY MATTHEW BRYANT.
PREVIOUS UST MONITORING CERTIFICATION WAS DATED 4/25/9.
THEALANN PANELS WERE NOT IN ALARM AT THE BEGINNING OF THE INSPORTION.
THE UNDERGROUND TANK SECONDARY CONTAINMENT SB989 TETT WAS DONE ON 10/5/9. A VENT LINE
REPAIR IN MARIH 2010 FOR THE-IOK TANK WAS
THE NEXT SECONDARY CONTAINMENT TEST IS BUE 10/5/12
20-11710

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110 (11/08) NCR White: HMD Yellow: Business retains

 / / 7 / 6/

 DATE SIGNED

 DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

BUSINESS ADDRESS: $555 E. VALUAY PAKENAY ZIP CODE: 72035 SPILL BOCKET FOR THE IDER TANK MEASARD GV311 WATER AT IDER AMP OF 10 WATER AT HIMMAN THE IDE TANK SPILL BOCKET TETT PASSON G31411 WATER AT IDEM AND G31411 WATER AT HIMMAN THE 5K SPILL BOCKET FOR THE 5K TANK MEATURDO G31411 WATER AT IDEM AND G31411 WATER AT HIMMAN THE 5K TANK SPILL BUCKET TOT PASSON DBS16NATER OPBRATOR INSPECTION MONTHLY REPORT WORE OF PIE FOR OUGH TWO TEARS UST FORMS POR THE FACILITY, TANKS, 97272A, 97272B, 92722C 1715 AND 9717 WERE FILED V211019. RETURN THE COERDENK ACTION FORM TO UNO BY 2(7/11 TO PROVIDE ACTIONS AND PREVENTIVE MEATURS FOR MAINTANUS THE 3K AND 10K SECONDATHY CONTANT MONT ANNUM STRE 3K AND 10K SECONDATHY CONTANT AND 270 IF YOU HAVE QUESTIONS CONTACT GATY GRIFFITH 760 940 2870 THEOF BUSINESS REPRESENTATIVE DATE SIGNED$		COUNTY OF SAN DIEGO SUPPLEMENTAL COMPLIANCE INSPECTION REPORT	PERMIT # 114230 DATE $1/7/14$ PAGE 3 OF
SY II WATER AT IORM AND SY II WATER AT IIIIAM THE IOK TAAK GAL BOULET TET PASSAD INE SK SPILL BUCKET FOR THE SK TANK MEDDURD GJ14' WATER AT IOAM AND SJ14' WATER AT IIIAMU THE SK TANK SPILL BUCKET TET PASSAD OBSIGNATED OPERATOR INSPECTION MONTHLY REPORT WERE OF PILE FOR OVER TWO YEARS UST FORMS FOR THE PACILITY, TANKS, 92222A, 9222A 9715 AND 9717 WERE FILED V21099. RETURN THE CORRENT ACTION FORM TO UMO BY 2/7/11 TO PROVIDE ACTIONS AND PROJENTIES FUR MAINTANNG THE JK AND IOK SECONDATHY CONTANNERT AMNUM SHEED, LIQUID. IF YOU HAVE QUE TIONS CONTACT GATY GRIPPITH 760 940 2870 2/17/11	BUSINESS	ADDRESS: 555 E. VALUSY PARKNAY	ZIP CODE: 92025
Prite Por DUBL TWO YEARS UST PORMS POR THE PACILITY, TANKS, 97222A, 9222A 9715 AND 9717 WORE FILED 12/10/9. RETURN THE CORRENT ACTION FORM TO UMO BY 2/7/11 TO PROVIDE ACTIONS AND PREMENTIVE MEASURES FOR MAINTANNE OTHER SIX AND IDK SECONDARY CONTANMENT ANNUAR SPACE, FULL SUMPL AND RIPE SUMPS PREFOF LIQUID. IF YOU HAVE QUESTIONS CONTACT GATY GRIFFITH 750 940 2870	THE 5K	54" WATER AT IOAM AND 64 THE IOK TANK SPILL BULKET TEITPA SPILL BUCKET FOR THE 5K TA- 14" WATER AT IOAM AND G3(4" WATER THE 5K TANK SPILL BUCKET TEI	2" WATER AT 11" I AM HISSER. WK MERTURED AT IV. MANN T PASSED
P715 AND 9717 WERE FILED 12/10/9. RETURN THE CORRESPONDE ACTIONS AND PREVENTIVE MENTURIS FUR MAINTANNA THE 31K AND 10K SECONDATHY CONTANMENT AMMUNIK SPACE, FILL SUMPL AND PRE SUMPS PREEDE LIQUID. IF YOU HAVE QUERTIONS CONTACT GATY GRIFFITH 760 940 2870			
Rections and PREMENTIVE MEASURES FUR MAINTANNED THE 315 AND 1015 SECONDATHY CONTAINMENT ANNULAR SPACE, FUL SUMPI AND PIPE SUMPS PREEDE LIQUID. IF YOU HAVE QUESTIONS CONTACT GATY GRIFFITH 760 9.40 2870	UST 9-	FORMS FOR THE FACILITY, TANKS, 9 715 AND 9717 WERE FILED	722A, 9222B, 9222C
6-AT4 GRIFFITH 760 9.40 2.870		ONTANAGAT ANNULAR SPACE, FULL	SECONDARY
	į F	GANG GRIFFITH	
	SIGNATURI		TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230 DATE: 1 7 17:011 L OF PAGE:

BUSINESS ADDRESS: VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

	VIOLATION DESCRIPTION			VIOLATION DESCRIPTION				
Viol # NOV	UST SYSTEM RECORDS		V	Viol # NOV	FILE RECORDS	VIOL	۷	
	Current UPF Permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114		
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components and/or repairs to secondary containment	3115		
	All permit operating conditions not met. 25284; 2712	3158			components not completed. 25284.1, 25291(a)(2); 2637			
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151		
	CUPA UST form(s) A and/or B not available/complete/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/repair records not available. 25293; 2712 (b)	3152		
	Current evidence of financial responsibility not	3105			Monitoring Cert. not submitted to CUPA w/in 30 days. 2638(d)	3161		
	available. 25292.2(a), 25299.33; 2809	3105			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193		
	Owner/operator agreement not available/complete/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154		
	Monitoring procedures not available/complete/submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor and/or technician not trained and certified as required. 25284.1(a)(5)(D); 2715	3162		
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163		
	Scaled Plot Plan showing tank, piping and equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157		
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164		
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660(a)(k)(I)&(m)	3160		
	Designated Operator (DO) Notification/Change form not submitted and/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator (DO) monthly inspection not conducted, incomplete or DO inspection reports not onsite.2715 (c)(d)&(e)	3192		

	UST SYSTEM INSPECTION quirements applicable for both single & double walled systems		TANK # PRODUCT		5		
Re							1
#	VIOLATION DESCRIPTION	NOV	VIOL	V	V	٧	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				1
nth	UST system does not have an approved overfill protection system. 2635(b)(2)		3254	-			
N'T	Spill container is not in good condition and/or liquid free. 2635(b)(1), 2636(a)(1)	15 - 11 - 1	3255				
THE	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256	t			
	Secondary containment system components not liquid free. 2631(d)(4)		3257			-	
15	Sensors not placed adequately and/or at low point in sumps. 2641(a); 25291(a)(7)(C)		3258				1
, h	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components and/or devices are not all functional. 2630, 2641(j), 2632		3263				1
	Spill containment not tested annually. 25284.2		3264	-	1		1
	UST system not operated to prevent spills and/or overfills. 25292.1(a)		3265				
	UST system not product tight (for tank installed on or after 7/1/03). 25290.1(c), 25290.2(c)		3268	1			1
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installed on or after 7/1/04). 25290.1(d)&(e)		3269				
CA	THODIC PROTECTION						
	System not checked as required by tester (at 6 months/3 years). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303			Q	
CL	OSURE REQUIREMENTS					2	
	Temporary closure requirements not completed. 25298; 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298; 2672		3324	_			

Signature of Business Representative

17 111

Date Signed

DEPARTMENT OF ENVIRONMENTAL HEALT P.O. BOX 129261, SAN DII (619) 338-2222 FAX (619) 33 UNDERGROUND STORAGE TANK MO	H-HAZARDOUS MATERIALS DIVISION EGO, CA 92112-9261 8-2377; 1-800-253-9933 NITORING SYSTEM CERTIFICATION			
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 installation, 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. Plan Check Number: A. General Information				
Facility Name: Palomaa MEDical CONTER	Bidg. No			
Site Address: <u>555-W. Valley PARKWAY</u> Facility Contact Person: <u>DARASIL R.E</u>				
Facility Contact Person: DARASII K.E	Contact Phone No.: (160) 159 2995			
Make/Model of Monitoring System: Preumone are TM:	Date of Testing/Servicing: 6/23/1/			
B. Inventory of Equipment Tested/Certified: Check the approp				
Tank ID: 3000 GA/low	Tank ID:			
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:			
Annular Space or Vault Sensor. Model: FS B25-boF	Annular Space or Vault Sensor. Model:			
Piping Sump / Trench Sensor(s). Model: 18 600	Piping Sump / Trench Sensor(s). Model:			
A Fill Sump Sensor(s). Model: LS600	Fill Sump Sensor(s). Model:			
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:			
Electronic Line Leak Detector. Model:	 Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: 			
Tank Overfill / High-Level Sensor. Model:	 Other (specify equipment type and model in Section E on Page 2). 			
Other (specify equipment type and model in Section E on Page 2).	Tank ID:			
Tank ID:	In-Tank Gauging Probe. Model:			
□ In-Tank Gauging Probe. Model: □ Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:			
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:			
Griffing Sump / Hener Densor(s).	G Fill Sump Sensor(s). Model:			
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:			
Electronic 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 Overfill / High-Level Sensor. Model:			
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).			
Dispenser ID:	Dispenser ID: Dispenser Containment Sensor(s). Model:			
Dispenser Containment Sensor(s). Model:				
□ Shear Valve(s).	 Shear Valve(s). Dispenser Containment Float(s) and Chain(s). 			
Dispenser Containment Float(s) and Chain(s).				
Dispenser ID:	Dispenser ID:			
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:			
□ Shear Valve(s).	Shear Valve(s). Discussion Containment Float(s) and Chain(s)			
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).			
Dispenser ID:	Dispenser ID: Dispenser Containment Sensor(s). Model:			
Dispenser Containment Sensor(s). Model:	Shear Valve(s).			
Shear Valve(s).	 Dispenser Containment Float(s) and Chain(s). 			
Dispenser Containment Float(s) and Chain(s). *If the facility contains more tanks or dispensers, copy this form. Include				
"It the facility contains more tanks of dispensers, copy this form. Include	internation for every man and and and an and an and and a			

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C. Certification - I certify that the equipment identified in this document was installed/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): Ron FRANKlin		_ Signature: R. Z. Klan
Certification No.: 10709		License No.: 71 8 466
Testing Company Name: George Baymon	CONSTRUCTION, Tax	Phone No.: (909) 944 35-13
Testing Company Address: 9333 Guiden 57	ALTA LOMA CA	Date of Testing/Servicing: 6 / 23/ 11
HM-9301 (03/08)	Page 1 of County o	of San Diego-DEH-Hazardous Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: _____

Software Version Installed:

Complete the following checklist:

Compier		
Yes Yes	No*	Is the audible alarm operational?
🔁 Yes	D No*	Is the visual alarm operational?
X 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*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
🛛 Yes	No*	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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box No.
🛛 Yes	No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention value 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*	CA 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*	X 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.
X Yes	🖬 No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
St 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.

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E. Comments:

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UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number:

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:

Q Yes	□ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?	
• Yes	D No*	Were all tank gauging probes visually inspected for damage and residue buildup?	
Q Yes	□ No*	Was accuracy of system product level readings tested?	
□ Yes	□ No*	Was accuracy of system water level readings tested?	
		Were all probes reinstalled properly?	
Q Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?	

* In 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:

Q Yes	s 🗆 No*	
I Ye	s 🛛 No"	Were all LLDs confirmed operational and accurate within regulatory requirements?
□ Ye	s 🛛 No ⁴	
• Ye	s 🖬 No ⁴	
🗆 Ye	s INO"	
Q Ye	s I No'	or disconnected?
Q Ye	s 🗆 No'	malfunctions or fails a test?
🗆 Ye	es 🗆 No 🗆 N//	
□ Ye	es 🗖 No	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected. . ,

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Comments: ____ H.

HM-9301 (03/08)

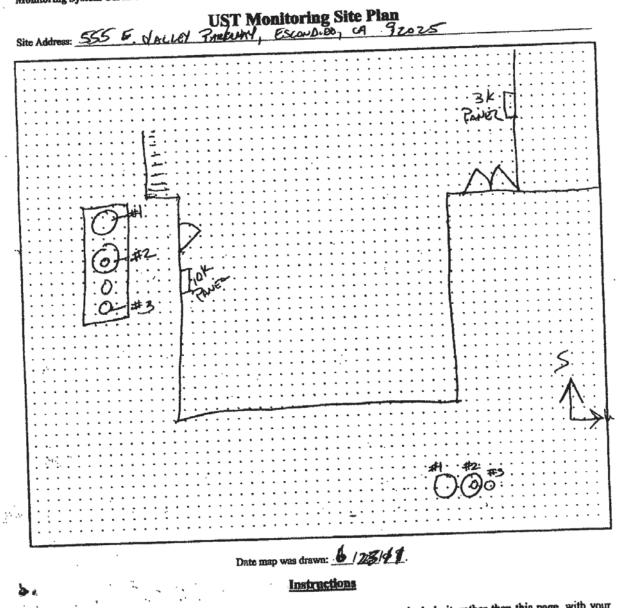
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Monitoring System Certification

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s. ,

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

Pade of

05/00

DEPARTMENT OF ENVIRONMENTAL HEALT P.O. BOX 129261, SAN DIE (619) 338-2222 FAX (619) 338 UNDERGROUND STORAGE TANK MO Authority Cited: Chapter 6.7, Health and Safety Code; Chap	H-HAZARDOUS MATERIALS DIVISION GO, CA 92112-9261 3-2377; 1-800-253-9933 NITORING SYSTEM CERTIFICATION oter 16, Division 3, Title 23, California Code of Regulations
be prepared for each monitoring system control panel by the technic to the tank system owner/operator. The owner/operator must subm within 30 days of test date.	
Plan Check Number:	Permit Number:
	Bide No.:
Facility Name:Alaman Medical Conrea	
Site Address: 555 E Valley Package	City:City:
A. General Information Facility Name: <u>faloanen Medical Crarca</u> Site Address: <u>555 E Valley Packway</u> Facility Contact Person: <u>Daenell Roc</u>	Contact Phone No.: (<u>160) 137 2995</u>
Make/Model of Monitoring System:	Date of Testing/Servicing: 6 23 2011
B. Inventory of Equipment Tested/Certified: Check the approp	
	Tank ID:
Tank ID: 10, 200 In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
□ In-Tank Gauging Probe. Model: ✓ Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model: 600	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model: 15600	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	 Other (specify equipment type and model in Section E on Page 2).
Tank ID:	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
□ Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model: Electronic Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	 Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2).
Other (specify equipment type and model in Section E on Page 2).	
Dispenser ID: Dispenser Containment Sensor(s). Model:	Dispenser ID:
	Dispenser Containment Sensor(s). Model:
□ Shear Valve(s).	 Shear Valve(s). Dispenser Containment Float(s) and Chain(s).
Dispenser Containment Float(s) and Chain(s).	
Dispenser ID:	Dispenser ID:
Dispenser ID:	Dispenser ID:
□ Shear Valve(s).	 Shear Valve(s). Dispenser Containment Float(s) and Chain(s).
Dispenser Containment Float(s) and Chain(s).	
Dispenser ID:	Dispenser ID: Dispenser Containment Sensor(s). Model:
Dispenser Containment Sensor(s). Model:	□ Shear Valve(s).
□ Shear Valve(s).	 Dispenser Containment Float(s) and Chain(s).
Dispenser Containment Float(s) and Chain(s). *If the facility contains more tanks or dispensers, copy this form. Include	
C. Certification - I certify that the equipment identified in a manufacturers' guidelines. Attached to this Certification is information is correct and a Plot Plan showing the layout of monitor have also attached a copy of the report (check all that apply):	this document was installed/inspected/serviced in accordance with the rmation (e.g. manufacturers' checklists) necessary to verify that this ing equipment. For any equipment capable of generating such reports, I System set-up
resting company value: 100000 000000000000000000000000000000	and C1 Date of Testing/Servicing: [23 20.]
Testing Company Address: 9333 60/dear or HUTA	Date of Testing/Servicing:

HM-9301	(03/08)
	(00.00)

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Page 1 of ____ County of San Diego-DEH-Hazardous Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number: _____

Software Version Installed:

Complete	the follow	ing checklist:
A 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 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*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
Q Yes	□ No*	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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box No.
• Yes	No*	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.
Q Yes*	No 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 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: No PRINTER On Panol

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UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

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?
C Yes	No*	Was accuracy of system water level readings tested?
Q Yes	D No*	Were all probes reinstalled properly?
🛛 Yes	🛛 No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In 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:

Complete	the lonor	ving thetekist.
Yes	No*	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance?
	🛛 N/A	(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*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
	🗆 N/A	
🛛 Yes	No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
	🛛 N/A	
🛛 Yes	D No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled
	D N/A	or disconnected?
Ves	O No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system
	D N/A	malfunctions or fails a test?
Q Yes	□ No*	For electronic LLDs, have all accessible wiring connections been visually inspected?
	🗆 N/A	
🛛 Yes	No*	Were all items on the equipment manufacturer's maintenance checklist completed?
L		The sequence of the sequence o

* In Section H below, describe how and when these deficiencies were or will be corrected. .

Comments: H.

HM-9301 (03/08)

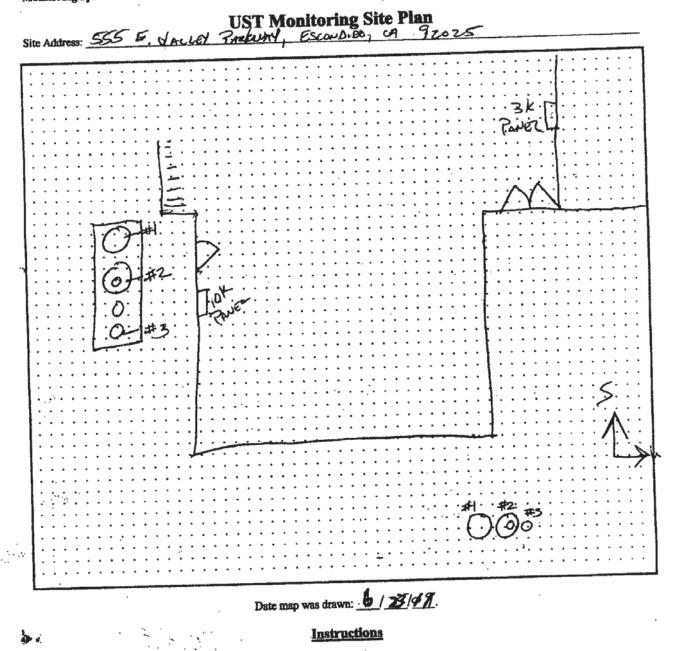
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Monitoring System Certification



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If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

Page

05/00



County of San Diego

P. O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2277; 1-800-253-9933 www.sdcounty.ca.gov/deh/hmd/forms_hmd.html AUG 10 2011



SWRCB (01/06)

This form is intended for use by contractors performing annual testing of UST spill containment structures. Wie completed form 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: PALOARA Medical CENTER UPF Permit #				
Facility Address: 555 VAI	les PARKWASI	Testing Date:	6123 12011	
Facility Contact: DARACH 1	2	Pho	one: (760) 7.34 .	2495
Date Local Agency Was Notified	d of Testing : 06 / /	5111		
Name of Local Agency Inspector	t (if present during testing	Micholle Ch	ans	
2. TESTIN	G CONTRACTOR IN	FORMATION		
Company Name: Gearge	BRYANT Consta	watton		
Technician Conducting Test:	FRANKIN			
Credentials ¹ : CSLB Contracto		SWRCB Tank Test	er Other (Specify)	
License Number(s): 71846	6			
3. SPILL	BUCKET TESTING I	NFORMATION		
Test Method Used:	Hydrostatic	🗆 Vacuum	🗆 Other	
Test Equipment Used: Visco / Equipment Resolution:				
SPILL BUCKET ID	1 .	2 .	· 3	4
	10,000	3000		
Product contained:	DIESEL	DIESEL		
Bucket Installation Type:	Direct Bury	Direct Bury	Direct Bury	Direct Bury
	X Contained in Sump	Contained in Sump.	Contained in Sump	Contained in Sump
Bucket Diameter:	12		11-11-11-11-11-11-11-11-11-11-11-11-11-	
Bucket Depth:	12	. 12"		
Wait time between applying vacuum/water and start of test:	D Marros	10 Manuros .		
Test Start Time (T _i):	10:15	11:00		
Initial Reading (R1):	Sinches	51/2 Inches		
Test End Time (T _F): 11:15 12:00		12:00		
Final Reading (R _F):	51uchas	51/2 wehes	**	
Test Duration $(T_F - T_I)$:	Thorn	1 hour		
Change in Reading (R _F -R _i):		ø		
Pass/Fail Threshold or Criteria:	1.002"	5,002"		
Test Result:	Pass D Fail	Pass 🛛 Fail	Pass Grail	Pass G Fail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

. ** * e 12 - -... ** * CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements. 123111 Date: **Technician's Signature:**

HM: 9010 (04-07)

1 State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

COUNTY OF SAN DIE GO	PAGE 1 OF 4 DATE 6/23/2011	
	PERMIT # 114230 BUS. CODE K65	
COMPLIANCE INSPECTION REPORT	TIME START 09:00am END 3:30PM	
FACILITY NAME Palomar Medical Center	SPECIALIST Michelle Chairs	
	INSPECTION CONTACT	
ADDRESS 555 E Valley Parkway	Darrell Roe	
CITY/ZIP Escondido / 92025	TITLE Lead Engineer	
On the above date, the County inspected your facility under the authority of the California Health and Safety Co	PHONE 760-644-7125	
25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This r violations. Minor violations do not include repeat violations or violations remaining uncorrected for not include knowing, willful, intentional, or chronic violations; nor do they include violations show intended to provide guidance to correct any violations have been corrected or include a written disputed violations. Prompt correction can protect you from penalties for a "minor violation". Per violations even if they are corrected promptly. However, correction within 30 days (or as specified Y N/A' NOTE: Reinspection fees will be charged if additional inspection W N/A' NOTE: Reinspection fees will be charged if additional inspection W Unified Program Facility Permit current Y' N/A' W Employee Training is adequate I Waste disposal records available for review I I Emergency contacts current Updated today I Chemical inventory/map current Updated today I	r more than 30 days (or as specified below). Minor violations do wing a pattern of neglect or disregard. The remarks below are ou must submit a written response to this report within 30 days a notice of disagreement that clearly states the reason for any malties can be imposed for each day in violation for all other d below) will make a penalty less likely.	
	Waste containers in good condition	
Consent to inspect granted by: 🛛 Inspection Contact 🗌 Other:		
	RECEIVED JUL 2 6 2011	
Routine Inspection - Final Ins		
On June 23, 2011, a Routine Inspection was performed by Cheney - Plant Operator with Palomar Hospital. Consent facility representative, to perform the inspection. Pho from the facility representative.	was obtained by Darrell Roe -	
Palomar Medical Center is a full service 319 bed acute ca North County's designated trauma center.	are medical center and serves as	
The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.		
Stericycle is used for disposal of biohazardous red bag, chemotherapy, and medical solid wastes. EXP Pharmaceutic reverse distribution of expired pharmaceuticals.	sharps, laboratory, pharmaceutical, cal Services Corporation is used for	
A routine UST monitoring system certification was conduct with other UST/generator testing frequencies and HMD annu This is an annual certification that the Hazardous Materials Business Plan (inventory)	al inspections will be performed	

PRINTED NAME OF FACILITY		DATE SIGNED 7/8/11
SIGNATURE OF FACILITY RE	10	TITLE OF FACILITY REPRESENTATIVE Facility Manager
	ment of Environmental Health, Hazardous N	Materials Division, P.O Box 129261, San Diego, QA 92112-9261 ee: (800) 253-9933 http://www.sdcdeh.org
HM-924-E (11/08)	'(Y= Yes; N/A = Not Applicable)	DISTRIBUTION: WHITEHMD COPY; YELLOW-FACILITY COPY

COUNTY OF SAN DIEGO



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

DATE 6/23/2011 PAGE 2 OF 4	PERMI	т # 11	4230		. •]
PAGE 2 OF 4	DATE	6/23/2	011			
	PAGE	2	OF	4		ŀ

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

each year from 6/23/11. The last secondary containment 989 testing was performed on 10/16/2009 and the next testing is due by 10/16/2012. The UST monitoring certification was performed by Ronald Franklin of George Bryant Construction - Veeder-Root Technician #B36408 exp. 2/15/12 & ICC Tech. #5243708 exp. 7/29/12.

This inspection covered the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management regulations.

The following is a Notice to Comply for the violations observed.

Summary of Underground Storage Tank Violations:

1. According to the underground storage tank records reviewed during the inspection, ICC certification of the designated operator or HMD notification of the designated operator were not available.

VIOLATION 3191 - Designated operator notification not submitted to HMD. 23 CCR 2715 (a) NOTICE TO COMPLY - Within 30 days, submit evidence to my attention that designated operator is certified and current.

2. According to the underground storage tank records reviewed during the inspection, the designated operator has not recently performed training of employees that should be performed annually.

VIOLATION 3193 - Facility employee(s) not trained; records incomplete/not onsite. 23 CCR 2715(f)

NOTICE TO COMPLY - Within 30 days, submit evidence to my attention, that employee UST training is current.

Summary of Medical Waste Violations:

3. During the walkthrough inspection, it was observed that none of the red bags used and several sharp containers storing biohazardous waste are not being labeled with the generator name, address, and phone number prior to each use. This was a problem throughout the hospital.

VIOLATION 4209 - Containers storing medical waste are not properly labeled as required. 68.1205

NOTICE TO COMPLY - Facility needs to immediately label all sharps containers and red bags in-use with facility name, address and phone number. Submit to my attention, within 30 days, evidence of return to compliance.

4. During the walkthrough inspection, three (3) red bags storing placentas were observed in the 4th floor birth center, sitting on a counter without being containerized in a rigid/covered container. In a 4th floor storage room, there were 3 rigid containers full of red bags without lids, in the 3rd floor utility room, there was 1 rigid container that was open, and in the micro lab, there was also a rigid red bag container that was open.

VIOLATION 4212 - Did not containerize and place red bags in rigid, leak resistant, and covered container. 118280 118275

NOTICE TO COMPLY - Keep red bag waste containerized and covered when not actively in use to avoid potential spillage. Submit to my attention, within 30 days, evidence of return to compliance.

5. HMD has record of facility being subject to limited quantity hauler exemption regulations however facility could not find medical waste tracking documents/logs to comply with these requirements.

Storm	Fe
SIGNATURE OF FACIL	<i>ITY REPRESENTATIVE</i>

HM-9110-E (11/08)

tacility Wanager TITLE OF FACILITY REPRESENTATIVE

White: HMDCopy Yellow: Facility Copy DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI				
DATE	6/23/2	011		
PAGE	3	OF	4	

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

 $\underline{\text{VIOLATION 4312}}$ - MW tracking documents/logs not maintained for 3 years for LQHE 118040(a)

NOTICE TO COMPLY -Submit to my attention, within 30 days, LQHE MW tracking documents for the past year as evidence of return to compliance.

6. Facility could not provide evidence that a current medical waste management plan has been submitted to HMD.

VIOLATION 4351 - Medical Waste Management Plan not submitted to HMD (initial/updates). 117950, 117960, 117970

NOTICE TO COMPLY - Submit a copy of a Medical Waste Management Plan to my attention within 30 days.

7. At the 7th floor nurses station, there was a container storing pharmaceutical medical waste that was not properly labeled. <u>VIOLATION 4422</u> - Pharmwaste waste container not properly labeled. 118275 <u>NOTICE TO COMPLY</u> - Label Pharmwaste waste as pharmwaste, generator name, address, phone number and the words "INCINERATION ONLY" on the lid and on the sides, (so as to be visible from any lateral direction) immediately. Submit to my attention, within 30 days, evidence of return to compliance.

8. A container storing trace chemo medical waste located in the pharmacy area was observed that was not properly labeled.
<u>VIOLATION 4402</u> - Chemo waste container not properly labeled. 118275
<u>NOTICE TO COMPLY</u> - Label Chemo waste container with the words "Chemo-therapy Waste", generator name, address, phone number and the words "INCINERATION ONLY" on the lid and on the sides, (so as to be visible from any lateral direction) immediately. Submit to my attention, within 30 days, evidence of return to compliance.

Summary of Hazardous Waste Violations:

9. During the walk-through inspection of the facility maintenance area, it was observed that at least 25 - 5 gallon pails of waste paint stored outside (photo 1), 5 - 55 gallon drum full of various hw located in caged outside storage area (photos 2 & 3), 3 - 5 gallon containers storing RCRA pharmaceutical waste located in caged outside storage area, and 1 - 5 gallon container storing RCRA pharmaceutical waste located in the pharmacy (photo 9) were either missing hw labels or missing information/accumulation start dates from the labels. The labeling for the waste paint was corrected during the inspection.

<u>VIOLATION 0202</u> - Hazardous waste container and/or tank are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34(a)(2), 66262.34(a)(3), 66262.34(f) **NOTICE TO COMPLY** - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste. Submit to my attention, within 30 days, evidence of return to compliance.

10. Facility has failed to adequately train employees in proper management of hazardous waste (and medical waste) which includes labeling in accordance with regulatory requirements.

VIOLATION 0407 - Employee training program not adequate. CFR 262.34(d)(5)(iii) NOTICE TO COMPLY - Provide required training and maintain records documenting training topics, attendance, and dates. Submit evidence of compliance to my attention within 30 days.

SIGNATURE OF FACILITY REPRESENTATIVE HM-9110-E (11/08) White: HMDCopy Yellow: Facility Copy

Manager TITLE OF FACILITY REPRESENTATIVE DATE SIGNED

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261





SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	r # 11	4230		
DATE	6/23/2	2011	10000	
PAGE	4	OF	4	ŀ

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

By 7/23/11, complete the Corrective Action Form provided. With corrective action taken to resolve the items noted above, attach any requested documentation and submit to my attention.

Summary of attachments provided:

- · Corrective Action Form to Document Return to Compliance
- Inspection Photographs

Applicable Violation Checklists were provided to facility at the end of the 6/23/11 inspection.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)940-2870 San Marcos, CA 92078 FAX (760)940-2853

provided at the end of inspection for return to compliance were: a current mwmp dated 6/24/11, A UST designated operator statement dated 6/27/11, and UST training record dated 1.30.11.

REPRESENTATIVE SIGNATURE

HM-9110-E (11/08)

White: HMDCopy Yellow: Facility Copy DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

TITLE OF FACILITY REPRESENTATIVE

	COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT	PAGE <u>1</u> OF <u>5</u> DATE <u>6/23/2011</u> PERMIT # <u>114230</u> BUS. CODE <u>K65</u> TIME START <u>9:00am</u> END
FACILITY NAI	ME Palomar Medical Center	SPECIALIST Michelle Chairs
ADDRESS 555	E. Valley Parkway	Darrell Roe
CITY/ZIP Esco	ondido / 92025	TITLE Lead Engineer PHONE 760-644-7125

On the above date, the County inspected your facility under the authority of the California Health and Safety Code (H&SC), to determine compliance with applicable provisions of the H&SC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report serves as a Notice to Comply (H&SC 25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This report may contain both minor and more significant (Class II) violations. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days (or as specified below). Minor violations do not include knowing, willful, intentional, or chronic violations; nor do they include violation showing a pattern of neglect or disregard. The remarks below are intended to provide guidance to correct any violations indicated on the attached violation report. You must submit a written response to this report within 30 days (or as specified below) demonstrating that all violations have been corrected or include a written notice of disagreement that clearly states the reason for any disputed violations. Prompt correction can protect you from penalties for a "minor violation". Penalties can be imposed for each day in violation for all other violations even if they are corrected promptly. However, correction within 30 days (or as specified below) will make a penaly less likely.

N/A. NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

Y'

N/A'

Permit Expires on: 9/30/2011

Contingency Plan available LQG SQG

Employee Training records available

Waste containers 4 closed 1 labeled

Universal waste managed properly

Waste containers in good condition

Unified Program Facility Permit current Hazardous Materials Business Plan available

Employee Training is adequate

Waste disposal records available for review

Emergency contacts current
Updated today
Chemical inventory/map current
Updated today

Consent to inspect granted by: 🛛 Inspection Contact 🕅 Other:

The Summary of Violations provided today may not be the final report. If a final report is necessary, it will detail the violations observed during the facility inspection and will be issued within five (5) days. For multi-day inspections, a summary of violations will be issued at the end of the inspection.

ROUTINE INSPECTION

Routine	Inspection wa	as performe	ed with	John	1 Chene	V- Plant O	perati	\mathcal{O}	
Consent	was obtained	by John	Cheve	v -	facility	representati	ve, to	perform	inspection.

Photographs will be taken with consent from the facility representative if needed.

Palomar Medical Center is a full service 319 bed acute care medical center and serves as North County's designated trauma center.

The facility manages (2) underground storage tanks (3,000 & 10,000 gal. capacities) storing diesel fuel for their electrical back-up generators, boiler treatment chemicals, various compressed gases, pharmaceutical and medical wastes, chemotherapy wastes, pathogen waste, laboratory hazardous waste, medical solid waste, and facility maintenance waste. Facility is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste.

Stericycle is used for biohazardous red bag, sharps, laboratory, pharmaceutical, and trace chemotherapy wastes. Pharmaceutical Services Corporation is used for reverse distribution of expired pharmaceuticals.

This is an annual of emergency contacts, en information required in	certification that the Hazardous Mate nergency response plan, and employee n the H&SC and is maintained at the s	rials Business Plan (inventory & site map, training plan) is current and includeall the ite where hazardous materials are stored.	DR Initials of Facility Representative
PRINTED NAME OF FACILITY	REPRESENTATIVE	DATE SIGNED	
DARREL	L ROE	6 / 23 /	2011
SIGNATURE OF FACILITY RE	PRESENTATION	TITLE OF FACILITY REPRESENTAT	TIVE
x Wall	100	LEAD ENGIN)ETR
Depar	tment of Environmental Health, Haza	rdous Materials Division, P.O. Box 129261, S	an Diego, CA 921129261
	Phone: (619) 338-2222	Toll Free: (800) 253-9933 http://www.sdcdo	eh.org
HM-924-E (11/08)	'(Y= Yes; N/A = Not Applicable)	DISTRIBUTION: WH	ITEHMD COPY; YELLOW-FACILITY COPY



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	т # 11	4230		• •		
DATE	6/23/2	2011				
PAGE	2	OF	5		*	•

FACILITY ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

A routine UST monitoring system certification is also being conducted during this inspection to align with other UST/generator testing frequencies and HMD annual inspections will be performed each year from today's date. The last secondary containment 989 testing was performed on 10/16/2009 and the next testing is due by 10/16/2012 (or during the annual monitoring inspection for that year).

This inspection covers the following CUPA elements: hazardous waste, hazardous materials business plan (HMBP), underground storage tank (UST), and medical waste management regulations.

Summary of observations, applicable Violation Checklists and Return to Compliance form (if needed) will be provided at the end of inspection.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION PHONE (760)940-2870 151 E. Carmel Street San Marcos, CA 92078 (760)940 - 2853FAX

Applicable violation checklists were provided at the end of todays

A Final report with detailed observations and Lorrective action for return to compliance will be issued to the facility within 5 busings days

REPRESENTATIVE SIGNATURE OF FACILITY HM-9110-E (11/08) White: HMD Copy Yellow: Facility Copy

LEAD ENGLUR 123 1 2011 TITLE OF FACILITY REPRESENTATIVE DATE SIGNED DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

PERMIT#: 114230

DATE: <u>6 / 23 / 2011</u> PAGE: <u>3</u> OF <u>5</u>

COMPLIANCE INSPECTION REPORT

 BUSINESS ADDRESS:
 555 E. Valley Parkway
 Escondido
 ZIP:
 92025

 VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the

 Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground

 Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to

 document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

	VIOLATION DESCRIPTION			Ł	VIOLATION DESCRIPTION		
Viol # NOV	UST SYSTEM RECORDS	VIOL	V.	Viol #	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment	3115	
	All permit operating conditions not met. 25284; 2712	3158			components not completed. 25284.1, 25291(a)(2); 2637	••	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not				Monitoring Cert. not submitted to CUPA w/I 30 days. 2638(d)	3161	
5 7	available. 25292.2(a), 25299.33; 2809	3105		2	Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	1
	Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
19 19	Monitoring procedures not available/completed/ submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
-	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
1	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191	V	ł	Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite.2715 (c)(d)(e)	3192	

	UST SYSTEM INSPECTION	T	ANK #	10.00			
1	Requirements applicable for both, single & double walled systems	PRO	ODUCT				
#		NOV	VIOL.	· · V	V .	٠V	1
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				1
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270		i.		
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255	1			
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
_	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				1
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261			1	1
- 7	Secondary containment piping obstructed preventing drainage to sump. 2632		3262	1	1		
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263	1			
	Spill containment not tested annually. 25284.2		3264	1			
1	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				1
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
A	THODIC PROTECTION		N 1. N. 1.	1 · · · ·	1 y 101		۰.
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303	1			
LC	SURE REQUIREMENTS	· · · · ·	11 - 151 j.h.	57 # L ;	5.11	1.1	1.1
	Temporary closure requirements not completed. 25298, 2671		3322 -				
	Unused ank not properly closed. Permanent closure requirements not met. 25298, 2672		3324		11.		

Signature of Business Representative

6 /23 / 201/ Date Signed Title of Business Representative

DEH:HM-928 (Revised 06/05) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS



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COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #:

129578

DATE: 4 / 20/ 2011

USINESS ADDR	ESS: 9300 Campus Point Drive San Diego			ZIP: <u>9</u>	2093		
	UST SYSTEM INSPECTION		TANK #	1		T	
Requirem	ents for Double Walled Systems		PRODUCT				
#	VIOLATION DESCRIPTION		inobeei	+		<u> </u>	
		NOV	VIOI	V	v	v	v
	NG: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)	NOV	VIOL	<u> </u>	V	V	L V
the second secon	ible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410				1
	tor not Installed, not functional, or not tested. 2636(f)(2),25284.1(a)(4)(C),2641(j)		3411	-		<u> </u>	
the second s	annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412	<u> </u>			<u> </u>
and the second se	pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5)	-	3413		 	I	-
and the second se	pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414		I		-
	ergency Generators without LLDs: em not checked daily or log (record) of daily checks not available. 2636(f)(6)		3415				
	por or pressure monitoring system not functioning. 25290.1 (d&e)		3416	1	1		<u> </u>
	NG: SUCTION SYSTEMS			1	0.7 .		
	ible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451	1.14	<u> </u>	1	
The second s			0101			1	<u> </u>
	ents for Single Walled Systems			- Jan	14	1.1.1	
the second se	G REQUIREMENTS		3501		11	<u> -</u>	
	Ionthly 0.2 gph tank gauging test not performed. 2643(b)(1) Ionthly Statistical Inventory Reconciliation (SIR) not performed. 25292(b)(1);		en-second		<u> </u>		-
	643(b)(3)		3502			1	
	tick not in good condition or without 1/8" increments. 2645, 2646		3503				
C	bispenser meters not calibrated. 2646.1		3504	1			
S	IR not capable of detecting 0.2 gph release. 2643(b)(3)		3505				
C	id not notify HMD of a possible release within 10 days. 2646.2(d)		3510				
8	tiennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506				
A	nnual SIR report not submitted. 2646.1(j)		3507				
OPTION 3 V	Veekly manual tank gauging not performed. (UST capacity ≤1000 gallons). 2645		3508				
A	nnual integrity test not performed. (UST capacity 1000 gallons or less). 2645		3509				
IPING REQUIRE	MENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3, & 4			Set 2			
	tor (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551		1		1
	hut down pump with release and detector failure/disconnection. 2666(c)		3552	-			1
	ourly line leak detector monitoring not performed. 25284.1(a)(4) (C); 2643(c)(1)		3553		1	1	
and the second se	Ionthly electronic line leak detection not performed. 2643(c)(2)		3554		1		
	fourly line leak detector monitoring not performed. 25284.1(a)(4) (c); 2643(c)(1)		3561		1	1	
	Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562				1
	lourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563			1	1
	Annual piping integrity test not performed. 2643(c)(3)		3564		1		1-
	Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		3565				1
	Line leak detector could not detect 0.1 gph at 150% pressure. 2643(c)(3)		3566		1		
And the second	MENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING			11.1	5.0	1 · .	1-
	test not performed every 3 years. 2643(d)		3601	10		13	
	g not performed and/or logged. 2643(d), Appendix II		3602	-		-	-
	AENTS: SINGLE WALLED SAFE SUCTION PIPING		3002	-	11	-	-
	check valve or single valve not located properly. 2641(b), 2636(a)(3)		3651	-	-		-
	t drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652				
	AENTS: SINGLE WALLED GRAVITY PIPING		0002	-			-
			2704	2.0%		i.	-
	test not performed every 2 years. 2643(e)		3701	-			-
Enhanced leak	detection not performed as required. 25292.4(a)		3702	1			

Signature of Business Representative

Date Signed

Title of Business Representative

DEH:HM-928-1 (Revised 06/05) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE 064	23/2011
PAGE 4	DF.5

BUSINESS ADDRESS: _ 555 E. Valley Parkway Escondido

ZIP: 92025 VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and ehCalifornia Code of Regulations, Title 22 Sections 65600 et. al. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Correctivaction Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 3382222 or your Specialist if you have any questions.

#

5

STORAGE AND LABELING

Viol #		VIOL	VIOLATION DESCRIPTION
		V4201	UPF Permit not obtained. 117705, 68.905
		V4202	Medical Waste (MW) not separated from other waste at point of origin. 118275
		V4203	Enclosure or designated accumulation area foMW containers not secured.118307, 118310
		V4204	MW designated accumulationarea not posted with an approved and legiblebiohazardous waste "warning sign" in English and Spanish. 118310
		V4205	Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
		V4206	Spill of MW not properly cleaned up. 118300
		V4207	Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
		V4208	Full sharps container not taped closed or tightlyidded to preclude loss of contents.118285(b)
3	×	V4209	Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205
		V4210	MW not stored in approved and properly marked red bags. 118275
		V4211	Red bags not tied off to prevent leakage/expulsion of contents during handling and storage118280(a)
4	M	V4212	Red bags not containerized in rigid, leak restant, and covered containers or bins.118280(b)
		V4213	Waste container/bin not labeled on the lid and side so as to be clearly visible.118280(b)
		V4214	Reusable containers/bins forMW storage not kept clean/sanitary. 118295, 118305
		V4215	Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
		V4306	Full sharps container stored >30 days at >0°C. 118285(c)
		V4307	Red bag waste stored >7 days a>0°C (for generators of >20lbs/month). 118280(d)(1)(A)
		V4308	Red bag waste stored >30 days a≻0°C (for generators of <20lbs/month). 118280(d)(1)(B)
		V4219	MW interim storage area not marked with warning sign or a biohazard symbollegible from 5 f. 118307, 118310
		V4220	MW Interim storage areanot properly secured 118307
	TRE.	ATMENT	AND DISPOSAL
		V4251	MW treated by unapproved method/procedure. 118215
		V4252	Standardized written operating procedures for steam sterilization not available. 11821(2)(A)
		V4253	Recording hermometer not calibrated annually. 118215(2)(B)
		V4254	No records of annual thermometer calibration checks onsite for at least the past 3 years.118215(2)(B)
		V4255	Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)

Viol VIOL VIOLATION DESCRIPTION Transportation of MW without State Hauler V4260 Registration or a (LQHE) from HMD. 118025 No LQHE for "selfhauled" MW V4304 (<20 pounds of waste/wk). 118025118030(a)(1) V4305 LQHE not renewed annually as required. 11803(b) V4311 Medical Waste tracking documents not in vehicle transporting MW. 11804((c) X V4312 MW tracking documents/logsnot maintained for 3years for LQHE. 118040(a)

TRANSPORTATION REQUIREMENTS

SMALL OTY, GENERATORS ONLY (<200 lbs/mo) MW)

	V4301	Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	V4302	Did not maintain and show proof 6 "onsite" medical waste treatment records for 3 yrs.117943, 118215(2)(E)
	V4303	Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 11794(b)
	V4309	MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (≥ 200 pounds of waste generated per month)

b	2	V4351	MWMP not submitted to HMD(initial/updates). 117960, 117970
		V4352	Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
		V4353	Did not retain on file disposal receipts/tracking doou ments for at least 3yrs. for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC, & HAZ, WASTE

		V4401	Chemo waste not segregated from othr MW. 118275(e)
B	M	V4402	Chemo waste container not properly labeled. 11827(5)
		V4403	Illegal disposal of chemo waste. 118340
		V4411	Pathology waste not segregated from otheMW. 118275(f
		V4412	Pathology waste container not properly labell. 118275(f)
		V4413	Illegal disposal of pathology waste. 118340
		V4421	Pharmwaste not segregated from otherMW. 118275(g)
7		V4422	Pharmwaste not properly labeled. 118275(g)
		V4423	Pharmwaste stored >90 dayswhen container full, or store longer than one year(max. allowable time) 118280(e)
		V4432	Illegal disposal of pharmwaste. 118340, 118222(b)
		V4441	Illegal disposal of photo/hazwaste to sewer/trash25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

	V4501	Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	V4502	Current copy of theMW treatment permit not available. 65621(f), 65623, 118165, 118180
	V4503	Condition(s) of the MW treatmt. permit violated. 65623

for 30 minutes. 118215(2)(B)

not available for 3 yrs. 118215(2)(E)

Disposal of untreatedMW to an unauthorized

Monthly biological indicatr or other approved method

not used to confirm proper disinfection118215(2)(D) Onsite steam sterilization did not reach 12 PC/250 °F

Treatment records/logs of dates, time and temperature

SIGNATURE OF BUSINESS REPRESENTATIVE

point. 118340

122 / 2011 DATE SIGNED

LEAD ENGINER

TITLE OF BUSINESS REPRESENTATIVE

HM-9255 (9/07) NCR

V4256

V4257

V4258

V4259

ADTIVE TO THE	COUNTY OF SAN DIEC	Sector Sector		PERMIT # 114230
	COMPLIANCE INSPECTION REP Small and Large Quantity Generators of Haz Handlers of Hazardous Material	ORT ardous s	Waste	DATE <u>06 /23 /11</u> PAGE <u>5</u> OF <u>5</u>
FACILITY ADDR	RESS: 555 E. Valley Parkway	Escor	ndido	ZIP: 92025
Code, and/or the San Diego All violations must be	he items checked below refer to specific section numbers of Titles 19 & 22 o to County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG) corrected. Submit documentation of return to compliance to younce. Your Specialist can provide this form. Please call (619) 33): Large H our Spec	lazardous l cialist. Yo	Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). w may use the Corrective Action Form (HM-926) to document
HAZARDO	OUS MATERIALS REQUIREMENTS	H	AZWA	STE REQUIREMENTS FOR LOGs & SQGs
Viol# V VIOL	ATION DESCRIPTION	Viol #	v	VIOLATION DESCRIPTION
1001 UPF p	permit not obtained for hazardous materials. SDCC 68.905	2	STORA	GE AND HANDLING
1002 Hazar	dous Materials Business Plan (HMBP) not established/ mented. 25503.5(a)			Used oil filters improperly managed. 66266.130
<u> </u>	P not submitted to HMD. 25505(a)		0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
1005 Emerg	gency contact not provided or current. 25509(a)(7)			
D 1007 Highl	y toxic gas ('ILV≤10 ppm) not disclosed. 68.1113(b)			Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
the second secon	ot submit annual carcinogen/reproductive toxin list. 68.1113(c)		0218	Failed to label &/or cloœ drained □ used oil filters &/or □ used f filters. 25250.22 & 66266.130(c)(3)
	hap is not sufficient or complete. 25509(a)(5) & 25505(a)(2)			Failed to properly segregate used oil &/or fuel drained from filters

		HA	AZA	RDOUS MATERIALS REQUIREMENTS	Н	AZW	ASTE REQUIREMENTS FOR LOGs & SOGS
[Viol #		v	VIOLATION DESCRIPTION	Viol #	l v	VIOLATION DESCRIPTION
[1001	UPF permit not obtained for hazardous materials. SDCC 68.905	2	STOR	AGE AND HANDLING
I			1002	Hazardous Materials Business Plan (HMBP) not established/	· · · · ·	021	5 Used oil filters improperly managed. 66266.130
ł				implemented. 25503.5(a) HMBP not submitted to HMD. 25505(a)	-	1	- Failed to label hazardous materials within 10 days or less.
+				Emergency contact not provided or current, 25509(a)(7)		021	^o 25124(b)(3)(A) & 66262.34(t)
i				Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)		021	7 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	1		1008	Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)		021	Earlied to label \mathcal{R} for close drained \Box used oil filters \mathcal{R} for \Box used for
[1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)	-	-	Foiled to properly compare used oil &/or fuel drained from filters
			1010	Did not report release or threatened release. 25507(a), 19 CCR 2703		021	9 66266.130(c)(6) or 25250.22(b)(4)
	I			SPCC Plan not prepared. 25270.3 & 25270.4.5(a)		022	9 Spent lead acid batteries not properly managed. 66266.81
1			1013	Copy of HMBP not onsite for inspector's review. 25505(e)		-	Failed to comply with satellite regulations. 66262.34(e)
	1		1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729			2 Failed to properly label ERM. 25143.9(a)
oK	9		1015	Did not have adequate employee training program 2732 &/or 25504(c)		022	3 Failed to properly manage <u>non-empty</u> container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
0			1016	Failed to have an adequate emergency response plan 25504(b); 2731		7	Failed to mark date on empty container larger than 5 gallons &/or
1			1017	Business Plan not certified annually. 25505(d) & (e)(2)		022	manage it within one year. obzor. (c) te (i).
1			1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510			7 Failed to properly dispose of UW within one year. 66273.35(a)
ł		_		SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]	H	AZW	ASTE REQUIREMENTS FOR SQGs ONLY
l					STO	RAGE	AND HANDLING Pursuant to 66262.34(d)
				TTE REQUIREMENTS FOR LQGs & SQGs		022	5 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
1	-			DKEEPING Unified Program Facility (UPF) permit not obtained. SDCC 68.905		-	
ł				Failed to obtain & maintain a valid EPA 1D Number, 66262,12(a)			 6 Did not accumulate waste in container or tank. 66262.34(d)(2) Failed to properly label/date hazardous waste container &/or tank.
}				Failed to send manifest copy to DTSC. 66262.23(a)(4)	9	2 022	66262.34(f)
ł				Failed to file Exception Report with DTSC. 66262.42		022	8 Failed to keep container closed. CFR 265.173
ł						022	9 Failed to conduct weekly inspections. CFR 265.174
				Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)		023	Pailed to maintain aisle space. CFR 265.35
-				Did not have records of battery disposal. 66266.81(a)(4)(B)			I Failed to properly separate incompatible wastes. CFR 265.177
				Failed to complete manifest properly. 66262.23(a) Manifest signed by the TSDF not available for inspection.		1	2 Waste accumulated in a container in poor condition. CFR 265.171
	1		0138	66262.40(a)		-	3 Failed to use a lined/compatible container. CFR 265.172.
[1)140	Failed to have LDR documentation onsite. 66268.7(a)(8)			4 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31
			0141	Failed to obtain approval for TSDF. 25201(a)	TRA	INING	CONTINGENCY PLAN & ER PROCEDURES
[[•	0142	Failed to notify CUPA for digible onsite treatment. 25201(a)			66262.34(d)(2)
	[ERM reporting not submitted biennially &/or available. 25143.10	(D	123 040	7 Employee training program not adequate. CFR 262.34(d)(5)(iii)
	1		0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)		040	8 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	,	-		Failed to keep records of offsite universal waste (UW) shipment(s)		040	9 Spill/fire control equip not available. CFR 265.32(c)
			0147	available for inspection. 66273.39(c) & (d). Failed to keep copies of analytical results, waste analysis records,		041	9 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	[0148	or waste determination results. (3 years) 66262.40(c)		041	Failed to correct out contineeney plan during an emergency
	1		0149	Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250.22 & 66266.130(c)(5)		041	Foiled to have an emergency coordinator on call or available during
	<u>I</u>	DIS	POS	AL AND TRANSPORTATION			² emergency. CFR 262.34(d)(5)(i)
[- 12 Y		Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)	HAZ	ARDO	US WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)
1	[0302	Unlawful transportation of hazardous waste (HW). 25163(a)		161	- Hazardous waste improperly stored in a tank system that □leaks.
	[0303	Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)		-	Failed to comply with tank standards which include: two (2) feet of
[[0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)		161	and weekly inspections. CFR 265.201(b) & (c)
[[)305	Disposed of used oil illegally, 25250.5(a) & 25189.5(a)			Failed to properly complete &/or document closure for a hazardous
	[Disposed of latex paint illegally. 25217.1	-	- 101	⁴ waste tank. CFR 265.201(d) & 67383.3
				Disposal of UW to an unauthorized point. 25189.5(a); 66273.31(a)		□ 161	 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
Į	[308	Impermissible dilution of hazardous waste. 66268.3(a)		161	6 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)
		1	1	~ 0		-	
		1	1,	11012	10		LEAD WEINELR
2	SIG	NAT	TURI	C / 23 E OF FACILITY REPRESENTATIVE DATE SIC		<u> </u>	TITLE OF FACILITY REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

County of S DEPARTMENT OF ENVIR HAZARDOUS MATE P.O. BOX 129261, SAN DI (858) 505-6880 FAX http://www.sd	ONMENTAL HEA RIALS DIVISION EGO, CA 92112-92 (858) 505-6848	LTH	THE ROOM IN THE ROOM	
Medical Waste Ma	anageme	ent Plan		
Facility Info	ormation	Unified Program Facility		
Business		Permit #:		
Name: <u>Palomar Pomerado Health</u>		Date: <u>6 /23 /2011</u>	1	
Type of Business: Medical Center			0025	
Address: 555 E. Valley Pkwy. Street No. Street Name	Escondido City	<u></u>	2025 Code	
Person Responsible for implementing t	he Medical W	aste Management Plan		
Name: Alice Warner	-	(760)730 ¥ 3468		
Title: System Director, EVS		ne: (<u>760)739</u> X <u>2468</u>		
Types of waste				
Sharps - e.g., needles, blades, scalpels, or broken glass or syringes contaminated with biohazardous waste.	or other rea	oody fluids - liquid blood or blood ulated body fluids, or articles conta lood or body fluids.	minated	
Estimated monthly amount <u>13,084</u> lbs	-	Estimated monthly amount	<u>19,626</u> lbs	
Home-Generated Sharps	Pathology parts.	waste - recognizable human ana		
Estimated monthly amount lbs Estimated monthly amount 959 It				
Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media. Estimated monthly amount lbs	removed cu	pecimens - human or animal parts rgically or by autopsy and are suspect ad by agents which are contagious to Estimated monthly amount	humans.	
Liquid or semi-liquid biohazardous laboratory waste - treated on site by chemical disinfection* and discharged to sewer. Estimated monthly amount lbs		waste - waste contaminated with r secretions from humans or anima e to highly communicable diseases Estimated monthly amount	ais who are s.	
Waste contaminated with fixatives or chemotherapeutic agents.	narts tissi	nated animals - animal carcasse les or fluids suspected to be contam ch are contagious to humans.	inated by	
Estimated monthly amount 61 lbs	2	Estimated monthly amount	t lbs	
California-regulated pharmaceutical waste Estimated monthly amount <u>2,045</u> lbs	Other (sp	Estimated monthly amoun	t Ibs	
Estimate of <u>TOTAL</u> monthly med				
ONSITE MEDICAL WASTE TREATMENT ONLY: Me	thod of medica	al waste treatment <i>if performe</i>	<u>ed onsite</u> :	
Steam Autoclaving Other state approved				
Onsite medical waste treatment records must *Per HSC §118215(c), for liquid or semi-liquid biohazardous laborat the NIH, the CDC, or the American Biological Safety Association.	on/waete (811/6	((a)) the treatment method must be	e recognized s	

become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chi \$25100) of Division 20



114230 TY OF SAND

114230

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: <u>Stericycle</u>

Address: <u>2775 E. 26th St.</u>

City: Vernon State CA ZIP Code 90058

Phone #: (<u>323</u>) <u>854</u> - <u>7133</u>

Contact Person:Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

Facility Name: Stericycle - Autoclave Treatment

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (951)897 - 7440

Contact Person: Glenna Young

Phone #:(951)897 - 7440

I hereby certify to the best of my knowledge and believe the statements made herein are correct and accurate.

Name: <u>Alice Warner</u> Type or Print Title: <u>System Director, EVS</u> Signature

Date: 6 /24 /2011

Emergency Action Plan: Note: This requirement only applies to Large Quantity Generators of Medical Waste (≥200 lbs/month)

This plan is to be followed to ensure the proper disposal of medical waste in the event of a natural disaster, spill, treatment system break down, power failure, etc. (600 characters max. for WORD interactive form - use additional sheets if necessary).

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. <u>A separate certification or report must be prepared for each</u> 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.

A. General Information

Facility Name: Palomar Medical Center	Bldg. No.:
Site Address: 555 E. Valley Parkway	City: Escondido, CA Zip: 92025
Facility Contact Person:	Contact Phone No.: (760) 739-3111
THO 0000	Date of Testing/Servicing: 1/7/2011
B. Inventory of Equipment Tested/Certified	
Check the appropriate boxes to indicate specific equipment inspected/serviced	The second
Tank ID: 10K	Tank ID:
In-Tank Gauging Probe. Model: None	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: LS 600	Annular Space or Vault Sensor. Model:
Image: Sump / Trench Sensor(s). Model: LS 600 Image: Sump Sensor(s). Model: LS 600	Piping Sump / Trench Sensor(s). Model:
	Fill Sump Sensor(s). Model: Model: Model:
Mechanical Line Leak Detector. Model: Bectronic Line Leak Detector Model:	Mechanical Line Leak Detector. Model: Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Tank (D:	Tank ID:
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector Model:
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Dispenser 1D:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(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 Ation history report

Technician Name (print):	Chris Harlin	Signature:	12	1	
Certification No.: PNU1	11110CT	License. No	767952		
Testing Company Name:	P.F. Services, Inc.		Phone N	o.: (909) 949-9141	
Testing Company Address	125 N. 12 th Ave., Upland, CA	91786	Date	of Testing/Servicing: 1/	7/2011
Testing Company Name:	P.F. Services, Inc.		Phone N		7/2011

Page 1 of 3

D. Results of Testing/Servicing

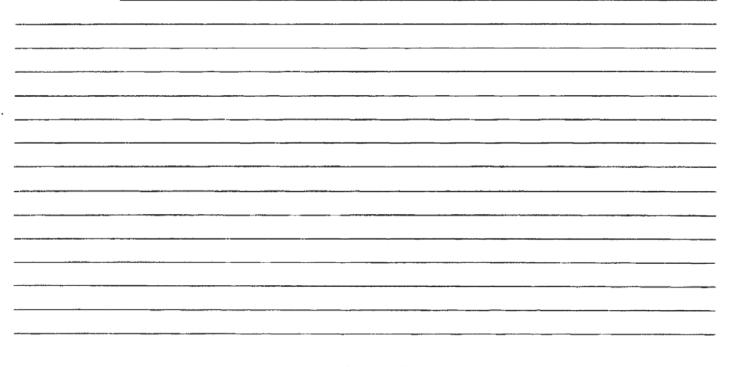
Software Version Installed:

.

Complete	the follow	ing checklist:
🛛 Yes	🗆 No*	Is the audible alarm operational?
🖾 Yes	D 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? (<i>Check all that apply</i>) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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 value 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: Rain Water.



Page 2 of 3

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	D 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):

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	D 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: _____

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

Facility Name:	Palomar Medical Center		Date of Testing:	11/7/2011
Facility Address:	555 E. Valley Parkway, Escondido, CA	92025		
Facility Contact:		Phone:	(760) 739-3111	
Date Local Agency W	/as Notified of Testing :	1/4/11		
Name of Local Agenc	y Inspector (if present during testing):	Gary Griff	th	

Company Name: P.F. Services, Inc.				
Technician Conducting Test: Chris Harlin				
Credentials ¹ : CSLB Contractor x ICC Service Tech.	SWRCB Tank Tester	Other (Specify)		
License Number(s): 767952, PNU111110CT				

3. SPILL BUCKET TESTING INFORMATION Test Method Used: Hydrostatic Vacuum Other

Test Method Used:	Hydrostatic	Vacuum	Other	
Test Equipment Used: Visual		Equipment Resolution:		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	10K	2	3	4
Bucket Installation Type:	Direct Bury x Contained in Sump	Direct Bury Contained in Sump	Direct Bury Cl Contained in Sump	 Direct Bury Contained in Sump
Bucket Diameter:	12			
Bucket Depth:	12			
Wait time between applying vacuum/water and start of test:				
Test Start Time (T ₁):	10:00			
Initial Reading (R1):	6 1/2			
Test End Time (T _F):	11:00			
Final Reading (R _F):	6 1/2			
Test Duration $(T_F - T_I)$:	l hour			
Change in Reading (R _F - R _I):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	x Pass 🗆 Fail	O Pass D Fail	Pass D Fail	D Pass D Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: 1/7/2011

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

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.

A. General Information

Facility Name: Palomar Medical Center	Bldg. No.:		
Site Address: 555 E. Valley Parkway	City: Escondido, CA Zip: 92025		
Facility Contact Person:			
	Date of Testing/Servicing: 1/7/2011		
B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/service			
Tank ID: 3K	Tank ID:		
In-Tank Gauging Probe Model: None	In-Tank Gauging Probe Model		
Annular Space or Vault Sensor. Model: ES 825-100F	Annular Space or Vault Sensor Model		
Piping Sump / Trench Sensor(s). Model. LS 600	Piping Sump / Trench Sensor(s). Model:		
Fill Sump Sensor(s). Model: LS 600	Fill Sump Sensor(s). Model:		
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:		
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:		
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:		
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).		
Tank ID:	Tank ID:		
In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model.		
Annular Space or Vault Sensor Model:	Annular Space or Vault Sensor. Model:		
Piping Sump / Treach Sensor(s) Model:	Piping Sump / Trench Sensor(s). Model:		
Fill Sump Sensor(s) Model:	Fill Sump Sensor(s). Model:		
Mechanical Line Leak Detector. Model [*]	Mechanical Line Leak Detector. Model:		
Electronic Line Leak Detector. Model:	Electronic Line Leak Detector, Model:		
Tank Overfill / High-Level Sensor Model:	Tank Overfill / High-Level Sensor. Model:		
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).		
Dispenser ID:	Dispenser ID:		
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:		
Shear Valve(s).	Shear Valve(s).		
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).		
Dispenser ID:	Dispenser ID:		
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:		
Shear Valve(s).	Shear Valve(s).		
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).		
Dispenser ID:	Dispenser ID:		
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:		
Shear Valve(s).	Shear Valve(s).		
Dispenser Containment Float(s) and Chain(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):

Technician Name (print): Chris Harlin	Signature: 74
Certification No.: PNU111110CT	License. No.: 767952
Testing Company Name: P.F. Services, Inc.	Phone No.: (909) 949-9141
Testing Company Address: 125 N. 12th Ave., Upland, CA 917	B6 Date of Testing/Servicing: 1/7/2011

Page 1 of 3

D. Results of Testing/Servicing

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Software Version Installed:

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Complete	the follow	ing 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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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:

Page 2 of 3

F. In-Tank Gauging / SIR Equipment:

 \Box Check this box if tank gauging is used only for inventory control. \boxtimes 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.

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: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 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*	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: _

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

I. FACILITY INFORMATION Facility Name: Palomar Medical Center Date of Testing: 1/7/2011 Facility Address: 555 E. Valley Parkway, Escondido, CA 92025 555 E. Valley Parkway, Escondido, CA 92025 555 E. Valley Parkway, Escondido, CA 92025 Facility Contact: Phone: (760) 739-3111 1/4/11 Date Local Agency Was Notified of Testing : 1/4/11 1/4/11 Name of Local Agency Inspector (*if present during testing*): Gary Griffith

2. TESTING CONTRACTOR INFORMATION

Company Name: P.F. Services, Inc.				
Technician Conducting Test: Chris Harlin				
Credentials ¹ : [] CSLB Contractor x ICC Ser	vice Tech. SWRCB Tank Tester Other (Specify)			
License Number(s): 767952, PNU111	IIOCT			

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	Hydrostatic	Vacuum	🖸 Other		
Test Equipment Used: Visual			Equipment Resolution:		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	3 К	2	3	4	
Bucket Installation Type:	Direct Bury x Contained in Sump	Direct Bury Contained in Sump	 Direct Bury Contained in Sump 	 Direct Bury Contained in Sump 	
Bucket Diameter:	12				
Bucket Depth:	13				
Wait time between applying vacuum/water and start of test:					
Test Start Time (T ₁):	10:00				
Initial Reading (R ₁):	6 3/4				
Test End Time (T_F) :	11:00				
Final Reading (R _F):	6 3/4				
Test Duration $(T_{I} - T_{I})$:	l hour				
Change in Reading (R _F - R _I):	0				
Pass/Fail Threshold or Criteria:	0				
Test Result:	x Pass 🛛 Fail	🛛 Pass. 🗇 Fail	🛛 Pass 🔾 Fail	🗆 Pass 🗆 Fail	

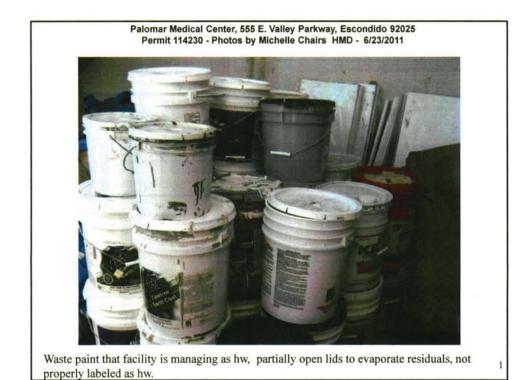
Comments – (include information on repairs mude prior to testing, and recommended follow-up for failed tests)

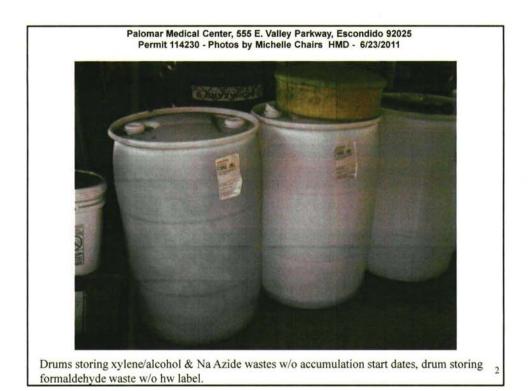
CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

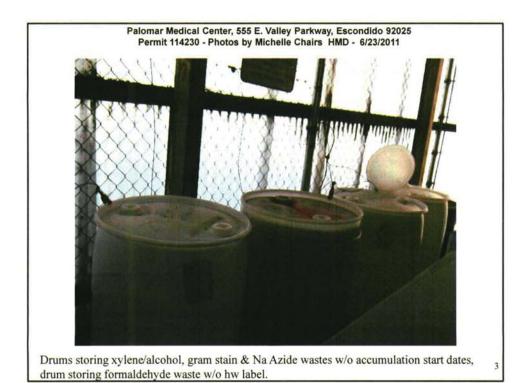
Technician's Signature:

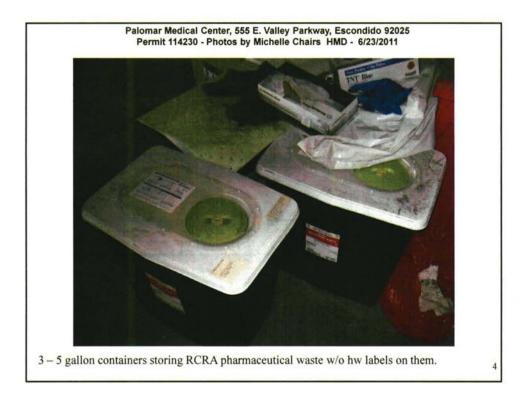
Date: 1/7/2011

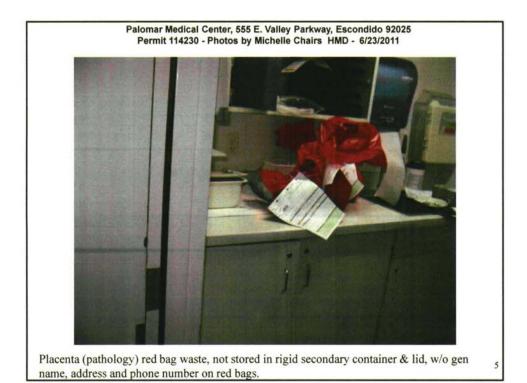
¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

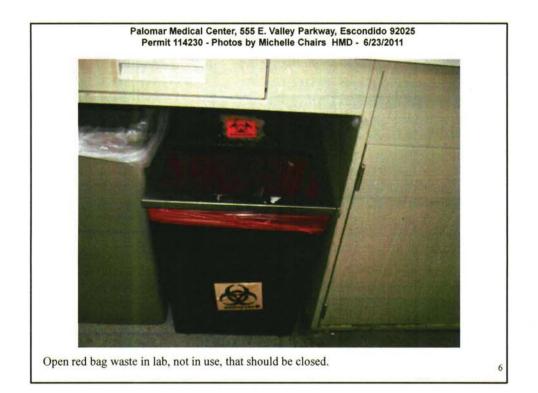


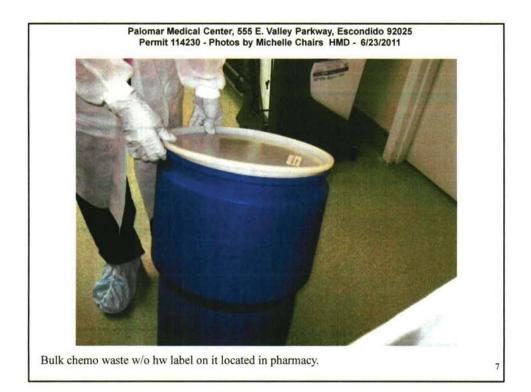


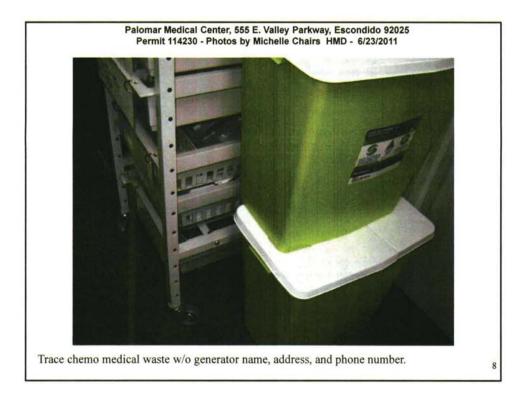


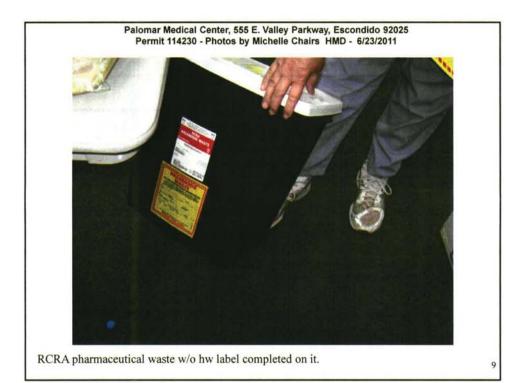












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COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2139 1-800-253-9933 http://www.sdcdeh.org								
Designation of Underground Storage Tank (UST) Operator								
UST Owner Statement of Understanding and Compliance with UST Requirements								
Facility								
Facility Name: Palomar Medical Center Facility	Facility Permit #:							
Address: 5.55 E. Valley Packway	Phone: (760)739-3185							
City: Escandida Ca	Zin Cade: Quality and							
Reason for Submitting this Form (Check One) [] Initial Certification [] Change of								
Designated UST Operator(s) for this Facility								
PRIMARY DESIGNATED UST OPERATOR								
Operator's Name: Matthews Brugent	Relation to UST Facility (Check One)							
(If different from above): Bryant Environmental Succession	[] Owner [] Operator [] Employee							
Operator's Phone #: (909) 758 - 0464	[] Service Technician [X] Third-Party							
International Code Council Certification #: 52441637-UC								
ALTERNATE 1 (Optional)	Expiration Date: 09/28/2012							
Designated Operator's Name:	Relation to UST Facility (Check Onc)							
Business Name (If different from above):] Owner [] Operator [] Employee							
Designated Operator's Phone #:	[] Service Technician [] Third-Party							
International Code	, Januar (Jina-rany							
Council Certification #:	Expiration Date: / /							
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	[] Inito-Party							
Council Certification #:	Expiration Date:/							
NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF AN	Y CHANGES TO THIS INFORMATION							
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, Sections 2715(c) - (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.								
Dan Farrow NAME OF TANK OWNER OR OWNER'S AGENT (Please Print) DA	ATE: 6,27,11							
OWNER'S	PHONE #: (769739-3185							
SIGNATURE OF TANK OWNER OR OWNER'S AGENT	HUNDEN: LINNING 2103							
Poturn this completed form the start to								

Return this completed form to:

HMD-Designated UST Operator P.O. Box 129261, San Diego, CA 92112-9261

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				and	File H	114230	
	ENTERED FEB	0 9 2010 0	K.	DECE	INVED	114230	
			For State Use	,			
State of California State Water Resources Control Board				jan 2	5 2010		
Division of Clean Water Programs P.O. Box 944212			ENVIRONMENTAL				
Sacramento, CA 94244-2120			UPFP#: 114230				
			NCIAT	DECDO	Please updat	te effective:	
	FOR UNDERGROUND	D STORAGE T	ANKS CONTAIL	NING PETROL		d on <u>1 / 48</u> /	
A. I am required to demonstrate Financial Responsibility in the required amounts as specific 500,000 dollars per occurrence			fied in Section 2807, Chapter 18, Div. 3, Title 2 I million dollars annual aggregate				
	or		AND	or or		ta	
	1 million dollars per occur	Tence		million dollars	annual aggrega	lle	
B. Palomar I (Name of tank Owner or O	Pomerado Health		by certifies that it is in le 3, Chapter 18, Divi				
The mechanism	s used to demonstrate financial						
C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation	
rype	BETA Healthcare Group	Certificate					
	Risk Management Auth.	#C-09-691					
Insurance	1443 Danville Blvd.	Amendment	\$1,000,000	7/1/09 -	Yes	Yes	
	Alamo, CA 94507	H210-01	Aggregate	7/1/10			
					huission of this part	tification also	
certifies that	sing the State Fund as any part of your der t you are in compliance with all condition	s for participation i	incial responsibility, y in the Fund.	our execution and su	omission of this cer	tification also	
D. Facility Name Palomar Medical Center			555 E. Valley Parkway, Escondido, CA 92025				
Falliti Name			Facility Address				
Pomerado Hospital			15615 Pomerado Road, Poway, CA 92064 Facility Address				
Facility Name							
Facility Name			Facility Address				
Facility Name			Facility Address				
Facility Name			Facility Address				
Fachty Name			Facility Address				
E Sugaror of T-Molan		Xic /	Name and Title of Tank Owne	er or Operator			
E. Signature of Taplofiner or Speciator 1/20/10			Robert A. Hemker, Chief Financial Officer				
Signature of Witchess or Notary			Tanya Howell, Executive Assistant				
71	Submit original to local US	F regulatory	agency. Keep a	copy at each U	ST facility.		
\mathcal{O}		(Instruction	s on Reverse)				

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NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Palomar Pomerado Health

I alli the Ollier I filanetar	(Business name, bus	siness address, and correspondence address of owner	or operator)
456 E. Grand Avenue	e, Escondido, CA	92025	

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily

injury and property damage caused by an unauthorized release of petroleum in the amount of at least

s ______ per occurrence and \$______ annual aggregate coverage.

(Dollar Amount)

(Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

Palomar Medical Center, 555 E. Valley Parkway, Escondido, CA 92025

(Name and address of each facility for which financial responsibility is being demonstrated.)

Pomerado Hospital, 15615 Pomerado Road, Poway, CA 92064

1.	Amount of annual aggregate coverage being assured by this letter	\$1,000,000.00
2.	Total tangible assets	\$ <u>948,324,060.00</u>
3.	Total liabilities	\$ <u>642,944,989.00</u>
4.	Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)	\$ <u>305,379,071.00</u>

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Escondido, California (Place of Execution) On (Signature) Robert A. Hemker (Printed Name) Chief Financial Officer (Title) UST 02FR revised 4/95

ENTERED FEB 1 6 2011 25

SI D P.	State of California State of Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120								
- ALLER DA		(Instructions o	n revers	c side)					
	CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM								
A. I am required t									
	0 dollars per occurrence			L_A	uillion dollars annu				
l I milli	or dollars per occurrence	AND			or	00 0			
Dalares					uillion dollars annu	al aggregate			
(Nar	r Pomerado Health			eby certifies that it		with the requir	ements of		
California Co The mechani	de of Regulations, Title 23, Division sms used to demonstrate financial	n 3, Chapter responsibility	18, Arti / as red	cle 3, Section 2807 quired by Section 2	807 are as follow	s:			
C. Mechanism Type	Name and Address of Issuer	Mechan	ism	Coverage Amount	Coverage	Corrective	Third Party		
Pollution Liabilit	BHG Risk Management Authority			\$500,000/ \$1,000,000	Period - 7/1/10 to	Action Yes	Comp Yes		
Coverage	1443 Danville Boulevard Alamo, CA 94507	Amendmen H210-01	nt	\$1,000,000	7/1/11				
or this centrica	ng the State Fund as any part of yo ation also certifies that you are in co See instructions.	our demonstr ompliance an	alion o nd shai	f financial responsi I maintain complian	bility, your execut ce with <u>all</u> conditi	ion and submi ons for particij	ission pation		
D. Facility Name			Fa	cility Address					
Palomar Med	lical Center - East		555 E. Valley Parkway, Escondido, CA 92025						
Facility Name			1	Facility Address					
Pomerado Ho	Pomerado Hospital 15615 Pomerado Road, Poway, CA 92064								
Facility Name									
Palomar Medical Center - West 2185 W. Citracado Pkwy, Escondido, CA 92029									
E. Signature of Tan	k Owner or Operator	Name and Title of Tank Owner or Operator							
N	Robert A. Hemker, CFO								
Signature of With	00	Date		me of Witness or Not		The state of the state			
Munded	puell.	8118120	Tai	nya Howell, E	xecutive As	sistant			
/)						1997 Harrison Street and Constraining Street and Constraining Street and Constraining Street and Constraining S			

CFR (Revised 08/06)

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Copies - Facility/Site(s)

BHG Risk Management Authority ("BHG") A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun Certo-691	iber:	Amendment No.: 14210-01
Issued to: Palomar Pomerado Health			
Effective Date: 07/01/10 at 12:01 a.m	Expiration Date: 07/01/11 at 12:01 a.m	Additional	Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BHG AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in boldface are defined in Section C or in Section 1 of the Contract.)

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$500,000 per Claim and \$1,000,000 in the aggregate for all Claims first made and reported to BHG during the Contract Period, BHG will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93:

b. on or before the Effective Date stated above the **Member** had no knowledge of facts or circumstances that would cause a reasonable person to believe that a **Claim** might be made; and

c. the **Claim** is first made against the **Member** during the **Contract Period** and is reported in writing to BHG as soon as possible, and in no event later than thirty (30) calendar days after the termination of the **Contract Period**.

2. BHG has the right and duty to defend any covered **Claim** brought against a **Member**. This means that BHG will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or alleging liability for Pollution is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item

114230

BHG Risk Management Authority ("BHG") A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Amendment No.: H210-01	
Issued to: Palomar Pomerado Health		
Effective Date: 07/01/10 at 12:01 a.m.	Expiration Date: 07/01/11 at 12:01 a.m.	Additional Contribution: Per Contra

6. The Member must notify BHG, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

a, how, when and where the Occurrence, act, error or omission took place;

b, the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BHG in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BHG.

8. Incident reports, trending reports or other data collection reports to BHG do not constitute a notice or report for purposes of this Amendment.

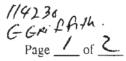
9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the **Named Member** or BHG, the **Named Member** shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the **Named Member's** election is received by BHG within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for **Claims** which are otherwise covered under this Amendment and are first made and reported in writing to BHG as soon as possible during the extended reporting period by reason of an **Occurrence** which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.L.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BHG at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BHG will pay.

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense**

VETEST

114230



Secondary Containment Testing Report Form - DRAFT

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 is and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

	1. FACILITY INFO	RMATION	
Facility Name: 🖌	alomen Medical Conrea		Date of Testing: 03 Has y 0
Facility Address: 3	aloman Medical Conrect 55 E. Valley Parka	er Escou	did. Ca
Facility Contact:	/ *	Phone: 7	60 739-3111
Date Local Agency	Was Notified of Testing: 3/25/10		
	icy Inspector Present: Zogaina	HERRERA	
	2. TESTING CONTRACTO		N
Company Name:	George Bayant Const.		
Technician Conducti	ing Test: Row FRANKLIN		1. 1
	CSLB Licensed Contractor 718466	SWRCB Licensed T	ank Tester
License Type and #:	AB CZI HAZ A	58	
	Training by	Manufacturer	
Manufacturer	Comp	ponent(s)	Date Training Expires
INCON	Jono	TESTER	
INCON A.O.Sm.	ith Fiber	Cost Pipe	
			

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested: Number of Submersible Pump Sumps Te Number of Fill Sumps Tested:	sted:		Number of Piping Runs Tested: Number of UDC Boxes Tested: Number of Overfill Boxes Tested:
Component	Pass	Fail	
Component Vent Linie	へ		Replaced Secondary Coupling & Reserves
		1	

Technician's Signature: Prov. 210

Date: 3/29

#114230

Page Z of Z

	5. SECONDARY PI	PE 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: 4" and i TE	STLOOT	
$ = \left\{ \begin{array}{ccc} a \left[\left(\frac{1}{2} + \frac{1}{2} \right) + \frac{1}{2} + $	Piping Run # Venr	Piping Run #	Piping Run #
Piping Material:	Fiberakes	x 87 10	
Piping Manufacturer:	Fiberghes A.D. Smith		
Piping Diameter:	3''		
Length of Piping Run:	ADDER 25		
Product Stored:	Approx 25' Diesel		
Method and location of piping-run isolation:	1157600 / Suns		
Wait time between applying pressure/vacuum/water and starting test:	11576007/Sunp Sminures		
Test Start Time:	8:00		
Initial Reading (R ₁):	6 PSE		
Test End Time:	9:00		
Final Reading (R _F):	6 PSF		
Test Duration:	1400x		
Change in Reading (R _F -R _I):	7		
Pass/Fail Threshold:	1		
Test Result:	PASS		

Comments-(include information on repairs made prior to testing) <u>Replaced 3" Secondary Coupling at Vent Aurer under</u> permit # 114230 Form Son Diegs County ENVIEW mental Hours, <u>Taspectoric</u>: ZORAIDA HEIZBOTCA 3/28/2010

114230

RETEST Secondary Containment Testing Report Form - DRAFT

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 INFORMAT	FION
Facility Name: Palaman Medical Conree	Date of Testing: 03/29/90
Facility Address: 555 E. Valley Prakony	Escondid. Ca
Facility Contact:	Phone: 760 739 - 3111
Date Local Agency Was Notified of Testing : 3/25/10	
Name of Local Agency Inspector Present: Zeraina HERE	2544

2. TESTING CONTRACTOR INFORMATION

Company Name:	orge	8RA	wir lan	4. T.	
Company Name: G	Test: R	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	RANCLIC	4	
				SWRCB Licensed Tank Tester	
License Type and #:					
			Traini	ing by Manufacturer	
Manufacturer				Component(s)	Date Training Expires
INCON			50	the TESTER	
A.D.Smir	6		E.	by cont pipe	

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested:			Number of Piping Runs Tested:
Number of Submersible Pump Sumps Tested:			Number of UDC Boxes Tested:
Number of Fill Sumps Tested:			Number of Overfill Boxes Tested:
Component	Pass	Fail	Comments
Vent Linie	、ス		Comments Regilação Secundary Coupling ; Rosses
	_		
	_	<u> </u>	

Technician's Signature:

Date: 3/29/ /0

SWRCB

December 2001

Page Z of Z

	5. SECONDARY PI	PE TESTING	
Test Method Developed By:	Piping Manufacturer Oth <u>er (Sp</u> ecify)	Industry Standard	Professional Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	Hydrostatic
Measuring Equipment Used for		EThoor	
an a	Piping Run # VEnr	Piping Run #	Piping Run #
Piping Material:	Fiberatics		
Piping Manufacturer:	A.D. Engit		
Piping Diameter:	311		
Length of Piping Run:	APPRA 25		
Product Stored:	Diecel		
Method and location of piping-run isolation:	1estbar /suns		
Wait time between applying pressure/vacuum/water and starting test:	1057600 / Sump 5 Minuros		
Test Start Time:	8:00		
Initial Reading (Rt):	6 PSE		
Test End Time:	9100		
Final Reading (R _F):	6 15=		
Test Duration:	1hour		
Change in Reading (RF-RI):	ø		
Pass/Fail Threshold:	9		
Test Result:	PASS		

Comments - (include information on repairs made prior to testing)

Replaced 3" SECONDARY Compling at Vent Ander Under permit # 114230 From Son Diego Coursey Environmental Horizo

Inspector ZORAIDA HERRORA 3/28/2010

December 2001

SWRCB

					1-	
	ENTERED	MAR 3 0	2010 gr -	100 RECI	EIVED	114.23
State of California	a		For State Use		F 0040	
	urces Control Board				5 2010	
Division of Clean P.O. Box 944212	water Programs			ENVIRO	ALTH	
Sacramento, CA	94244-2120			3 I		
CER	TIFICATION C					ITY
A. I am required to de	monstrate Financial Responsibility in the requ 500,000 dollars per occurr	rence		million dollars		ite
	or 1 million dollars per occur		AND	or million dollars :	annual aggrega	ite
(Name of tank Owner or O		Artic	by certifies that it is in the 3, Chapter 18, Div	ision 3, Title 23, Cali	fornia Code of Reg	
	s used to demonstrate financial Name and Address of Issuer			1		milin
C. Mechanism Type	Name and Address of issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
	BETA Healthcare Group	Certificate				
	Risk Management Auth.	1				
Insurance	1443 Danville Blvd.	1	\$1,000,000	7/1/09 -	Yes	Yes
Insulance	Alamo, CA 94507	H210-01	Aggregate	7/1/10		
certifies that	ing the State Fund as any part of your der you are in compliance with all conditions		n the Fund.	our execution and sub	omission of this cert	ification also
D. Faculity Name Palomar M	ledical Center		555 E. Valle	ey Parkway,	Escondido,	CA 92025
Facility Name			Facility Address			
Pomerado Facility Name	Hospital		15615 Pom Facility Address	erado Road,	Poway, CA	92064
Facility Name			Facility Address		, <u>.</u>	
i'acıhıy Name			Facility Address			
Facility Name			Facility Address			
Facility Name	,		Facility Address			
E. Signature of Table Ofmer of Signature of Witness or No	1/2	20/10	Name and Title of Tank Owner Robert A. H	emker, Chie	f Financial	Officer
Janip	Deisel 1/2	0/10	Tanya How	ell, Executiv		
()	Submit original to local US	r regulatory a	igency. Keep a	copy at each US	51 facility.	

(Instructions on Reverse)

NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial	l Officer for	Palomar Pomerado Health	
		name business address, and correspondence address of owner or operator)	

456 E. Grand Avenue, Escondido, CA 92025

This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$______ per occurrence and \$______ annual aggregate coverage.

(Dollar Amount)

(Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

Palomar Medical Center, 555 E. Valley Parkway, Escondido, CA 92025

(Name and address of each facility for which financial responsibility is being demonstrated.)

Pomerado Hospital, 15615 Pomerado Road, Poway, CA 92064

1.	Amount of annual aggregate coverage being assured by this letter	\$1,000,000.00
2.	Total tangible assets	\$ <u>948,324,060.00</u>
3.	Total liabilities	\$ <u>642,944,989.00</u>
4.	Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)	\$ <u>305,379,071.00</u>

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Escondido, California (Place of Execution) On //20//0 (Date) (Signature) Robert A. Hemker (Printed Name) Chief Financial Officer (Title) UST 02FR revised 4/95

ENTERED DEC 1 \$2009 9	
. COUNTY OF SAN DIEGO	PAGE 1 OF IO DATE 11/24/2009 PERMIT # 114230 BUS. CODE K65
COMPLIANCE INSPECTION REPORT	TIME START 7:00 A.M. END 3:30 P.M.
BUSINESS NAME Palomar Medical Center	SPECIALIST Gary Griffith
ADDRESS 555 E. Valley Parkway	DarrellRoe
CITY/ZID Essendids / 02025	TITLE Lead Engineer
CITY/ZIP Escondido / 92025	PHONE 760) 644-7125
25187.8 & 25404.1.2) for any minor violations as defined in H&SC 25404 and 25117.6. This violations. Minor violations do not include repeat violations or violations remaining uncorrected for not include knowing, willful, intentional, or chronic violations; nor do they include violations show intended to provide guidance to correct any violations indicated on the attached violation report. Y (or as specified below) demonstrating that all violations have been corrected or include a writter disputed violations. Prompt correction can protect you from penalties for a "minor violation". Per violations even if they are corrected promptly. However, correction within 30 days (or as specified violations).	or more than 30 days (or as specified below). Minor violations do owing a pattern of neglect or disregard. The remarks below are 'ou must submit a written response to this report within 30 days n notice of disagreement that clearly states the reason for any enalties can be imposed for each day in violation for all other ed below) will make a penalty less likely.
Y N/A NOTE: Reinspection fees will be charged if additional inspection	s are required to determine compliance.
Image: Second system of the	Permit Expires on: <u>9/30/2010</u> Contingency Plan available LQG SQG Employee Training records available Universal waste managed properly Waste containers closed labeled Waste containers in good condition
Consent to inspect granted by: Inspection Contact Other: Steve Fox	, Plant Operations Manager

Routine Inspection

RECEIVED DEC 0 9 2009

A routine Certified Unified Program Agency (CUPA) compliance inspection was initiated at Palomar Medical Center on November 24, 2009 by Gary Griffith, Environmental Health Specialist III, Hazardous Materials Division (HMD), Department of Environmental Health (DEH). Mr. Steve Fox, Plant Operations Manager, granted permission for Gary Griffith to audit hazardous materials handling for compliance with California's environmental health laws and regulations at Palomar Medical Center. Mr. Roe accompanied Mr. Griffith throughout the facility, and for the duration of this inspection. A copy of this report was read and received by Mr. Roe.

Palomar Medical Center is a full service 319 bed acute-care medical center. This hospital serves as North County's trauma services center. Medical wastes that are generated include blood contaminates, sharps, laboratory, trace chemotherapy, and pathology. Hazardous wastes that are generated include laboratory diagnostic solvent, bulk chemotherapy, formalin, and oil. Disclosable hazardous materials inventory includes boiler treatment chemicals, formaldehyde, liquid oxygen, nitrogen, nitrous oxide, carbon dioxide and helium. There are two underground storage tanks containing 10,000 gallons and 3,000 gallons respectively of diesel fuel for electrical generators.

The following CUPA program elements, included during the inspection, were hazardous waste generation, underground storage tank (UST), the Hazardous Materials Business Plan (HMBP), and the Medical Waste Management Act. This hospital is not subject to the onsite tiered permitting for hazardous waste treatment, Aboveground Petroleum Storage Act (APSA), nor the California Accidental Release Program (CalARP).

This is an annual certification that the Hazardous M emergency contacts, emergency response plan, and employ information required in the H&SC and is maintained at th	ee training plan) is current and includes all the	 Is of Business Representative		
PRINTED NAME OF BUSINESS REPRESENTATIVE	DATE SIGNED			
DARRELL ROC	12 / 01 / 09			
SIGNATURE BUSINESS REPRESENTATIVE	TITLE OF BUSINESS REPRESENTATIVE	TITLE OF BUSINESS REPRESENTATIVE		
x Wallet Kae	10AD 6761N662			
Department of Environmental Health, Ha	zardous Materials Division, P.O. Box 129261, San Dieg	o, CA 92112-9261		
Phone: (619) 338-2222	Toll Free: (800) 253-9933 http://www.sdcdeh.org			



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

Palomar Medical Center is a large quantity generator (LQG) of medical waste, and a small quantity generator (SQG) of hazardous waste.

Observation:

Seven black filled 8-15 gallon RCRA pharmaceutical waste containers were observed in the hazardous waste and hazardous waste empty container outdoor storage cage. Three had no hazardous waste labels. The pharmacy had a RCRA pharmaceutical waste container in use that was missing a hazardous waste label. That hazardous waste label was applied to the pharmacy container in-use during the inspection. The Cytology Laboratory had a one-gallon Gram stain waste container draining from automated processing equipment without a hazardous waste label.

NOTICE TO COMPLY

 Label RCRA pharmaceutical waste containers and all hazardous waste containers with labels containing the words "hazardous waste," the name and address of the hospital, the contents, the contents media type, the hazard properties, and the accumulation start date when the container is first placed into service.

Corrective Action: Label RCRA pharmaceutical waste containers and Cytology Laboratory automated processing machine Gram stain waste containers when first placed into service immediately, and confirm your RCRA pharmaceutical waste labeling implementation on the Corrective Action form report to HMD by 12/24/2009.

Observation:

Four of the RCRA pharmaceutical waste containers located in the hazardous waste outdoor storage cage had hazardous waste labels with two dated 7/22/2008, one dated 7/28/2008, and one dated 8/13/2008. One contained a "rejected" load form by Stericycle.

NOTICE TO COMPLY

2) Do not store hazardous waste on site for more than 180 days.

Corrective Action:

Remove the hazardous waste from the facility and provide confirmation to HMD by 12/24/2009.

Observation:

A full 8-15 gallon chemotherapy waste container, and two yellow 8-15 gallon chemotherapy sharps containers, approximately 1/3 full, were observed in the hazardous waste and hazardous waste empty container outdoor storage cage with no Palomar Medical Center identification. One full medical solid waste red bag inside, of a red hamper, was located in the hazardous waste and hazardous waste empty container outdoor storage cage without Palomar Medical Center identification. A chemistry laboratory partially filled red bag was missing the hospital name, address and phone number identification. The 7th floor Telemetry Department's soiled linen room partially filled chemotherapy waste containing was missing

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110-E (11/08) White: HMD Yellow: Business retains DATE SIGNED TITLE OF BUSINESS REPRESENTATIVE DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	T # 11	4230		
DATE_	11/24/	2009		
PAGE	3	OF	10	

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

the hospital's name, address and phone number identification. A partially filled red bag in the 7th floor soiled linen room was missing the hospital's name, address and phone number identification.

NOTICE TO COMPLY

3) Label medical waste containers when first placed into service.

Corrective Action: Provide name, address and phone number identification on medical waste containers when first placed into service immediately, and confirm your medical waste labeling implementation on the Corrective Action form report to HMD by 12/24/2009.

Observation:

A filled 5-gallon pale of etoposide cisplatin waste chemotherapy, dated 5/13/2008, was observed in the hazardous waste and hazardous waste empty container outdoor storage cage.

NOTICE TO COMPLY

 Filled sharps containers of trace chemotherapeutic waste at room temperature must be disposed of within 30 days.

Corrective Action:

Dispose of the chemotherapeutic waste container and provide verification on the Corrective Action form to HMD by 12/24/2009.

Observation:

A five-gallon Nalgene container of waste solvent was observed uncapped in the Hematology laboratory.

NOTICE TO COMPLY

5) Other than while filling or emptying, maintain hazardous waste containers sealed at all times.

Corrective Action:

Maintain the laboratory hazardous waste containers capped other than while filling or emptying immediately, and confirm your hazardous waste containment tight-lidded implementation in the Corrective Action form report to HMD by 12/24/2009.

Observation:

The October, 2008 disposal of 15-gallon container of RCRA pharmaceutical waste was disposed of by manifest, however a destination confirmation was not available.

NOTICE TO COMPLY

6) Maintain destination confirmation manifest copies for hazardous waste disposal on site at all times for at least three years.

Corrective Action:

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110-E (11/08) White: HMD Yellow: Business retains 2 / O1 / OS DATE SIGNED DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	r # 11	4230		
DATE	11/24	2009		
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BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

Obtain the treatment facility's signed copy of the manifest. Report any discrepancies within 35 days of the date of shipment to the treatment facility. Report the status of the manifest on the Corrective Action form to HMD by 12/24/2009.

Observation:

The Stericycle medical waste hauler confirmation of treatment records were not available.

NOTICE TO COMPLY

7) Maintain medical waste tracking documents, including treatment confirmation, available for inspection for at least two years.

Corrective Action:

Obtain medical waste treatment confirmation verification from the hauler, and report medical waste treatment verification to HMD in the Corrective Action report to HMD by 12/24/2009.

Observation:

The UST Financial Responsibility certificate could not be located.

NOTICE TO COMPLY

8) Update the UST financial responsibility certification every 12 months. Forms were provided during the inspection.

Corrective Action:

Return the financial responsibility certification with the Corrective Action form to HMD by 12/24/2009.

Observation:

Staff could not verify that the hazardous waste storage area is inspected weekly. Multiple used and empty hazardous waste containers were observed stacked in a haphazard manner. Hazardous wastes were stored beyond one year.

NOTICE TO COMPLY

9) Maintain weekly inspections of the 180-day hazardous waste storage cage.

Corrective Action:

Implement weekly inspections of the hazardous waste and hazardous waste empty storage cage immediately, and confirm implementation in the Corrective Action report to HMD by 12/24/2009.

Observation:

10) Chemistry Laboratory's Futura coagulation analyzer Hemosil Rinse Solution #002009320 in 2000 ml bottles, containing < .01% sodium azide (100 ppm), after processed, is wasted to the sewer at the rate of 2,000 ml every four or five days. The laboratory is equipped with two coagulation analyzers. According to the MSDS, sodium azide, a 22CCR66261.33 P listed toxic acute hazardous waste, and 22CCR, Division,

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110-E (11/08) White: HMD Yellow: Business retains 2 / 01 / 09 LEAD BOIDTER DATE SIGNED TITLE OF BUSINESS REPRESENTATIVE DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261





SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	Г # 11	4230		
DATE	11/24/	2009		
PAGE	5	OF	10	

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

Chapter 11, Article 5, Appendix X listed ignitable and chemical reactive chemical, fish toxicity tests range from .98 ppm to 8 ppm. Discontinue discarding untreated waste Hemosil rinse to the sewer.

NOTICE TO COMPLY

10) Discontinue discharging untreated Hemosil waste to the sewer. Dispose waste Hemosil containing sodium azide as a hazardous waste.

Corrective Action:

Collect waste Hemosil in a properly labeled and enclosed container immediately for pickup by a hazardous waste hauler. Provide verification to HMD in the Corrective Action form by 12/24/2009.

Remarks

There is no medical waste treatment on site.

The Medical Waste Management Plan is dated 11/5/2008.

Medical solid waste is contained in an enclosed and secured trash compactor that is filled by two lockable metal chutes.

Medical waste treatment confirmation by Stericycle could not be verified during the inspection. Acknowledge treatment confirmation in the Corrective Action report to HMD by 12/24/2009.

An outdoor locked storage cage, partitioned into three containments, is used to store medical waste empty containers, hazardous waste and hazardous waste empty containers, and medical waste prior to pickup. During the inspection, there was an uncovered barrel of labeled and filled sharps containers located in the medical waste empty container storage partition. Do not store medical waste in the medical waste empty container storage partition, since the waste may be missed by Stericycle, during their regular service calls on Tuesdays and Fridays, when the medical waste storage partition is emptied.

Dry cell batteries are filled in a labeled 55-gallon drum. Provide an accumulation start date for the battery container.

Fluorescent tubes are accumulated, packaged and labeled universal waste for pickup by Veolia's Phoenix Arizona facility.

A labeled 55-gallon drum of unused 50% hydrochloric acid, over half-full, equipped with a dispenser, is located in the outdoor hazardous waste and hazardous waste empty container cage. This material did not appear to be used, and staff did not claim a use for it.

Two full one-gallon x-ray film fixer solutions, in original old-appearing labeled containers, were observed in the outdoor chemical waste and chemical waste container storage cage. The hospital no-longer develops x-rays by wet chemistry. The film fixer solution material does not appear to have a use according to staff.

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110-E (11/08) White: HMD Yellow. Business retains



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMI	T # <u>11</u>	4230		
DATE 11/24/2009				
PAGE	6	OF	10	

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

The diesel piston-powered electrical generators are serviced, and waste removed, by Global Power Generation Services.

There are two alcohol recycle systems, of about one-gallon capacity each, located in the laboratory that generate waste filters at the rate of about one every three-four years.

There is no chemical disinfectant treatment on-site for discharge to sewer, such as for glutaraldehyde.

The laboratories, including histology, pathology, cytology, microbiologay, hematology, have satellite accumulations for alcohol, xylene, and formalin that are accumulated in five-gallon containers and emptied daily.

Calibration gases are not used since flame photometry is not used.

The Pharmacy Department disposes 15-gallon container of waste pharmaceuticals, California waste code 311, by Environmental Logistics #5508.

RCRA pharmaceutical waste is picked up at the pharmacy by Envirosolve #4010.

Engineering and Maintenance Department hazardous materials handling and emergency response training was done on 9/17/2008. Refresher training id scheduled for next January. Maintain a refresher frequency of hazardous materials handling and emergency response training of at least once a year. Darrel Roe and Steve Fox completed 8-hour Hazwoper training about three months ago. All engineering staff receive UST training from their Designated Operator on an annual refresher basis. All hospital staff receive hazard communication training on an annual refresher basis.

Material safety data sheets (MSDS) are available online by 3M Company, and hard copies are located in th plant office, safety office, and director's office.

The UST electronic monitoring certification was done by Derick Johnson, of P.F. Services, Pneumercator Certification ID # 10668, exp. 12/22/2010, and ICC Certification ID #5296345-UT exp. 7/11/2011.

The 3,000 gallon and 10,000 gallon diesel tank spill buckets were filled at 7:11 a.m. and 7:20 a.m. respectively, and passed the leak test one-hour later.

The 3,000 gallon and 10,000 gallon spill buckets, piping sumps and fill sumps were dry at the start of the inspection.

The tank sensors located in the piping sumps, fill sumps, and annular spaces were tested OK. The 3,000 gallon tank anunciator panel gave a false reading of overfill. P.F. Services will reprogram the Pneumercator to prevent this from continuing.

The alarm printout history for the 3,000 gallon tank showed no alarms since the secondary containment test on 11/10/2008.

The sensors were tagged after the test.

SIGNATURE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08) White: HMD Yellow: Business retains

 DATE SIGNED
 LEND
 Display

 DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT #<u>114230</u> DATE <u>11/24/2009</u> PAGE <u>7</u> OF <u>10</u>

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

The 10,000 gallon tank had two sensors readout of the same "fill piping sump." Mr. Johnson corrected the faulty readout by changing one of the fill sump sensors to piping sump during the inspection

The secondary containment tests for the 10,000 gallon tank failed on 10/6/2009.

The UST Designated Operator is Matthew Bryant, #5244637-UC. Mr. Bryabnt trained tank operators on 3/23/2009.

New forms 9222A, 9222B, 9222C, 9715, and 9717 were filed with HMD on 12/10/2009.

The five-year UST operating permit #1058 expires 12/11/2013. More than two years of Designated Operator inspections are on site.

Return the "Corrective Action" form supplied during the inspection to HMD by December 24, 2009. Provide documentation and/or evidence in response to the violations enumerated above.

If you have any questions, please contact:

Gary Griffith 151 E. Carmel Street San Marcos, California 92078 (760) 940-2870 (760) 940-2853 fax gary.griffith@sdcounty.ca.gov

SIGNATURE OF BUSINESS REPRESENTATIVE HM-9110-E (11/08) White: HMD Yellow: Business retains



COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMI	Γ#_//	4230	
DATE	11 12	4,09	
PAGE	8 0)F 10	

SEC & VALLOW ALOW. AL	тр. <i>9203</i> б		
BUSINESS ADDRESS: 555 E. VALUEY PARKWAY	ZIP: 720-0		
and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SOG): Lat	re llazardous Waste Quantity Generator=(IOG) Code 40 of Federal Regulations=(CFR)		
All violations must be corrected. Submit documentation of return to compliance to your return to compliance. Your Specialist can provide this form. Please call (619)	your Specialist. You may use the Corrective Action Form (HM-926) to document 338-2222 or your Specialist if you have any questions.		
HAZARDOUS MATERIALS REQUIREMENTS	HAZWASTE REQUIREMENTS FOR LOGs & SOG		
Vial V VIOLATION DESCRIPTION	Viol V VIOLATION DESCRIPTION		
1001 UPF permit not obtained for hazardous materials. 68.905	STORAGE AND HANDLING		
1007 UPP permit not obtained for hazardous materials. 68:905 1002 HMBP not established/implemented. 25503.5(a)	Failed to label hazardous materials within 10 days or less.		
1004 HMBP not submitted to HMD. 25505(a)	25124(0)(5)(A) & 00202.54(1)		
1005 Emergency contact not provided or current. 25509(a)(7)	□ 0217 Failed to repackage damaged/deteriorated hazardous materia container within 96 hours. 25124(b)(3)(B) & 66262.34(f)		
Highly toxic gas (TLV<10 ppm) not	Failed to label &/or close drained used oil filters &/or used		
	nucl inicis. 23230.22 and 00200.130(c)(3)		
 1008 Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c) 1009 Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2) 	□ 0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)		
1010 Did not report release or threatened release. 25507(a), CCR 2703	0220 Spent lead acid batteries not properly managed. 66266.81		
□ 1013 Copy of HMBP not onsite for inspector's review. 25505(e)	0221 Failed to comply with satellite regulations. 66262.34(e)		
HMBP is incomplete/inadequate/not amended to reflect changes.	0222 Failed to properly label ERM. 25143.9(a)		
25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729	Failed to properly manage <u>non-empty</u> container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)		
L 1015 Did not nave adequate employee training program 2752 800r 25504	Failed to mark date on empty container larger than 5 gallons		
1016 Failure to have an adequate emergency response plan 25504 (b); 2731	and/or manage it within one year. 66261.7(e) & (f).		
□ 1017 Business Plan not certified annually. 25505(d) & (e)(2)	HAZWASTE REQUIREMENTS FOR SQGs ONLY		
1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510	HAZWASTE REQUIREMENTS FOR SQUS ONLT		
Considered inventory is incomplete. 25509, 25510	STORAGE AND HANDLING-Pursuant to 66262.34(d)		
HAZWASTE REQUIREMENTS FOR LOGs & SOGs	2 12 0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]		
RECORDKEEPING	0226 Did not accumulate waste in container or tank. 66262.34 (d)(2)		
0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905	1 0227 Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)		
0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)	5 2 0228 Failed to keep container closed. CFR 265.173		
 0133 Failed to send manifest copy to DTSC. 66262.23(a)(4) 0134 Failed to file Exception Report with DTSC. 66262.42 	4 0229 Failed to conduct weekly inspections. CFR 265.174		
Failed to know watte manifests/seesing for 2 years available	0230 Failed to maintain aisle space. CFR 265.35		
for inspection. 66262.40(a) & 25160.2(b)(3)	0231 Failed to properly separate incompatible wastes. CFR 265.177		
0136 Did not have records of battery disposal. 66266.81(a)(4)(B)	0232 Waste accumulated in a container in poor condition. CFR 265.171		
0137 Failed to complete manifest properly. 66262.23(a)	0233 Failed to use a lined/compatible container. CFR 265.172.		
6 1138 Failed to have TSDF copy of manifest onsite. 66262.40(a)	Did not maintain &/or operate facility to prevent release or fire CFR 265.31		
 0140 Failed to have LDR documentation onsite. 66268.7(a)(8) 0141 Failed to obtain approval for TSDF. 25201(a) 			
 0141 Failed to obtain approval for TSDF. 25201(a) 0142 Failed to notify CUPA for eligible onsite treatment. 25201(a) 	TRAINING, CONTINGENCY PLAN & ER PROCEDURES		
0145 ERM reporting not submitted biennially &/or available. 25143.10	Pursuant to 66262.34(d)(2)		
	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)		
D 0146 Pailed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)	□ 0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)		
1 0147 Failed to keep universal waste record for 3 years for offsite	□ 0409 Spill/fire control equip not available. CFR 265.32(c)		
Eniled to keep copies of enalytical results waste analysis records	GR 265.32(a) & (b)		
or waste determination results. (3 years) 66262.40(c)	Failed to carry out contingency plan during an emergency.		
Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)	Eailed to have an emergency coordinator on call or available		
	during emergency. CFR 262.34(d)(5)(i)		
DISPOSAL AND TRANSPORTATION			
10 2 0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)	HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2) Hazardous waste improperly stored in a tank system that leaks,		
0302 Unlawful transportation of hazardous waste (HW). 25163(a)	\square 1012 \square is corroded, or \square failing. CFR 265.201(b)(2)		
□ 0303 Did not use HW manifest for disposal.66262.20(a), 25160.2(b)9 □ 0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)		
0305 Disposed of used oil illegally. 25250.5(a) and 25189.5(a)	Failed to properly complete &/or document closure for a		
0306 Disposed of latex paint illegally, 25217.1	nazardous waste tank. CFR 205.201(d) & 07585.5		
Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)	Failed to safely accumulate ignitable or reactive waste in a tank CFR 265.201(e) Failed to safely manage incompatible waste in a tank.		
0308 Impermissible dilution of hazardous waste. 66268.3(a)	L 1616 Parted to safety manage incompatible waste in a tank. CFR 265.201(f)		
$(l_{11}(\rho))$	AL . AL		
	SIGNED TITLE OF BUSINESS REPRESENTATIVE		
HM-923 (02/06) NCR DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261			

							1
		·	COUNTY OF SAN DIEC	0.			PERMIT # 114230
	ALC: NO		COUNTY OF SAID DIEC	10			DATE # 124 / 09
CPR		[MEDICAL WASTE REQUIREM	ENTS			PAGE 9 OF 10
A COCCO		1	COMPLIANCE INSPECTION REPO	ORT			PAGE _/_OF_
		DDRE	SS: 355 C. VALLEY PARKW	NY.			ZIP: 92025
/IOLA'	FION	REPOR	T: The items checked below refer to specific section numbe	ers of the C	Califor	nıa Health	and Safety Code Sections 25100 and 117600 et. al.;
he San D	iego (County Co	de of Regulatory Ordinances Sections 68.1201 et. al.; and th rected. Submit documentation of return to compliance to yo	he Califor	nia Co	ode of Regu	ilations, Title 22 Sections 65600 et. al.
eturn to	ons m compl	ust be cor iance. Yo	ur Specialist can provide these forms. Please call (619) 338-2	2222 or yo	ur Spe	ecialist if yo	bu have any questions.
			ND LABELING				TATION REQUIREMENTS
Viol		VIOI.	VIOLATION DESCRIPTION	Viol		VIOL	VIOLATION DESCRIPTION
#		V4201	UPF Permit not obtained. 117705, 68.905	#		V4260	Transportation of MW without State Hauler
		V4202	Medical Waste (MW) not separated from other waste at			V4304	Registration or a (LQHE) from HMD 118025 No LQHE for "self-hauled" MW
		V4203	point of origin. 118275 Enclosure or designated accumulation area for MW				(<20 pounds of waste/wk), 118025, 118030(a)(1)
			containers not secured 118307, 118310			V4305	LQHE not renewed annually as required. 118030(b)
		V4204	MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign"		Ц	V4311	Medical Waste tracking documents not in vehicle transporting MW. 118040(c)
	_		in English and Spanish 118310			V4312	MW tracking documents/logs not maintained for 3 years for LQHE 118040(a)
		V4205	Medical SOLID WASTE not secured to deny access to unauthorized persons 68 1211				
		V4206	Spill of MW not properly cleaned up. 118300		SM/	LL QTY.	GENERATORS ONLY (<200 lbs/mo) MW)
		V4207	Sharps not stored in approved and properly marked sharps container 118285(a)(d)	[V4301	Medical Waste Mgmt, Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
		V4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)			V4302	Did not maintain and show proof of "onsite" medical
3	ø	V4209	Red bags/sharps container not labeled with generator's	\vdash		V4303	waste treatment records for 3 yrs. 117943, 118215(2)(E) Did not retain on file disposal receipts/tracking
Э		V4210	name, address, and phone number 68 1205 MW not stored in approved and properly marked				documents for waste shipped offsite for 2 yrs. 117945(b
			red bags. 118275			V4309	MWMP or equivalent information not onsite. 117945
		V4211	Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)	RE	OUIF	REMENTS	FOR LARGE QUANTITY GENERATORS ONLY
		V4212	Red bags not containerized in rigid, leak resistant, and covered containers or bins, 118280(b)	(≥	200 pc	ounds of wa	ste generated per month)
		V4213	Waste container/bin not labeled on the lid and			V4351	MWMP not submitted to HMD (initial/updates)
		V4214	side so as to be clearly visible 118280(b) Reusable containers/bins for MW storage not kept				117960, 117970 Records of MW treatment not available for 3 years
	_		clean/sanitary 118295.118305 Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)			V4352	117975, 118215(2)(E)
4	NA NA	V4215 V4306	Full sharps container stored >30 days at >0°C 118285(c)	7	X	V4353	Did not retain on file disposal receipts/tracking docu- ments for at least 3yrs for waste shipped offsite. 11797
	ù	V4307	Red bag waste stored >7 days at >0°C (for generators of >200bs/manth), 118280(d)(1)(A)				
		V4308	>20lbs/month). 118280(d)(1)(A) Red bag waste stored >30 days at >0°C (for generators of		РАТ	HOLOGY	, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE
		V4219	<20lbs/month). 118280(d)(1)(B) MW interim storage area not marked with warning sign				
		1421)	or a biohazard symbol legible from 5 ft. 118307, 118310			V4401	Chemo waste not segregated from other MW 118275(e)
		V4220	MW Interim storage area not properly secured 118307			V4402 V4403	Chemo waste container not properly labeled. 118275(e) Illegal disposal of chemo waste. 118340
	TDE	ATMENT	TAND DISPOSAL	-		V4405	Pathology waste not segregated from other MW. 118275
	IKC		AND DISTOBAL			V4412	Pathology waste container not properly labeled. 118275(
		V4251	MW treated by unapproved method/procedure, 118215			V4413	Illegal disposal of pathology waste. 118340
		V4252	Standardized written operating procedures for steam			V4421	Pharmwaste not segregated from other MW. 118275(g)
		V4253	sterilization not available. 118215(2)(A) Recording thermometer not calibrated annually			V4422	Pharmwaste not properly labeled. 118275(g)
			118215(2)(B)			V4423	Pharmwaste stored >90 days when container full, or store longer than one year (max allowable time). 118280(e)
		V4254	No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)			V4432	Illegal disposal of pharmwaste. 118340, 118222(b)
		V4255	Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)			V4441	Illegal disposal of photo/hazwaste to sewer/trash 25189.
		V4256	Monthly biological indicator or other approved method		ONS	TE MW 1	REATMENT FACILITY REQUIREMENTS
		V4257	not used to confirm proper disinfection 118215(2)(D) Onsite steam sterilization did not reach 121°C/250 °F		0110		
		V4258	for 30 minutes 118215(2)(B) Treatment records/logs of dates, time and temperature			V4501	Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
			not available for 3 yrs. 118215(2)(E)			V4502	Current copy of the MW treatment permit not available.
		V4259	Disposal of untreated MW to an unauthorized point 118340	\vdash		V4503	65621(f), 65623, 118165, 118180 Condition(s) of the MW treatmt, permit violated 65623
			Services, And St. 72		1	. 4.05	
		1	$\alpha \beta$				
		111	11/1/11/11/11/11	1/00			LUPD HUGIULIR
CI	TNIAT	URE OF		I/OS SIGNED		T	TLE OF BUSINESS REPRESENTATIVE

SIGNATURE OF BUSINESS REPRESENTATIVE

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DISTRIBUTION: WHITE-HMD; YELLOW-BUSINESS RETAINS



COMPLIANCE INSPECTION REPORT

S55 B.

PERMIT#:	114	23	0
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DATE:	11	12	\$ 109
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PAGE: 10 OF 10

BUSINESS ADDRESS:

VALLEY PARKWAY

92025 ZIP:

	VIOLATION DESCRIPTION		VIOLATION DESCRIPTION				
Viol #	UST SYSTEM RECORDS	VIOL	V	Viol #			
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment	3115	
	All permit operating conditions not met. 25284; 2712	3158 components not completed. 25284.1, 25291(a)(2); 26		components not completed. 25284.1, 25291(a)(2); 2637	0.10		
	UST repair/modify/closure permit not obtained. 68.1004, 68,1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/callbration/ repair records not available. 25293; 2712 (b)	3152	
8	Current evidence of financial responsibility not		1		Monitoring Cert. not submitted to CUPA w/I 30 days. 2638(d)	3161	
0	available. 25292.2(a), 25299.33; 2809	3105	V		Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/completed/ submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan Is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			Ail monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(I)(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191			Designated Operator monthly inspection not conducted, Incomplete or DO inspection reports not onsite.2715 (c)(d)(e)	3192	

UST SYSTEM INSPECTION	T.	ANK #				
Requirements applicable for both, single & double walled systems	PR	ODUCT				
# VIOLATION DESCRIPTION	NOV	VIOL	V.V.	V	V	V
Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
UST system does not have an approved overfill protection system. 2635(b)(2)		3254		1		
Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
Secondary containment system components not liquid free. 2631(d)(4)		3257				
Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				1
Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				1
Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
Spill containment not tested annually. 25284.2		3264				
UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265			1	
UST system not product tight (for tank installs on or after 7/1/03), 25290.1(c), 25290.2 (c)		3268				
UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e) ATHODIC PROTECTION		3269				
ATHODIC PROTECTION			Contana si kis Contana si kis		STAR STAR	調整電信
System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
LOSURE REQUIREMENTS		Helensen	精調保白	agen de la	ly, see	436
Temporary closure requirements not completed. 25298, 2671		3322				
Unused tank not property closed. Permanent closure requirements not met. 25298, 2672		3324				

alul Kar 7 Signature of Business Representative

Date Signed 12

Title of Business Representative

DEH:HM-928 (Revised 12/05) NCR

41

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS



2.

COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 119230 SPECIALIST: <u>CRIFFITH</u> INSPECTION DATE: 11 124 109 CONTACT: <u>OARRELL</u> ROE

BUSINESS NAME Palomar Medical Center

DDRES	SS 555 E. Valley	Parkway CITY Escondido Ca. ZIP 92025
VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1	12/18/09	See Attachment #1
2	12/18/09	See Attachment #2
3	12/16/09	See Attachment #3
4	12/18/09	See Attachment #4
5	12/16/09	See Attachment #5
6	12/16/09	See Attachment #6
7	12/16/09	See Attachment #7
3 _	11/30/09	See Attachment #8
	11/30/09	See Attachment #9
	12/16/09	See Attachment #10

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party: Steve F	Print Name Job Title Plant Operations Manager
Signature of Responsible Party: <u>≺ Send completed form</u>	And supporting documentation to the address listed below >
COUNTY OF SAN DIEGO USE ONLY: R Specialist's comments:	eviewed by: <u><u>GANY 6 NIGNTH</u> Date: <u>114110</u> (Specialist's name and date required for processing)</u>
All violations noted on date listed above were corrected.	Based on information provided by the business
RTC entered in Kiva by Specialist on:	1 141 10 D RTC entered in Kiva by Clerical on: / /
Department of Environmental I	lealth, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

http://www.sdcdeh.org 619-338-2222; 1-800-253-9933

Attachment # 1

County of San Diego - Compliance Inspection Report

Permit #114230

Responses to "Notice to Comply"

- 1) RCRA containers are now labeled prior to use by department.
- Hazardous material has been removed by Envirosolve on 12/18/09. Weekly rounds by Engineering are now being included to ensure the build up of waste will not exceed the 180 day limit.
- Pharmacy is now pre-labeling medical waste containers with the proper information required per the corrective action.
- 4) Pharmacy has disposed of the filled sharps container and the weekly rounds will ensure that they are disposed of within the 30 day time frame. Envirosolve picked up material – manifest sent to HMD per orders
- Lab has tight lidded there containers and will be checked during weekly rounds.
- 6) EVS is holding all documents pertaining to the confirmation manifest. EVS understands that they will keep records to document the pick up, disposal, and billing cycle for materials.
- EVS is holding all documents pertaining to the confirmation manifest. EVS understands that they will keep records to document the pick up, disposal, and billing cycle for materials.
- The certificate has been filled out and sent to the State to keep on file. This was done on 11-30-09.
- Rounds are now being recorded by Engineering to ensure that there will not be a buildup of any materials in the cage in question.
- 10) The response is from an e-mail from the Lab Manger Tim Barlow on 12-16-09 responding to the notice to comply:

"Coagulation Instrument Rinse Solutions w/ Sodium Azide discarded into drain will be discontinued. Lab has Nalgene 5 gallon containers on order for the collection of the waste, which will be then taken to the cage and dumped into a special designated barrel and be collected <180 days by our waste disposal contractor."

	K1~4 41	4	#114230
		RECEIVED	GGRIFFITH
SWRCB, January 2002		DEC 03 2009 Pa	e <u>1</u> of <u>7</u>
	Secondary Containment Testing Rep	ORT FORMATH]

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: Palomar Medical Center	Date of Testing: 10/05/2009				
Facility Address: 555 E. Valley Parkway Escondido, Ca. 92055					
Facility Contact:	Phone: (760) 739-3111				
Date Local Agency Was Notified of Testing : 10/01/09					
Name of Local Agency Inspector (if present during testing):					

2. TESTING CONTRACTOR INFORMATION

Company Name: (George Bryant Construction									
Technician Condu	cting Test: Ron Franklin									
Credentials:	CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester								
License Type: 718		License Number: 718466								
Manufacturer Training										
Manufacture		Component(s)	Date Training Expires							
Incon Sump Tester										
			<u>, , , , , , , , , , , , , , , , , , , </u>							

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular 10,000	\square								
Piping Sump 10,000	Z								
Fill Sump 10,000	\square								
Fill Bucket 10,000	\square								
Tank Annular 3,000									
Piping Sump 3,000	\square								
Fill Sump 3,000	\square								
Fill Bucket 3,000									
Supply Line 10,000									
Return Line 10,000		\square							
Supply Line 3,000	\square								
Return Line 3,000	Z								

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

a pankler Technician's Signature:

Date: 10/05/2009

Page _ 2 _ of _ 7

4. TANK ANNULAR TESTING									
Test Method Developed By: □ Tank Manufacturer ☑ Industry Standard □ Professional Engineer □ Other (Specify)									
Test Method Used:	Pressure Other (Specify)	Vacuum	Hydrostatic						
Test Equipment Used: Vacuum Gen	erator		Equipment Resolution						
	Tank# 1	Tank# 2	Tank #	Tank #					
Is Tank Exempt From Testing? ¹	Yes 🖌 No	Yes 🖌 No	Yes No	Yes No					
Tank Capacity:	10,000	3,000							
Tank Material:	glass/steel	glass/steel							
Tank Manufacturer:	Joor	Joor							
Product Stored:	Diesel	Diesel							
Wait time between applying pressure/vacuum/water and starting test:	pressure/vacuum/water and								
Test Start Time:	7:30	7:30							
Initial Reading (R ₁):	10"Hg	10"Hg							
Test End Time:	8:30	8:30							
Final Reading (R _F):	10"Hg	10"Hg							
Test Duration:	l hour	1 hour							
Change in Reading (R _F -R _I):	0	0							
Pass/Fail Threshold or Criteria:	0	0							
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)

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 Code of Regulations, Title 23, Section 2637(a)(6)}

11-1230

SWRCB, January 2002

5. SECONDARY PIPE TESTING				
Test Method Developed By:	Piping Manufa	cturer Industry	Standard Profes	ssional Engineer
	Other (Specify)			
Test Method Used:	Pressure	Vacuum	Hydro	ostatic
	Other (Specify)			
Test Equipment Used: Testboot	& 4" Liquid Gauge		Equipment Resolution:	
		Disting Due # 2	Dining Dun # 2	Piping Run # 3
e e se	Piping Run # 1	Piping Run # 2	Piping Run #3	
Piping Material:	fiberglass	fiberglass	fiberglass	fiberglass
Piping Manufacturer:	A.O.Smith	A.O.Smith	A.O.smith	A.O.Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	70 feet	70 feet	130 feet	130 feet
Product Stored:	diesel	diesel	diesel	diesel
Method and location of piping-run isolation:	testboot/sump	testboot/sump	tstboot/sump	testboot/sump
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	7:45	7:45	10:00	10:00
Initial Reading (R ₁):	6 psi	6 psi	6 psi	6 psi
Test End Time:	8:45	8:45	11:00	11:00
Final Reading (R _F):	6 psi	0 psi	6 psi	6 psi
Test Duration:	1 hour		1 hour	1 hour
Change in Reading (R _F -R _I):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	🔽 Pass 🗔 Fail	🗖 Pass 🖌 Fail	🖌 Pass 📄 Fail	Z Pass Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Piping run #1 Supply line 10,000

Piping run #2 Return ine 10,000 Pipnig run #3 Supply line 3,000

Piping run #4 Return line 3,000

THE RETURN LINE FOR THE 10,000 WOULD NOT HOLD PRESSURE. RECOMMEND PERFORMING A HELIUM TEST TO LOCATE LEAK.

Page _4_ of _7_

SWRCB,	January	2002
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	6. PIPING	SUMP TESTING		
Test Method Developed By:	 Sump Manufactures Other (Specify) 	Industry Star	ndard Profess	sional Engineer
Test Method Used:	Pressure	Vacuum	✓ Hydros	static
	Other (Specify)			
Test Equipment Used: Incon Sump Te	ester		Equipment Resolution	
	Sump # 1-10,000	Sump # 2-3,000	Summer Al	and the second se
Suma Discustor	30"	30"	Sump #	Sump #
Sump Diameter:	45"	52"		
Sump Depth:				
Sump Material: Height from Tank Top to Top of	fiberglass	fiberglass		
Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	13"	15"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested ¹	bottom 15"	bottom 13"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	Yes No ZNA		Yes No NA	Yes No NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	Yes No ZNA	Yes No ZNA	Yes No NA	Yes No NA
Was fail-safe verified to be operational?*	Yes No ZNA	Yes No ZNA	Yes No NA	Yes No NA
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:48 8:20	9:40 9:56		
Initial Reading (R ₁):	0.4997 0.4995	2.6960 2.6956		
Test End Time:	8:03 8:35	9:56 10:11		
Final Reading (R _F):	0.4995 0.4994	2.6958 2.6948		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R_F-R_I) :	.0002 .0001	.0002 .0008		
Pass/Fail Threshold or Criteria:	<.002"	<.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)

¹ 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)

SWRCB, January 2002

7. UN	DER-DISPENSER C	UNTAINMENT (UI	DC) TESTING	
Test Method Developed By:	UDC Manufacture	er 🗌 Industry S	tandard Profess	sional Engineer
	Other (Specify)		- 2	
Test Method Used:	Pressure	Vacuum	Hydros	static
	Other (Specify)			
Test Equipment Used:			Equipment Resolution	:
	, in the second second second Annual	3741. J.C. 21414. J.L.	TTA CONTRACTOR TRACAS	
المصحب والمعالمة العالم والمالية المراجع المراجع	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 ¹				
Does turbine shut down when				
UDC sensor detects liquid (both	Yes No NA		Yes No NA	Yes No NA
product and water)?*				
Turbine shutdown response time	L			
Is system programmed for fail-	Yes No NA			
safe shutdown?				
Was fail-safe verified to be	Yes No NA	TYes No DNA	Yes No NA	Yes No NA
operational?				
Wait time between applying				
pressure/vacuum/water and				
starting test				
Test Start Time:				
Initial Reading (R ₁):				
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
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

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 <u>any</u> of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

Page _6 _ of _7

, SWRCB, January 2002

8.	FILL RISER CONT	AINMENT SUMP I	ESTING	
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 Stand	lard 🔲 Professi	onal Engineer
	Other (Specify)		- Sacolo III - Sac	1999 (1997) (199
Test Method Used:	Pressure	Vacuum	✓ Hydrost	atic
1	Other (Specify)			
Test Equipment Used: Incon Sump Tester Equipment Resolution:				n:
n an an an ann an an an an an an an an a				Fill C //
g na an an an an a' ann an	Fill Sump # 1-10K	Fill Sump # 2-3K	Fill Sump #	Fill Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	51"		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	15"	13"		
Condition of sump prior to				
testing:	good	good		
Portion of Sump Tested	bottom 18"	bottom 14"		
Sump Material:	fiberglass	fiberglass		
Wait time between applying				
pressure/vacuum/water and	30 minutes	30 minutes		
starting test:				
Test Start Time:	7:48 8:20	9:48 9:56		
Initial Reading (R ₁):	5.5352 5.5350	2.3145 2.3129		
Test End Time:	8:03 8:35	9:56 10:11		
Final Reading (R _F):	5.5350 5.5350	2.3164 2.3123		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0002 .0000	.0019 .0006		
Pass/Fail Threshold or Criteria:	<.002"	<.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?	ZYes 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?	ØYes □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)

SWRCB, January 2002

Page _____ of ____

9.	SPILL/OVERFILI	CONTAINMENT BOXES
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Facility is Not Equipped With	Spill/Overfill Containme	ent Boxes		
Spill/Overfill Containment Bo				
Test Method Developed By:				
stats and	Other (Specify,)		-
Test Method Used:	Pressure	Vacu	um 🚺 Hydro	ostatic
	Other (Specify,)		
Test Equipment Used: Incon	Sump Tester		Equipment Resolution:	
	an a			anna an inn ragain an ann ann an ann ann an daona
<u>a - na a la a</u>	Spill Box # 1	Spill Box # 2	Spill Box #	Spill Box #
Bucket Diameter:	12"	12"		
Bucket Depth:	13.5"	13"		
Wait time between applying				8
pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:48 8:20	9:40 9:56		
Initial Reading (R1):	4.8604 4.8601	1.4846 1.4781	6	
Test End Time:	8:03 8:35	9:56 10:11		ACTION OF THE R. LL. P.
Final Reading (R _F):	4.8602 4.8600	1.4818 1.4606		1997
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R ₁):	.0002 .0001	.0038 .0175		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
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)

Spill box #1-10,000 Spill box #2- 3,000 THE SPILL BUCKET ON THE 3000 TANK FAILED. I BELIEVE THE FITTINGS INSIDE THE BUCKET NEED TO BE REMOVED AND

THE SPILL BUCKET ON THE 3000 TANK FAILED. I BELIEVE THE FITTINGS INSIDE THE BUCKET NEED TO BE REMOVED AND RETIGHTENED.

PHI MAR MEDIDAL LENTER	PLOPAR MEDICAL DENTER
555 E. DALLEY PKWY	SER E. VALLEY PKWY
1966/90100 QA	LISCUNDIDO CA
1967/2009 94:56 An	IAMBI 2669 LIGULD AN
01/P LOAK MEDT REPORT	SCAR LEAK DEST REPORT
3KRIPE	SKRIPE
TIST STARTED 9140 90	TLOT CTARTED 0306 AM
7787 STARTED 10/05/2009	TEST STARTED 1048542009
90338 LOPEL 2.6960 IN	SEGIN LEVEL 2.6956 IN
END TIME 9156 AM	END TIME 10:11 AM
END TIME 9156 AM	END DATE 1040542009
END LEVEL 2.6958 IN	END LEVEL 2.6948 IN
LEAK THRESHOLD 9.002 IN	LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED	TEST RESULT PASSED
SKEILL I TEST STARTED 9:46 AM TIST STARTED 10405/2009 BEGIN LEVEL 2.3145 IN END DATE 9:56 AM END DATE 10405/2005 END LEVEL 2.3164 IN LEAK THRESHOLD 0.002 IN TEST RESULT PASSED	TEST STARIED 9196 AM TEST STARIED 10/05/2009 BEGIN LEVEL 2.3129 IN END TIME 19:12 AM END DATE 10/05/2004 BEND LEVEL 2.3123 IN LEAK THRESHOLD 0.002 IN TEST WISULT PASSED
3KBUCKE	3KBUCKE
TYST STARTED 9:40 AM	TEST STARTED 9:56 AM
TEST STARTED 19/05/2009	TEST STARTED 18/05/2009
SEGIN LEVEL 1.4846 IN	BEGIN LIVEL 1.4781 IN
END TIME 9:56 AM	END TIME 10:12 AM
200 DATE 10/05/2009	SNO DAYS 10/05/2009
END LEVEL 1.4818 IN	END LEVEL 1.4606 IN
LEAK THRESHOLD 0.002 IN	USAK THRESHOLD 0.002 IN
TEST RESULT FAILED	TEST RESULT FAILED

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PRESMAR AND/CAL CENTER 555 E. VALLEY PRWY	
5900N0100 CA	

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1646371663 SIN3 U	6/05/2009	8:03 A/
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SUMP JOAK (EST REPORT

10KP128

	7:48 AM
TEST STARTED	10/05/2809
SEGIN LEVEL	9.4997 IN
END TIME	8:03 AM
	1.0/05/2009
END LEVEL	0.4995 IN
LEAK THRESHOLD	
TEST RESULT	PASSED

IMKEILL

TEST STARTED TEST STARTED BEGIN LEVEL CND TIME END DATE CND LEVEL LEAK THRESHOLD	0.002 IN
LEAK THRESHOLD TEST RESULT	

10KBUCK

TREE STARTED	7:48 AM
TEST STARTED	10/05/2009
SEGIN LEDEL	4.8604 IN
END TIME	8:03 AM
END DATE	10/05/2009
END LEVEL	4.8602 IN
- MAK THRESHOLD	0.302 IN
TEST RESULT	PASSED

SALEMAR MEDICAL CENTER 555 E. VALLEY PKWY CSCENDIDD CA
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10/05/2009 8:35 An

OUMP LEAK TEST REPORT

10KPIPE

TEST STARTED 8:20 AM	
TEST STARTED 10/05/2009	
35519 - EUEL 0.4995 IN	
END TIME 8:35 AM	
END DATE 10.105/2009	
END LEVEL 0.4994 IN	
LEAK THRESHOLD 0.902 IN	
TEST RESULT PASSED	

10KFILL

TEST STARTED 10/ BEGIN LEVEL 5. CND TIME END DATE 10/ END LEVEL 5.	8:20 AM 05/2009 5350 IN 8:35 AM 05/2009 5350 IN 002 IN PASSED
--	--

10KBUCK

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, , , , , , , , , , , , , , , , , , , ,	TUST STERTED TEST STARTED SEGIN LEUCL END TIME TND DATE END LEVEL LIAK THRESHOLD TEST RESULT	

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Nome: Palomore POMCROOD Health Inelling ID 4 2-2 0100	m
	2
Uscondido CA 92025 D Charles Day Check On	0
Facility Phone #: 760-739-3185 Change of Designated Operator	

Designated UST Operator(s) for this Facility

PRIMARY	
Designated Operator's Name: Matthew Beyant.	Relation to UST Facility (Check One)
Business Name (If different from above). L Clare + F	The start of the s
Designated Optimory Property (04) 14 40- 70 20	Owner Optrator Employee
International Code Council Certification #: 5244637-446	Benieting Dates 1 (2)
ALTERNATE 1 (Optional)	Expiration Date: 10-9-2010
Designated Operator's Name:	
Business Name (If different from above):	Relation to UST Facility (Check One)
Dasignated Operator's Phone #:	D Owner D Operator D Employee
International Code Council Contification #:	
ALTERNATE 2 (Optional)	Expiration Date:
Designated Operator's Name:	
Businosa Namo (If different from above):	Relation to UST Facility (Check One)
Designated Operator's Phone #	D Owner D Operator D Employee
International Code Council Certification #:	D Service Technician D Third-Party
	Septembring Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

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 OR OWNER'S AGENT (Please Print): Patomok Pomcrodo Heal-	th
SIGNATURE OF TANK OWNER OR OWNER'S AGENT:	
DATE: 12-22-09 OWNER'S PHONE #: 760-739-319	35

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. <u>A separate certification or report must be prepared for each monitoring system control panel</u> by the technician who performs the work. A copy of this form must be provided to the tank system towner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information	JAN 0 7 7 1
Facility Name: Palomar Medical Center	BldgIND NIVE AL
Site Address: 555 E. Valley Parkway	
Facility Contact Person:	Contact Phone No.: (760) 739-3111
Make/Model of Monitoring System: TMS 2000	Date of Testing/Servicing: 11/25/2009
B. Inventory of Equipment Tested/Certified	
Check the appropriate boxes to indicate specific equipment inspected/servi	iced:
Tank ID: 3K	Tank ID:
In-Tank Gauging Probe. Model: None	
Annular Space or Vault Sensor. Model: ES 825-100F	
Piping Sump / Trench Sensor(s). Model: LS 600	
Fill Sump Sensor(s). Model: LS 600	Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector. Model:
Bectronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model
Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor. Model:
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Tank ID:	Tank ID:
In-Tank Gauging Probe. Model: Model:	In-Tank Gauging Probe. Annular Space or Vault Spacer Model:
- Autoral space of Vault Sensor, Model:	Annular Space or Vault Sensor. Model:
Piping Sump / Trench Sensor(s). Model:	Piping Sump / Trench Sensor(s). Model:
Model:	Fill Sump Sensor(s). Model:
Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector, Model:
L] Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
L Tank Overfill / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor, Model:
Other (specify equipment type and model in Section E on Page 2).	□ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID:	Discourses (D)
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser 1D:	Dispenser 1D:
Dispenser Containment Sensor(s) Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s). Model:	Dispenser ID.
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
*If the facility contains more tanks or dispansary and this from 1.1	

*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):

		40,50	em set-up	AP AR	in in matory report	
Technician Name (print):	Derick Johnson	i	Signature:	Λ_{a}	· le cho	
Certification No.: ICC 52			License. No	o.: 767	952	
Testing Company Name:	P.F. Services, Inc.				one No.: (909) 949-914	1
Testing Company Address	125 N. 12 th Ave., Upland	, CA 9178	6		Date of Testing/Servicin	
	Pa	ae 1	of 3		. –	

D. Results of Testing/Servicing

Software Version Installed:

Complete	e the follow	ving 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? (<i>Check all that apply</i>) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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 value 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:

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Page 2 of 3

F. In-Tank Gauging / SIR Equipment:

 \Box Check this box if tank gauging is used only for inventory control. \boxtimes Check this box if no tank gauging or SIR equipment is installed.

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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?

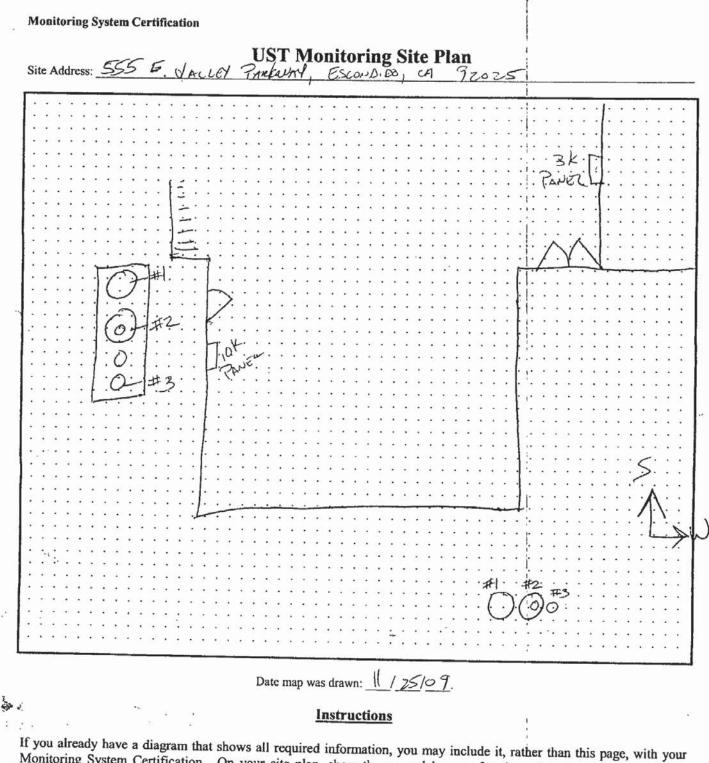
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

Complete the following checklist:

🗆 Yes	□ No* □ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (<i>Check all that apply</i>) Simulated leak rate: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 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*	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: _



Monitoring System Certification. 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.

Page of

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SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

Facility Name:	Palomar Medical Center		Date of Testing:	11/25/09
Facility Address:	555 E. Valley Parkway, Escondido, CA	92025		
Facility Contact:		Phone:	(760) 739-3111	
Date Local Agency W	/as Notified of Testing :	- /-		
Name of Local Agence	cy Inspector (if present during testing):	Gary Griffit	h .	

2. TESTING CONTRACTOR INFORMATION

Company Nar	ne: P.F. Ser	vices, Inc.			
Technician Co	onducting Test:	Derick Johnson			
Credentials ¹ :	CSLB Contractor	ICC Service Tech.	SWRCB Tank Tester	Other (Specify)	
License Numb	per(s): 767	952			
		Children of the Children of th			

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	x Hydrostatic	El Vacuum	C Other	
Test Equipment Used:			Equipment Resolution	:
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	3 K	2	3	4
Bucket Installation Type:	Direct Bury x Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	12		1 1	Contained in Sump
Bucket Depth:	13		1	
Wait time between applying vacuum/water and start of test:	0			
Test Start Time (T ₁):	7:00			
Initial Reading (R ₁):	4 1/2"			
Test End Time (T _F):	8:00			
Final Reading (R _F):	4 1/2"			
Test Duration $(T_F - T_I)$:	1 hour		<u> </u>	
Change in Reading (R _F - R _I):	0		<u> </u>	
Pass/Fail Threshold or Criteria:	0			
Test Result:	x Pass D'Fail.	D Pass D Fail .	🗆 Pass 🖬 Fail	
Comments - (include informa	Manual Statement of the second s			🗆 Pass 🗆 Fail

on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: 11/25/09

State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

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. <u>A separate certification or report-must be prepared for each monitoring system control panel</u> by the technician who performs the work. A copy of this form must be provided to the table 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.

A. General Information		JAN 07 2013
Facility Name: Palomar Medical Center		ENVIRONMENTAL Bldg: No.LTH
Site Address: 555 E. Valley Parkway	City: Escondido, CA	Zip: 92025
Facility Contact Person:	Contact Phone No.:	(760) 739-3111
Make/Model of Monitoring System: TMS 2000	Date of Tes	ting/Servicing: 11/25/2009
B. Inventory of Equipment Tested/Certified		
Check the appropriate boxes to indicate specific equipment inspected/service	d:	1
Tank ID: 10K	Tank ID:	
In-Tank Gauging Probe. Model: None		Model
Annular Space or Vault Sensor. Model: LS 600		Model:
Piping Sump / Trench Sensor(s). Model: LS 600		Model:
Fill Sump Sensor(s). Model: LS 600		Model:
Mechanical Line Leak Detector. Model:		Model
LI Electronic Line Leak Detector. Model:		Model:
L Vank Overful / High-Level Sensor. Model:	Tank Overfill / High-Level Sensor.	Model
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and me	del in Section E on Page 2)
Tank (D:	Tank ID:	
In-Tank Gauging Probe. Model: Annular Space or Vault Same		Model:
Grounda Space of Valit Sensor. Model:	Annular Space or Vault Sensor.	Model:
Chang somp / Hench School(s), Model:		Model:
Model:		
Model:		lodel:
Model:		Aodel:
L Tank Overhar / Fign-Level Sensor, Model:	Tank Overfill / High-Level Sensor. N	lodel
Other (specify equipment type and model in Section E on Page 2).	Other (specify equipment type and mo	del in Section E on Page 2).
Dispenser ID:	Dispenser ID:	
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). M	Aodal:
Shear Valve(s).	Shear Valve(s).	
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and C	hain(s).
Dispenser ID:		
Dispenser Containment Sensor(s). Model:	Dispenser ID:	
Shear Valve(s)	 Dispenser Containment Sensor(s). M Shear Valve(s). 	lodel:
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Cl	hois(h)
Dispenser 1D:		nan(s).
Dispenser Containment Sensor(s). Model:	Dispenser ID:	
Shear Valve(s).		lodel:
Dispenser Containment Float(s) and Chain(s).	Shear Valve(s).	
"If the facility contains more tanks or dispensers, copy this form. Include i	Dispenser Containment Float(s) and Ch	jain(s).
O O class of dispensers, copy uns form. Include i	information for every tank and dispense	at the facility.
C. Certification - I certify that the equipment identified in this de guidelines. Attached to this Certification is information (e.g., m	ocument was inspected/serviced in ac	ordance with the manufacture t
		to verify that this information
correct and a Plot Plan showing the layout of monitoring equipme	Equation in the second start of the second sta	terny that this information is

attacked a tot r an showing the layout of monitoring equipme	manufacturers' checklists) necessary to verify that this information is nent. For any equipment capable of generating such reports, I have also stem set-up Alarm history report
Technician Name (print): Derick Johnson	Signature:
Certification No.: ICC 5296345-UT	License. No.: 767952
Testing Company Name: P.F. Services, Inc.	
Testing Company Address: 125 N. 12th Ave., Upland, CA 9178	286 Date of Testing/Servicing: 11/25/2009
Page 1	of 3

D. Results of Testing/Servicing

4

Software Version Installed:

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Complete the following checklist:

🛛 Yes	□ No*	Is the audible alarm operational?		
🖾 Yes	□ No*	Is the visual alarm operational?		
🛛 Yes	□ No*	Vere 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) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box 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 value 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?		

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* In Section E below, describe how and when these deficiencies were or will be corrected.

Page 2 of 3

F. In-Tank Gauging / SIR Equipment:

 \Box Check this box if tank gauging is used only for inventory control. \boxtimes 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	D 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?

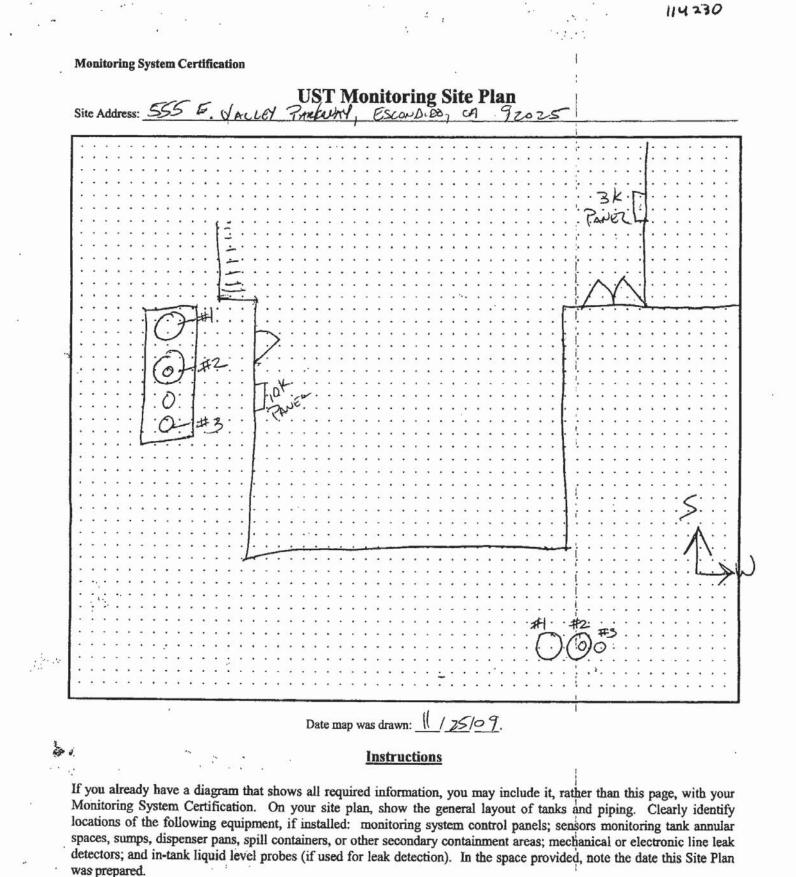
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

Complete the following checklist:

□ 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: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 0.2 g.p.h.
□ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
□ No*	Was the testing apparatus properly calibrated?
□ No* □ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
□ No* □ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
□ No* □ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
□ No* □ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
□ No* □ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
] No*	Were all items on the equipment manufacturer's maintenance checklist completed?
	 N/A No* No* N/A

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments: .



Page

of

05/00

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

	Iomar Medical Center		Date of Testing:	11/25/09
	E. Valley Parkway, Esco	ndido, CA 92025		· · · · · · · · · · · · · · · · · · ·
Facility Contact:		Pho	ne: (760) 739-3111	
Date Local Agency Was Notif				
Name of Local Agency Inspec	tor (if present during testin	ng): Gary G	riffith	
	2. TESTING CONT	RACTOR INFORMA	TION	
	F. Services, Inc.	RACTOR INFORMA		
Technician Conducting Test:	Derick Johnson			
Credentials ¹ : CSLB Contr	actor DICC Service Te	ech. SWRCB Tank	Tester D Other (Specif	
License Number(s):	767952	d c n tob runk	is other (specify	<u></u>
			* • • • • • • • • • • • • • • • • • • •	
Test Method Used:		TESTING INFORM		
Test Equipment Used:	x Hydrostatic	D Vacuum	[] Other	
and the second se	and the second	4	Equipment Resolution	1:
dentify Spill Bucket (By Tank Number, Stored Product, etc.)	10K	2	3	4
Bucket Installation Type:	D Direct Bury	Direct Bury	Direct Bury	C Direct Bury
Bucket Diameter:	x Contained in Sump	Contained in Sump	Contained in Sump	Contained in Sump
Bucket Depth:	12			
Wait time between applying	12			
acuum/water and start of test:	0			
Test Start Time (T ₁):	7:05			
nitial Reading (R1):	4 3/8"			
est End Time (T _F):	8:05			
inal Reading (R _F):	4 3/8"			
est Duration $(T_F - T_I)$:	1 hour			
Change in Reading (R _F - R _I):	0			
ass/Fail Threshold or criteria:	0			
est Result:	x Pass O Fail	D. Pass D Fail	D Pass DiFail	D Pass D Fail
	AND ADD TO THE OWNER OF THE OWNER		ended follow-up for faile	

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

Date: 11/25/09

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

BHG Risk Management Authority ("BHG")

A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

1	Certificate Nun C-09-691	iber:	Amendment No.: H210-01
Issued to: Palomar Poincrado Health			
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional (Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BHG AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in boldface are defined in Section C or in Section 1 of the Contract.)

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 6 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$500,000 per Claim and \$1,000,000 in the aggregate for all Claims first made and reported to BHG during the Contract Period, BHG will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the Member had no knowledge of facts or circumstances that would cause a reasonable person to believe that a Claim might be made; and

c. the **Claim** is first made against the **Member** during the **Contract Period** and is reported in writing to BHG as soon as possible, and in no event later than thirty (30) calendar days after the termination of the **Contract Period**.

2. BHG has the right and duty to defend any covered **Claim** brought against a **Member**. This means that BHG will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or alleging liability for Pollution is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item

HCL-210(07/09)

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BHG Risk Management Authority ("BHG") A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun C-09-691	Amendment No.: 11210-01
Issued to: Palomar Pomerado Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

6 of the Certificate of Participation. BHG's right and duty to defend ends when BHG has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

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1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any Occurrence commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of Pollution, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and one Limit of Liability shall apply to all such **Claims**.

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BHG Risk Management Authority ("BHG") A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

1	C-09-691 Amendment No.: 11210-01				
Issued to: Palomar Pomerado Health					
Effective Date: 07/01/09/at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract			

6. The Member must notify BHG, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

a, how, when and where the Occurrence, act, error or omission took place:

b. the names and addresses of any injured persons and witnesses; and

e. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out offor resulting from **Pollution** and reports to BHG in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BHG.

8. Incident reports, trending reports or other data collection reports to BHG do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the Named Member or BHG, the Named Member shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the Named Member's election is received by BHG within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for Claims which are otherwise covered under this Amendment and are first made and reported in writing to BHG as soon as possible during the extended reporting period by reason of an Occurrence which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BHG at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BHG will pay.

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense**

HCL-210(07/09)

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BHG Risk Management Authority ("BHG") A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Nun C-09-691	Amendment No.: 11210-01
Issued to: Palomar Pomerado Health	an a	
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

* Expenses in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R Coug Crove

Authorized Representative of BHG

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BETA Healthcare Group, A Public Entity

CERTIFICATE OF PARTICIPATION

HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT

	200 2 400	T	27 77 23	1.AL	F
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2273	So the rate	AL	*********	It's wer	0.110
to Set	- 5 Th	Pate	09-69		Himan
6 9K m		# Shen	17.5600	12 4.24	2.4

NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER:

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Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128-3408

ITEM 2: SUBSIDIARIES:

Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Gift Shop, Pomerado Hospital Medical Staff, Villa Pomerado, San Marcos Ambulatory Care Center, Palomar Pomerado North County Health Development, Palomar Medical Center West.

ITEM 3: CONTRACT PERIOD:

(a) Effective Date: 7/1/2009 (b) Expiration Date: 7/1/2010 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1

ITEM 4: LIMIT OF LIABILITY:

\$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate

ITEM 5: DEDUCTIBLE: See Section 7.9.B \$50,000

ITEM 6: CONTRIBUTION: See Section 7.9.A

ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/09) 120, 130, 131, 132, 137, 145, 179, 203, 210, 212, 217, 237, 259, 262, 272, 294, 318, 334

ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

Jug Cro

Authorized Representative of BETA Healthcare Group



GARY W. ERBECK DIRECTOR County of San Diego

JACK MILLER ASSISTANT DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 Phone: (619) 338-2222 FAX: (619) 338-2377 1 (800) 253-9933 http://www.sdcdeh.org

July 11, 2008

Environmental Coordinator PALOMAR MEDICAL CENTER 15255 E INNOVATION DR #203 SAN DIEGO, CA 92028114230

RE: Underground Tank Facility 555 E VALLEY PY, ESCONDIDO, 92025-3048

The Hazardous Materials Division (HMD) of the Department of Environmental Health is the Certified Unified Program Agency (CUPA) in the County of San Diego. The HMD, as the CUPA, regulates the construction, installation, operation, repair and removal of underground storage tank (UST) systems. Recent changes in state regulations require owners and operators of UST systems to submit the new Unified Program Consolidated Forms developed by the State Water Resources Control Board. Completed forms must be submitted to the CUPA at the address above by August 31, 2008.

The changes to the UST regulations which went into effect on January 17, 2008, require UST owners and operators to use the new standardized forms to submit all required (current and new) registration information. All UST owners and operators must provide the CUPA with tank and facility information (including Monitoring Plan, Emergency Plan and Plot Plan*) on the new forms. The forms (listed below) are available in interactive format at <u>www.sdcounty.ca.gov/hazmat/hmd_forms.html</u>. Failure to submit these new forms will result in non-renewal of the UST Operating Permit. To prevent any delay to the renewal of your UST Operating Permit, submit these forms immediately. Copies of the completed forms must be maintained at the UST facility. If you manage more than one facility, a complete set of forms is required for each facility.

The new standardized forms will promote consistency in record keeping which will benefit HMD and UST owners and operators. If you have recently submitted the information on the new forms, please disregard this advisory.

2008 UST Forms

If you have any questions about the information contained in this bulletin, please contact the Hazardous Materials Division Duty Specialist at (619) 338-2231.

Sincerely,

J! M. VIZZIER, Chief Hazardous Materials Division

JMV/lms

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Enclosures: UST Facility Page (HM-9715) UST Tank Information Page (HM-9717) UST Monitoring Plan (HM-9222A) UST Emergency Plan (HM-9222B) UST Plot Plan (HM-9222C)*

(*If you already have a diagram (Plot Plan) that shows the required information, include it with this submission.)

ENTERED FEB 0 2 2009



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COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE 1 of 5 DATE 11/10/2008 PERMIT # 114230 TIME START 8:30A END 2:30 P BUS. CODE K65 SPECIALIST Gohres INSPECTION CONTACT/TITLE Dan Farrow / Plant Operations Dir. PHONE 760-739-3186

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (H&S) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Reinspection fees will be charged if additional inspections are	required to determine compliance.
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- NO Unified Program Facility Permit current and available
- **Employee Training is adequate**
- Waste disposal records available for review
- Emergency contacts current D Updated today
- Chemical inventory current D Updated today
- **Employee Training records available** Waste containers kept closed ✓ Waste containers kept labeled Waste containers in good condition

Permit Expires on: 09/30/ 2009.

□ All violations noted on this compliance inspection report were corrected during this inspection.

Final Report

A routine compliance inspection was conducted on November 10, 2008 of the Palomar Medical Center. Dan Farrow, Plant Operations Director granted permission to conduct the inspection. Mr. Farrow and Mr. Darrell Roe, Engineering Supervisor was present during the inspection. The annual underground storage tank (UST) monitoring system certification was also conducted during the inspection. Palomar Medical Center is a full service 319 bcd acute-care medical center. It is also the only designated trauma center located in North County. The inspection covered the following CUPA program elements; hazardous waste, Hazardous Materials Business Plan (HMBP), underground storage tanks (UST), and medical waste. This facility is conducting on-site treatment of hazardous waste at this time. Alcohol waste is being recycled in the Cytology laboratory. The laboratory exemption exempts this treatment activity from the tiered permitting requirements. This site is a small quantity generator (SQG) of hazardous waste and a large quantity generator (LQG) of medical waste. The following observations were made during the inspection:

Hazardous Waste Violations Notice to Comply

1. Observation: Containers of hazardous waste are not labeled with a hazardous waste label or are not properly labeled. In the Physical Plant (3) 55-gallon containers of used oil are labeled with hazardous waste labels. However, the labels are in poor condition and not legible. There are several small containers of used oil stored next to the 55-gallon containers that are not labeled with a hazardous waste label. A 55-gallon container of waste absorbent did not have the accumulation start date entered on the label. In the 180-day hazardous waste storage area a 55-gallon container of waste formalin did not have the accumulation start date entered on the label. In the pharmacy the RCRA hazardous waste container was not labeled with a hazardous waste label.

Signature of Business Representative

12-9-08 Dienter Plant ops Date Signed

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdedeh.org

RECEIVED DEC 3 0 2008



COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE <u>2</u> of <u>5</u> DATE <u>11/10/2008</u> PERMIT # 114230 TIME START 8:30<u>A</u> END 2:00 <u>P</u> BUS. CODE <u>K65</u> SPECIALIST <u>Gohres</u> INSPECTION CONTACT/ITTLE <u>Dan Farrow / Dir. Plant Operations</u> PHONE <u>760-739-3000</u>

Corrective action: Within 30 days ensure that all containers that are accumulating hazardous waste are labeled with a hazardous waste label. The following information is required on the label: The words "Hazardous Waste", the name and address of the generator, the accumulation start date, the contents, and the physical (solid, liquid, gas) and chemical (ignitable, corrosive, reactive, toxic) characteristics of the waste. Hazardous waste labels are to be in good condition and clearly legible at all times.

- 2. Observation: Empty containers are not marked with the date that they became empty. Corrective action: Immediately begin marking on the container the date that the container became empty. Empty containers may be stored on site for one year. Within one year the empty containers are to be used, recycled, or manifested off site as hazardous waste.
- 3. Observation: Legible photo copies of the hazardous waste manifests are not being mailed to DTSC within 30 days of the waste being removed off site.
 Corrective action: Within 30 days make legible photo copies of the hazardous waste manifests that have not been mailed and mail them to DTSC. Immediately begin the process of mailing copies of manifests to DTSC within 30 days of the waste being removed off site.
- 4. Observation: In the 180-day hazardous waste storage area there is a 55-gallon container of new hydrochloric acid stored next to hazardous waste. There are at least five containers of trace chemotherapy waste (medical waste) stored next to hazardous waste containers. Corrective action: Within 30 days remove the medical waste and the container of new hydrochloric acid

from the hazardous waste storage area. This area is only for the storage of hazardous waste. Do not store hazardous materials with hazardous waste. Do not store hazardous waste with medical waste.

5. Observation: In the 180-day hazardous waste storage area there is a 30-gallon black metal container that is not labeled or marked to identify the contents inside the container. Corrective action: Within 10 days identify the contents inside this container. If the contents can not be be identified the container shall be managed and disposed of as hazardous waste

Signature of Business Representative

Date Signed

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdedeh.org



COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE <u>3</u> of <u>5</u> DATE <u>11/10/2008</u> PERMIT # 114230 TIME START 8:30<u>A</u> END 2:00 <u>P</u> BUS. CODE <u>K65</u> SPECIALIST <u>Gohres</u> INSPECTION CONTACT/TITLE <u>Dan Farrow / Dir. Plant Operations</u> PHONE <u>760-739-3000</u>

Medical Waste Violations Notice to Comply

6. Observation: Large red bags are not being labeled with the generator information when waste is first placed into an empty bag.

Corrective action: Immediately begin the process of labeling large red bags with the generator name, address, and phone number when waste is placed into the bag. Do not wait until the bag is full to place the label on the bag.

- 7. Observation: The Medical Waste Management Plan reviewed on this day has not been completed. The sections on the second page have not been completed. The document has not been signed. Corrective action: Within 30 days enter the missing information on the plan. Have the plan signed by a responsible person.
- 8. Observation: In the area of the designated medical waste storage where new containers are stored, three full sharps containers were stored next to the new containers. Corrective action: Do not store medical waste in this area. Medical waste is to be stored in the appropriate area away from the new containers.
- 9. Observation: Medical waste storage containers in the interim storage areas were not tightly closed. Corrective action: Within 30 days ensure that all storage containers in the interim medical waste storage areas have a lid and the lids are in place (tightly closed) when used to store medical waste.

Signature of Business Representative

Date Signed

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdedeh.org

HM-924-e (11/03)



COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

Underground Storage Tanks (USTs)

No UST violations were observed on this day.

The annual UST monitoring system certification and spill bucket testing (visual) was conducted on this day by Derik Johnson with PF Services. His ICC certification is 5296345- UT and expires 5/2/2009. His Pneumercator certification is 10668 and expires on 5/16/2009. The UST system consists of one 10,000-gallon and one 3,000-gallon dicsel tanks used to store fuel to run back-up emergency generators. The USTs are monitored by a Pneumercator TMS 2000 system. The following observations were made during the certification:

- 1. The spill buckets and sumps (fill & piping), were clean and dry.
- 2. Sensors were functional and properly placed.
- 3. Overflow protection is provided by flapper valves in the fill risers.
- 4. Annular sensors were properly placed at the bottom of the tank.
- 5. All sensors and the monitoring panel were marked with stickers verifying the annual certification.
- 6. The UST Written Monitoring Procedures, Emergency Response Plan, Monitoring Plot Plan are on site and were reviewed during the inspection. New UST forms were given to Mr. Farrow. These forms are required to be submitted to the CUPA before the UST Operating Permit will be renewed. OK JG 12/10/08
- The Designated UST Operator (DUSTO) for this site is Matthew Bryant. His ICC certification is 5244637-UC and expires 11/10/08.
- 8. Monthly DUSTO inspections are being conducted and documented.
- 9. Annual facility employee training is being conducted (3/19/08).
- 10. Certification of financial responsibility is on site and current (insurance policy).
- 11. The monitoring certifications for the last three years are on site and available for review.
- 12. Secondary containment testing was conducted and passed on 10/10/2006. This will be required to be tested again by 10/10/2009.
- 13. The UST Operating permit is on site and expires 12/11/2008.

Remark

Director Pla 2-9-08

Title

Signature of Business Representative

Date Signed

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org

HM-924-e (11/03)

PAGE <u>4</u> of <u>5</u> DATE <u>11/10/2008</u> PERMIT # 114230 TIME START 8:30<u>A</u> END 2:00 <u>P</u> BUS. CODE <u>K65</u> SPECIALIST <u>Gohres</u> INSPECTION CONTACT/TITLE <u>Dan Farrow / Dir. Plant Operations</u> PHONE <u>760-739-3000</u>



COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE 5 of 5 DATE 11/10/2008 PERMIT # 114230 TIME START 8:30A END 2:00 P BUS, CODE K65 SPECIALIST Gohres INSPECTION CONTACT/TITLE Dan Farrow / Dir. Plant Operations

- CUPA facility permit is posted on site. It expires 11/30/2008.
- Hazardous waste manifests for the last three years were reviewed on this day.
- Employee training per SQG requirements is adequate.
- Emergency contact information was verified during the inspection.
- New UST forms are required to be completed and submitted to the CUPA.
- The Annual Hazardous Materials Business Plan Certification needs to be completed and submitted to the CUPA.
- Strongly suggest considering the onsite treatment of the formalin waste. Review the guidance document provided.
- Non-empty aerosol cans may be managed as universal waste.

Within 30 days of receiving this final report, a Return to Compliance document is to be submitted to the CUPA to my attention. The document is required to state how the violations observed were corrected and the date they were corrected. If you have any questions concerning this inspection report, please call me at (760) 940-2953.

Jim Gohres, EHS III **Hazardous Materials Division Department of Environmental Health**

Signature of Business Representative

Date Signed

2-9-08 (mech

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Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org

			a and a set of a
	COUNTY OF SAN D	DIEGO	PERMIT # 114230
			DATE 11/10/08
	COMPLIANCE INSPECTION R Small and Large Quantity Generators of Handlers of Hazardons Mate	LE PORCE Jazardous Waste rials	PAGE 6 OF 7
BUSINESS ADDRI	ESS: 555 E. Valley PKY	Escondino	97005
and/or the San Diego County	itens checked below refer to specific section humbers of Titles 19 & 7 (code (SDCC). Small Quantity Harardous Waste Generator=(SQG); rrected. Submit documentation of return to compliance	2 of the California Code of R egulations (Large Hazardous Waste Quantity Common	CCR), Chapters 6.5 & 6.95 of the Health and Safety Code,
your return to complian	e. Your Specialist can provide this form. Please call (61		
HALAKDU	US MATERIALS REQUIREMENTS	HAZWASTE RE	QUIREMENTS FOR LOGs & SOC
	TION DESCRIPTION	Vird	ON DESCRIPTION
□ 1001 UPF pe	mit not obtained for hazardous materials. 68.905	STORAGE AND H	ANDLING
	not established/implemented. 25503.5(a) not submitted to HMD. 25505(a)		abel hazardous materials within 10 days or less. 3)(A) & 66262.34(f)
D 1005 Emerge	ncy contact not provided or current, 25509(a)(7)	0217 Failed to r	epackage damaged/deteriorated hazardous materia within 96 hours. 25124(b)(3)(B) & 66262.34(f)
□ 1007 Highly disclos	toxic gas (TLV≤10 ppm) not ed.68.1113(b)		
1008 Annual c	arcinogen/reproductive toxin list not sent to HMD, 68.1113(c)	Failed to u	23250.22 and 66266.130(c)(3)
□ 1009 Site map □ 1010 Did not	is not sufficient or complete. 25509(a)(5) & 25505(a)(2)		23230 276141
	Provide the second seco	0220 Speak read	acid batteries not properly managed. 66266.81 omply with satellite regulations. 66262.34(e)
HMBP B	IDCOMplete/inadequate/not umanded in 0- at the	0222 Failed to p	roperly label ERM. 25143.9(a)
1015 Did not h	5505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729 ave adequate employee training program 2732 &/or 25504	0223 Failed to p removed fr	roperly manage <u>non-empty</u> container or inner line om a container. 66261.7 (b), (d) &/or (r)
(C)	have an adequate emergency response plan 25504 (b); 2731		ark date on empty container lorger the e
1017 Business	Plan not certified annually. 25505(d) & (e)(2)		age it within one year. 00201. /(e) & (1).
T zono Inventory	not amended for 100% increase of hazardous material inventory is incomplete. 25509, 25510	HAZWASTE REQ	UIREMENTS FOR SOGS ONLY
		STORAGE AND HA	NDLING-Pursuant to 66262 24(4)
RECORDKEEPIN	UIREMENTS FOR LQGs & SQGs	0225 CFR 262.34(waste too long (>180 or 270 days), $66262.34(d)$, e) & (f), &/or 25201(a) [>90 days for an Albu(d),
	ogram Facility (UPF) permit not obtained. SDCC 68.905	L UACO DId not accur	nulate waste in container or tank 66262 24 (JVO)
0132 Failed to	obtain & maintain a valid EPA ID Number, 66262,12(a)	L 0227 tank. 66262.	34(f)
2 0133 Failed to s	end manifest copy to DTSC. 66262.23(a)(4)	0228 Failed to kee	p container closed. CFR 265.173
Failed to b	ile Exception Report with DTSC, 66262.42 seep waste manifests/receipts for 3 years available	0230 Failed to maj	duct weekly inspections. CFR 265.174 ntain aisle space. CFR 265.35
1 I I I I I I I I I I I I I I I I I I I	tion. 66262.40(a) & 25160.2(b)(3) ave records of battery disposal. 66266.81(a)(4)(B)	0231 Failed to prop	perly separate incompatible wastes, CFR 265 177
0137 Failed to c	complete manifest properly. 66262.23(a)	OZ32 Waste accumu	lated in a container in poor condition. CFR 265 171
0138 Failed to t	ave TSDF copy of manifest onsite. 66262.40(a)	0233 Failed to use a	lined/compatible container. CFR 265.172.
0140 Failed to be	we LDR documentation onsite. 66268.7(a)(8)	4 0234 Did not maint CFR 265.31	ain &/or operate facility to prevent release or fire.
0141 Failed to a	btain approval for TSDF. 25201(a) outfy CUPA for eligible onsite treatment. 25201(a)	TRAINING CONTIN	CENTRE AN & TO DO COM
0145 ERM report	ting not submitted biennially &/or available 25143 10	Pursuant to 66262.34(IGENCY PLAN & ER PROCEDURES d)(2)
Failed to ha	ve adequate records demonstrating claim of exemption for ecyclable Material (ERM). 25143.2(f) & 66261.2(g)	0407 Employee min	ing program not adequate. CFR 262.34(d)(5)(iii)
Failed to k	een universal waste record for 3 wasen for affilia	0408 Failed to post	ER plan by phone. CFR 262.34(d)(5)(ii)
supment.	SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2) pr copies of analytical results, waste analysis records,	In Alto Patied to could	ol equip not available. CFR 265.32(c) facility with internal communication or alarm.
OF WASIE de	termination results. (3 years) 66262 40(c)	Failed to carry	Out contingency plan during an amazon and
0149 Failed to ki	eep disposal receipts (3 years) for drained used oil or drained fuel filters. 25250.22 and 66266.130(c)(5)	LIN 202.3410	N J HIVI
	RANSPORTATION	during emerge	an emergency coordinator on call or available ncy. CFR 262.34(d)(5)(i)
	d disposal of hazardous waste. 25189.5(a) or 25189(d)	HAZARDOUS WASTE	TANK SYSTEMS Pursuant to 66262.34(d)(2)
Unlawful u	ansportation of hazardous waste (HW), 25163(a)	I TAKE DEVELOUS WASH	IIIIIarwin street in a took a stand dust
0303 Did not use	HW manifest for disposal.66262.20(a), 25160.2(b)9 ke a proper waste determination. 66262.11 &	Failed to comply	With tank standards which include our ford of
00200.200(0			applicable), shut off for waste feed line, & daily and ns. CFR 265.201(b) & (c)
□ 0305 Disposed of □ 0306 Disposed of	used oil illegally. 25250.5(a) and 25189.5(a) latex paint illegally. 25217.1	Failed to prope	ly complete & for document alogues France
Disposal of u	iniversal waste to an imputhorized point	Failed to safely	accumulate ignitable or reactive waste in a tank
	SQR: 00273.11(a); LQH 66273.31(a)	Entration State) manage incompatible waste in a tank.
- one imperinissio	e dilution of hazardous waste, 66268.3(a)	L CPR 205.201(f)	usuage meanipancie waste in a tank.
Alm 1-1	m 12,	9,08 0	her to Plat De
IGNATURE OF BUSINE	SS REPRESENTATIVE DATE		TLE OF BUSINESS REPRESENTATIVE
923 (02/06) NCP			

-923 (02/06) NCR

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DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

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_				_			11/23	
ALL DE	1		COUNTY OF SAN DI	EGO			PERMIT # $1/4236$	
			FILT MICH (GATELVALUERING)	MENUS			DATE 11, 10,08	
	1111	9	COMPLIANCEINSPIZEHONIR	HORE			PAGE OF	
BUSI	BUSINESS ADDRESS: 555 E. VAILEY PKy ESCONDIDD ZIP: 92025 VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et.							
			corrected. Submit documentation of return to compliance to Your Specialist can provide these forms. Please call (619) 33					
			R AND LABELING	OF RALE VI			RTATION REQUIREMENTS	
Viol #	٦	VIOL	VIOLATION DESCRIPTION	Viul		VIOL	VIOLATION DESCRIPTION	
] 🗖			-		V4260	Transportation of MW without State Hauler	
8	R	V4202	2 Medical Waste (MW) not separated from other waste at point of origin. 118275			V4304	Registration or a (LQHE) from HMD, 118025 No LOHE for "self-hauled" MW	
		V4203	B Enclosure or designated accumulation area for MW containers not secured. 118307, 118310			V4305	(<20 pounds of waste/wk). 118025, 118030(a)(1)	
		V4204				V4311	Medical Waste tracking documents not in vahiala	
		V4205	in English and Spanish. 118310			¥4312	transporting MW. 118040(c) MW tracking documents/logs not maintained for 3 years	
			access to unauthorized persons. 68.1211				for LQHE 118040(a)	
		V4206 V4207	The second s		<u>SM</u>	ALL OTY	. GENERATORS ONLY (<200 lbs/mo) MW)	
		V4208	sharps container. 118285(a)(d)			V4301	Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment), 117935	
	K	V4209	to preclude loss of contents. 118285(b)			V4302	Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)	
6		V4210	name, address, and phone number, 68,1205, 68,1206			V4303	Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945(b)	
	1 _		red bags. 118275] 🗖	V4309	MWMP or equivalent information not onsite, 117945(b)	
		V4211	of contents during handling and storage, 118280(a)	R	COUI	REMENT	S FOR LARGE QUANTITY GENERATORS ONLY	
9.		V4212	and covered containers or bins. 118280(b)	(>	200 p	ounds of w	aste generated per month)	
		V4213	Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)	7	x	V4351	MWMP not submitted to HMD (initial/updates). 117960, 117970	
		V4214	Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305			V4352	Records of MW treatment not available for 3 years	
		V4215 V4306	Frozen (0C/32 F) MW stored >90 days. 118280(d)(2) Full sharps container stored >30 days at >0°C. 118285(c)			V4353	117975, 118215(2)(E) Did not retain on file disposal receipts/tracking docu-	
		V4307	Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)	L	_	14555	ments for at least 3yrs. for waste shipped offsite. 117975	
		V4308	Red bag waste stored >30 days at >0°C (for generators of		РАТ	HOLOGY		
		V4309	<20ibs/month). 118280(d)(1)(B) MW interim storage area not marked with warning sign				, CHEMOTHERAPY, PHARMAC. & HAZ, WASTE	
		V4310	or a biohazard symbol legible from 5 ft. 118307, 118310 MW Interim storage area not properly secured. 118307			V4401 V4402	Chemo waste not segregated from other MW. 118275(e) Chemo waste container not property labeled. 118275(e)	
	TDE	ATLADAD	T AND DISPOSAL			¥4403	Illegal disposal of chemo waste. 118340	
						V4411	Pathology waste not segregated from other MW. 118275(f)	
		V4251	MW treated by unapproved method/procedure. 118215			V4412	Pathology waste container not properly labeled, 118275(f)	
1		V4252	Standardized written operating procedures for steam sterilization not available. 118215(2)(A)			V4413 V4421	Illegal disposal of pathology waste, 118340	
		V4253	Recording thermometer not calibrated annually.		ŏ	V4422	Pharmwaste not segregated from other MW. 118275(g) Pharmwaste not properly labeled. 118275(g)	
		V4254	118215(2)(B) No records of annual thermometer calibration checks			V4423	Pharmwaste stored >90 days when container full or mored.	
		V4255	onsite for at least the past 3 years. 118215(2)(B) Heat-sensitive tape/other approved method not used			V4432	longer than one year (max. allowable time). 118280(e) Illegal disposal of pharmwaste. 118340, 118222(b)	
		V4256	for <u>each</u> load treated onsite. 118215(2)(C) Monthly biological indicator or other approved method	L]		V4441	Illegal disposal of photo/hazwaste to scwer/trash. 25189.5	
·	0	V4257	not used to confirm proper disinfection. 118215(2)(D) Onsite steam sterilization did not reach 121°(/250 °F		<u>ONSI</u>	TE MW 1	REATMENT FACILITY REOUTREMENTS	
	0	V4258	for 30 minutes. L18215(2)(B) Treatment records/logs of dates, time and temperature	\square		V4501	Onsite MW treatment permit not obtained/renewed.	
		V4259	not available for 3 yrs. 118215(2)(E)				117950, 118130, 118135, 65620, 65623 Current copy of the MW treatment permit not available.	
	_		Disposal of untreated MW to an unauthorized point. 118340			V4502 V4503	65621(f), 65623, 118165, 118180	
	<u> </u>		Λ	<u>_</u>	_		Condition(s) of the MW treatmt. permit violated. 65623	
(L) t	m 12.0	7, 20		\cap	$1 \rho 1 - \rho$	
SIG	NAT	UREOF	BUSINESS REPRESENTATIVE DATE S	IGNED			HELDE FELT OF	

	COUNTY OF SAN	DIEGO	PAGE <u> </u> OF <u>DATE // /0/08</u> PERMIT # //4230
	COMPLIANCE INSPECTION	REPORT	TIME START 8^{30} END 2^{∞} BUS. CODE <u>65</u>
	DI NIL	1 (SPECIALIST GOLTES
BUSINESS NA	AME talomar Medical (enter	INSPECTION CONTACT/TITLE
ADDRESS _S	555 E. Valley PKy	attawa 🤷	Dan Farrow DiR. Facilitie
CITY/ZIP	condido 92025	5	PHONE: (760) 739-3000
Code (HSC) Cha The following re	pters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the Ca marks are intended to provide guidance to corre	lifornia Code of Regulatio ect the violations noted on	ne compliance with the California Health and Safety ns (CCR); and the San Diego County Code (SDCC). the attached violation report.
	: Reinspection fees will be charged if add		
	Consent to inspect granted by: Inspection Inified Program Facility Permit current an Iazardous Materials Business Plan avai Employee training is adequate Vaste disposal records available for rev Emergency contacts current I Updated Chemical inventory current I Updated	d available Y N/A lable D D iew D D today D D	Permit Expires on: <u>9 / 30 /09</u> Contingency Plan available Employee training records available Universal waste managed properly Waste containers □ closed □ labeled Waste containers in good condition
Routine	L'été Monitoring 3451	EM CERTIF	ication
Summa	ry of observation	ns	
1, USER 2, Star 3, Eng 4, MAR) pil containers Not L + Date Not Entered p + y Containers Not Duoto Copies OF M	ABELED OR LABO Dated. aniFESTS to	Abels in good condition. 215, 215,
5. Com	plete Medical weste	1 / 1	h ·
& Don't	mix Medical WASte	2 with N	lew containers.
2. Main Materi	Haz Waste Storage	- Mix med	ical WASTE & Hazardous
8, Fler 9. LATO First	HIFH contents of : e hed bags require	30. gal, Bl re genera	ack container, for hosel when
10, LAB	el RCRA waste a	utainer i.	n Pharmacy.
11. Ensu	re Lios are tightly	closed in	intermediate storage.
A Fina	al Report will be in	SSUED WIT	him 14 DAYS.
emergency conta	nual certification that the Hazardous Materials Bucts, emergency response plan, and employee train nired in the H&SC and is maintained at the site w	ing plan) is current and inc	ludes all the
	gnature of Business Representative	// //0 / 2008 Date Signed	Director Plant Operation
	Department of Environmental Health, Hazardous	Materials Division, P.O. Bo	x 129261, San Diego, CA 92112-9261
HM-924 (06/08) N	Phone: (619) 338-2222 Fax: (619) 3. CR		http://www.sdcdeh.org ITE- RETURN TO HMD; YELLOW-BUSINESS RETAINS

	VIRONME VIERIALS N DIEG(), CA FAX (619) 338 -253-9933	DIV 9211	AL HE /ISION 12-9261 7	ALT	H				
UNDERGROUN	D STORAC	CE T	ANK						
TYPE OF ACTION	CATION -	- F/	ACIL	ITY	PAGE	(On	e page pe	r sue) Page	of
(Check use item ouly)	OF INFORMA RY FACILITY	TION CLO) SUke		7. PERM	NENT PAG	TUTY		400
TOTAL NUMBER OF USTS AT FACILITY	NFORMA	ATI	ON			TEN TONY		-	
BUSINESS NAME (Same as FACILITY NAME or DBA Doing Retires A)	א מו ץ	3	7	0	0 0	-11	NI	177	7
Palomar Medical Center		-					14	113	4
BUSINESS SITE ADDRESS									1.5
555 East Valley Parkway		101	CTTY			101	<u> </u>	ZIP CODI	F 101
FACILITIAN THE FORME			Escon	ldido			CA	92025)—
ACTURE 1. MOTOR VEHICLE FUELING 2. FUEL DIST	RIBUTION	5	403	Is the	facility loca	ted on India	m Reserv	ation or	-40,5
PROPERTY OWNER NAME	NER INFO	DRM	MATE		ands7 🗆 '	rcs 🛛	No	~ <u>_</u>	
Dan Farrow				407	PHONE			-	-1/18
MAILING ADDRESS					(760)	739-31	86 v		
1							<u> </u>		419
555 East Valley Parkway									
Escondido	410 STATE			11	ZIP CODL			_	
	CA				92025	-			
TANK OPERATOR NAME	OR INFO	RM	ATIO	N			··· I	••••••	
Dan Farrow				- 1	PHONE				428-2
MAILING ADDRESS					(760) 7	39-318	16 x		
555 East Valley Parkway									124.3
CTTY	KI I STAFE					- 13			
Escondido	anare		4		ZIP CODE				42541
TV. TANK OWNER	CA				92025-	·			
TANK OWNER NAME	LINFORM	LAT		414	PHONE				
Dan Farrow				S		39-318	e		415
MAILING ADDRESS		·			(100)1	39-310	<u> </u>		
555 East Valley Parkway									Jin
	IT STATE	-	· ·	418 2	OP CODE				
Escondido	CA				92025-				<19
	NTY AGENC					TE AGENC	v		
7. FEDERAL AGENCY 8. NON	GOVERNME	INT:					•		420
V. BOARD OF EQUALIZATION UST S	TORAGE	FE	EAC	COL	INT NU	MBER			
	he State Board	of Eq	uulizatio	n. liuc	Fax Divis	ion, if there	are quest	tions,	421
VI. PERMIT HOLDE	LITY OWNER	MA	TION		1 4 7 4 1 4				
3. TAN	KOWNER	•		1] 5. FACI	COPERAT	DR		424
SUPER VISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies (Duly)								400
VII. APPLICANT	SIGNAT	UR	E						-
CERTIFICATION: I certify that the Information provided herein is true, a	DATE	d in 1	full con	iplian	ce with le	gal requir	cments.		
Dudtan	12/10/2				424	PHONE			424
APPLICANT NAME (print)	26 APPLICA		TTT P			(760)	737-3	186 x	
Dan Farrow	Director	r Pla	nt Ope	ration	15				427
			_						

HM-9715-UPCF Underground Storage Tauk - Operating Permit Application - Facility Information (08/08)

COUNTY O	F SAN DIEGO CUPA
DEPARIMENT OF	ENVIRONMENTAL HEALTH
11 ADAMAND L	MALERIALS DRUGION
1.0. BUX 129261	SAN DIEGO, CA 92112-9261 122 FAX (619) 338-2377
	800-243-0433
L UPBRAINC PEDATT ANY	IND STORAGE TANK
TYPE OF ACTION (Check one item only, For an UST permanent closure or 1. NEW PERMIT 3. RENEWAL PERMIT 3. RENEWAL PERMIT	LICATION - TANK INFORMATION (Une form per UST)
L. J. NEW PERMIT S. RENEWAL PERMIT A TEMPORARY UST CLOSURE 7. UST PERMANENT CL	removal, complete only this section and Sections J. H. III, IV, and IX below)
DATE UST DEVALATE ANT CLOSURE	OSURE ON SITE
	UATI: EXISTING UST DISCOVERED:
	Y INFORMATION
raiomar Miculcal Center	
BUSINESS SITE ADDRESS 555 East Valley Parkway	
555 East valley Parkway	Escondido CA 92025-
TANK ID# 412 TANK MANULACTURER	DESCRIPTION
10000 Joor	413 TANK CONFIGURATION: THIS TANK IS
DATE UST SYSTEM INSTALLED -05 TANK CAPACITY IN CALLONS	1. A STAND-ALONII TANK [] 2. ONB IN A COMPARTMENTED UNIT.
1986 10,000	116 NUMBER OF COMPARIMENTS IN THE UNIT
TANK USE I IA MOTOR VEHICLE FUELING	E AND CONTENTS
1 3 CHEMICAL PRODUCT STORAGE 4 HAZARDOUS	
CONTUNENT DEPENDENT LUSS UNKNOWN	99. OTHUR (Specify)
⊠ 3. DIESTIL □ 5. JET	FUIS 140
NON-PETROLEUM: 7 USED OIL	UBK METROLEUM (America)
L 1. SINGLE WALL & 7 DOUBLE WALL	20NSTRUCTION 4406
PRIMARY CONTAINMENT VI. STEEL J. FIBEROLASS	6. INTERNAL BLADDER
SECONDARY CONTAINMENT I I STEEL I 3. FIDERGLASS	95. UNKNOWN 99. OTHER (Specify): 444 6. EXTERIOR MEMBRANE LINER 7. JACKETED 444
OVERFILL PREVENTION 90. NONE 95. UNKNOWN	99. OTTIER (Specify):
4. TANK MEETS REQUIREMENTS FOR EXE	MPTION FROM OVERFUL REFUSION SHOPP VALVE
PIPING CONSTRUCTION	PIPING CONSTRUCTION
SYSTEM TYPE I I. PRESSURE 7 GRAVITY	3. CONVENTIONAL SUCTION MA SAFE GUILDEN
	8. KLIXIBLE 10. RIGID (LASTIC 4/4 99. OTHER (Specify): 4/4
SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS	8. FLEXIBLE
PIPING/TURBINE CONTAINMENT SUMP TYPE	46He 46He
VL VENT, VAPOR RECOVERY (VR) AND	2. DOUBLE WALL DI 90. NONE 4644 RISER / FILL PIPE PIPING CONSTRUCTION
CONTRACT DE CONTRACT	10. RIGID PLASTIC 90. NONE 99. UTHER (Specify)
	10. RIGID PLASTIC 90. NONIS 99. OTHER (Specify)
VP SUCONDARY CONTAINING TO A DURING TO A	10. RIGID PLASTIC V9. OTHER (Specify)
	10. RIGID PLASTIC 2 90. NONI: 99. OTHER (Specify)
VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL. 2. DOUL	464i
	10. RK01D PLASTIC: 99. NONE 99. OTHER (Specify)
	TO RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464
	A TERROTTOM PROTECTOR I 4. CONTAINMENT SUMP
	R CONTAINMENT (UDC)
CONSTRUCTION MATERIAL 1. STEEL 14. FIBERGLASS	I IO, RIGID PLASTIC 99, OTHER (Specify)
STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S)	ON PROTECTION
	The second se
CERTIFICATION: 1 certify that this UST system is compatible with the hazar and in full compliance with legal requirements.	US SUBSTANCE STORED and that the information provided herein is true, accurate,
APPLICANT SIGNATURE ()	DATE 12/10/2008
Alter tame	
APPLICANT NAME (print) Dan Farrow 471	APPLICANT TITLE Director Plant Operations 472
· · · · · · · · · · · · · · · · · · ·	

HM-9717 - UPCF Underground Storage Tank - Operating Permit Application - Tank Information (08/08)

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COUNTY	DF SAN DIEGO CUPA
DEFARIMENT OF	ENVIRONMENTAL HEALTH
	MATERIALS DUVISION
V38500 4129201	SAN DIEGO CA DIAN MACA
(017) 336-2	444 PAX (619) 338-2377
IINDERCEO	-800-253-9933
	UND STORAGE TANK
TYPE OF ACTION (Check one item only, For an UST permanent closure or I. NEW PERMIT 6. TEMPORARY UST CLOSURE 7. NEW PERMIT	LICATION - TANK INFORMATION (One form per UST)
L I. NEW PERMIT	removal, complete only this section and Sections I. H. Dt. IV and DV (1971)
DATE UST PERMANENTLY CLOSED:	
THE UST CERMANENTET CLOSED:	USURE ON SITE 8. UST REMOVAL 104 DATE EXISTING UST DISCOVERED:
HUNDER MANE	TY INFORMATION 45%
BUSINESS NAME (Same as FACILITY NAME or DBA (Doing Dusiness As) Palomar Medical Center	' FACILITY ID#
	37-000
BUSINESS SITE ADDRESS	
555 East Valley Parkway	Fiscondida III ZIP CODE
II TANK	1 22023-
	DESCRIPTION
Juor	UI TANK CONFIGURATION. THIS LANK IS
DATE UST SYSTEM INSTALLED 415 TANK CAPACITY IN GALLON	S 410 NUMERIC ALLONE TANK 12 COMPARTMENTED UNIT.
1986	ATT NUMBER OF COMPARTMENTS IN THE UNIT
TANK US	SE AND CONTENTS
G 6. OTHER GENERATOR FUEL	S WASTE (lochwise) and Oliv
CONTENTS PETROLEUM D In RECHILAR UNILLADED D IN MICHAN	a motile indecive
🖾 3. DIESRI, 🔲 S. JET	I ID. PREMIUM UNLEADED
NOUTRE A PLICE ON BLEND FUEL 9. OT	HER PETROLEUM ISSUE
NUN-METROLITIM: 7 USED OIL	HANOI. 450a
IV TANK	CONSTRUCTION 44mb
THE WALL	0 93. UNKNOWN
7 STEEL INTERNAL STEEL	0. INTERNAL BLADDER 447
SECONDARY CONTAINMENT	95 UNKNOWN 99. OTHER (Specify):
	7. JACKETED
OVERFILE PREVENTION D. AUDIBLE & VISUAL ALARMS D. 2 F.	
V PRODUCT / WAST	
	E PIPING CONSTRUCTION
LI I. PRESSURE LI 2. GRAVITY	1. CONVENTIONAL SUCTION DI A LAFE CUURION HIM
SECONDARY CONTAINMENT D L. SHEEL & A. FIBERGLASS	CT 79. CT HER (Specify):
90. NONE 95. UNKNOWN	99. OTHER (Specify):
VI VENT VARON DI I STNGLE WALL	
VENT PRIMARY CONTAINMENT	RISER / FILL PIPE PIPING CONSTRUCTION
	10. RIGID PLASTIC D 90. NONE D 99. OTHER (Specify) 4the
	10. RIGID PLASTIC 90. NONE 99, OTHER (Specify)
VR PRUMARY CONTAINMENT	10 RK3(1) P) ASTIC
VD SUCCONDAD V CONTAINS	
	telhi
DISCO DEMARK (VINT + DRAWNS	ACAI
	10 RIGID PLASTIC 90. NONE 99. OTHER (Specify)
	10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 4/4k
FILL COMPONENTS INSTALLED 🛛 1. SPILL BUCKET 🔲 3. STRIKER PL	ATE/BOTTOM PROTECTOR A CONTAINMENT SUMP
VII. UNDER DISPENSE	R CONTAINMENT (UDC)
CONSTRUCTION MATERIAL D 1. STHEL 4. FIBEROLASS	I IO. RIGID PLASTIC I 29. OTHER (Specific)
STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S)	ON PROTECTION
	448 4. IMPRESSED CURRENT Ø 6. ISOLATION 448
CERTIFICATION: I certify that this UST system is compatible with the local	NT SIGNATURE
and in full compliance with legal requirements.	mos substance stored and that the information provided herein is true, accurate.
Altilicant SIGNATURE	DATE 12/10/2008 470
ADDI WANT MANUEL DE DE DE COMPANY	
APPLICANT NAME (print) Dan Farrow 471	APPLICANT TITLE Director Plant Operations 472
······································	

HM-9717 - UPCF Underground Storage Tank - Operating Permit Application - Tank Information (08/08)

COUNTY OF SAN DIEG	OCUDA		
DEPARIMENT OF ENVIRONM	ENTAL L	JE A LTEL	
I MAANDOUS MATERIALS	C DIVICI	Chi I	
P.O. BOX 129261, SAN DIEGO, C (619) 338-2222 FAX (619) 33	A 97112 02	61	
1-800-253-9931			
UNDERGROUND STORA	GE TAN	к	
TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION	Page 1 o	<u>f 2)</u>	
PLAN TYPE I MONITORING IS IDENTICAL FOR ALL LISTS ATTIN			490-1
(Check one item only) 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYST	CILITY.		100-2
	IATION		-
DUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	ACILITY I		T
BUSINESS SILE ADDRESS		3 7000 H 144	2 3 0
555 East Valley Purkway	CITY		CODE 105
If BALURBARA	Escondio	920	25-
II. EQUIPMENT TENTING AND PREVE Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, prob- specified by the equipment manufacturers' instructions, or annually, whichever is more frequen- 03 CCU \$5633.2014	NTIVE	MAINTENANCE	
specified by the equipment manufacturers' instructions, or annually, whichever is more frequen (23 CCR §2632, 2634, 2638, 2641)	nt, and that :	such work must be performed at the free	quency
MONITORING FOURIERS IN CORDUCED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		sonnel.
	R (Specify):		490-33
III. MONITORING LOC	ATIONS	· · · · · · · · · · · · · · · · · · ·	
2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED, (23 CCR §2632, 2634)			490-1
IV. TANK MONITORING IS PERFORMED USING	THE FO	DLLOWING METHOD(S):	
VAULT(S) WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2632, 2634) SECONDARY CONTAINMENT IS: A DRY A LIQUED BULED A 197	TTAL) SF	ACE(5) OR SECONDARY CONTAINMEN	T 4865
SECONDARY CONTAINMENT IS: A. DRY b. LIQUID FILLED c. PR PANEL MANUFACTURER: Pressmercator	AFSSURIZE	D D d. UNDER VACUUM	490-6
LEAK SENSOR MANUFACTURER Pressure restor		MODEL #:TMS 2000	-14(1-8
2 AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE	140.9	MODEL #(S):L8600	110-10
PANEL MANUFACTURER:	490-12		490-11
IN-TANK PROBE MANUFACTURER;	4/0-14	MODEL #:	490-13
	DAIL Y/NIO	MODEL #(S).	490-15
	THER (Spe		490-10
PROGRAMMED TESTS: DA 0.1 g.p.h. Db 0.2 g.n.b. D c 0	TIER (Spe		490-17
3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 82646.1)			490-20
[] 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCK \$2645): TESTING PERI	OD: 🔲	a. 36 HOURS S 6. 60 HOURS	-190-21
TEST FREQUENCY: C a ANNUALLY D b BIENNIALLY C OTHER ((Spacific):		490-22
99. OTHER (Specify):	speenyr.	······································	490-24, 190-23
V. PIPE MONITORING IS PERFORMED USING THE FOLL	OWINC	METHODYS	490-28, 470-27
I. CONTINUOUS MONITORING OF PIPE/ PIPE/ PIPING SUMP(S) AND OTHER SECON VISUAL ALARMS (23 CCR 82630)	DARY CON	METHODAS (Check all that apply NTAINMENT WITH AUDIRLE AND	1
VISUAL ALARMS (23 CCR §2636) SECONDARY CONTAINMENT IS: S a. DRY b. LIQUID FILLED c. PRES			
PANEL MANUFACTURER: Progumercator	490-30	D d. UNDER VACUUM MODEL #: TMS 2000	490-29
LEAK SENSOR MANUFACTURER: Pneumercator	490-17		
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e. TURBINE) SUUTDOW	<u></u>	MODEL #(S): 1.5600	
PAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRICCIERS ALTONIA	TIO	SILUTDOWN A YES D & NO	490-35
2. MECHANICAL LINE LEAK DETECTOR (MLL.D) THAT ROUTINELY PERFORM PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)	MS 3.0 g.p.ł	LEAK TESTS AND RESTRICTS OR SH	UTS OFF
MILD MANUFACTURER(S)	190-37		490-16
3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS	5300-1	MODEL #(S):	
ELLO MANUFACTURER(S):	-190 W	1 1 J	4%-10
PROGRAMMED IN LINE LEAK TEST: 1. MINIMUM MONTHLY 0.2 gp h		MODEL #(S):	
FLLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMPILE, TURBL	NE) SHUT		4%0-42
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP (i.e., TURBINE)	SHUTDOW	VN. D & YES D h NO	490-43
□ 4. PIPE INTEGRITY TESTING: TEST FREQUENCY □ 8. ANNUALLY □ 6. EVER	RY 3 YEAK	S X c OTHER (Snarib)	J*X1-14, 4411-47
5. VISUAL PIPE MONITORING: FREQUENCY . A. DAILY . b. WEEKLY .	C MIN MO	NTHEY & BACH TIME SUCHAL OPEN	490-48, 442-14
6 SUCTION PIPING MEETS EXEMPTION CRITERIA (23 CCR \$2636(a)(3))	inpuried amorge	nay generator fuel piping only per 1151: \$25281.5(b)(3)	
7. NO REGULATED PIPINC PER HEALTH AND SAFETY CODE, DIVISION 20, CHA	APTER 6.7	IS CONNECTED TO THE TANK SVETER	490-50
99. O'THER (Specify):		THE FAIR STATE	490-52, 490-53

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HM-9222-A-UPCF Underground Storage Tank - Monitoring Plan (08/08)

12-10-08;20:09 ;

2/ 13

12-10-08;20:09 ;		994	02853	;	# 4/1
	COUNTY OF SA TMENT OF ENV AZARDOUS MAT 20. BOX 129261, SAN (619) 338-2222 F 1-800-2 UNDERGROUND DNITORING P	TRONM FERIAL DIEGO, (AX (619) 3 53-9933 STORA	IENTAL HEA -S DIVISION CA 92112-9261 38-2377	Date: 121010 %	rith
	ICDENCER AND		NT (UDC) M	ONITOPINC	re on back
I. UDC MONITORING IS PERFORMED USING TI I. CONTINUOUS ELECTRONIC MONITORING 4. NO DISPENSERS 99. OTHER (Speci PANEL MANUFACTURER			ASSEMBLY	3. ELECTRONIC STAND-ALONE	490.54A 490.54b
LEAK SENSOR MANUFACTURER				MODEL #;	4771- \$(1
DETECTION OF A LEAK INTO THE UDC TRIGG UDC LEAK ALARM TRIGGERS AUTOMATIC P FAILURE / DISCONNECTION OF UDC MONITO UDC MONITORING STOPS THE FLOW OF PRO 2. UDC CONSTRUCTION IS 1. SINGLE-WAL IF OUUBLE WALLED:	RING SYSTEM TRIOC	ERS AUT	OMATIC PUMP		440.5k 490-60 490-61 490-61 490-62
A LEAK WITHIN THE SECONDARY CONTAINS	L LIQUID		PRESSURE	3. VACUUM	4751-0-12
☐ I ELD TENTING: THIS FACILITY HAS BEEN NO LEAK DETECTION (ELD) MUST BE PERFORM ☐ 2. SECONDARY CONTAINMENT COMPONENT ☐ 3. SPILL BUCKETS ARE TESTED ANNUALLY.	HEIED BY THE STAT	<u>YSTEM</u> E WATER	RESOURCES CI		
				······································	490-67
The following monitoring/maintenance records are kept for Alarm logs			PING		
Tank integrity testing results		U-682	Visual Inspection	Records	490-685
Tank gauging results (and supporting documentation re Corresion Protection 60-day logs	cords) 49		SIR testing result ATG Testing result	s (and supporting documentation records) alts (and supporting documentation records)	490-685
Convision Protection bo-day inge			requipment maint	enance and calibration records	490-685
Personnel with UST monitoring responsibilities are farm	Itar with all of the follow	vine descu	Pents relevant to th		
CICENCE COCOMINTS MAINTAINED AT F	ACILITY (Check all th	of control	nents releving to th	ieir Jon duties.	490-694
2 THIS UNDERGROUND STORAGE TANK MC	NITORING PLAN (Ro	(therein)			490-695
OPERATING MANUALS FOR ELECTRONIC CALIFORNIA UNDERGROUND STORAGE T	MONITORING EQUIP	MENT (R	equired)		490-690
CALIFORNIA UNDERGROUND STORAGE T	ANKLAW				490-094
STATE WATER RESOURCES CONTROL BO STATISTICAL INVENTORY RECONCILIATI)ard (Swrcb) Pubi DN"	ICATION	"HANDBOOK	FOR TANK OWNERS • MANUAL AND	490-69F
SWRCB PUBLICATION: "UNDERSTANDING					490-612
This facility has a "Designated US" Operator" who has	passed the California U	ST System	Operator Exam a	490	u9h, 490-691
training will include, but is not limited to, the following:	iont with the facility's b		mentance of the ():	s) systems annually, and within 30 days of	hire. This
Fine facinity employee's role with regard to the me	miloring couinment as a	perified in	this LICT Manufacture	ing Plan	4 90-7∪
 The facility employee's role with regard to spills a Names of contact person(s) for emergencies and r 	mo overtilis as specified	l in the US	1' Response Plan		
Y COM	MENTSIADDUTE	ONALI	NFORMATI	DN	
Provide additional comments here or indicate how many page	es with additional inform	ation on s	pecific monitoring	procedures are attached to this plan,	190-71
XI.	PERSONNEL RE	SPONS	IBILITIES		
The UST Owner/Operator is responsible for ensuring that: 1) this plan occurs, 2) all conditions that indicute a possible releating the follower present of the particular of the follower present of t				tenance of 1/5T leak detection equipment en	vered by
The following person(s) are responsible for performing the m NAME Muthew Bryant	onitoring and equipment	maintenui	nce:		1
-	190-72	TITLE UT	S service technitic	x)	490-73
NAME:		TITLE			490-75
The Designated Operator shall perform a monthly visual inspe- conditions that need follow-up action.	ection of the incility, pro-	vide a repo	ert to the owner/op	crator, and inform the owner/operator of any	
CERTIFICATION: Location that the information	OWNER/OPERA	TOR SI	GNATURE		
CERTIFICATION: I certify that the information prov	toeo nerein is true an	190-76	DATE:	y knowledge.	4141.76
	Authorized Bernander	- Com	12/10/2008		44(1-77
ATTLICANT NAME (print): Dun Farrow	C	190-78	APPLICANT IT Director Plan	LE: Operations	-1442- 74

IIM-9222-A-UPCF Underground Storage Tank - Monitoring Plan (08/08)

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12-10-08;20:09 ;		99402853	;	# 5/ 13
(Agency Use Only) This plan has been enviewed and:	Appmved	Approved With	Conditions	
Local Agency Signature: How	1		-, 10,08	1
V				
·····	<u></u>			
U	ST Monitoring Plan	- Page 2 Instructions		

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This Monitoring Plan must be kept at the UST location at all times. The elements of this Monitoring Plan constitute conditions of the UST Operating Permit. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that you are required to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

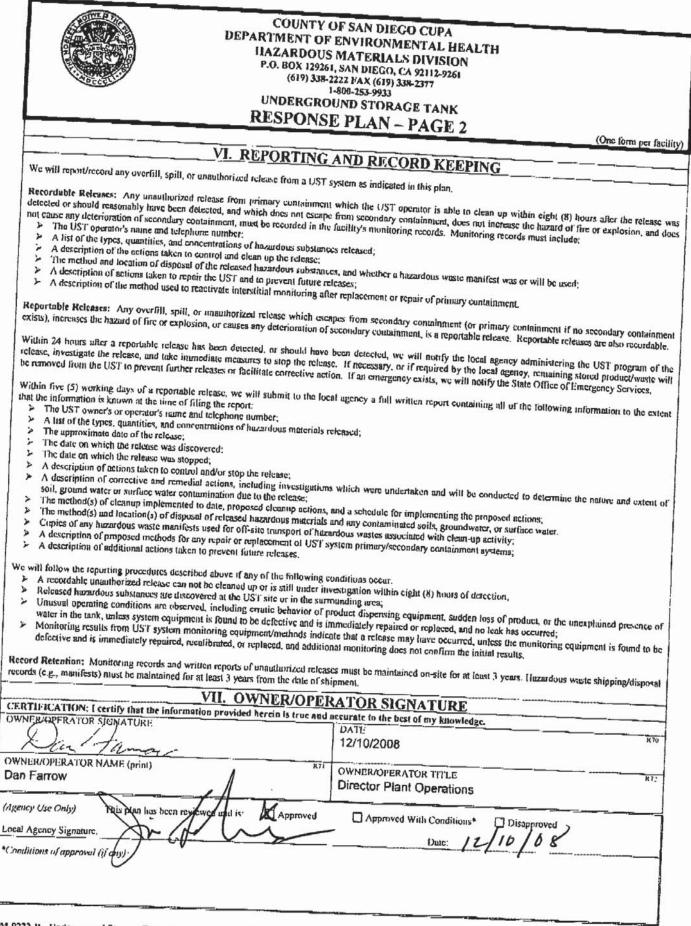
- MONITORING OF THE UNDER DISPENSER CONTAINMENT Indicate the method used for UDC monitoring. 490-548 490-546. SPECIFY - If 99 "Other" is checked, describe other method used.
 - If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.
- PANEL MANUFACTURER Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control 490-55. panel (e.g., only an electrical rolay box is installed) leave this space blank. 490 56
- MODEL # Enter the model number for the monitoring system control panel (console), if there is no control panel (e.g., only an electrical LEAK SENSOR MANUFACTURER - Enter the name of the manufacturer of the sensor(s). 490-57.
- 490-58.
- MODEL #(S) Enter the model number of the sensor(s) installed. If additional space is needed, use Section X. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No 490-59
- UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN Indicate Yes or No 490-60
- 490-61.

- FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN Indicate Yes or No UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No. 490-62
- UDC CONSTRUCTION Indicate if the construction of the UDC is single-walled, or double-walled. 490-63
- 490-64a.
- DOUBLE-WALLED INTERSTITIAL SPACE MONITORING Indicate what is used to monitor the interstitial space. 490-64b.
- LEAK WITHIN THE SECONDARY CONTAIMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS Indicate Yes or No VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) 490-65. covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located
- within 1,000 feet of a public drinking water well). TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS Check the box if you have secondary containment 490-66.
- SPILL BUCKET TESTING Check the box if you have spill buckets. 490-67
- 490-68a-h.
- VIII RECORDKEEPING Indicate which monitoring and equipment maintenance records are maintained for this facility. IX TRAINING STATEMENT - Check the box to verify that the statement is true. 490-69a
- REFERENCE DOCUMENTS MAINTAINED AT FACILITY Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility. MONITORING PLAN - Indicate that this plan is kept as a reference document. 490-695.
- 490-69c.
- OPERATING MANUALS FOR ELECTRONIC EQUIPMENT Indicate that this plan is kept as a reference document. 490-694. CA UST REGULATIONS - Indicate that this is kept as a reference document.
- CA UST LAW Indicate that this is kept as a reference document. 490-69e.
- 490-69f.
- STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION "HANDBOOK FOR TANK OWNERS MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document
- 490-699.
- SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" Indicate that this is kept as a reference 490-69h. OTHER - Indicate that other reference documents are kept.
- 490-691.
- SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, 490-70.
- DESIGNATED OPERATOR TRAINING Check this box to verify that this statement is true. 490-71.
- COMMENTS/ADDITIONAL INFORMATION Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system. 490-72.
- NAME Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
- TITLE Enter the title of the person. 490-73.
- NAME Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this 490-74. plan.
- 490-75 TITLE - Enter the title of the second person.
- OWNER/OPERATOR SIGNATURE The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
- REPRESENTING Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or 490-76. an authorized representative of the owner.
- 490-77 DATE - Enter the date the plan was signed.
- APPLICANT NAME Print or type the name of the person signing the plan. 490-78.
- APPLICANT TITLE Enter the title of the person signing the plan. 490-79.

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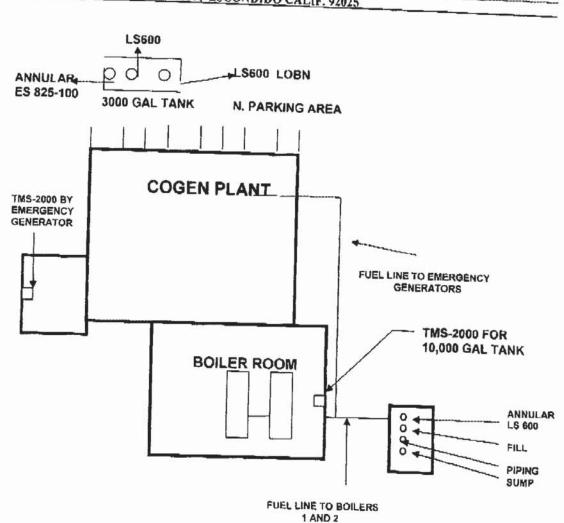
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TYPE OF ACTION	1. NEW PLAN						-	_	((Jac Iom	n per fac	
FACILITY ID # Literici	Use Only	I. FACILIT	Y INFORM	ATION								R01
						0	0		TT		T T	
Palomar Medical C	Cantor	DHA - Doing Business As	*)	<u> </u>		-1					1	Ruz
BUSINESS SITE ADDRI	ess				····.							
555 East Valley Pa	rkway			1 cm		1994 8 79 1		R		21	PCODE	Rus
101	11. SP	LL CONTROL	AND CLEAR	Esc	ondic	o					2025-	
hazardmis material. If that it is non-hazardous rainbow colors. Water (We will review seconda 1. Hazardous material 2. Secondary containin 3. Hazardous material released product/wa PERIODIC MAINTENAN coupment is inspected at less	the water is contaminated, it If the water has a petrolec (hazardous or non-hazardou ry containment systems for in contact with secondary of nent is prone to damage fror nent is prone to damage fror , other than the product/w stc. and the added insterial III. SPIL ICC: Spill control and clear st monthly, and after each u	will be managed as haza, am sheen (i.e., rainbow co s) from sumps, spill conta possible deterioration if a containment is not compati m any equipment used to r aste stored in the primary or resulting material from L CONTROL AN IL CONTROL AN	dary containment rdoux wuste unless lurs), it is contami ihers, etc. will not ny of the following ble with the mater emove or clean up containment sys such a combination DCLEAN-I manently on-site i	systems, or a waste de nated. A ti be dispose s condition; isl used for hazardous tern, is pla n is not con JP EQU s listed in	ar from clernin hick fle d to ste s occur t secon materi ced ing mpath JIPM the fac	dary c al coll side si le with EN cility's	n-up a in acco petrole atter system contain lected conda h secon T	nctivity, ordance cum lay stems, ment; in secon uy con adary co rdary co	has been with 22 yer may ndary co taiturent ontainm	en in co 2 CCR § not nece mainme t to treat	entact wi 66262,1 essarily (ent; it or neu	ith any I finds display
EQUIPMENT	IANENTLY ON-SITE, BI	THE THE TOR L	SE IF NEEDED:	(Complet	e only	ifapp	licable	:)	eu as ng	ccasary.		
the second se		- ALLON			AV	ATLA	ABILI	TY				
		Flant Fa	cility	·	0	n	51	€ <u>+</u> €				R30
												R31
······································				K22								RJ2
				I(2)								RJ3
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				1125				·				R35
THE FOLLOWING PERSO	DN(S) IS/ARE RESPONSE	IV. RESPONS	BLE PERSO	ONS								
THE FOLLOWING PERSO		R40	TITLE	NECESS	ARY	UNDE	RTH	IS RES	SPONSE	E PLAN	1:	
Dan Farrow			Dire	ctor Pla	nt O	pera	tions					KS0
Steve Fox		R41	TITLE						•			R51
AME Darrell Roe		K12	TULE	ager Pl			ations	<u>s </u>				RS2
AME		Rei	Lea	d Plant (Opera	ator						
												R3.1
MONITORING INDICATE		V. MONITORIN			-		_					
MONITORING INDICATE Additional system testing o lant Operator will investing will be conducted	estigate alarm Desi	ionated LIST Ones		tor equipn	area a	16 11 10	OF LOBA	A. G.A.				R60



UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Site Name_____PALOMAR MEDICAL CENTER______ Permit No.______ Permit No.______ Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Permit #: State ID:	114230 37-000-114230	14230				Operating Permit Issued on Operating Permit Expires on: Reference Number:	12/12/2008 12/11/2013 1058
				San	San Diego County		
			Dep	artment	Department of Environmental Health	Health	
			UNDEF	RGROUND S	UNDERGROUND STORAGE TANK OPERATING PERMIT	G PERMIT	
UST Facilit	v Name: PA	LOMAR MEI	UST Facility Name: PALOMAR MEDICAL CENTER	Si	Site Address: 555 E VALLEY PY, ESCONDIDO, 92025-3048	, ESCONDIDO, 92025-3048	
Tank Owne Tank Opers	Tank Owner's Name: P. Tank Operator's Name	PALOMAR PC	Tank Owner's Name: PALOMAR POMERADO HOSPITAL Tank Operator's Name PALOMAR MEDICAL CENTER	PITAL DI ER	*Coo rovarca cida for nor	*Coo roverce cide for normit conditions and rominements	
Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative	ive	
1 . 23489	10000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCTI	DW TANK DW SUCTION AND/ OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL	RATITIAL MONITORS:
2 . 23490	3000	Motor Vehicle Fuel	DOUBLE	DIESEL	DW TANK DW SUCTI INTERSTITIAL	DW TANK DW SUCTION AND/ OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL	STITIAL MONITORS:
Total	Number of (Derating Pe	Total Number of Operating Permitted Tanks:	2			
Total I	Number of (Dperating Pe	rmitted Tanks:	0			
Total I	Number of (Derating Pe	rmitted Tanks:	7			
Total I	Number of (Dperating Pe	rmitted Tanks:	0			
Total I	Number of (Dperating Pe	rmitted Tanks:	N		·	
Total I	Number of 0	Dperating Pe	rmitted Tanks:	N			
Total I	Number of 0	Dperating Pe	rmitted Tanks:	N		·	
Total I	Number of 0	Derating Pe	rmitted Tanks:	N			

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SEI	P-21-2007 16:09 PPH HEALTHSOURCE 2 ENTERED OCI 02 2007
	For Palomar Pomerado Health Corp. Office: 15255 Innovation Drive 114230 San Diego, CA 92128
`.	REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE
	Name of establishment where waste is generated: Address:
	MEDICAL WASTE INFORMATION 1 Description of medical waste to be transported. Check all that apply: I Sharps I Culture plates I Other I Other 2 Quantity of Medical Waste generated weekly: $\leq 2D$ lbs.
	TRANSPORTATION INFORMATION 3 Quantity of Medical Waste transported at any one time: 4 20 lbs. 4 Address where medical waste is transported to: 15615 15615 100021000 Street Number Street Name 5 Unified Program Facility Permit number where medical waste is transported to: HK07-114230
	6 Is Medical Waste Mgmt. Plan or equivalent documentation available on file in the generator's office? If Yes □ No 7 List each employee who will be transporting the medical waste: <u>Nany Upalson</u> <u>Cathy Blazek</u> <u>Kathy Pion</u> <u>Debra Schmuttermair</u> <u>Christine Gleason</u> <u>Kay Kimball</u> (Attach a separate sheet with additional names if necessary)
	CERTIFICATION I am aware that I must maintain a property completed entry log when transporting medical waste for treatment or disposal. I am requesting a Limited Quantity Hauling Exemption to transport medical waste. All medical waste will be handled and disposed of as required in the Medical Waste Management Act. NOTE: Fee is no longer required with this application. Fees will be added to your Unified Program Facility Permit billing/renewal invoice. PRINT NAME: May CDALSON TITLE: HAITH Education Special is f SIGNATURE: May COALSON DATE: 9/2/107
	Image: Second
	HM-9156 (08/04) Department of Environmental Health-Hazardous Materials Division 3

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TOTAL P.02

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ATIVE IS PA		C ENTI	CRED OUT 2 3 2001 Cm
BUSINESS NAME	COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT	PAGE EST. NO. DATE TIME START BUS. CODE SPECIALIST	<u>1 of 6</u> <u>114230</u> <u>09/19/2007</u> <u>11:00 am</u> END <u>K65</u> Michelle Chairs
ADDRESS CITY/ZIP	<u>555 E Valley Py</u> <u>Escondido, CA 92025</u>	CONTACT TITLE PHONE	Dan Farrow <u>Plant Operations Director</u> <u>760-739-3000</u>

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HCS) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

- Y N/A
- ☑ □ Unified Program Facility Permit current and available
- 🗹 🗆 Hazardous Materials Business Plan available
- ☑ □ Employee Training is adequate
- ☑ □ Waste disposal records available for review
- ☑ □ Emergency contacts current ☑ Updated today
- ☑ □ Chemical inventory current □ Updated today
- Y N/A Permit Expires on: 9/ 30/08
- 🗹 🗆 Contingency Plan available
- □ ☑ Employee Training records available

ENTEDED OCT 2 9 2007

- ☑ □ Waste containers kept closed
- ☑ □ Waste containers kept labeled
- \square Waste containers in good condition

□ All violations noted on this compliance inspection report were corrected during this inspection.

Routine Inspection was performed with Dan Farrow - Plant Operations Director. Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection. UST OP PERMIT EXPIRES: 12/12/2008.

Applicable Violation Checklists and Return to Compliance form is attached.

Notice To Comply

RECEIVED OCT 0 2 2007

OBSERVATION - Financial assurance not available. <u>VIOLATION 3105</u> - Documentation showing evidence of financial responsibility is not available. HSC 25292.2 **NOTICE TO COMPLY -** Submit, within 30 days to my attention, documents showing evidence of financial responsibility.

OBSERVATION - Designated operator monthly inspection reports not available for 8/06, 9/06, 7/07, & 8/07.

VIOLATION 3192 - Designated operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715(c)(d)(e) NOTICE TO COMPLY - Complete forms each month per instructions (for each sump, tank, and dispenser by designated operator for facility. Submit to my attention

within 30 days.

Emailed to facility on 9/25/07

1 1

Dan Farrow

Signature of Business Representative

Date Signed

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



Escondido, CA 92025

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E Valley Py

CITY/ZIP

PAGE 2 of 6 EST. NO. 114230 DATE 09/19/2007 TIME START 11:00 am END BUS. CODE K65 SPECIALIST Michelle Chairs CONTACT Dan Farrow TITLE **Plant Operations Director** PHONE 760-739-3000

OBSERVATION - Copies of manifests signed by the TSDF are not available for the manifest dated 2/07/07.

<u>VIOLATION 0138</u> - Generator has not maintained the required signed copy of the hazardous waste manifest from the TSD facility on site for review. CCR 66262.40 NOTICE TO COMPLY - Maintain copies of the completed manifest on file for at least 3 years.

OBSERVATION - Red bags (ER) and sharps container (morgue) storing medical waste without generator identification labeling. <u>VIOLATION 4209</u> - Containers storing medical waste are not properly labeled as required. 68.1205 **NOTICE TO COMPLY** - Immediately label red bags and sharps containers in-use with facility name, address and phone number.

OBSERVATION - Overfilled red bags (lab countertops) not tied off. <u>VIOLATION 4211</u> - Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280 **NOTICE TO COMPLY** - Tie off red bags to prevent leakage/expulsion of contents during handling and storage.

OBSERVATION - Medical Waste Management Plan not submitted to HMD. <u>VIOLATION 4351</u> - Medical Waste Management Plan not submitted to HMD (initial/updates). 117950, 117960, 117970 **NOTICE TO COMPLY** - Provide a copy of a Medical Waste Management Plan to the address below within 30 days.

OBSERVATION - Chemo waste container did not have proper labels VIOLATION 4402 - Chemo waste container not properly labeled. 118275 NOTICE TO COMPLY - Label Chemo waste immediately.

OBSERVATION - Pharmwaste waste storage for greater than 90 days (3rd flr. Med. Rm.) dated 3/06.-<u>VIOLATION 4423</u> - Pharmwaste waste storage for greater than 90 days. 118340 **NOTICE TO COMPLY** - Immediately collect Pharmwaste waste for proper disposal.

Within 30 days, complete the Corrective Action Form provided, with corrective actions taken to resolve the items noted above, attach any requested documentation and submit to my attention.

Emailed to facility on 9/25/07	1 1	Dan Farrow
Signature of Business Representative	Date Signed	Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

НМ-924-е (11/03)



COMPLIANCE INSPECTION REPORT

BUSINESS NAME	Palomar Medical Center
ADDRESS	555 E Valley Py

ADDRESS CITY/ZIP

Escondido, CA 92025

PAGE	<u>3 of 6</u>
EST. NO.	114230
DATE	09/19/2007
TIME START	11:00 am END
BUS. CODE	<u>K65</u>
SPECIALIST	Michelle Chairs
CONTACT	Dan Farrow
TITLE	Plant Operations Director
PHONE	760-739-3000

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 Carmel Street PHONE (760)940-2854 SAN MARCOS, CA 92078 FAX (760)940-2853

I This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency	
contacts, emergency response plan, and employee training plan) is current and includes all the information	
required in the H&SC and is maintained at the site where hazardous materials are stored.	Initials of Business Representative

Emailed to facility on 9/25/07

/ /

Dan Farrow

Signature of Business Representative

Date Signed

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COMPLIANCE INSPECTION REPORT

PERMIT#: 114230

DATE: 09/19/07

PAGE: 4 OF 6

BUSINESS ADDRESS:

ZIP: VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

	VIOLATION DESCRIPTION				VIOLATION DESCRIPTION		
Viol #	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment	3115	
2.5	All permit operating conditions not met. 25284; 2712	3158			components not completed. 25284.1, 25291(a)(2); 2637		
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	Current evidence of financial responsibility not				Monitoring Cert. not submitted to CUPA w/l 30 days. 2638(d)	3161	
1	available. 25292.2(a), 25299.33; 2809	3105	1		Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/completed/ submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191		2	Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite.2715 (c)(d)(e)	3192	

UST SYSTEM INSPECTION Requirements applicable for both, single & double walled systems	-	NK #				
# VIOLATION DESCRIPTION	NOV	VIOL	V	v	V	V
Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				1
Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
Secondary containment system components not liquid free. 2631(d)(4)		3257				
Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259			1	1
Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263	1			1
Spill containment not tested annually. 25284.2		3264				
UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION		. 1		1		
System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302	1		1	I
Emailed to facility on 9/25/07 / /	T '4	<u></u>	I	Dan Fai	rrow	

Signature of Business Representative DEH:HM-928 (Revised 06/05) NCR

igned Title of Business Representative DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS Date Signed



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT # 114230

DATE 09/19/2007

PAGE 5 OF 6

BUSINESS ADDRESS:

ZIP: VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of R egulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

	HAZA	ARDOUS MATERIALS REQUIREMENTS	J	HAZWA	STE REQUIREMENTS FOR LQGs & SQGs
Viol	v	VIOLATION DESCRIPTION	Viol	v	VIOLATION DESCRIPTION
#		VIOLATION DESCRIPTION		2	SE AND HANDLING
		UPF permit not obtained for hazardous materials. 68.905			Failed to label hazardous materials within 10 days or less.
	□ 1002	HMBP not established/implemented. 25503.5(a)		0216	25124(b)(3)(A) & 66262.34(f)
		HMBP not submitted to HMD. 25505(a)		0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<u> </u>	□ 1005	Emergency contact not provided or current. 25509(a)(7) Highly toxic gas (TLV≤10 ppm) not	\vdash	-	Failed to label &/or close drained Dused oil filters &/or D used
	D 1007	disclosed.68.1113(b)		0218	fuel filters. 25250.22 and 66266.130(c)(3)
	□ 1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)		0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	□ 1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)		0220	Spent lead acid batteries not properly managed. 66266.81
	1010	Did not report release or threatened release. 25507(a), CCR 2703		0220	Failed to comply with satellite regulations. 66262.34(e)
	0 1013	Copy of HMBP not onsite for inspector's review. 25505(e)		0222	Failed to properly label ERM. 25143.9(a)
	1014	HMBP is incomplete/inadequate/not amended to reflect changes.			Failed to properly manage non-empty container or inner liner
		25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729 Did not have adequate employee training program 2732 &/or 25504			removed from a container. 66261.7 (b), (d) &/or (r)
	0 1015	(c)		0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).
	0 1016	Failure to have an adequate emergency response plan 25504 (b); 2731	L		and of manage it within one year. 00201.7(c) & (i).
	D 1017	Business Plan not certified annually. 25505(d) & (e)(2)	н	AZWAS	STE REQUIREMENTS FOR SOGS ONLY
	0 1018	Inventory not amended for 100% increase of hazardous material		estas e un com State an ostas estas	n na hannan kan kan a baharan sa kan kan kan kan kan kan kan kan kan ka
L]	onsite or inventory is incomplete. 25509, 25510		STORAC	GE AND HANDLING-Pursuant to 66262.34(d)
HA	ZWAST	TE REQUIREMENTS FOR LOGs & SOGs		0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
		DKEEPING		0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905		0227	Failed to properly label/date hazardous waste container &/or
	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)		Service and the service of the servi	tank. 66262.34(f) Failed to keep container closed. CFR 265.173
	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)			Failed to conduct weekly inspections. CFR 265.174
	0134			the second s	Failed to maintain aisle space. CFR 265.35
	0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)		0230	Failed to properly separate incompatible wastes. CFR 265.177
	0136		-		Waste accumulated in a container in poor condition. CFR 265.171
	0137		-	and the second s	Failed to use a lined/compatible container. CFR 265.172.
3	☑ 0138			-	Did not maintain &/or operate facility to prevent release or fire.
<u> </u>	0140			0234	CFR 265.31
	0141	Failed to obtain approval for TSDF. 25201(a)			
	0142				NG, CONTINGENCY PLAN & ER PROCEDURES
	0145	그 것 같은 것 같아요. 이렇게 많은 것이 가지 않는 것 같이 가지 않는 것이 가지 않는 것 같아요. 아이들 것 같아요.		1	to 66262.34(d)(2)
-	1	Failed to have adequate records demonstrating claim of exemption for		(1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	Employee training program not adequate. CFR 262.34(d)(5)(iii)
	0146	Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)		1	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	0147	Failed to keep universal waste record for 3 years for offsite		0409	Spill/fire control equip not available. CFR 265.32(c)
		shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2) Failed to keep copies of analytical results, waste analysis records,		0410	Failed to equip facility with internal communication or alarm. CFR $265.32(a) \& (b)$
	0148	or waste determination results. (3 years) 66262.40(c)		0411	Failed to carry out contingency plan during an emergency.
	0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)			CFR 262.34(d)(5)(iv) Failed to have an emergency coordinator on call or available
		filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)		0412	during emergency. CFR 262.34(d)(5)(i)
	DISPOS	SAL AND TRANSPORTATION		- 1111-yang tersebut	
		Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)		HAZARI	OOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)
		Unlawful transportation of hazardous waste (HW). 25163(a)		□ 1612	Hazardous waste improperly stored in a tank system that □leaks, □ is corroded, or □failing. CFR 265.201(b)(2)

Did not use HW manifest for disposal.66262.20(a), 25160.2(b)9

Failed to make a proper waste determination. 66262.11 &

Disposal of universal waste to an unauthorized point.

Impermissible dilution of hazardous waste. 66268.3(a)

25189.5(a); SQH:66273.11(a); LQH 66273.31(a)

Disposed of latex paint illegally. 25217.1

Disposed of used oil illegally. 25250.5(a) and 25189.5(a)

FOR LQGs & SQGs

TITLE OF BUSINESS REPRESENTATIVE

Failed to comply with tank standards which include: two feet of

Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3

Failed to safely manage incompatible waste in a tank.

freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)

Failed to safely accumulate ignitable or reactive waste in a tank.

Dan Farrow

0303

0304

0305

0306

0307

0308 66260.200(c)

Emailed to facility on 9/25/07

SIGNATURE OF BUSINESS REPRESENTATIVE

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

CFR 265.201(e)

CFR 265.201(f)

DATE SIGNED



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS **COMPLIANCE INSPECTION REPORT**

PERMIT	#	114230				
		6 - C				

DATE 09/19/2007 PAGE 6 OF 6

ZIP:

BUSINESS ADDRESS:

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

STORAGE AND LABELING

Viol #		VIOL	VIOLATION DESCRIPTION
		V4201	UPF Permit not obtained. 117705, 68.905
		V4202	Medical Waste (MW) not separated from other waste at point of origin. 118275
		V4203	Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
		V4204	MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
		V4205	Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
		V4206	Spill of MW not properly cleaned up. 118300
		V4207	Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
		V4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)
ŧ	⊠	V4209	Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205
		V4210	MW not stored in approved and properly marked red bags. 118275
5	Ø	V4211	Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
		V4212	Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
		V4213	Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)
		V4214	Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
		V4215	Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
		V4306	Full sharps container stored >30 days at >0°C. 118285(c)
		V4307	Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
		V4308	Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
		V4219	MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 ft. 118307, 118310
		V4220	MW Interim storage area not properly secured. 118307
	TDP	THENT	AND DISDOCAL

TREATMENT AND DISPOSAL

	V4251	MW treated by unapproved method/procedure. 118215
	V4252	Standardized written operating procedures for steam sterilization not available. 118215(2)(A)
	V4253	Recording thermometer not calibrated annually. 118215(2)(B)
	V4254	No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	V4255	Heat-sensitive tape/other approved method not used for <u>each</u> load treated onsite. 118215(2)(C)
	V4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	V4257	Onsite steam sterilization did not reach 121°C/250 °F for 30 minutes. 118215(2)(B)
100	V4258	Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215(2)(E)
	V4259	Disposal of untreated MW to an unauthorized point. 118340

	TR	ANSPOR	TATION REQUIREMENTS
Viol #	Ì	VIOL	VIOLATION DESCRIPTION
		V4260	Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025
		V4304	No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118025, 118030(a)(1)
		V4305	LQHE not renewed annually as required. 118030(b)
		V4311	Medical Waste tracking documents not in vehicle transporting MW. 118040(c)
		V4312	MW tracking documents/logs not maintained for 3 years for LQHE. 118040(a)
	<u>SMA</u>	LL OTY.	GENERATORS ONLY (<200 lbs/mo) MW)
		V4301	Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
		V4302	Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)
		V4303	Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945(b)
		V4309	MWMP or equivalent information not onsite. 117945
			FOR LARGE QUANTITY GENERATORS ONLY ste generated per month)
6	⊠	V4351	MWMP not submitted to HMD (initial/updates). 117960, 117970
		V4352	Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
] 🗆	V4353	Did not retain on file disposal receipts/tracking docu- ments for at least 3yrs. for waste shipped offsite. 117975
	<u> </u>	HOLOGY	, CHEMOTHERAPY, PH <u>ARMAC. & HAZ. WASTE</u>
		V4401	Chemo waste not segregated from other MW. 118275(e)
7		V4401 V4402	Chemo waste container not properly labeled. 118275(e)
<u> </u>		V4402 V4403	Illegal disposal of chemo waste. 118340
		V4403	Pathology waste not segregated from other MW. 118275(f)
		· V4412	Pathology waste container not properly labeled. 118275(f)
		V4413	Illegal disposal of pathology waste. 118340
		V4421	Pharmwaste not segregated from other MW. 118275(g)
		V4422	Pharmwaste not properly labeled. 118275(g)

Pharmwaste stored >90 days when container full, or stored V4423

- longer than one year (max. allowable time). 118280(e) Illegal disposal of pharmwaste. 118340, 118222(b) V4432
- Illegal disposal of photo/hazwaste to sewer/trash. 25189.5 V4441

ONSITE MW TREATMENT FACILITY REQUIREMENTS

V4501	Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
V4502	Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
V4503	Condition(s) of the MW treatmt. permit violated. 65623

Emailed to facility on 9/25/07

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

8

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Dan Farrow

	COUNTY OF SAN DIEGO COMPEIANCE INSPECTION REPORT	PAGE EST. NO. DATE TIME START	<u>1 of 4</u> <u>114230</u> <u>09/19/2007</u> <u>11:00 am</u> END
BUSINESS NAME	Palomar Medical Center	BUS. CODE SPECIALIST	K65 Michelle Chairs
ADDRESS	<u>555 E Valley Py</u>	CONTACT TITLE	Dan Ferrell Farrow Facility Manager
CITY/ZIP	Escondido, CA 92025	PHONE	<u>760-739-3000</u>

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HCS) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE:	Re-inspection	fees will be ch	arged if ad	ditional in	spections a	re required t	to determine	compliance.

NOTE: Re-inspection fees will be charged if additional inspection	s are required to determine compliance.	
Y N/A	Y N/A	
🗹 🗋 Unified Program Facility Permit current and available	Permit Expires on: 9/ 30/08	
🕫 🗆 Hazardous Materials Business Plan available	🗹 🗆 Contingency Plan available	
🗹 🗆 Employee Training is adequate	Employee Training records available	
☐ □ Waste disposal records available for review	I Waste containers kept closed	
T Emergency contacts current D Updated today		

Chemical inventory current
Updated today

□ All violations noted on this compliance inspection report were corrected during this inspection.

Famow Routine Inspection was performed with Dan Ferrell - Facility Mgr. Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection. UST OP PERMIT EXPIRES: 12/12/2008.

Applicable Violation Checklists and Return to Compliance form (if needed) will be provided at the end of inspection.

A follow-up Compliance Inspection Report (if needed) detailing applicable violations and corrective action recommendations will be forwarded to business.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 Carmel Street PHONE (760)940-2854 SAN MARCOS, CA 92078 FAX (760)940-2853

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Signature of Business Representative

11912007

Director Plant OPS

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

HM-924-e (11/03)



COUNTY OF SAN DIEGO

PERMIT#:	2	1142	130	
DATE:	09	1 19	107	
PAGE:	2	_OF	4	

COMPLIANCE INSPECTION REPORT

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

	VIOLATION DESCRIPTION				VIOLATION DESCRIPTION		
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101		25000	Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68 1003	3102		-	Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment	3115	
	All permit operating conditions not met 25284; 2712	3158			components not completed. 25284.1, 25291(a)(2); 2637	0110	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
1	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105	V	f	Monitoring Certification not submitted to CUPA within 30 days of inspection. 2638(d)	3161	
	Owner/operator agreement not available/ completed/submitted to HMD. 25284(a)(3); 2620(b)	3106			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Monitoring procedures not available/completed/ submitted to HMD.2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for ATG and/or sensors not completed. 2641(j), 2638	3110			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for continuous monitoring system not completed. 25284.1(a)(4)(C); 2630(d), 2638	3116			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191		2	Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite.2715 (c)(d)(e)	3192	2

	UST SYSTEM INSPECTION	TA	NK#			1	
1	Requirements applicable for both, single & double walled systems	PRO	DUCT				
#	VIOLATION DESCRIPTION	NOV	VIOL	v	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
_	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 2691(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259			1	
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267			1	
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264	1			
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265	1			
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268	1		1	
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CAT	THODIC PROTECTION						
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLC	DSURE REQUIREMENTS						
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

(1)0000

Signature of Business Representative

19 12007 Date Signed 9

Dre Plat Ops Title of Business Representative

DEH:HM-928 (Revised 03/05) NCR

DISTRIBUTION: WHITE-RETURN TO HMD; YELLOW-BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT Small and Large Quantity Generators of Hazardous Waste Handlers of Hazardous Materials

PERMIT #_	114230	
DATE 09	19,07	
page <u>3</u>	of <u>4</u>	

 BUSINESS ADDRESS:
 ZIP:

 VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of R egulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG): Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR).

 All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol	1	v	VIOLATION DESCRIPTION
		1001	UPF permit not obtained for hazardous materials. 68.905
		1002	HMBP not established/implemented. 25503.5(a)
		1004	HMBP not submitted to HMD. 25505(a)
		1005	Emergency contact not provided or current. 25509(a)(7)
		1007	Highly toxic gas (TLV≤10 ppm) not disclosed.68.1113(b)
		1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
		1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
		1010	Did not report release or threatened release. 25507(a), CCR 2703
		1013	Copy of HMBP not onsite for inspector's review. 25505(e)
		1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
		1015	Did not have adaquate amploune training program 2722 &/or 2550/
		1016	Failure to have an adequate emergency response plan 25504 (b); 2731
		1017	Business Plan not certified annually. 25505(d) & (e)(2)
		1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete, 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORD	KEEPING	
0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905	
0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)	
0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)	
0134	Failed to file Exception Report with DTSC. 66262.42	
0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)	
0136	Did not have records of battery disposal. 66266.81(a)(4)(B)	
0137	Failed to complete manifest properly. 66262.23(a)	
3 🛛 0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)	
0140	Failed to have LDR documentation onsite. 66268.7(a)(8)	
0141	Failed to obtain approval for TSDF. 25201(a)	-
0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)	TH Pu
0145	ERM reporting not submitted biennially &/or available. 25143.10	
0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)	
0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)	
0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)	
0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)	
DISPOS	AL AND TRANSPORTATION	
0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)	<u> </u>
0302	Unlawful transportation of hazardous waste (HW). 25163(a)	
0303	Did not use HW manifest for disposal.66262.20(a), 25160.2(b)9	
0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)	
0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)	
0306	Disposed of latex paint illegally. 25217.1	
0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)	
0308	Impermissible dilution of hazardous waste. 66268.3(a)	
Lau	parton 9	1/9/2
SIGNATURE	OF BUSINESS REPRESENTATIVE	ATÉ SIGNED

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viel	l v	VIOLATION DESCRIPTION
*		E AND HANDLING
	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	0218	Failed to label &/or close drained □used oil filters &/or □ used fuel filters. 25250.22 and 66266.130(c)(3)
	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	0220	Spent lead acid batteries not properly managed. 66266.81
	0221	Failed to comply with satellite regulations. 66262.34(e)
	0222	Failed to properly label ERM. 25143.9(a)
	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
	0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

	0225	Accumulated waste too long (>180 or 270 days). 66262.34(d). CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
	0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
	0227	Failed to properly label/date hazardous waste container &/or tank, 66262.34(f)
	0228	Failed to keep container closed. CFR 265.173
	0229	Failed to conduct weekly inspections. CFR 265.174
	0230	Failed to maintain aisle space. CFR 265.35
	0231	Failed to properly separate incompatible wastes. CFR 265.177
 -	0232	Waste accumulated in a container in poor condition. CFR 265.171
	0233	Failed to use a lined/compatible container. CFR 265.172.
	0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

 Pursuan	t to 66262.34(d)(2)
0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
0409	Spill/fire control equip not available. CFR 265.32(c)
0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
 0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

1	HAZAR	DOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)
	1612	Hazardous waste improperly stored in a tank system that leaks. is corroded, or failing. CFR 265.201(b)(2)
ſ	1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	□ 1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)
19	200	Director of Plat OFS TITLE OF BUSINESS REPRESENTATIVE
SIGNE	D	TITLE OF BUSINESS REPRESENTATIVE

SIGNATURE OF BUSINESS REPRESENTATIVE HM-923 (02/06) NCR

DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261





County of San Diego

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

Permit #	i	١	4	2	3	0		
Employee #								
Date	0	9	1	۱	٩	/	D	7

Zip Code

Business Address

5

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; County Code of Regulatory Ordinances Sections 68.1201 et. al.; and California Code of Regulations, Title 22 Sections 65600 et. al. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

Storage And Labeling

Storage And Labeling					Transportation Requirements				
	Violatio	- · · · · · · · · · · · · · · · · · · ·		Violatio					
		UPF Permit not obtained. 117705, 68.905		V4260	Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025				
	V4202	Medical Waste (MW) not separated from other waste at point of origin. 118275		V4304	No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118030, 118025				
	V4203	Enclosure or designated accumulation area for MW containers not secured. 118310		V4305	LQHE not renewed annually as required. 118030				
	V4204	MW storage area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310		V4311	Medical Waste tracking documents not in vehicle transporting MW. 118040				
	V4205	Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211		V4312	MW tracking documents/logs not maintained for 3 years for LQHE. 118040				
	V4206	Spill of MW not properly cleaned up. 118300			ntity Generators Only (<200 lbs/mo MW)				
	V4207	Sharps not stored in approved and properly marked sharps container. 118275		V4301	Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935				
	V4208	Full sharps container not taped, closed or tightly lidded to preclude loss of contents, 118285		V4302	Did not maintain or show proof of "onsite" medical waste treatment				
Ø	V4209	Red bags/sharps container not labeled with generator's name, address and phone number. 68.1205, 68.1206	_		records for 3 years. 118215, 117943 Did not retain on file disposal receipts/tracking documents for waste				
	V4210	MW not stored in approved and properly marked red bags. 118275		V4303	shipped offsite for 2 years. 117945				
ø	V4211	Red bags not tied off to prevent leakage/expulsion of contents		<u>V4309</u>	MWMP or equivalent information not onsite. 117945				
_		during handling and storage. 118280 Red bags not containerized in rigid, leak resistant and covered			Intity Generators Only (>=200 lbs/mo MW) MWMP not submitted to HMD (initial/updates). 117950, 117960,				
	V4212	containers or bins. 118280 Waste container/bin not labeled on the lid and side so as to be	x D	V4351	117970 Records of MW treatment not available for 3 years. 118215,				
	V4213	clearly visible. 118280	_	V4352	117975 Did not retain on file disposal receipts/tracking documents for at				
	V4214	Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305			least 3 years for waste shipped offsite. 117975				
	V4215	Frozen (0C/32°F) MW stored > 90 days. 118280	<u>Pa</u>	thology,	Chemotherapy, Pharmac & Hazardous Waste				
	V4306	Full sharps container stored > 7 days at room temp. 118285		V4401	Cherno waste not segregated from other MW. 118275				
	V4307	Red bag waste stored > 7 days at room temperature (for generators of > 20 lbs/month). 118280		V4402	Chemo waste container not properly labeled. 118275				
	V4308	Red bag waste stored > 30 days at room temperature (for		V4403	Illegal disposal of chemo waste. 118340				
Tre		generators of < 20 lbs/month). 118280 and Disposal		V4411	Pathology waste not segregated from other MW. 118275				
	V4251	MW treated by unapproved method/procedure. 118215		V4412	Pathology waste container not properly labeled. 118275				
	V4252	Standardized written operating procedures for steam sterilization		V4413	Illegal disposal of pathology waste. 118340				
	V4252 V4253	not available. 118215		V4421	Pharmwaste not segregated from other MW. 118275 (g)				
_		Recording thermometer not calibrated annually. 118215 No records of thermometer calibration checks onsite for at least the		V4422	Pharmwaste not properly labeled. 118275(g)				
	V4254	past 3 years. 118215			Pharmwaste stored > 90 days. (>= 10 lbs/yr). 118280(e)				
	V4255	Heat-sensitive tape/other approved method not used for <u>each</u> load treated onsite. 118215			VSQG of pharmwaste (<10 lb/yr) stored > 1 yr. 118280(e)				
	V4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215		V4432	Illegal disposal of pharmaceutical waste. 118340, 118222				
	V4257	Onsite Steam Sterilization did not reach 121° C/250° F for 30 minutes. 118215		V4441	Illegal disposal of photo/hazwaste to sewer/trash. 25189.5				
	V4258	Treatment records/logs of dates, time and temperature not			V Treatment Facility Requirements Onsite MW treatment to permit not obtained/renewed. 117950,				
		available for 3 years. 118215		V4501	118130. 118115. 65620/65623				
	V4259	Disposal of untreated MW to an unauthorized point. 118340		V4502	Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180				
	/	γ		V4503	Condition(s) of the MW treatment permit violated. 65623				
	$-\lambda$	halk tom	(09 /	19/07 DEH:HM-9255(05/05)				
	Signature	of Business Representative	Da	ate Signed					
	B	eater Plant ofs	D,	age	<u>4</u> of <u>4</u> <u>21313</u>				
	Title of B	usiness Representative	10	·5·					

COUNTY FSAN DIEGO	PAGE	
COMPLIANCE INSPECTION REPORT	EST. NO. DATE	<u>1 of 2</u> <u>114230</u> 08/30/2006
BUSINESS NAME Palomar Medical Center ADDRESS 555 E Valley Py CITY/ZIP Escondido, CA_92025	TIME START BUS. CODE SPECIALIST CONTACT TITLE PHONE	10:00 am END 5 200 pm K65 Michelle Chairs JamieWhiteman Facility Manager 760-739-3000

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HCS) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance ECEIVED SEP 0 5 2006

Routine Inspection was performed with Jamie Whiteman - Facility Mgr. Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection. Copy of current financial assurance coverage for USTs was provided during inspection.

Drop tube for interstitial space sensor was replaced on 10,000 gallon UST on 2/22/06 and integrity/SB989 secondary containment testing results were not available on site or submitted to HMD.

OBSERVATION - Secondary containment testing documentation not submitted to HMD. <u>VIOLATION 3113</u> - Secondary containment testing has not been submitted to HMD within 30 days of testing. 2637(a)(4). **NOTICE TO COMPLY** - Submit within 10 days to my attention, a copy of your secondary

containment testing documentation.

FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/06. UST OP PERMIT EXPIRES: 12/12/2008.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 338 VIA VERA CRUZ PHONE (760)940-2854 SAN MARCOS, CA 92069 FAX (760)940-2853

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Signature of Business Representative

MANAGER

Initials of Business Representative

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

HM-924-e (11/03)



INTY OF SAN DIEGO CQ

	11423	<u>D</u>
DATE: <u>08</u>	/30	/2006
PAGE: 2	OF	2

COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS:

ZIP:

BUSINESS ADDRESS: VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections are either in violation (V) with the Underground Storage Tank laws and regulations or Non-Applicable (N/A). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

	VIOLATION DESCRIPTION	VIOL	V	NA	-	VIOLATION DESCRIPTION	VIOL	V	NA
#	UST SYSTEM RECORDS			\checkmark	#	FILE RECORDS			12.53 1225 255
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005	3101				Secondary containment repairs conducted? 25284.1; 25291(a)(2); 2637(a)(2)	3115		
- 1	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (i), 68.1003	3102				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652	3151		
	UST Repair/modify/closure permit obtained? 68.1004, 68.1005, 68.1009.5	3103				Maintenance/monitoring/calibration/ repair records available? 25293; 2712 (b)	3152		
	Current forms A and B submitted? 25286(a)	3104				Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)	3153		
	Financial Responsibility current? 25292.2(a)	3105				Enhanced Leak detection performed if required? 25292.4	3154		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)	3106				Contractor or technician trained? 25284.1(a)(5)(D); 2637(b)(1)(B) & (C)	3155		
	Monitoring Procedures complete? 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)	3107				Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)	3156		
	UST Emergency Response Plan complete? 25289(b); 2632(b), 2634(e), 2641(h)	3108				No evidence of falsification of records or tampering with monitoring system? 25299(f)	3157		
	Monitoring plot plan submitted? 2711(a)(8)	3109			+	All operating permit conditions met? 2712	3158		
	Annual certification of ATG and sensors? 2641(j)	3110			•	Monitoring equipment installed, calibrated, operated, and maintained per			
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2637(b)	3111			- - -	manufacturer's instructions? 2637(b), 2641(j)	3159		
	2ndary containm. test done at 6/36 months; sent to CUPA w/i 30 days 25284.1; 2637(a); 2637(a)(4)	3114	1			UST system repairs done properly? 25292.1(c); 2660 (a)(k)(l)(m),	3160		

	UST SYSTEM INSPECTION	TANK #	T0	06						
Ree	quirements applicable for both, single & double walled systems	PRODUCT	die	sel						
#	VIOLATION DESCRIPTION	VIOL	٧	NA	v	NA	V	NA	V	NA
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251								
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252								1
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253								
	UST system has approved overfill protection? 2635(b)(2)	3254		1						
	Is spill container in good condition and liquid free? 2635 (b)(1), 2636(a)(1)	3255								
-	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256		1		17				
	Is secondary containment liquid free? 2631(d)(4)	3257								
	Are sensors placed adequately and/or at low point in sumps? 2641(a), 2691(a)(7)(C)	3258								
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259								
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260								
	Dispenser containment free of liquid? 2631(d)(4)	3261								
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262								
	All monitoring system components &/or devices functional? 2630, 2641(j), 2632	3263								
	Spill containment tested annually? 25284.2	3264								
	UST system operated to prevent spills and/or overfills 25292.1 (a)	3265								
	Under Dispenser Containment installed? 2636(h). Required by December 31 st , 2003	3266								
CAT	HODIC PROTECTION	1.11111111	2111	128.03	19.67	2002	11:0	1.852	1.10	1.000
0-10 C	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301								
14.1	Impressed current system check every 60 days? 2635(a)(2)(A)	3302								
	Is corrosion protection adequate? 25292.1(b); 2635(a)(2), 2662(c)	3303		1						
CLC	DSURE REQUIREMENTS:	440 23626	2.66		2161	\$325	863	332	1000	25.73
	Temporary closure requirements completed? 25298, 2671	3322							1	1
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324	-							

Amison A. L'hitema

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BETA Healthcare Group, A Public Entity

CERTIFICATE OF PARTICIPATION

HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT

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NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER:

Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128

ITEM 2: SUBSIDIARIES:

Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Pomerado Hospital Authority, Partners For Community Access, Inc., 343 East 2nd Avenue Investors, Ltd. Partnership, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Auxiliary Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Auxiliary Gift Shop, Pomerado Hospital Medical Staff, Ramona Radiology Center, Villa Pomerado, San Marcos Ambulatory Care Center, Palomar Pomerado North County Health Development.

ITEM 3: CONTRACT PERIOD:

(a) Effective Date: 7/1/2006 (b) Expiration Date: 7/1/2007 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1

ITEM 4: LIMIT OF LIABILITY:

\$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate

ITEM 5: DEDUCTIBLE: See Section 7.9.B \$10,000

ITEM 6: CONTRIBUTION: See Section 7.9.A

ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/06) 120, 130, 131, 132, 137, 145, 203, 210, 212, 237, 262, 272

ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

Authorized Representative of BETA Healthcare Group

BETA Healthcare Group, A Public Entity AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Confidences of Confid	n be construction	Amendment No.: H210-01
Issued to: Palomar Pomerado Health			
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional	Contribution: Per Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BHG AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in **boldface** are defined in Section C or in Section 1 of the Contract.)

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 5 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$500,000 per Claim and \$1,000,000 in the aggregate for all Claims first made and reported to BHG during the Contract Period, BHG will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the Member had no knowledge of facts or circumstances that would cause a reasonable person to believe that a Claim might be made; and

c. the Claim is first made against the Member during the Contract Period and is reported in writing to BHG as soon as possible, and in no event later than thirty (30) calendar days after the termination of the Contract Period.

2. BHG has the right and duty to defend any covered Claim brought against a Member. This means that BHG will pay all reasonable Defense Expenses incurred in defending the Claim, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or alleging liability for Pollution is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 5 of the Certificate of Participation. BHG's right and duty to defend ends when BHG has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate.

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BETA Healthcare Group, A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Configure Number: Amendment No. C-000091					
Issued to: Palomar Pomerado Health						
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional Contribution: Per Contract				

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any Occurrence commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of Pollution, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more Claims are treated as a single Claim under the definition of "Claim," the single Claim shall be considered first made when the earliest of the Claims is first made, and one Deductible and one Limit of Liability shall apply to all such Claims.

6. The Member must notify BHG, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

BETA Healthcare Group, A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

-	E. Caraterana Santa (Caraterana)	Amendment No.: H210-01	
Issued to: Palomar Pomerado Health			
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional	Contribution: Per Contract

a. how, when and where the Occurrence, act, error or omission took place;

b. the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BHG in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BHG.

8. Incident reports, trending reports or other data collection reports to BHG do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the Named Member or BHG, the Named Member shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the Named Member's election is received by BHG within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for Claims which are otherwise covered under this Amendment and are first made and reported in writing to BHG as soon as possible during the extended reporting period by reason of an Occurrence which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BHG at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BHG will pay.

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R Couglione

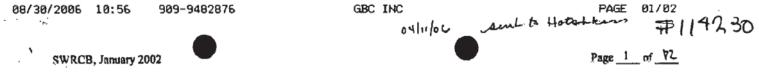
Authorized Representative of BHG

HCL-210(07/04)

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Date Issued: July 1, 2006 (Initial)



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: Palomar Hospital	Date of Testing: 02/22/2006
Facility Address: 555 E. Valley Parkway Escondido, CA. 92025	
Facility Contact: Glen Hotchkiss	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 02/16/06	
Name of Local Agency Inspector (if present during tasting):	

2. TESTING CONTRACTOR INFORMATION

Company Name: C	Scorge Bryant Construction								
Technician Conduc	ting Test: Ron Franklin								
Credentials:	CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester							
License Type: 718	466	License Number: 718466							
an adde and a street of the life of the bland bland	Manufacturet Training								
Manufacture	я <u>С</u>	omponent(s)	Date Training Expires						
Incon Sump Tester									
		······································							

3. SUMMARY OF TEST RESULTS

Component.	Pass	Fail	Not Tested	Repairs Made	Component	Pars	Fail	Not Tested	Repairs Made
Fill Bucket	Z								
					-				

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 faces stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Date:

Page N2 of X2

SWRCB, January 2002



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 Ma	nufacturer 🗹 Indus	try Standard Proj	fessional Engineer					
Other (Specify)									
Test Method Used: Pressure Vacuum I Hydrostatic									
	Other (Specify)								
Test Equipment Used: Incon	Sump Tester		Equipment Resolution:						
Test Equipment Used: Incon		A BEAR STATE AND A STATE OF A STATE OF	And the set of the set of the set of the set of the set	BARANA MARKET CO DECEMBER MARKET					
		Spill Box #	Spill Box #	Spill Box #					
Bucket Diameter:	12"								
Bucket Depth:	14"								
Wait time between applying									
pressure/vacuum/water and starting test:	5 minutes								
Test Start Time:	7:25								
Initial Reading (R1):	Visual								
Test End Time:	8:25	· · · · · · · · · · · · · · · · · · ·							
Final Reading (Ry):	Visual								
Test Duration:	1 Hour			i					
Change in Reading (RF-R):	None								
Pass/Fail Threshold or Criteria:	<.002"								
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass Fail					

Comments - (include information on repairs made prior to testing, and recommanded follow-up for failed tests)

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909-9482876

7607393633 C GBC INC

PAGE 01/03 file CO 1142

Page 1 of 3

SWRCB, January 2002

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: Palomar Hospital	Date of Testing: 02/22/2006
Pacifity Ruffle, Tablica Ricopra	
Facility Address: 555 E. Valley Parkway Escondido, CA. 92025	Disease (70) 714 2111
Facility Contact: Glen Hotchkiss	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 02/16/06	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:	George Bryant Construction						
	cting Test: Ron Franklin						
Credentials:	CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester					
License Type: 718		License Number: 718466					
		a facta see Training					
Manufacturer Training Manufacturer Component(s) Date Training Expires							
Incon Sump Tester							
	· · · · · · · · · · · · · · · · · · ·						
	· · · · · · · · · · · · · · · · · · ·						

3. SUMMARY OF TEST RESULTS

		1	1				1	47 A	-
Component	P 255	Fail	Not Texted	Repairs Made	Component	Past	Fail	Not Tested	Repairs Made
Spill Bucket									
Tank Annular									
L									

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: (

Date: 2/22/00

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SWRCB, January 2002

Page 2 of 3

Test Method Developed By:	Tank Manufacture Other (Specify)	ar 🖉 Industry Sta	ndard TProfessio	mal Engineer
Test Method Used	Pressure Other (Specify)	Vacuum	Ilydrosta	utic
Test Equipment Used: 4" liquid ga	uge		Equipment Resolutio	n:
	Tank# 1	Tank#	Tank#	Tank#
Is Tank Exempt From Testing?"	Yes No	Yes No	Yes No	Yes No
Tank Capacity:	10,000			
Tank Material:	gluss/stocl			
Tank Manufacturer:	Joor			
Product Stored:	dicsel			-
Wait time between applying pressure/vacuum/water and starting test:	10 minutes			
Test Start Time:	7:45			1
Initial Reading (R1):	10"Hg			
Test End Time:	8:45			
Final Reading (Re):	10"Hg			
Test Duration:	1 bour			
Change in Reading (Ry-Ry):	0			
Pass/Fail Threshold or Criteria:	0			1
Test Result:	Pas Fail		Pasis Fall	Pass Fail
Was sensor removed for testing?	ZYCI NO NA	Yes No NA	Ye No NA	Yes No NA
Was sensor properly replaced and verified functional after testing?				

Comments - (include information on repairs mode prior to testing, and recommended follow-up for failed tests)

Riser to tank top was replaced and then retested.

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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 Code of Regulations, Title 23, Section 2637(a)(5)}

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Page 3. of 32

SWRCB, January 2002

9.	SPILL/O	VERFILL	CONTAINMENT	BOXES

Facility is Not Equipped With	Spill/Overfill Containment	t Boxes		
Spill/Overfill Containment Bo	ixes are Present, but were N	lot Tested		
Test Method Developed By:	Spill Bucket Mar		try Standard Profe	essional Engineer
	Other (Specify)			
Test Method Used:	Pressure	Vacut	um 🚺 Hydr	ostatic
	Other (Specify)			
Test Equipment Used: Incon S	Sump Tester		Equipment Resolution:	
EXTRA CONSTRUCT DESCRIPTION		en organisti en de seren de s		
Test Equipment Used: Incom	SpfDi Box # 1	Spill Box #	Spin Box #	Spail Box #
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying				
pressure/vacuum/water and	5 minutes			
starting test: Test Start Time:	7:25			
Initial Reading (R1):	Visual			
Test End Time:	8:25			
Final Reading (Rr):	Visual			
	1 Hour			
Test Duration:				
Change in Reading (Rp-R1):	None			
Pass/Fail Threshold or Criteria:	<.002"			
Test Result:	🛛 Pass 🗌 Fail	Pass DFail	Pass Fail	Pass Fail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

mOCT 31 2006 Secondary Containment Testing Report For

4084

This form is intended for use by contractors performing periodic testing of UST secondary containing the secondary contained form. The HEALTH appropriate pages of this form to report results for all components tested. The completed form, which 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

0,

1. FACILITY INFORM	161 11 011
Facility Name: Palomar Medical Center	Date of Testing: 10/10/2006
Facility Address: 555 E. Valley Parkway, Escondido, CA 92055	
Facility Contact: Glen Hotchkiss	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 10/03/06	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name	: George Bryant Construction, Inc.		
Technician Cond	ducting Test: George Bryant		
Credentials:	CSLB Licensed Contractor XXX	SWRCB Licensed Tank T	`ester
License Type: 7	18466	License Number: 718466	
	Manı	ifacturer Training	
Manufacti	urer C	Component(s)	Date Training Expires
Incon Sump Teste	er		

3. SUMMARY OF TEST RESULTS Not Repairs Repairs Not Pass Fail Fail Component Component Pass Made Tested Tested Made $\mathbf{\nabla}$ Tank Annular 10,000 Piping Sump 10,000 $\mathbf{\nabla}$ Fill Sump 10,000 ∇ Г Г Fill Bucket 10,000 \square \mathbf{V} Tank Annular 3,000 Г 1 \checkmark Piping Sump 3,000 Fill Sump 3,000 \mathbf{Z} 1.0 Fill Bucket 3.000 ∇ Г $\mathbf{\nabla}$ Supply Line 10,000 1.1 Return Line 10,000 ∇ Supply Line 3,000 \checkmark П . . . V Return Line 3,000 Г

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:

Whyee

Date: 10/10/2006

P# 114230

	4. TANK ANNU	ULAR TESTING		
Test Method Developed By:	Tank Manufactur	er 🔽 Industry Star	ndard Professio	nal Engineer
Test Method Used:	Pressure Other (Specify)	Vacuum	Hydrosta 🗌	tic
Test Equipment Used: Vacuum Gen	erator		Equipment Resolution	
0 1 0011 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Tank# 1	Tank # 2nd	ne, 1/-, ∘ 2.32. Tank#	Tank #
Is Tank Exempt From Testing?1	Yes 🖌 No	Yes INO	Yes No	Yes No
Tank Capacity:	10,000	3,000		
Tank Material:	glass/steel	glass/steel		
Tank Manufacturer:	Joor	Joor		
Product Stored:	Diesel	Diesel		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:30	9:45		
Initial Reading (R ₁):	10"Hg	10"Hg		
Test End Time:	8:30	10:45		
Final Reading (R _F):	10"Hg	10"Hg		
Test Duration:	1 hour	1 hour		
Change in Reading (R _F -R _I):	0	0		
Pass/Fail Threshold or Criteria:	0	0		
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	

Comments – (include information on repairs made prior to testing, and 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 Code of Regulations, Title 23, Section 2637(a)(6)}

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	5. SECO	DNDARY PIPE TEST	ING	
Test Method Developed By:	Piping Manul	gg weeder wee	Standard Profe	essional Engineer
Test Method Used:	Pressure Other (Specify	🗌 Vacuun	n 🗌 Hydr	rostatic
Test Equipment Used:			Equipment Resolution	n:
	Piping Run # 1	Piping Run # 2nd	Piping Run #4	Piping Run # 4
Piping Material:	fiberglass	fiberglass	fiberglass	fiberglass
Piping Manufacturer:	A.O.Smith	A.O.Smith	A.O.Smith	A.O.Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	70 feet	70 fect	130 feet	130 feet
Product Stored:	diesel	diesel	diesel	diesel
Method and location of piping-run isolation:	test boot/sump	test boot/sump	test boot/sump	test boot/sump
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	7:45	7:45	10:00	10:00
Initial Reading (R _I):	6 psi	6 psi	6 psi	6 psi
Test End Time:	8:45	8:45	11:00	11:00
Final Reading (R _F):	6 psi	6 psi	6 psi	6 psi
Test Duration:	1 hour	1 hour	l hour	1 hour
Change in Reading (R _F -R _I):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	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)

Piping run #1 Supply line 10,000 Piping run #2 Return line 10,000 Piping run #3 Supply line 3,000 Piping run #4 Return line 3,000

	6. PIPING	SUMP TESTING		
Test Method Developed By:	 Sump Manufactures Other (Specify) 	r 📝 Industry Star	ndard Profess	ional Engineer
Test Method Used:	Pressure Other (Specify)	Vacuum 🗌	🖌 Hydros	tatic
Test Equipment Used: Incon Sump Te	ester		Equipment Resolution	
o ⁵	Sump # 1-10,000	Sump # 2-3,000	Sump #	Sump #
	30"	30"	Sump #	Sump #
Sump Diameter: Sump Depth:	45"	52"		
Sump Material:	fiberglass	fiberglass		
Height from Tank Top to Top of Highest Piping Penetration:	il"	10"		
Height from Tank Top to Lowest Electrical Penetration:	13"	15"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested ¹	bottom 15"	bottom 13"		
Does turbine shut down when sump sensor detects liquid (both product and water)?	□Yes □No ☑NA	Yes No ZINA	Yes No NA	Yes No NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	□Yes □No ☑NA	Yes No ZNA	Yes No NA	Yes No NA
Was fail-safe verified to be operational?*	Yes No ZNA	Yes No ZNA	Yes No NA	Yes No NA
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R1):	4.8275 4.8273	5.0826 5.0823		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _F):	4.8275 4.8272	5.0824 5.0825		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R ₁):	.0000 .0001	.0002 .0002		
Pass/Fail Threshold or Criteria:	<.002"	<.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)

¹ 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. UN	DER-DISPENSER C	ONTAINMENT (UI	DC) TESTING	
Test Method Developed By:	UDC Manufacture Other (Specify)	r 🗌 Industry S	tandard Profes	sional Engineer
Test Method Used:	Pressure Other (Specify)	Vacuum Vacuum	Hydro:	static
Test Equipment Used:			Equipment Resolution	
	UDC #	UDC #	UDC #	UDC #
UDC Manufacturer:	000.#		000 #	
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 ¹				
Does turbine shut down when				
UDC sensor detects liquid (both	Yes No NA		Yes No NA	Yes No NA
product and water)?				
Turbine shutdown response time				
Is system programmed for fail-				
safe shutdown?*	Yes No NA			
Was fail-safe verified to be				
operational?*	Yes No NA			Yes No NA
Wait time between applying				
pressure/vacuum/water and				
starting test				
Test Start Time:				
Initial Reading (R ₁):				
Test End Time:				
Final Reading (R _F):				
Test Duration:		-		i ivitiet st
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
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			

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 <u>any</u> of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

0.	FILL RISER CONT		Corned	
Facility is Not Equipped With Fill	Riser Containment Sump	os 🔲		1
Fill Riser Containment Sumps are	Present, but were Not Tes	sted		
Test Method Developed By:	Sump Manufacturer	Industry Stand	dard 🛛 🗖 Professi	onal Engineer
1	Other (Specify)			
Test Method Used:	Pressure	Vacuum	V Hydrost	atic
	Other (Specify)			
Test Equipment Used: Incon Sump 7			Equipment Resolution	n:
	Fill Sump # 1-10K	Fill Sump # 2-3K	Fill Sump #	Fill Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	51"		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	15"	13"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested	bottom 18"	bottom 14"		
Sump Material:	fiberglass	fiberglass		
Wait time between applying pressure/vacuum/water and	20	20		
starting test:	30 minutes	30 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R ₁):	5.9492 5.9491	4.5343 4.5336		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _F):	5.9492 5.9491	4.5338 4.5335		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0000. 0000.	.0005 .0001		
Pass/Fail Threshold or Criteria:	<.002"	<.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	Yes No NA	Ves No No	□Yes □No □NA	Yes No NA
detected?				
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?	Ves 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)

8. FILL RISER CONTAINMENT SUMP TESTING

	9. SPILL/OVERF	FILL CONTAINMENT B	OXES	
Facility is Not Equipped With	Spill/Overfill Containme	ent Boxes	. R.J. R. 11000 8 111	one prove
Spill/Overfill Containment Be	oxes are Present, but were	e Not Tested		
Test Method Developed By:	Spill Bucket M		Standard Profe	essional Engineer
Test Method Used:	Pressure Other (Specify)	/ Vacuum	n 🔽 Hydr	ostatic
Test Equipment Used: Incon	Sump Tester		Equipment Resolution:	
· · · · · · · · · · · · · · · · · · ·	Spill Box # 1	Spill Box # 2nd	Soll Box #	
Bucket Diameter:	12"	12"	Spill Box #	Spill Box #
Bucket Depth:	13.5"	13"		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R1):	2.3614 2.3613	0.4040 0.4039		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _F):	2.3613 2.3613	0.4040 0.4041		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0001 .0000	.0000 .0002		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
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)

Spill box #1-10,000 Spill box #2-3,000

1.1	ALOMAR MEDICAL
555	CENTER E. VALLEY PARKWAY
	ESCONDIDO CA
	92055

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16/18/2005 7:50 AM

SUMP LEAK TEST REPORT

PIPING

LEAK THRESHOLD	7:35 AM 10/10/2006 4.8273 IN 7:50 Am 10/10/2006 4.8272 IN 9.002 IN
TEST RESULT	0.002 IN PASSED

FILL

TEST STARTED	7:35 AM
TEST STARTED BEGIN LEVEL	10/10/2006
END TIME	5.9491 IN
END DATE	7:50 AM 10/10/2006
END LEVEL	5 9491 14:
LEAK THRESHOLD	A AROTIN
TEST RESULT	PASSED

FILLBUC

TEST STARTED	7:35 AM
TEST STARTED	10/10/2006
BEGIN LEVEL	2.3613 IN
END TIME	 7:50 AM
END DATE	10/10/2006
END LEVEL	2 7617 111
LEAK THRESHOLD) 0.002 IN
TEST RESULT	PASSED

PALONAR MEDICAL CENTER 555 E.VALLEY PARKWAY ESCONDIDO CA 92055

10/10/2006 7:35 AM

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SUMP LEAK TEST REPORT

PIPING

TEST STARTED	7:20 AH
	10/10/2006
SEGIN LEVEL	4.8275 1N
END TIME	7:35 AM
END DATE	10/10/2006
END LEVEL	4.8275 IN
LEAK THRESHOLD	
TEST RESULT	PASSED

FILL

TEST STARTED	7:20 AM
TEST STARTED	10/10/2006
BEGIN LEVEL	5.9492 IN
END TIME	7:35 AM
END DATE	10/10/2006
END LEVEL	5.9492 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	

FILLBUC

TEST STARTED	7:20 AM
	10/10/2006
	2.3614 IN
END TIME	
END DATE	10/10/2006
END LEVEL	2.3613 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

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74	LOMAR HEDICAL CENTER
555	E.VALLEY PARKWAY ESCONDIDO CA 92055

10/16/2006 9:51 AM

SUMP LEAK TEST REPORT

3KPIPE

TEST STARTED 10/10/2006 SEGIN LEVEL 5.0823 IN END TIME 9:51 Am END DATE 10/10/2006
END TIME 9:51 AM END DATE 10/10/2006
END DATE 10/10/2006
END LEVEL 5.0825 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFILL

9:36 AM
10/10/2006
4.5336 IN
9:51 AM
10/10/2006
4.5335 IN
0.002 IN
PASSED

3KBUCK

TEST STARTED	9:36 AM
TEST STARTED	10/10/2006
SEGIN LEVEL	0.4039 IN
END TIME	9:51 AM
END DATE	10/10/2006
END LEVEL	6.4041 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

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PALOMAR ME CENTE	
SSS E.VALLEY ESCONDID 92055	PARKWAY 0 CA
10/10/2006	9:35 AM

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SUMP LEAK TEST REPORT

3KP IPE

TEST STARTED	9:20 AM
TEST STARTED	10/10/2006
SEGIN LEVEL	5.0826 IN
END TIME	9:35 AM
	10/10/2006
END LEVEL	5.0824 IN
LEAK THRESHOLD	
TEST RESULT	PASSED

3KF1LL

TEST STARTED	9:20 AM
TEST STARTED	10/10/2006
BEGIN LEVEL	4.5343 IN
SHD TIME	9:35 AM
END DATE	10/10/2006
END LEVEL	4.5338 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

3KBUCK

TEST STARTED	9:20 AM
TEST STARTED	10/10/2006
SEGIN LEVEL	9.4040 IN
	9:35 AM
	10/10/2006
END LEVEL	6.4040 IN
LEAK THRESHOLD	9.002 IN
TEST RESULT	PASSED

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C	OUNTY SAN DIEGO	ENTERE® NOV 0 3 2005
	COMPLIANCE INSPECTION REPORT	PAGE <u>1 of 1</u> EST. NO. <u>114230</u> DATE <u>09/16/2905</u>
BUSINESS NAME	Palomar Medical Center	TIME START 09:30 am END 4'60 PM BUS. CODE K65 SPECIALIST Michelle Chairs
ADDRESS	555 E Valley Py	CONTACT <u>JamieWhiteman</u> TITLE <u>Facility Manager</u>
CITY/ZIP	Escondido, CA 92025	PHONE 760-739-2000-
<u> </u>		

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Gode (HCS) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

	Routine Inspection was performed with Jamie Whiteman - Facility Mgr. Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.
	Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection.
	FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/05. UST OP PERMIT EXPIRES: 12/12/2005. RECEIVED OCT 1 1 2005
	OBSERVATION - Container storing bulk chemo waste in pharmacy, without labels and or
	accumulation start dates. <u>VIOLATION 0202</u> - Hazardous waste containers are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34
	CORRECTIVE ACTION - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste.
	OBSERVATION - The medical waste management plan was not submitted / was unavailable for review.
	<u>VIOLATION 4301</u> - A Medical Waste Management Plan is not maintained, submitted and/or updated annually as required. 117935
	CORRECTIVE ACTION - Maintain a completed medical waste management plan on-site for inspector's review.
QUESTION	S and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO
DE	ICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, EPARTMENT OF ENVIRONMENTAL HEALTH AZARDOUS MATERIALS MANAGEMENT DIVISION 38 VIA VERA CRUZ PHONE (760)940-2854
SP	AN MARCOS, CA 92069 FAX (760)940-2853
eontacts, em	n annual certification that the Hazardous Materials Business Plan (inventory, emergency ergency response plan, and employee training plan) is current and includes all the information the H&SC and is maintained at the site where hazardous materials are stored.
	Initials/of Business Representative
Jamiso	- A. Whiteman \$9/16/2005 FACILITY OPS MANAGER Signature of Business Representative Date Signed Title of Business Representative
1	Due orginal of Dusiness Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

HM-924-e (11/03)

🕱 Thi eontact require

Permit #: State ID:	#: 114230 D: 37-000-114230	14230				Operating Permit Issued on Operating Permit Expires on: Reference Number:	12/12/2005 12/11/2008 1058
2				San	San Diego County		
			Dep	artment	Department of Environmental Health	Health	
			UNDERGROL	IND STORA	UNDERGROUND STORAGE TANK OPERATING PERMITING PERMIT	RMITING PERMIT	
UST Faci	ility Name: P/	ALOMAR MED	UST Facility Name: PALOMAR MEDICAL CENTER	Si	Site Address: 555 E VALLEY PY, ESCONDIDO, 92025-3048	Y, ESCONDIDO, 92025-3048	
Tank Ow	rner's Name: erator's Name	PALOMAR P(PALOMAR	Tank Owner's Name: PALOMAR POMERADO HOSPITAL Tank Operator's Name PALOMAR MEDICAL CENTER	PITAL DI ER	*See reverse side for per	*See reverse side for permit conditions and requirements.	
Tank#	Capacity hk# (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative	tive	
1. 23489	10000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCT. INTERSTITIAL	DW TANK DW SUCTION AND/ OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL	RSTITIAL MONITORS:
2 23490	90 3000	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCT.	DW TANK DW SUCTION AND/ OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL	STITIAL MONITORS:
Tot	al Number of (Operating Pe	Total Number of Operating Permitted Tanks:	2			
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	ě,						
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ORING SYSTEM CERTIF CATION MON

= 114230 ; 10 0014 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

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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.

Make/Model of Monitoring System:	A. General Information Bldg. No.: Facility Name: Palomar Madical Otro Bldg. No.: Site Address: Site Address: S55 E. Vallet Prusy City: Escandedo Zip: Site Address: Site Address: S55 E. Vallet Prusy City: Escandedo Site Address: Figure Prusy City: Escandedo Site Address: Figure Prusy Site Address: Figure Prusy City: Escandedo Site Address
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B. Inventory of Equipment Tested/Certified

to indicate specific equipment inspected/serviced:

Check the appropriate toxes to marcate operate of	
Tank ID: //O K Model: In-Tank Gauging Probe. Model: Model: //O Annular Space or Vault Sensor. Model: //S - \$00 Piping Sump / Trench Sensor(s). Model: //S - \$00 Pill Sump Sensor(s). Model: //S - \$00 Mechanical Line Leak Detector. Model: //S - \$00 Electronic Line Leak Detector. Model: //S - \$00 Tank Overfill / High-Level Sensor. Model:	Tank ID: Model: 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: 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: Model: 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). Annular 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 Sensor(s). Model: Dispenser Containment Float(s) and Chain(s). Dispenser Containment Float(s) and Chain(s).	Dispenser ID:
Dispenser ID: Dispenser Containment Sensor(s). Model:	Dispenser ID: Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(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 System set-up Alarm history report

attached a copy of the report renear all that apply):	
Technician Name (print): 1400 Fuer Fe	Signature:
Technician Name (print).	
	7679171
Certification No.: 10/22	License. No.: 76 798 7
Certification No.	(and all all
PE Services	Phone No.: (909) 949- 9141
Testing Company Name:	
	Data of Testing/Servicing: 09/1/4/05
Site Address: 555 E. Valley Vuy.	Date of Testing/Servicing: 091/6105
She Address	

Page 1 of 3

Monitoring System Certification

03/01

D. Results of Testing/Servicin

Software Version Installed:

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Complete the following checklist:

Complete	the lollow	ng checklist:
Z Yes	□ No [*]	Is the audible alarm operational?
DY Yes	D No*	Is the visual alarm operational?
Yes	O No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
V Yes	□ No [*]	Were all sensors visually inspected, functionary tested, and contained approximate operation of secondary containment and positioned so that other equipment will Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will
~ ~~		
U Yes	D No*	not interfere with their proper operation? If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem)
	X N/A	constitutional?
Ves	D No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment
	N/A	I the state a least fails to operate of 16 electrically disconnicular: 11 yes, which being a state of the
	A 1011	(Line the down?) (Check all that apply) [] Sump(Trench Sensors; [] Dispenser Containment Densors;
		Did was san firm positive shut down due to leaks and sensor failure/discondiction? • 105, • 105.
Q Yes	D No*	the state of the monitoring custer as the number tank over an work of the state of
	A N/A	machanical everful prevention valve is installed), is the overfull warning alarm visible and audioic at the mark
	τ	citing introduces and experience property? If so, at what percent of tank capacity does the alarm digger
□ Yes*	12 No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced?
u 165	14 110	t the state many factores name and model for all replacement parts in Section E. UCIOW.
Q Yes*	DA No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply)
1 165		Deschart T Water If yes describe causes in Section E, below.
V Yes	D No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
		Is all monitoring equipment operational per manufacturer's specifications?
Y Yes	No*	Is an momenting equipment operational per

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

a visual spill containment test Verpormed ~...

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:

U Yes	D 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?
U Yes	□ No*	Was accuracy of system product level readings tested?
Q Yes	🛛 No*	Was accuracy of system water level readings tested?
Q Yes	No*	Were all probes reinstalled properly?
U 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:

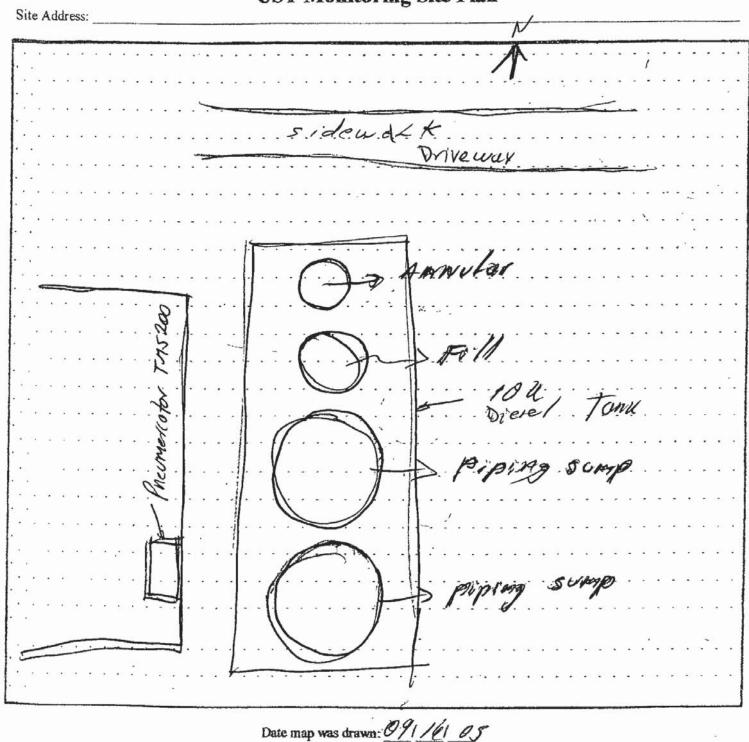
C Yes	 No* N/A 	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 0.2 g.p.h.
Q Yes	No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
🛛 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?
U Yes	0 No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
Q_Yes_	□ No* □ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
C 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*	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:



UST Monitoring Site Plan

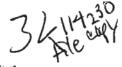


Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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 intank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

05/00

MONICORING 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. <u>A separate certification or report must be prepared</u> 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.

A. General Information Facility Name: Palomer Medical com	Bidg. No.:
Site Address: 555 E Yaller Pury.	City: <u>Bscander do</u> Zip: <u>94005</u> Contact Phone No.: (<u>7605</u> 73 9- 3/11
Facility Contact Person: <u>G-lan Haugus</u> Make/Model of Monitoring System: <u>TMS 2000</u>	Date of Testing/Servicing: 091/6105

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Check the appropriate boxes to the	
Tank ID: Y K. Y icse In-Tank Gauging Probe. Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Problement Type and model in Section E on Page 2). Tank ID: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Problement Type and model in Section E on Page 2). Tank ID: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Piping Sump / Trench Sensor(s). Model: Image: State of Vault Sensor. Model: Image: State of Vault Sensor. Image: Piping Sump / Trench Sensor(s). M	Tank ID:
 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: Dispenser Valve(s). Dispenser Containment Float(s) and Chain(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 Float(s) and Chain(s). Dispenser Containment Sensor(s). Model:	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

attacticu a copy of the tepote of check an one of the	in set-up a Alarmania frequencies
Technician Name (print): <u>Publo Fuerte</u>	Signature:
Certification No.: 10122	License. No.:
Testing Company Name: P.F. Services	Phone No.: (<u>-904</u>) <u>949 - 9141</u>
Site Address: 555 E. Valley Juy	Date of Testing/Servicing: 09/16/05
Site Address: V Glicy	

Monitoring System Certification

D. Results of Testing/Servicing

Software Version Installed:

¥1 . 1

Complete the following checklist:

Complete the following checklist:		
Yes	No*	Is the audible alarm operational?
Yes	□ No [*]	Is the visual alarm operational?
Yes	D No*	Is the visual alarm operational? Were all sensors visually inspected, functionally tested, and confirmed operational?
Yes	D No*	Were all sensors installed at lowest point of secondary containing and positioned to
A		
U Yes	□ No*	not interfere with their proper operation? If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem)
	A N/A	
I Yes	D No*	the piping secondary containing it the piping secondary containing it
	A N/A	the state of the s
	A	the task and that annous is solution of the so
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Q Yes	D No*	The start of the second of the primary lank over the walting doving the
L ICS	V N/A	1
	77 1.011	and the second of the second o
Q Yes*	II No	Was any monitoring equipment replaced? If yes, identity specific sensors, proces, or other equipment replaced?
		the stand of the second model for all replacement parts in Section D. Dolow.
□ Yes*	10 No	Was liquid found inside any secondary containment systems designed as any systems? (Check at that apply) -
	7	Destruction If we describe causes in Section E. Delow.
Yes	D No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, in applicable
	D No*	Is all monitoring equipment operational per manufacturer's specifications?
Yes		is an noncoming equipment of the station area or will be corrected.

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: _

Porporned a visual Spill containment fest OR.

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:

**

U Yes	D 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?
U Yes	D No*	Was accuracy of system product level readings tested?
Ves	D No*	Was accuracy of system water level readings tested?
Q 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): A Check this box if LLDs are not installed.

Complete the following checklist:

CI 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: \Box 3 g.p.h.; \Box 0.1 g.p.h; \Box 0.2 g.p.h.
🛛 Yes	No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
Q Yes	□ No*	Was the testing apparatus properly calibrated?
U Yes	 No* N/A 	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
🖸 Yes	No*	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*	For electronic LLDs, have all accessible wiring connections been visually inspected?
U Yes	O 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:

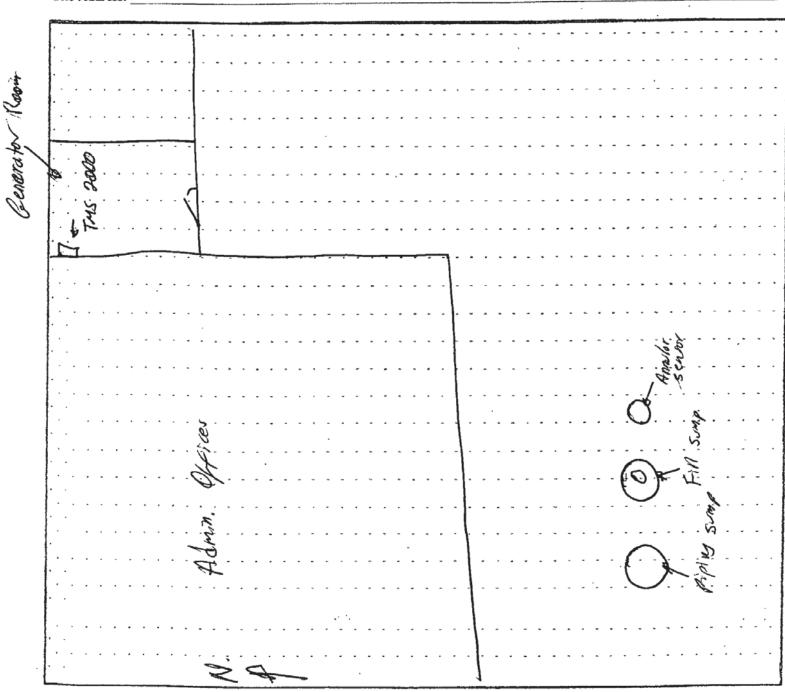
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Monitoring System Certification

UST Monitoring Site Plan

Site Address:



Date map was drawn: 091 161 05

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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 intank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Page ____ of ____

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				BETA Healthcare G	roup, A Public Entity		7114230
•			HEALTHC/	CERTIFICATE O ARE ENTITY COMPREHENS	F PARTICIPATION	ENTER DE CONTRACT	ED MAY 2 3 2006 ∽
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	FIRST MAD POSSIBLE / DATE. IN / OMISSIONS	E AGAI	NST THE M NO EVENT ON, THIS CO NSES OR ' RDED BY 1	MADE AND REPORTED CO IEMBER AND REPORTED LATER THAN THIRTY (30 OVERAGE CONTRACT PRO OCCURRENCES" WHICH THIS CONTRACT DIFFERS IE READ IT CAREFULLY.) CALENDAR DAYS AFT OVIDES NO COVERAGE (ER THE CONTRACT DR DEFENSE FOR AC	EXPIRATION TS, ERRORS, DATE." THE
	ITEM 1:	Palomai 15255 1	D MEMBER Pomerado H innovation Dr go, CA 9212	lealth ive, Suite 204			
	ITEM 2:	Palomar Partners Surgery Palomar Center, Palomar	s For Commu Center, Ltd. r Medical Ce Palomar Pon r Pomerado I d Auxiliary, J Villa Pomera	nsurance Administrators, Palon nity Access, Inc., 343 East 2nd , Palomar Pomerado Health: Ponter Auxiliary Gift Shop, Palon merado Home Care, Palomar Po ab Services, Pomerado Rehabi Pomerado Hospital Auxiliary G ado, San Marcos Ambulatory C	Avenue Investors, Lu. Paru alomar Medical Center, Palor par Medical Center Medical S merado Health Concern, Palo litation Outpatient Services, I iff Shop, Pomerado Hospital J	nar Medical Center Auxi Staff, Palomar Continuing Smar Pomerado Health S Pomerado Hospital, Pom Medical Staff, Ramona F	iliary, g Carc ource, uerado Radiology
C	ITEM 3:	(a) Effe	RACT PERI ctive Date: 7/ a.m. local ti	OD: (1/2005 (b) Expiration Date: 7/ me for all dates at the address is	1/2006 (c) Retroactive Date: n Item 1	7/1/2004	
	FTEM 4 :	\$20,000	OF LIABII 0,000 per Cla 0,000 in the A	im (except as provided by Ame	endment)		
	ITEM 5:	DEDU \$10,000		ee Section 7.9.B			
	ITEM 6:	CONT	RIBUTION:	See Section 7.9.A			
	ITEM 7:	CONT 120, 12	RACT AND 30, 131, 132	AMENDMENT FORMS AT , 137, 145, 203, 210, 237, 26	TACHED AT ISSUANCE: 2, 272, 276	HCL/CM(07/05)	
	ITEM 8:	BETA 1 1443 D	CE REQUIR Healthcare G anville Boule CA 94507	ED TO BE GIVEN TO BETA roup ward			
				A M	wine desumants and the flow	mmae Contract with Am	enaments

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

P Roy

Authorized Representative of BETA Healthcare Group

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Date Issued: July 1, 2005

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BETA C.O.P.

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D. E. H. MAILROOM

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: PALOMAR MEDICAL CENTER	Facility 10#: 114230
	Reason for Submitting this Form (Check One)
Escondido, CA 92025	R Change of Designated Operator
Facility Phone #: 760 739 3185	D Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY		
Designated Operator's Name: George Bryant	Relation to UST Facility (Check One)	
Business Name (If different from phove): G. B. C. Inc.	Owner Operator Employee	
Designated Operator's Phone #: (909)944-3517	🗆 Service Technician 🙊 Third-Party	
International Code Council Certification #: BRK00002	Expiration Date: 10-15-06	
ALTERNATE 1 (Optional)		
Designated Operator's Name: Ronald Franklin	Relation to UST Facility (Check One)	
Business Name (If different from above): G. B. C. Inc.	Owner O Operator C Employee	
Designated Operator's Phone #: (909)944-3517	O Service Technician D Third-Party	
International Code Council Certification #: FRK00002	Expiration Date: 10-15-06	
ALTERNATE 2 (Optional)		
Designated Operator's Name:	Relation to UST Facility (Check One)	
Business Name (If different from above):	Owner O Operator D Employee	
Designated Operator's Phone #:	Service Technician O Third-Party	
International Code Council Certification #:	Expiration Date:	

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

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 OR OWNER'S AGENT (Please Print): JAMISON A. WhiteMAN	
SIGNATURE OF TANK OWNER OR OWNER'S AGENT: Amison A.	
DATE: 9-NOV OF J OWNER'S PHONE #: 760-739-3170	

BETA Healthcare Group, A Public Entity AMENDMENT CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num		Amendment No.: H210-01
Issued to: Palomar Pomerado Health			
Effective Date: 07/01/04 at 12:01 a.m.	Expiration Date: 07/01/05 at 12:01 a.m.	Additional	Contributions Box Contract

NOTICE: THIS AMENDMENT PROVIDES CLAIMS-MADE-AND-REPORTED COVERAGE. THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE MEMBER DURING THE CONTRACT PERIOD AND REPORTED TO BHG AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN 30 CALENDAR DAYS AFTER THE TERMINATION OF THE CONTRACT PERIOD. COVERAGE IS LIMITED TO OCCURRENCES THAT TAKE PLACE ON OR AFTER THE RETROACTIVE DATE STATED BELOW. THE LIMIT OF LIABILITY AVAILABLE TO PAY POLLUTION LIABILITY JUDGMENT OR SETTLEMENT AMOUNTS IS REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES. PLEASE READ THIS AMENDMENT CAREFULLY.

(Please note that terms in **boldface** are defined in Section C or in Section 1 of the Contract.)

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 5 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$500,000 per Claim and \$1,000,000 in the aggregate for all Claims first made and reported to BHG during the Contract Period, BHG will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

a. the **Bodily Injury** or **Property Damage** is caused by an **Occurrence** that takes place on or after the following Retroactive Date: 07/01/93;

b. on or before the Effective Date stated above the Member had no knowledge of facts or circumstances that would cause a reasonable person to believe that a Claim might be made; and

c. the Claim is first made against the Member during the Contract Period and is reported in writing to BHG as soon as possible, and in no event later than thirty (30) calendar days after the termination of the Contract Period.

2. BHG has the right and duty to defend any covered **Claim** brought against a **Member**. This means that BHG will pay all reasonable **Defense Expenses** incurred in defending the **Claim**, subject to the Limit of Liability stated in A.1 above.

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or alleging liability for Pollution is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 5 of the Certificate of Participation. BHG's right and duty to defend ends when BHG has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate.

BETA Healthcare Group, A Public Entity AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num POM-C-04-69	ber: Amendment No.: H210-01
Issued to: Palomar Pomerado Health		
	Expiration Date: 07/01/05 at 12:01 a.m.	Additional Contribution: Per Contract

4. Storage Tank Limitation: However, coverage for **Bodily Injury** or **Property Damage** arising out of, resulting from or attributable to, in whole or in part, any underground storage tank owned or operated by any **Member** is limited to those underground storage tanks for which valid operating permits are in effect at all times.

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.

2. No coverage is provided for any Occurrence commencing prior to the Retroactive Date stated in A.1.a above.

3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "Contract Period" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.

2. "Damages" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.

3. "Pollution" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. Pollution includes indoor Pollution.

4. No Claim shall be deemed first made against any Member during the Contract Period if the Claim or Occurrence was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any Member prior to the Effective Date.

5. When two or more **Claims** are treated as a single **Claim** under the definition of **"Claim,"** the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and one Limit of Liability shall apply to all such **Claims**.

Limit of Liability shall apply to all such Claims.
6. The Member must notify BHG, as soon as practicable, of an Occurrence, act, error or omission which may reasonably be expected to result in a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution. The notice must include:

a. how, when and where the Occurrence, act, error or omission took place;

BETA Healthcare Group, A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

	Certificate Num POM-C-04-6	ber: Amendment No.: H210-01
Issued to: Palomar Pomerado Health		
Effective Date: 07/01/04 at 12:01 a.m.	Expiration Date: 07/01/05 at 12:01 a.m.	Additional Contribution: Per Contract

b. the names and addresses of any injured persons and witnesses; and

c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

7. If during the **Contract Period** the **Member** becomes aware of an **Occurrence**, act, error or omission that may reasonably be expected to give rise to a **Claim** against a **Member** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** and reports to BHG in writing all the information set forth in clause 6 above, and the manner in which the **Member** first became aware of the **Occurrence**, act, error or omission, then any **Claim** subsequently arising from such reported **Occurrence**, act, error or omission shall be deemed to be a **Claim** made during the **Contract Period** in which the **Occurrence**, act, error or omission was first duly reported to BHG.

8. Incident reports, trending reports or other data collection reports to BHG do not constitute a notice or report for purposes of this Amendment.

9. Limited Right to Extended Reporting Period

a. If this Contract is terminated by the Named Member or BHG, the Named Member shall have the right to purchase an extended reporting period upon payment of an additional Contribution. This right will terminate, however, unless written notice of the Named Member's election is received by BHG within thirty (30) calendar days of the effective date of the termination of this Contract. The extended reporting period will provide coverage for Claims which are otherwise covered under this Amendment and are first made and reported in writing to BHG as soon as possible during the extended reporting period by reason of an Occurrence which takes place prior to the termination of the Contract and on or after the Retroactive Date stated in A.1.a above. The cost and terms of the extended reporting period shall be within the sole, absolute and nonreviewable discretion of BHG at the time the extended reporting period is requested. Issuance of an amendment extending the reporting period pursuant to this paragraph shall not reinstate the Limit of Liability, nor increase the total that BHG will pay.

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

R. Couglion

Authorized Representative of BHG

HCL-210(07/04)

114230 4 of 4

BETA Healthcare Group, A Public Entity

CERTIFICATE OF PARTICIPATION HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT



NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER:

Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128

ITEM 2: SUBSIDIARIES:

Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Pomerado Hospital Authority, Partners For Community Access, Inc., 343 East 2nd Avenue Investors, Ltd. Partnership, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health System: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Auxiliary Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Network, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Auxiliary Gift Shop, Pomerado Hospital Medical Staff, Ramona Radiology Center, Villa Pomerado, San Marcos Ambulatory Care Center (SMACC)

ITEM 3: CONTRACT PERIOD:

(a) Effective Date: 7/1/2004 (b) Expiration Date: 7/1/2005 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1

ITEM 4: LIMIT OF LIABILITY:

\$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate

ITEM 5: DEDUCTIBLE: See Section 7.9.B \$10,000

ITEM 6: CONTRIBUTION: See Section 7.9.A

ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/04) 120, 130, 131, 132, 135, 145, 203, 210, 262, 272, 276

ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard

Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

Authorized Representative of Named Member

Authorized Representative of BETA Healthcare Group

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	D. E. H. NOTEN CONTENTS OF MALBOOM
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MONITODINCS	YSTEM CERTIFICATION Serie
For Use By All Jurise	dictions Within the State of California J
Authority Cited: Chapter 6.7, Health and Safety Co	de: Chapter 16, Division 3-Title 29, California Code of Regulations
to each municology system control panel by the technician	of monitoring equipment. A separate certification or report must be propar who performs the work. A copy of this form must be provided to the tar a copy of this form to the local agency regulating UST systems within :
A. General Information Facility Name: <u>Palaman Medical Cente</u>	
Site Address: <u>555 E. Valley Parkway</u> Facility Contact Person: <u>Glen</u> Hotch Kist	
Marwinder of Monitoring System: Mieurerran	W TMS 2000 Date of Testing/Servicing: 1/1/2/04
B. Inventory of Equipment Tested/Certified Check the appropriate boyas to indicate specific equipment inspected/s	· · · · ·
Tank ID: Diesc. TANK 3,000	
□ ta-Tank Gauging Probe. Model:	Tank ID: In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: - ES 825-11	20] Annular Space or Vault Sansor Model
U Piping Sump / Tranch Geneor(s), Model: LS (000 / 1	BA D Piping Sump / Trench Sensor(s). Model
D Pill Sump Sensor(s). Model:	Fill Sump Sensor(s). Model:
C Mechanical Line Leak Detector. Model:	Mechanical Line Leak Detector, Model:
Electronic Line Leak Detector. Model: W/A Tank Overfill / High-Level Sensor. Model:/A	Electronic Line Losk Detector. Model:
 Tank Overfill / High-Level Sensor. Model: Other (specify equipment type and model in Section E on Page 2) 	Tank Overfill / High-Level Sensor. Model:
Tank ID:	
In-Tank Gauging Probe. Model:	Tank ID:
Annular Space or Yault Sensor. Model:	In-Tank Gauging Probe. Model:
Piping Sump / Trench Sensor(s). Model:	Annular Space or Vault Sensor. Model:
Fill Sump Sensor(s). Model:	Piping Sump / Trench Sensor(s). Madel:
A Mochanical Line Leak Detector. Model:	Pill Sump Sensor(s). Model:
G Electronic Line Leak Detector, Model:	Machanisal Line Leak Detector. Madel: Electronic Line Leak Detector. Madel:
Tank Overfill / High-Level Sensor, Model:	The bound of the second of the
Other (specify equipment type and model in Section 8 on Page 2).	Other (specify equipment type and model in Section E on Page 2).
Diepenser ID: N/d	Dispenser ID:
Disponser Containment Sansor(s), Model:	D Dispenser Containment Sensor(s). Model:
Shear Valve(a).	Shoar Valve(s).
Dispenser Containment Ploat(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispensor ID:
Dispenser Containment Sensor(s). Model:	Dispenser Containment Sensor(s). Model:
Shear Valve(x), Dispenser Containment Float(s) and Chain(s).	Shear Valva(s).
ispensor ID:	Dispenser Containment Float(a) and Chain(s).
Dispenser Containmant Sensor(s). Model:	Dispenser (D:
Shear Valve(s). Model:	Dispenser Containment Sensor(s). Model:
Dispenser Containment Float(s) and Chain(s).	G Shear Valve(s).
the facility contains more tacks or discourses and the	Dispenser Containment Float(a) and Chain(s).
the facility contains more tanks or dispensers, copy this form. Include	de information for every tank and dispenser at the facility.
· Ceruication . I conify that the equipment identified in the	s document was inspected/serviced in accordance with the manufacturers' manufacturers' checklists) accessary to verify that this information is

Technician Name (print)! Antoni a Dominacez- Signature:
Testing Company Name: Contract Environmental Service Inc. Phone No.: (909) 822-6553
Site Address: 14759 Main St., Fontane 92332 Date of Testing/Servicing: 1/12/04

Monitoring System Certification

Page 1 of 3

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11/12/2004 12:03 FAX 809 822 6564

Contract Environmental S + George Bryant

003/005

D. Results of Testing/Servicing

Software Version Installed:

Complete the following checklist:

Information of the Ownedly	The second se	
Yos	D No*	Is the sudible alarm operational?
J Yes	Q No*	Is the visual alarm operational?
R X 68	Q No*	Were all sensors visually inspected, functionally jested, and confirmed operational?
Q 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?
Q Yes	D No"	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) operational?
0 Y96	D No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment manitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box No.
Q Yes	No" N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mochanical 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 rigger? %
Yes*	C 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.
U Yes*	Ger 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 _	D No*	Was manitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
G Yes	Q No*	Is all monitoring equipment operational per numufacturer's specifications?
+ T_ C-++	- MAL	

* In Section E below, describe how and when these deficiencies were or will be corrected.

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E. Comments:

Page 2 of 3

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Contract Environmental S + George Bryant 004/005

F. In-Tank Gauging / SIR Equipment:

Check this box if tank gauging is used only for inventory control. Cheok 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:

Q Yes	O No*	Has all input wiring been inspected for proper entry and termination, including testing for groupd faults?
		The stitute course of the state
	1	This accuracy of system product level readings tested?
U Yes	U No*	Was accuracy of system water level readings restand?
U I es	U NOT	Were all probes reinstalled property?
Q Yes	O No*	Were all items on the equipment manufacturer's maintenance checklist completed?

. In the Section E, 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:

1		
Q Ye	s I No N/A	
O Ye		Were all LLDs coaffirmed operational and accurate within regulatory requirements?
O Yes		Was the testing apparatus properly calibrated?
O Yes	D N/A	For mechanical LLDs, does the LLD restrict and the form the hand
D Yes	D N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
O Yes	N/A	For electronic LLDs, does the surbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
C Yes	O N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
Q Yes	Q No*	For electronic LLDs, have all accessible wiring connections been visually inspected?
Yes	O 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;

Page 3 of 3

10/20



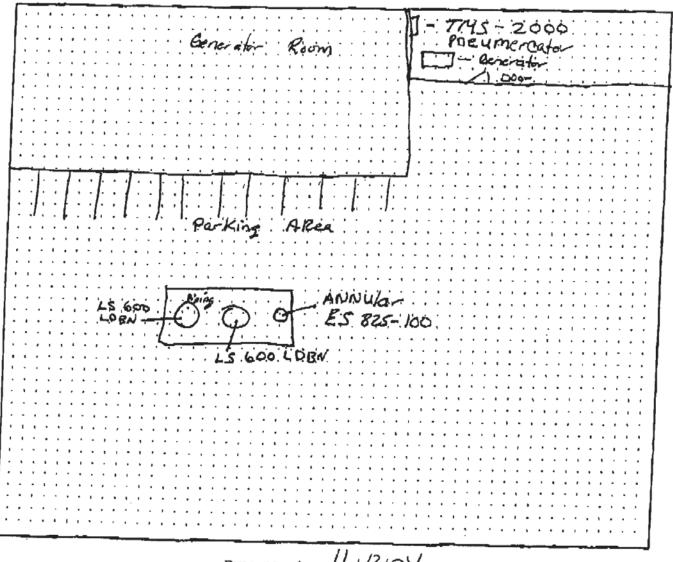
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Contract Environmental S → George Bryant - @ 005/005

Monitoring System Certification

UST Monitoring Site Plan

Site Address:



Date map was drawn: 11/12/04

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

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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 contification 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 tenk system owner/operator. The owner/operator must submit a copy of this form to the local agoncy regulating UST systems within 30

A. General Information	
Facility Name: Palomar Medical Conter	bide Ma
Site Address: 555 E. Vallay Dacking	
Make/Model of Monitoring System: Proceeding	Contact Phone No.: (76d) 65/9-7122 TMS 2000 Date of Testing/Servicing: 1/1/2/04
H Intertain All	TMS 2000 Date of Testing/Servicing: 1/1/2/04
B. Inventory of Equipment Tested/Certified Check the appropriate borns to indicate specific environment inspected/servi	
Tank ID: Diczel TAUK 10.000	the second se
In Tank Gauging Prohe	Tank ID;
Annular Space of Vault Server Model 1.5	Chrank Gauging Probe. Model:
Piping Sump / Trench Sensor(5), Model: 1 5 (20) / De-	Model
Mechanical Line Leak Detector. Model: N/9 Blectronic Line Leak Detector. Model: N/9	G Mechanical Line Leak Detestor Model
Tank Overfill / Highel over Sector Madel	Electronic Line Leak Detector Medal
Duter (specify equipment type and model in Section E on Page 2).	Tank Overfill / High-Level Sensor Ad-dat
	G Other (specify equipment type and model in Section E on Page 7)
In-Tank Gauging Probe. Model:	Tank ID:
Annular Space or Vault Sensor. Model:	D In-Tank Gauging Probe. Model:
	Annular Space of Vault Sensor. Model: Piping Sump / Trench Sensor(s). Model:
_ through definition (a). Model:	Fill Spring Sansar(a)
	Fill Sump Sensor(s). Model: Machapieal Line Leak Detector. Model: Electronic Line Leak Detector. Model:
Tank Overfill / High I much Saman Market	Clectronic Line Leak Detector. Models
Conter (specify equipment type and model in Section E on Page 3)	W Jank Overbil / High-Lavel Sensor Model
Dispanser ID:	Other (specify equipment type and model in Section E on Page 2).
A Dispenser Containment Supervision Manufally	Dispenser 1D:
	Dispenser Containment Sensor(s). Model:
Dispenser Containment Ploat(a) and Chain(a).	Dispenser Containment Fleat(s) and Chain(s).
	Dispenser ID:
 Dispenser Containment Sensor(s). Model: Shear Valve(s). 	Dispenser for: Dispenser Containment Sensor(s). Model:
Dispenser Containment Float(s) and Chain(s).	
	Dispenser Containment Float(s) and Chain(e).
Dispenser Containment Service	Lispenser ID:
Shear Valve(s). Model.	Dispenser Containment Sensor(6). Model:
Disponser Containment Ploat(s) and Chain(s).	
"If the facility contains more tanks or dispensers, copy this form include in	Dispenser Containment Float(s) and Chain(s).
•If the facility contains more tacks or dispensers, copy this form. Include in C. Certification - I sectify that the analysis	formation for every lank and dispenser at the facility.
guidelines. Attached to this Company identified to this do	ument was inspected/serviced in accordance with a
correct and a Plot Plan showing the Invoit of mattice (e.g. ma	cument was inspected/serviced in accordance with the manufacturers' nufacturers' checklists) necessary to verify that this information is t. For any equipment espable of generating such reports, I have also in set-up [Dialarm bistory reports]
attached a copy of the report: (check all shee much	t. For any equipment espable of generating such reports Thave also
attached a copy of the report; (check all that apply): I System Technician Name (print): Antron's Dominator	n set-up Alarm history report
Carrifornity 101 g 1	
Company Name: Contract Eaving	
Site Address: 14759 Main Sty Fontano 923	Date of Testing/Servicing 1/12/01

Monitoring System Certification

Page 1 of 3

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Contract Environmental S → George Bryant

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D. Results of Testing/Servicing

Software Version Installed:

Complete the following checklist:

	In the second	
C Yes	D No*	Is the audible alarm operational?
1 Yes	0 No*	Is the visual alarm operational?
2 Yes	CI No	Were all sensors visually inspected, functionally tested, and confirmed operational?
@ Yes	No*	were all zensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
Yes	C N/A	If alarms are relayed to a remote moniroring station, is all communications equipment (e.g. modern) operational?
• Yes	D No" D 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) I sump/Trench Sensors; I Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? I yes; No.
G Yes	No*	For tank systems that utilize the monitoring system as the primary tank overfill warping device (i.e. no mechanical overfill prevention valve is installed), is the overfill warping slarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm nigger? %
	Ū 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,
	O No	Product; U Water. If yes, describe causes in Section E, below.
	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable Is all monitoring equipment operational per manufacturer's specifications?
		the storing complicational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

Page 2 of 3

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11/12/2004 12:03 FAX 809 822 6564

Contract Environmental S + George Bryant 004/005

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.

Camplete the following checklist:

Q Y ₉₈	Q No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
		the state states sauging proposed in state of the state o
		was acouracy of system product level readings trated?
<u> </u>	U No*	Was accuracy of system water level readings tested?
La ICS	U NOT	Were all probes reinstalled property?
C Yes	O No*	Were all items on the equipment manufacturer's maintenance checklist completed?

. In the Section R, below, describe how and when these deficiencies were or will be corrected. unbreted :

G. Live Leak Detectors (LLD):

Check this box if LLDs are not installed.

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Complete the following checklist:

	J Ye	D N/A	
] Yes		Were all LLDs confirmed operational and accurate within regulatory requirements?
	Yes		was the testing apparatus properly calibrated?
L	1 Yus	D N/A	For mechanical LLDs, does the LLD received and the Device and the
	Yes	0 No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
L	Yes	No*	For electronic LLDs, does the surbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
	Yes	No"	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a rest?
	Yes	Q NA	For electronic LLDs, have all accessible wiring connections been visually inspected?
	Yes	O No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these defleiencies were or will be corrected.

H. Comments;

Page 3 of 3

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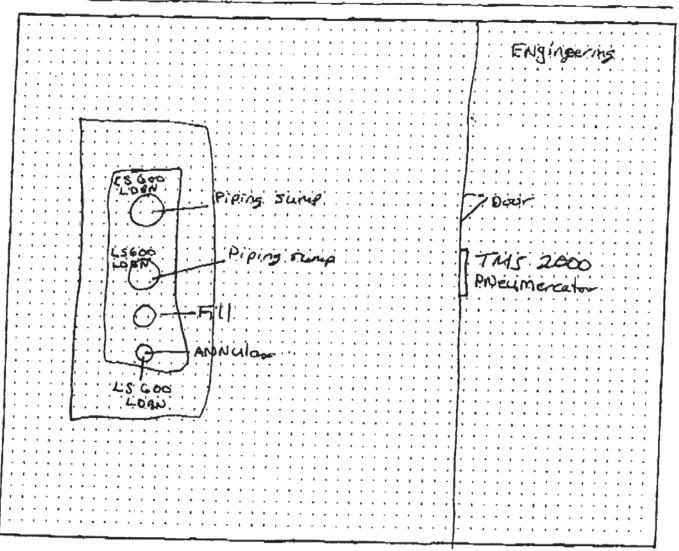


Contract Environmental.S + George Bryant - 🙆 005/005

Monitoring System Certification

UST Monitoring Site Plan





Date map was drawn: 1/ /2./04

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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, dispanser 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.

05/00



CONSTRUCTION AND ENVIRONMENTAL SERVICES

114230

M. Charts

HAZ • Remediation • Asbest Solution • Fuel Systems • CNG Systems • Demo

2005 JAN 7 AM 9 10

November 12, 2004

D. E. H. MAILROOM

County of San Diego DEH Hazardous Materials Division P. O. Box 129261 San Diego, CA 92112-9261

Re: SB989 Testing of 2 Fill boxes/Monitoring System Certification Palomar Medical Center 555 E. Valley Parkway, Escondido, CA

To Whom It May Concern:

Enclosed please find the results from the testing performed on November 10, 2004. Both Fill Boxes and Monitoring System passed testing.

Should you have any questions or require further information, please contact our office at (909) 944-3517.

Sincerely,

M. S. Bufant

M. S. Bryant George Bryant Construction, Inc.

Enclosures

9333 Golden Street • Alta Loma, CA 91737-2821 2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119 1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403 (909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax





SWRCB, January 2002

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Secondary Containment Testing Report FormECEIVED

This form is intended for use by contractors performing periodic testing of UST secondary the important 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 INFORMAT	ION MAILROOM
Facility Name: PALOMAR MEDICAL CENTER	Date of Testing: 11/10/2004
Facility Address: 555 E VALLEY PARKWAY ESCONDIDO CA 92055	the second s
Facility Contact: GLEN HOTCHKISS	Phone: (760) 644-7122
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name	: GEORGE BRYANT CONSTRUCT	ION	
Technician Cond	ducting Test: MATT BRYANT		
Credentials:	CSLB Licensed Contractor	SWRCB Licensed Tank	Tester
License Type: A	A B C21 HAZ ASB/ 718466	License Number: A B C21	HAZ ASB/ 718466
	and the second and the	Manufacturer Training	
Manufact	urer	Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
FILL BOX#1 10,000									
FILL BOX #2 3,000									

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

HER Technician's Signature:

Date: 11-10-04





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SWRCB, January 2002

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9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With	Spill/Overfill Containmen	t Boxes		
Spill/Overfill Containment Bo	xes are Present, but were N	Not Tested		10
Test Method Developed By:	Spill Bucket Ma	nufacturer 🗹 Indust	try Standard 🛛 🔲 Profe	ssional Engineer
	Other (Specify)			
Test Method Used:	Pressure	Vacut	um 🖌 Hydro	ostatic
	Other (Specify)			
Test Equipment Used: VISUA	AL.		Equipment Resolution:	
				<u>م مريد محمد من محمد من محمد محمد محمد محمد مح</u>
	Spill Box # 1	Spill Box # 2	Spill Box #	Spill Box #
Bucket Diameter:	12 IN	12 IN		
Bucket Depth:	13 IN	13 IN		
Wait time between applying				
pressure/vacuum/water and	0	0		
starting test: Test Start Time:	9:40 AM	9:45 AM		
·····				
Initial Reading (R ₁):	VISUAL	VISUAL		
Test End Time:	10:10 AM	10:15 AM		
Final Reading (R _F):				
Test Duration:	30 MIN	30 MIN		
Change in Reading (R _F -R _I):	0	0		
Pass/Fail Threshold or	.002	.002		
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)

	COUNT OF SAN DIEGO	e
E NY	COUNTION BAN DIEGO	PAGE <u>1 of 3</u>
	COMPLIANCE INSPECTION REPORT	EST. NO. <u>114230</u>
the occurrent		DATE <u>09/28/2004</u>
		TIME START 09:30 am END 4:00 pm
BUSINESS NAM	E Palomar Medical Center	BUS. CODE <u>K65</u> SPECIALIST Michelle Chairs
ADDRESS	555 E Valley Py	CONTACT <u>Tina Reitsma</u> TITLE Facility Ops Dir
CITY/ZIP	Escondido, CA 92025	PHONE <u>760-739-3000</u>
		Presd 12/07/04 If Tile

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HCS) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

Routine Inspection was performed with Jamie Whiteman - Facility Mgr and Tina Reitsma - Facility Ops Dir.

Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated guantities.

Business operates (2) underground storage tanks containing diesel fuel. FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/05.

UST OP PERMIT EXPIRES: 12/12/2005.

OBSERVATION - Container storing bulk chemo waste in pharmacy, without labels and or accumulation start dates. VIOLATION 0202 - Hazardous waste containers are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34 **CORRECTIVE ACTION -** Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste.

OBSERVATION - Pharmwaste waste improperly managed, disposed of in sharps container (3rd floor, ER). VIOLATION 4421 - Pharmwaste waste not separated from other MW. 118275 CORRECTIVE ACTION - Repackage Pharmwaste waste immediately.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 338 VIA VERA CRUZ PHONE (760)940-2854 SAN MARCOS, CA 92069 FAX (760)940 - 2853

11/10/09

Fitle of Business Representative

nature of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

	COUPY OF SAN DIEGO	PERMIT # <u>114230</u> DATE 11 / 10 / 2004
	COMPLIANCE INSPECTION REPORT	PAGE <u>2</u> OF <u>3</u>
<u>VIOLATION REPORT</u> : Th and Safety Code (HSC), and	SS: 8650 La Jolla Shores Dr. La Jolla the items checked below refer to specific section numbers of Titles 19 & 22 of the Cal d/or the San Diego County Code (SDCC). rrected. Submit documentation of return to compliance to your Specialist. Y	
	our Specialist can provide these forms. Please call (619) 338-2222 or your Sp	

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol		VIOL	VIOLATION DESCRIPTION
#		V0131	UPF Permit not obtained SDCC. 68.905
		V0132	No EPA Identification Number, 66262.12
		V0133	Manifest copy not sent to DTSC. 66262.23
		V0134	Exception Rpt. not filed with DTSC. 66262.42
		V0135	Waste Manifests/Receipts not on-site for 3 years. 66262.40
		V0136	No records of battery disposal. 66262.81
		V0137	Manifest not properly completed. 66262.23
		V0138	TSDF signed-manifest not on-site. 66262.40
		V0139	Biennial report not sent to DTSC. 66262.41
		V0140	LDR Documentation not available. 66268.7
		V0141	Operating TSDF without authorization. 25201
		V0142	Failed to notify local CUPA of onsite treatment of hazardous waste, 25201
		V0143	Tiered Permitting notification has incomplete or incorrect information. 25201
		V0144	SB14 compliance doc. not available. 25244.19
		V0145	Excluded recyclable materials report not submitted to HMD, 25143.10
			submitted to minib. 25145.10
	STO	RAGE	AND HANDLING
		RAGE /	Waste container not kept closed. 66265.173
1			
1		V0201	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled.
1	Ŋ	V0201 V0202	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9
1		V0201 V0202 V0203	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171
1		V0201 V0202 V0203 V0204	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173
1		V0201 V0202 V0203 V0204 V0205	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize
1		V0201 V0202 V0203 V0204 V0205 V0206	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
1		V0201 V0202 V0203 V0204 V0205 V0206 V0207	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174
1		V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface.
1		V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208 V0209	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface. 66262.10b
1		V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208 V0209 V0210	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface. 66262.10b Incompatibles in the same container. 66265.177
1	03 0000 0 000 0	V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208 V0209 V0210 V0211	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface. 66262.10b Incompatibles in the same container. 66265.177 Incompatibles not stored separately. 66265.177
1	00 000 0 000 00	V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208 V0209 V0210 V0211 V0212	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface. 66262.10b Incompatibles in the same container. 66265.177
	000 000 0 000 000	V0201 V0202 V0203 V0204 V0205 V0206 V0207 V0208 V0209 V0210 V0211 V0211 V0212 V0213	Waste container not kept closed. 66265.173 Waste container missing/improperly labeled. 66262.34, 25143.9 Damaged container not repackaged. 66265.171 Waste container not properly managed. 66265.173 Waste container in poor condition. 66265.171 Ignitable Waste < 50 feet of property line. 66265.176 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31 Storage area not inspected weekly. 66265.174 Waste stored > 90, 180, or 270 days. 66262.34 Hazwaste not cleaned up off floor surface. 66262.10b Incompatibles in the same container. 66265.177 Incompatibles not stored separately. 66265.177 Container incompatible with waste. 66265.172

DISPOSAL AND TRANSPORTATION

		V0301
		V0302
		V0303
		V0304
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Unauth. disposal of waste to:	25189.5
Unlawful transportation of hazardo	us waste. 25163
Waste transported without a manife	st. 66262.20
Waste determination not made. 662	262.11

11-10-04 DATE SIGNED

	TRA	INING, O	CONTINGENCY PLAN & ER PROCEDURES
Viol #		VIOL	VIOLATION DESCRIPTION
		V0401	Training records unavailable. 66265.16
		V0402	Training program not adequate. 66265.16
		V0403	Facility not designed to minimize release. 66265.31
		V0404	Spill control equip not available. 66265.32
		V0405	Aisle space is obstructed. 66265.35
		V0406	Contingency plan not prepared and/or on file. 66265.51, 66265.53
	HA	ZARDOU	S WASTE TANK SYSTEMS
		V1601	Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
		V1602	P.E. Assessment report not complete. 66265.191g, 66265.192k
		V1603	Hazwste tank system: no secondary containment. 66265.193a
		V1604	Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
		V1605	No daily tank inspection/inspect. log 66265.195 (b&c)
		V1606	Improper or absent spill/overfill protection. 66265.194b
		V1607	Improper corrosion protection. 66265.191, 66265.192
		V1608	Integrity assessment not done for tanks without secondary containment system. 66265.191
		V1609	Improper use of hazwaste tank system. 66265.196
		V1610	No PE assessment report-repairs/changes. 66265.196
		V1611	Improper closure of haz waste tank unit, 67383.3,

1610	No PE assessment report-repairs/changes. 66265.196g				
1611	Improper closure of haz waste tank unit. 67383.3,				
	66265.197				

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	V1001	UPF permit not obtained for Haz. Materials. 68.905
	V1002	Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	V1003	HMBP not amended to reflect changes. 25505
	V1004	HMBP not submitted to HMD. 25505
	V1005	Emergency contacts not provided/current. 25509
	V1006	Inventory is incomplete. 25504
3	V1007	Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	V1008	Annual carcinogen & reproductive toxin list not submitted to HMD. 68.1113
	V1009	Site map is not sufficient. 25509
	V1010	Failure to report a release/threatened release. 25507
	V1011	Personnel training records not available. 19 CCR 2732
	V1012	SPCC plan required but not prepared. 25270.5 (c)
	V2504	Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
	V2553	O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

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PERMIT	114230			
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		1	MEDICAL WASTE DEOLUDEME	NTC		-	DATE <u>11 / 10 / 2004</u>
FIC &			MEDICAL WASTE REQUIREME COMPLIANCE INSPECTION REPO	DRT			PAGE <u>3</u> OF <u>3</u>
A DEC		1					
BUSIN	ESS A	ADDRE	SS: 4002 Vista Wy Oceanside				ZIP: 92056
			<u>RT</u> : The items checked below refer to specific section number	s of the C	aliforni	a Health	and Safety Code Sections 25100 and 117600 et. al.:
the San L	Diego C	County Co	de of Regulatory Ordinances Sections 68.1201 et. al.; and the	Californ	ia Code	of Regula	ttions, Title 22 Sections 65600 et. al.
All violat	All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your						
return to	eturo to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.						
	STC	RAGE A	ND LABELING		TRA	NSPORT	ATION REQUIREMENTS
Viol	1	VIOL	VIOLATION DESCRIPTION	Viol		VIOL	VIOLATION DESCRIPTION
		V4201	UPF Permit not obtained. 117705, 68.905			V4260	Transportation of MW without State Hauler
		V4202			-	14200	Registration or a (LQHE) from HMD. 118025
		*4202	Medical Waste (MW) not separated from other waste at point of origin. 118275	\square		V4304	No LOHE for "self-hauled" MW
		V4203	Enclosure or designated accumulation area for MW				(<20 pounds of waste/wk). 118030, 118025
	-		containers not secured. 118310			V4305	LQHE not renewed annually as required. 118030
		V4204	MW storage area not posted with an approved and			V4311	Medical Waste tracking documents not in vehicle
	0.000		legible biohazardous waste "warning sign" in English				transporting MW. 118040
			and Spanish. 118310			V4312	MW tracking documents/logs not maintained for 3years
		V4205	Medical SOLID WASTE not secured to deny				for LQHE. 118040
	_		access to unauthorized persons. 68.1211				
		V4206	Spill of MW not properly cleaned up. 118300			2000 12 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>GENERATORS ONLY</u> (<200 lbs/mo) MW)
		V4207	Sharps not stored in approved and properly marked			<u>VIOL</u>	VIOLATION DESCRIPTION
	-		sharps container. 118275			V4301	Medical Waste Mgmt. Plan (MWMP) not submitted
		V4208	Full sharps container not taped closed or tightly-lidded		142		to HMD (initial/updates if onsite treatment). 117935 Did not maintain and show proof of "onsite" medical
	-	1/1200	to preclude loss of contents. 118285			V4302	waste treatment records for 3 years. 118215, 117943
		V4209	Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205, 68.1206			V4303	Did not retain on file disposal receipts/tracking
		V4210	MW not stored in approved and properly marked	0.0.00			documents for waste shipped offsite for 2 yrs. 117945
		14210	red bags. 118275			V4309	MWMP or equivalent information not onsite. 117945
		V4211	Red bags not tied off to prevent leakage/expulsion				
			of contents during handling and storage. 118280	RE	OUIRE	MENTS I	FOR LARGE QUANTITY GENERATORS ONLY
		V4212	Red bags not containerized in rigid, leak resistant,	(2)	200 pour	nds of was	te generated per month)
			and covered containers or bins. 118280			V4351	MWMP not submitted to HMD (initial/updates).
1		V4213	Waste container/bin not labeled on the lid and		_		117950, 117960, 117970
	-		side so as to be clearly visible. 118280			V4352	Records of MW treatment not available for 3 years. 118215, 117975
		V4214	Reusable containers/bins for MW storage not kept			V4353	Did not retain on file disposal receipts/tracking docum-
			clean/sanitary. 118295, 118305		L	*4333	ents for at least 3 yrs. for waste shipped offsite. 117975
		V4215	Frozen (0C/32 F) MW stored >90 days. 118280				/
		V4306	Full sharps container stored >7 days at room temp 118285			aloov	
1		V4307	Red bag waste stored >7 days at room temperature (for generators of >20lbs/month). 118280		2002	/	CHEMOTHERAPY, PHARMAC. & HAZ. WASTE
		V4308	Red bag waste stored >30 days at room temperature (for		/		Chemo waste not segregated from other MW. 118275
		14000	generators of <20 lbs/month). 118280		/	V4402	Chemo waste container not properly labeled. 118275
	•		Burning of an institution of the second			V4403	Illegal disposal of chemo waste. 118340
	TRE	ATMENT	CAND DISPOSAL			V4411	Pathology waste not segregated from other MW. 118275
		V4251	MW treated by unapproved method/procedure. 118215	$r \rightarrow$		V4412	Pathology waste container not properly labeled. 118275
		V4252	Standardized written operating procedures for steam			V4413	Illegal disposal of pathology waste. 118340
			sterilization not available. 118215	1		V4421	Pharmwaste not segregated from other MW. 118275g
		V4253	Recording thermometer not calibrated annually. 118215				Pharmwaste not properly labeled. 118275(g)
		V4254	No records of thermometer calibration checks onsite for	\square			Pharmwaste stored >90 days. (≥ 10 lbs/yr) 118280(e)
-			at least the past 3 years. 118215		and a second sec		VSQG of pharmwaste (<10 lb/yr) stored >1yr. 118280(e)
		V4255	Heat-sensitive tape/other approved method not used				Illegal disposal of pharmaceutical waste. 118340, 118222
			for each load treated onsite. 118215		1.1.1.1		Illegal disposal of photo/hazwaste to sewer/trash. 25189.5
		V4256	Monthly biological indicator or other approved method				mogar disposar of photomacwaste to sewer/trasit. 20189.0
	-		not used to confirm proper disinfection. 118215		ONSIT	EMWT	REATMENT FACILITY REQUIREMENTS
		V4257	Onsite Steam Sterilization did not reach 121°C/250 °F			V4501	Onsite MW treatment permit not obtained/renewed.
1	[for 30 minutes. 118215	4			Period and a second sec

	V4501	Onsite MW treatment permit not obtained/renewed.
		117950, 118130, 118155, 65620/65623.
	V4502	Current copy of the MW treatment permit not available.
 		65621(f), 65623, 118165, 118180
	V4503	Condition(s) of the MW treatmt, permit violated, 65623

TITLE OF BUSINESS REPRESENTATI

SIGNATURE OF BUSINESS REPRESENTATIVE

point. 118340

not available for 3 yrs. 118215

Treatment records/logs of dates, time and temperature

Disposal of untreated MW to an unauthorized

V4258

V4259

11/10/04 DATE SIGNED

DATE // -64164-





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r Medical (alley PKW	onter T-	ANAGEMENT PLAN e of Business/Practice:		it AL				
arey I KW	y-Escondi	du Zip: 92025	mosp	TAL				
	1	LID: YOULS	and the second s					
		Site Address: <u>555 E. Valley PKWy-Escondidu</u> Zip: <u>92025</u> Phone: Contact Person: Title:						
»()		I lue:	*		<u></u>			
PACE OF DIC	HAZARDOUS te generated and mar	S WASTE: aged at this facility. SEE SAI	MPLE PI	AN AND	ATTACHMENT			
QUANTITY (lbs/month)	STORAGE	TREATMENT	ON-	OFF-	HAULER NAME			
5970	Rinchure Prat		SILE	SITE	stericycle			
8780	Red Bio- Waske Bag	W		V	stericycle			
11 1721	Container in Boa	Autoclaye.		V	stericycle			
1053	Bio-waste contine W/Bio-Wiste Bay	AutoClave		V	storiaycle.			
	Yellow Chemot			V	Stericycle.			
NA	NIA	NA	WA	WA	NA			
645.07	Red Bio-Woster Back	Incineration		V	Stericycle			
N/A	- -	N/A	N/A	NVA	5 - Compose			
	DRAGE OF BIC of biobacardous was ISED IN THIS FLA QUANTITY (Ibe/month) 5970 8780 1755 1053 1053 101.11 NIA 645.07	DRAGE OF BIOHAZARDOU of biohazandons waste generated and man ISED IN THIS PLAN QUANTITY (Ibe/month) STORAGE (container type) Runchive-Prof SOGTO Shorps Container SOGTO Shorps Container SOGTO Shorps Container NASS Bio-Waste Bag 1755 Bio-Waste Bag 1755 Bio-Waste Container 1053 Bio-Waste Container 1053 Bio-Waste Container 1053 Willio Wiste Bru 1011 Yellow Cherno Storage Container NIA NIA 645.07 Baca	ORAGE OF BIOHAZARDOUS WASTE: of biohazardons waste generated and managed at this facility. SEE SAU OUANTITY OUANTITY OUANTITY OUANTITY OUANTITY OTORAGE TREATMENT OUANTITY STORAGE INTHESPLAN OUANTITY STORAGE OUANTITY STORAGE INTHESPLAN OUANTITY STORAGE INTHESPLAN OUANTITY STORAGE INTHESPLAN OUANTITY STORAGE INTEATMENT OUANTITY STORAGE OUANTITY STORAGE TREATMENT Auto Clave OUASE Auto Clave OUASE OUASE OUASE INTO Clave OUASE OUASE <td col<="" th=""><th>RAGE OF BIOHAZARDOUS WASTE: of biohazandous waste generated and managed at this facility. SEE SAMPLE PL OUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE 9000000000000000000000000000000000000</th><th>NRAGE OF BIOHAZARDOUS WASTE: of biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OF biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OUANTITY STORAGE OLANTITY STORAGE TREATMENT ON-OFF- SITE OUANTITY STORAGE OF- METHOD SITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE <td< th=""></td<></th></td>	<th>RAGE OF BIOHAZARDOUS WASTE: of biohazandous waste generated and managed at this facility. SEE SAMPLE PL OUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE 9000000000000000000000000000000000000</th> <th>NRAGE OF BIOHAZARDOUS WASTE: of biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OF biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OUANTITY STORAGE OLANTITY STORAGE TREATMENT ON-OFF- SITE OUANTITY STORAGE OF- METHOD SITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE <td< th=""></td<></th>	RAGE OF BIOHAZARDOUS WASTE: of biohazandous waste generated and managed at this facility. SEE SAMPLE PL OUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE QUANTITY STORAGE TREATMENT ON- SITE 9000000000000000000000000000000000000	NRAGE OF BIOHAZARDOUS WASTE: of biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OF biohazardonas waste generated and managed at this facility. SEE SAMPLE PLAN AND OUANTITY STORAGE OLANTITY STORAGE TREATMENT ON-OFF- SITE OUANTITY STORAGE OF- METHOD SITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE SITE OF- BITE <td< th=""></td<>		

ch a copy of biohazardous waste hauler contract or Limited Quantity Hauler exemption.

Biobazardous WASTE STORAGE LOCATION: [Please check the appropriate box(es)]. Biohazardous Waste:

[] Inside establishment in secured area [] Outside in posted, secure area Medical Solid Waste: [] Inside establishment

[] Outside in Locked/secured dampster

PERSONNEL TRAINING:

All personnel handling biohazardous waste have been trained in all aspects of this management plan. Training includes the legal definition of biohazardous waste, separation and proper storage, transportation, treatment, and disposal of biohazardous waste. Documentation for completed employee training will be

CERTIFICATION STATEMENT

I certify that the above management plan is complete and accurate, and that this business will adhere to all aspects of the plan. I further understand that any violation of this plan or any applicable law or regulation may result in legal action.

SIGNATURE OF RESPONSIBLE PERSON	- Duricha For OPS	
NAME OF RESPONSIBLE PERSON (please print or type)	11,9,04	
	DATE	

DISTRIBUTION: WHITE - RETURN TO HMD YELLOW - BUSINESS RETAINS

DEH:HM-9209 NCR (Rev. 8/99)

Page 2 of 5

County of San Diego mal LI.

COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT BUSINESS NAME Polomor Medical Center ADDRESS 555 E Volley Py. CITY/ZIP ESCONDIDO 92025 On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report. Y N/A	2
 Unified Program Facility Permit current and available Hazardous Materials Business Plan available Employee Training is adequate Waste disposal records available for review Emergency contacts current Updated today Chemical inventory current Updated today Chemical inventory current Updated today Routine NSpectron : 	
Business manages (2) underground storage tants, haz materials haz waste, and biohazardous waste in regulated quantities, Recurrent medical waste management folan and financial responsibility coverage ware provided during inspection. Comment:	1
prevent ascess to unauthorized persons.	
This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	
Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdeh.org	

COUNTY OF SAN DIEGO - UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM

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, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Establishment Number://	4230		Plan	Check Number:	
	1. FACILITY INF	ORMAT	ION		
Facility Name: Blomer	Medical Cen	ter-		Date of Testing:	9-12-03
racinty Address. 3.55 F.	Valley VarV	way			Test Type:
Facility Contact: Glen Hot	chliss	/	Phone:	(760) 739-311	1 🗆 Initial
Date Local Agency Was Notified	l of Testing :				□ 6 month
Name of Local Agency Inspector	t (if present during testin	g): Ju	an F	ernandez	□ 36 month
Company Name: George Technician Conducting Test:	ATT Bryant	tructo	in		
Credentials: CSLB Licens	ed Contractor			ed Tank Tester	
License Type: A B CZI	Haz ASB	License N	umber:	718466	
Manufacturer	Manufact	urer Train	2246-2226-2-2266	nden manalari di silanda da minazi silar.	Date Training Free
					Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Sump#/ piping sump	X						D		
Sump #2 Vent sump	X						D	0	
Piping run 1 3,000 gal 7744	X						0		
piping run 2 3000 gal TANK	X						0		
piping run 1 19000 gal tank	X							۵	
Piping run Z 10,000 gal TANK	X				· ·				

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Water and pumped	into 550	al Drums	TAKE	to ou	- FAL	and	Hanlad
Mater and pumped	Services .		-				

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

Matt E. K Technician's Signature:

Date: 9-12-03

DEH:HMD-9169 (May, 2002)

•		NDARY PIPE TEST		
Test Method Developed By:	Piping Manufactoria Piping Manufactoria Other (Specify)	· · · · · · · · · · · · · · · · · · ·	Standard 🗆 Profe	ssional Engineer
Test Method Used:	Depressure	U Vacuum	🗆 Hydro	ostatic
Test Equipment Used:			Equipment Resolution	n:
	Piping Run # 🔏 अ०००	Piping Run # 3000	Piping Run # 440	Piping Run # 210,00
Piping Material:	Fiber glass	Fiber Aliss	File Oless	Febr Gless
Piping Manufacturer:	Smith	Smith	Alderin	Auter on
Piping Diameter:	3%	5"	3"	74
Length of Piping Run:	APPOX 190'	ARINY 100'	APProx 90'	ADPINE 90'
Product Stored:	Diesel	Diesep	Desel	Desel
Method and location of piping-run isolation:	Boot in simp	Beat in Swap	Beat in surve	
Wait time between applying pressure/vacuum/water		-		
and starting test:	15 min	15 Min	15 min	15 nuis
Test Start Time:	TOUANI_	7.00 Au	7:15 Am	7:15 mm
Initial Reading (R _I):	S/bs_	SIb-	5/65	5165
Test End Time:	10-00 pm	10:00 AUL	10:20 Am	10:20mm
Final Reading (R _F):	<u>5165</u>	5165	5165	514
Test Duration:	3h-	31-	3.1h-	3'h
Change in Reading (R _F - R _I):	-0-	0	Ø	0
Pass/Fail Threshold or Criteria:	0	e	0	-0
Test Result:	Pass 🗇 Fail	Pass - Eail	Pass D Fail	Pass BFail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

• .

•		6. PI	PING	SUMP	TES	ГING			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			
Test Method Developed By:	🗆 Sump	o Manu	facture	r d	Indus	try Star	ndard		Professi	ional En	gineer	
	🗆 Other	r (Spec	ify)								26	
Test Method Used:	D Press	ure		C	Vacu	um		1	Hydrost	tatic		
	C Other	r (Spec	ify)				-	8-C				-
Test Equipment Used:							Equipn	ient Re	esolutio	n:		
	Sump#	1 1		Sump#			Sump #			Sump#	17 FA 64 26 A 56	
Sump Diameter:	21			Sump #			Sumpa			Sump #		
Sump Depth:	217	200										
Sump Material:	-70	<u>)</u> 	/									
Height from Tank Top to Top of	Mpc	CG	(035		0.0							
Highest Piping Penetration:	12	11										
Height from Tank Top to Lowest	10	177-1										
Electrical Penetration:	18	11										
Condition of sump prior to		,										
testing:	As. 8	<u> </u>	24					1.17.2 11.0				
Portion of Sump Tested ²	Bottom	14							<u> </u>			
Does turbine shut down when sump sensor detects liquid (both	🛛 Yes 🛛			🗆 Yes			🗆 Yes			- Vea	(") No	
product and water)?	Lies		I INA	0165		UNA	0165	0140	UNA	□ Yes		UNA
Turbine shutdown response time	N	/A										
Is system programmed for fail-	🗆 Yes 🛛		-ALA	🗆 Yes			D Ver	🗆 No		DVa		
safe shutdown?*	Li Yes		INA	U Yes	UNO	UNA			UNA	Li Yes	L NO	ONA
Was fail-safe verified to be	🛛 Yes	🗆 No	NA	□Yes	O No	NA	□ Yes	□ No	ONA	□ Yes	🗆 No	DNA
operational? Wait time between applying			·			21 1 - 21 -			-			
pressure/vacuum/water and												
starting test:	3	On										
Test Start Time:	7:43		8.04						-			
Initial Reading (Ri):	770		770									
Test End Time:	8:00		8.21									
Final Reading (R _F):	770	7	00						10			-
Test Duration:	17.8		17.8									
Change in Reading (R _F -R ₁):	D.		.o					22102				
Pass/Fail Threshold or Criteria:	.002	/	. CUL									
Test Result:	4 . Fa	ss 📄 🖸		NO P	iss. f] Fail	D P	ass me] Fail	D P	ass 1	Fail
Was sensor removed for testing?	D Yes			□Yes	🗆 No	□NA	□Yes	O No	ONA	□Yes	O No	DNA
Was sensor properly replaced			1			0			21-22-2		2.2.1	0-3-230
and verified functional after	🛛 Yes	🗆 No	D NA	□Yes	🗆 No	DNA	QYes	□ No	DNA	□Yes	O No	DNA
testing?	<u> </u>									<u></u>		

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Senso- neit instelled yet.

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)

8.	FILL	RISER	CONT	'AINMEN'	T SUMP	TESTING	
Color designed if the	The Party of the P	Station					

Facility is Not Equipped With Fill Riser Containment Sumps							
Fill Riser Containment Sumps are I	Present, but were Not T	ested 🛛					
Test Method Developed By:	Sump Manufacture	r Dindustry Stan	dard 🗆 Professio	onal Engineer			
	Other (Specify)						
Test Method Used:	D Pressure		Hydrost	atic			
	□ Other (Specify)						
Test Equipment Used:	- Contra datava de la cariño de anteres		Equipment Resolution				
	Fill Sump # 2	Fill Sump #	Fill Sump #	Fill Sump #			
Sump Diameter:	30"						
Sump Depth:	40"						
Height from Tank Top to Top of							
Highest Piping Penetration:	Z"						
Height from Tank Top to Lowest	100						
Electrical Penetration:	/8"						
Condition of sump prior to							
testing:	Grow						
Portion of Sump Tested	Bothern 14/11						
Sump Material:	Fiber dlass						
Wait time between applying							
pressure/vacuum/water and	-						
starting test:	Jonn						
Test Start Time:	0.24 8.43						
Initial Reading (R ₁):	700 700						
Test End Time:	8.41 9.02						
Final Reading (R _F):	700 700						
Test Duration:	17.7 17.6						
Change in Reading (R _F -R _I):	0 0						
Pass/Fail Threshold or Criteria:	1002 .002						
Test Result:	Pass D Fail	😔 🛛 Pass 🔬 🖸 Fail 🔅	10 Pass C Fail	D Pass D Fail			
Is there a sensor in the sump?	I Yes DNO	□ Yes □ No	□Yes □No	□Yes □No			
Does the sensor alarm when either	DYes DNO BNA	□Yes □No □NA	□Yes □No □NA	□Yes □No □NA			
product or water is detected?		ALL					
Was sensor removed for testing?	OYes ONO DANA	DYes DNo DNA	□Yes □No □NA	DYes DNO DNA			
Was sensor properly replaced and verified functional after testing?	□Yes □No □KNAK	□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) Sensor Not installer Yet

•	9. SPILL/OVERFIL	LL CONTAINMEN	T BOXES					
Facility is Not Equipped W	Facility is Not Equipped With Spill/Overfill Containment Boxes							
Spill/Overfill Containment	Boxes are Present, but w	ere Not Tested D						
Test Method Developed By	: 🗆 Spill Bucket M	anufacturer Indus	stry Standard 🛛 Prof	essional Engineer				
	□ Other (Specify)			-				
Test Method Used:	□ Pressure	' 🛛 Vacu	um 🕑 Hyd	rostatic				
	Other (Specify)							
Test Equipment Used:	sual test		Equipment Resolution	1:				
	Spill Box # /	Spill Box #	Spill Box #	Spill Box #				
Bucket Diameter:	12"			opin Dox #				
Bucket Depth:	13"							
Wait time between								
applying pressure/vacuum/water								
and starting test:		5. 181						
Test Start Time:	1:00pm							
Initial Reading (R _I):	1:00рщ							
Test End Time:	1:30pm							
Final Reading (RF):								
Test Duration:	30 Nin							
Change in Reading (R _F - R _I):								
Pass/Fail Threshold or Criteria:								
Test Result:	Pass D Fail	D Pass D Fail	Pass D Fail	🔄 🖸 Pass 💷 Fail				

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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Visual test, Spill Bops in Vent Sump. (Pe- inspector. Juan Fernandez

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UMP Leav Tester Model () Barries Engineering ite: 555 E vullay foling alanas predical IMP: 1 piping Sump ite: 89/12/2003 07:43 .me: .te: Pass SPI <.002 inches 17.8 minutes aPI at chi, MP Leak Tester Morel 3:00 Barrett Engineering Fortuna, CA te: 555. E Valley prkur IP: ping somp 09/12/2003 set. 08:04 ne: Pass ,e! <.002 inches SP1 15: 17.8 , minutes M.A 0

. . . *

Site: fala	555 E Valley Prkuy
Sump:	2 vent sump
Date:	09/12/2003
Time:	ð8:24
Rate:	Pass
Ûisp∶	<.002 inches
Elap:	17.7 minutes
Tech:_	platt E-
8a	eak Tester Mocel offer rrett Engineering Fortuna, CA
Site: Pala	555. Evallegerky
Sume: e	2 went sump
Date:	09/12/2003
Time:	08:45
Rațe:	Pass .
Disp:	<.002 inches
Elap:	17.6 minutes
íech 🟒	Mud 2 -

SUMP Leak Tester Model 1999 Barrett Engineering Fortuna, CA

	ATT	ACHMENT A				
s s	itate of California State Water Resources Control Board			y Use Cady		
CER	TIFICATION OF	FINANCIA	L RES		IBILI	IY
A. 1 am required to de	monstrate Financial Responsibility is the required	amounts as specified in Sectio	a 2807, Chapter 18, Di	v. 3, Title 23, CCR lars annual aggreg	ate	
	or l million dollars per occurrence	AND		or lars annual aggreg		
B.		nereby certifies that it is i	n compliance with	the requireme	ents of Sectio	n 2807,
(Nume of Task Owner or Article 3. Chapter	^{Openar)} r 18, Division 3, Title 23, California Code s used to demonstrate financial responsi	of Regulations.	ion 2007 are as fo	liows:		
C. Mechanism	Name and Address of tasuer	Nechanism	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Type CLAIMS	PROGRAM BETA	B-99-691	occur	7-1-03 THRU		
MADE POLLUTION LIABILITY	1443 DANVILLE BLVD ALAMO, CA 94507-	- ·	\$500,00 aggretat \$1,000,0	le	04	
INSURANCE	1973					
	· · · ·					
Note: If you are	using the State Fund as any part of your intification also certifies that you are in co	r demonstration of financ moliance with all condition	ial responsibility, j ons for participatio	your execution n in the Fund.	and submis	sion
D. Fadility Name			Padility Address			
PALOMAR N	MEDICAL CENTER	, 		VALLEY I		
			ESCOND1	DO, CA	92025	
Facility Name						
Facility Name			Padility Address			
Facility Name			Pacility Address			
E. Signature of Tank Own	ber or Operator	Dum 11-20-03		Tank Owner or Operat	ÓT.	
Signature of Witness o		Data	Name of Witness of	Notary		
CPR(0492)	FILE O	riginal Local Agency Copias	PacifitySite(s)			

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P. F. Setvices 1199 N. Ukiah Way Upland, CA 91786 Tel: (909) 949-9141 • Fax: (909) 920-6453 Toll Free: (877) 710-2189 • Email: pfuerte@earthlink.net Lic# 767952

FACSIMILE COVER SHEET

TO: George Bryant Construction, Inc.

ATTENTION: George / Peggy

FAX #: (909) 948-2876

FROM: P.F. SERVICES Joan Fuerte

DATE: October 29, 2003

No. of pages (including this coversheet): 16

MESSAGE:

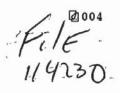
Please find attached the monitoring certifications for Palomar Medical Center and Pablo's certification, etc.

Please let us know if you require additional information.

Hope you have a good day! (toan

A TRAFE PASCA

P.F. Services



	County of	San Diego	1/9
A SECOND	FENVIRONMENTAL MEAL	THHAZARDOUS MATERIALS DIVI	SION
INDEPODIND S	618) 338-2222 FAX (819) 33	18-2377; 1-400-253-9933	
Authority Cited: Chapter 6.7, 1	Vealth and Safety Code; Cha	DNITORING SYSTEM CR puer 16, Division 3, Tule 23, Califor	nia Code of Regulations
This form must be used to document in	astallation, testing and servic	ing of monitoring covinnent A sense	cate certification or report must
be prepared for each manitoring system to the tank system owner/operator.' T within 30 days of test date.	a control panel by the techni	ician who performs the work A con	v of this form must be presided
Plan Check Number:		Permit Number:	114230
A. General Information			
Facility Name: Palom	Ir Medical (str.	Bldg. No.:
Site Address: CSS E.V		City: Escandida	
Facility Contact Person: G-lev	Hotekkiss	Contact Phone No .: (
Make/Model of Monitoring System:	The second		ng/Servicing: 1013103
B. Inventory of Equipment To	ested/Certified: Chack the	appropriate boxes to indicate spacific equ	gment found co/inspected/serviced:
Tauk 10: Dic tel Tauk O In-Tank Gauging Proba Ma	det: NA	Tank ID:	
Annular Space or Vault Seasor. Mo	del: TS Gall DB	 In-Tank Gauging Probe. Annular Space or Vault Sensor. 	Model:
D Piping Sump / Trench Sonsor(s). Mo	del: ISGODLOBN	D Piping Sump / Trench Sensor(s).	Model:
	del: N/A	D Pill Sump Sensor(s).	Model:
D Electronic Line Lesk Detactor. Min	del: N/M	Mechanical Line Leak Detector. Electronic Line Leak Detector.	Model:
D Tank Overfill / High-Level Sensor. Mo	del: NIA	G Tank Overfill / High-Level Sensor,	Model
Other (specify equipment type and mode	el in Section E on Page 2).	D Other (specify equipment type and	model in Section E on Page 2).
Tank ID: D In-Tank Gauging Probe. Mo		Tank ID:	
	dal:	D In-Tunk Gauging Probe.	Model:
O Piping Sump / Trench Sensor(s). Mo	the sector of a section of the sector of the	C Annular Space or Vault Sensor. D Piping Sump / Trouch Sensor(s).	Model:
D Fill Sump Sensor(s). Mo	the second se	G Fill Sump Sensor(s).	Model
Mechanical Line Lask Detector. Ma Detector. Ma Detector. Ma	del:	O Mechanical Line Leak Detector.	Model:
O Tank Overfill / Nigh-Level Sensor, Mo	det	C Electronic Line Leak Detector.	Model:
D Other (specify equipment type and mode	in Section E on Page 2).	C Other (specify squipment type and	model in Section E on Page 7)
Dispenser ID:		Dispensor ID:	in a contrast of the rate of
Dispenser Containment Sensor(s). Mo	del:	Dispenser Containment Sensor(1).	Model:
Dispenser Containment Float(s) and Cha		C Shear Valve(s),	
Dispenser ID:	utt(s).	Dispenser Containment Finat(s) ant	(Chain(s)
D Dispenser Containment Sousan(a) Mon	del:	Dispenser ID: Dispenser Containment Sensor(a).	
U Shcar Valve(s).		Shear Valve(s).	MOOCL
Dispenser Containment Float(s) and Cha	in(6),	O Dispenser Containment Float(s) and	i Cham(s).
Dispenser ID:		Dispenser ID:	
Dispenser Containment Sensor(6). Mot	Set:	D Dispenser Containment Sensor(s).	Model:
Dispenser Containment Float(s) and Chair	n(s).	O Sherr Valve(s). O Dispenser Containment Float(s) and	Chainte
"If the facility contains more canks or disper	sers, copy this form. Include i	nformation for every tank and dianenser	at the facility
C. Certification - I certify that the manufacturers' guidelines. Attache	e ennironent identified in ch		an and analyty.
	WIN YNCHALLE FLEE TSABELL DI LLW	BITOPOD CONTINENT FOR BOY AGUIN	Boot capable of penarmine cash
	the report (check all that ap)	System set-up QA	Jarm history report
Technician Name (print);	rverte		THE
Certification No.:		License. No.: 2679	57
Testing Company Name: P.K.S	entices	Phone No.: (87	2) 710-1180
Site Address: Palomar Med	lial ctr. 555 1		ervicing: 1013 103
DEH:HM-9301 (Rey 08/02)	Page 1 of 4	County of San Diego-	DEH-Hazarunna Materiala Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

°24

Software Version Installed: ____

COLLARIA + CLEICH DISCHIEC:

Complete the following checklist:	Сопр	lete	(ike	lottow	ing c	becklist:
-----------------------------------	------	------	------	--------	-------	-----------

Var Yes	0 No+	Is the audible alarm operational?
Yes	D No*	Is the visual alarm operational?
Qr Ym	D No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
U Ycs	O No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
© Yœ	NA NA	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) operational?
O Yes	口 No* 风 N/A	For pressorized piping systems, does the turbine automatically shut down if the piping secondary containment recent resonance of the piping system detects a leak, fails to operate, or is electrically disconnected? If yes; which sentors initiate positive shut-down? (Check all that apply) I Sump/Treach Sensors; I Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? I Yes; No.
C Yes	No"	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? %
X Yes*	D 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.
A Aca.	CI 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.
D Yes	Q No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
Yes Yes	O No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be currected.

Pheumerrotor manitoring system uss install TMS 2000 IS 6001-DBN sure senors and or IS 6001-DBN connotor senor. E. Comments: Malio tus

as paran in analter source sensor amin Sister through Sensor unction 600. uss renaired as well notion 10x

DEH: HM-9301 (Rev 08/02)

County of Sam Diego-DEH-Hazardaus Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number:

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:

Q Yes	D No"	Has all input whing been inspected for proper easy and terraination, including testing for ground faults?
O Yes	D No"	Were all tank gauging probes visually inspected for damage and veridue buildup?
D Yes	D No*	Was accuracy of system product level readings tested?
CI Yes	O No*	Was accuracy of system water level readings tested?
VYes	O No*	Were all probes reinstalled properly?
		Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD): A Check this box if LLDs are not installed.

Complete the following checklist:

O Yes		The source of th
Q Yes	D No"	Wore all LLDs confirmed operational and accurate within regulatory requirements?
Q Yes	O No*	Was the testing apparatus properly calibrated?
Q Yes		For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
C Yes	I No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
Yes	O No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
CI Yes	O NA	For electronic LLDs, does the turbine automatically shot off if any portion of the monitoring system malfunctions or fails a test?
O Yes		For electronic LLDs, have all soccasible wiring connections been visually inspected?
Q Yes	D No"	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were ar will be corrected.

H. Comments:

DER: HM-9301 (Rev 08/02)

County of San Diego-DEH-Hazardous Materials Division

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Site Name: Site Addre	Palomor Med. 555 E. Valley	Porkuos Escondido, Ca	Permit No: 92025
Site Addres	SSS E Yalley Pipiny suri (Ssie) Soon Pipiny Pipiny Pipiny Pipiny Suri Pipiny Suri Pipiny Suri Pipiny Suri Sari	Porkuos Escondido, Ca y np	92025 Engenering Door TrnS. 2000 Rheir Mer. cu.fo.
· · · · · · · · · · · · · · · · · · ·	//////////////////////////////////////		

Date map was drawn or revised:

Instructions

10-24-03

On your site monitoring plot plan, show the general layout of tanks and piping in relation to nearby buildings or other structures. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, trench systems, under-dispenser containment, 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.

DEH:HM-9272-C (09/02)

1			909 920 6453 989946	P	F. Ser GBC		(a.)	PAGE 02	Ø 011
			County	į of į	Şan	Diego		FILE	-
	the of state	DEPARTM	P.O. 80X 12926- (818) 326-3222 FA)	. SAN DI	60. CA .	2112-0281	13ION	1142	30
	UNDE	RGROUN	D STORAGE TAI	VK MO	NITOR	ING SYSTEM C	ERTIFICATI	ON	
	Authority	Ched: Chapter	6.7, Health and Safety C	ode; Chay	ver 16, Di	vision 3, Tile 23, Califor	mia Code of Regul	lations	
	This form must be	a used to docur	nent installation, testing a	nd corvici		Instant A and			
		owner/operati	avatem control panel by to. The owner/operator						
	Plan Cheek N					Permit Number:	114	230	e (
	A. Ceneral Int	ormation							
			Medical ctr.				Bldg. No .:	Enjearin	N.
	She Address:		thes four.		_ City: _	Escandida.	Zip:	025	
	Facility Content P					Contact Phone No.; (_			
	Make/Model of M			_	THE		ing/Servicing:/0		
1	B. Inventory	of Equipme	at Tested/Certified:	Chask the	parepriato	bostes to Middle scarific en	shimen installed/iom	and the second s	
	AADE JU:	1100	1 tan	•	Task ID:				1
ļ	C In-Tank Gauging C Annubar Space or	Probe.	Model:		C In-Tan)	Gauging Probe.	Model:		
	D Piping Sump / Tr	ench Sensor(+)	Model: <u>ES825-18</u> Model: <u>LS.600+0</u>	DI	C Annula	Space or Vault Sensor.	Model:		
	O Fill Same Sensor	(a).	Model:	et d'ann	C Fill Sur	Sump / Trench Sensor(s). mp Sensor(s).	Model:	<u> </u>	· ·
	D Mechanical Line Electronic Line L	Losk Detector.	Model: NA		D Mechan	ical Line Leak Detector.	Model:		
	D Tank Overfill / H	tak Detector,	Model: N/4		O Electron	nic Line Leak Detector.	Model:		
	D Other (specify ex	ADDRESS CALEND	model in Section E on Pag		Tank O	verfill / High-Level Sensor.	Model:		
	Tank ID		mouse of Section C of FAS	- <u>-</u>		pecify equipment type and	model in Section E	m Page Z).	
1	D In-Tank Gauging	Probe.	Model:	- 1	Tank ID:	Gauging Probe.	Madal		
	O Annular Space or	Vault Sentor	Model:		O Annula	Space or Vault Sensor.	Model:		
l	C Piping Sump / The Fill Sump Sensor	meb Sensor(s).	Model:		O Piping !	Sump / Treach Senter(s).	Model:		
	D Mechanical Line 1	cak Detector	Model:			np Sensor(s),	Model:		
I	D Electronic Line L	at Detector	Madal			ical Line Leak Detector.	Model:		
Į	Tank Overfill / Ni	etal ovel Sensor	Model:		O Tank O	verfill / High-Level Sensor.	Model:		
ł		ipment type and	model in Section 5 on Page	02).	Other (s	pecify equipment type and	model in Section E o	Page 2).	
Į	Dispenser ID:	N	1A-		Dispenser			and the second	
ł	Dispensor Contain 5horr Valve(s).	ment Schedr(s).	Model:			er Containment Sensor(s).	Model:		
L	D Dispenser Contain	ment Float(s) an	d Chain(a).		Shear V				
I	Dispenser ID:				Dispenser	or Containment Plent(s) and	u Change).		
l	Dispenser Contam	ment Sensor(6).	Model:		Dispense	er Containment Sensor(s).	Model		
ľ	O Shear Valve(s). Dispenser Contain			- 1	Shear V	alve(s).	1. ANSIN 1994		
ŀ	Dispenser ID:	ancast Pibas(6) an	d Chain(s).			er Containment Float(s) an	d Chain(s).		
1	D Dispenser Contain	ment Sensor(e)	Model:		Dispenser .				
L	Q Shear Valve(s).				Dispens	er Containment Sensor(s).	Model:	1	
L	Dispenser Containn	noni Float(s) and	Chain(s).				d Chain(s)		
	The mental contain	s more tanks or	dispensers, copy this form.	Include ini	ormation f	or every tank and dispenses	at the facility		
	manufacturers' Information is c	3 - 1 certify the guidelines. At prost and a P	at the equipment identifi- tached to this Certification	ed in this a is inform	document	was lostalled/inspected/	serviced in accords	unce with the wify that this	
1	reports, I have a Technician Name (p	to attached a c	opy of the report (check at	a tear shibi	p: C Signature	System act op UA	ment capable of gen Llarm history repe	norating such wit	i.
4	Certification No .:	1012:	2		License. 1		2		
1	Testing Company N	ame: P.K	Services			Phone No . (8-	7) 710	2189	
-	Site Address: 55	EVa	llex Porus.				Envicing: 10 1	The second s	
					T.L.IN			- 11/1	

DEH:HM-930)	(Rev	08/02)	
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Crotty of Son Diego-DEH-Revertions Materials Division

_ Date of Testing/Servicing: 10 13 103

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Servicing

Permit Number:

Software Version Installed: _

	t the follow	ring checktist:
A Yes	O No*	Is the audible alarm operational?
Yes	D No*	Is the visual alarm operational?
Yes	O No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
A Ac	Q 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	O No*	If almons are relayed to a remote monitoring station, is all communications equipment (e.g. modern) operational?
Q Yes	0 No* 9 N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment reconstructing system denots a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) \Box Sump/Trench Sensors; \Box Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Box Yes; \Box No.
C Yes	No*	For tank systems that the interior of 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
Ves"	D 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.
CI Yes*	D No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply)
Yes	Q No*	Was monitoring system set up reviewed to ensure proper settings? Attach set up revents if amplicable
Yes	I 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; A Documercator TMS 2000 meditoria system was 600 LOBN SIMP SENDES. and one In. Inche ES 825-Optical annular space senar. . ÷ DEH:HM-9301 (Rev 88/82)

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County of San Diego-DEN-Hazardous Materials Division

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number:

Check this box if tank gauging is used only for inventory council

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:

	ras all input wring been maneted for themer entry and remination methoding to the
	Has all input wiring been inspected for proper entry and remnination, including testing for ground faults? Were all tank gauging probes visually inspected for damage and residue buildup?
A 140-	Was accuracy of system product level readings tacted?
U NOT	Was accuracy of system water lavel readings tested?
U No"	Were all probet reinstalled property?
No*	Were all items on the equipment manufacturer's maintrance checklist completed?
	No*

In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD): Q Check this box if LLDs are not installed.

Complete the following checklist:

17 3/		
W YCŞ	O N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated lesk rate: 0 3 g.p.h.; 0 0.1 g.p.h.; 0 0.2 g.p.h.
Yes	O No*	
O Yes	O No*	Was the testing apparatus properly calibrated?
Q Yes		For mechanical LLDs, does the LLD restrict mechant flow if it detects - 1-12
O Yes	D NA	For electronic LLDs, does the unbine automatically shut off if the LLD detects a leak?
Q Yes	O No*	For electronic LLDs, does the nurbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
Q Yes		For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfimetions or fails a test?
O Yes		For electronic LLDs, have all accessible wiring connections been visually inspected?
O Yes	O No*	Were all items on the equipment manufacturer's maintenance checklist completed?

In Section H below, describe how and when these defluiencies were ar will be corrected.

H. Comments:

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County of San Disgn-DEH-Hazardons Materials Division



UST Monitoring Site Plan Size Address: Engenering Dpt. C/27 Pippysone Annika. Sensor Date map was drawn: 1012403

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. 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.

OEH: HM-9301 (Rev 08/02)

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County of San Diego-DEH-Hazardous Materials Division

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10/29/03 WED 11:59 FAX 909 92		Services	BAS	Ø 015
18/28/2003 09:16 909948		BC INC	OFFICE US	
2076 - 2			UPFP;	4230
김 일반 및 가격이 다양 및 데이트 가장 가지 않는 것이 있는 것이 있는 것이 없다.	RITTEN MONITORIN			SIN
UNDERGROUN	D STORAGE TANK (U	ST) MONITORING	PROGRAM	FILE
	tty clued: Yale 23 GCR, Sections 2632	(a)(1), 2034 (a)(2), and 2041 (ii)		
This monitoring program must be l	cept at the UST location at all	limes. The elements of this	mengorq gairotinom	
constitute conditions of the UST of County, Hazardous Materials Divis	con P.O. Box 129261 San Di	ider must submit any chang	ges to the San Diego	
to the monitoring program, unless	required to obtain approval be	fore making the change.	the set distance with countings	•
A General Information				
A. General Information Facility Name: Palarier	Medical Otr.			
Facility Address: SSS E.	Valley Pony.			
Tank and piping monitoring is This plan covers only the follo	identical for all UST's located	at this facility; or	1	
_				
No electronic leak detection sy The following type of electron	stems are used to monitor US	T systems covered by this p	lan; or	
by this plan (i.e.: Veedet Root	TLS 350):	100 727 1000 <u>1</u> 000	tor US1 systems covered	
Manufacturer: Pneumerco Manufacturer:	utor Model	# TMS 2000		
Manufacturet:	Model	# .	1	
B., Tank Monitoring (refer to as	musi monitor certification fo	ar h eip)		
Continuous electronic monitor Leak Sensor Manufacture	ing of tank interstitial space of	secondary containment:	AL COMIDA	(Sump
Automatic Tank Gauging system	in used to monitor single-wall	ed tank(s):	#1-5600 HDBN ES 825-100	Angler
In-Tank Probe Manufacture Frequency of Leak Tests:	rer	Probe Model	0000-100	<i>Aiµiµiiiiiiiiiiiii</i>
Monthly Other (Continuous (i.e. CITI Specify)		Weekty	
Programmed Leak Thresh	old: 0.1gph 0.2 m			
Weekly Manual Tank Gauging. Statistical Inventory Reconciliant	Testing Period: 36 ho ion (SIR): Note: requires birn	urs [] 60 hours		
	SIR Vendor:	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	10 A	
Tank Tightness Testing conduct Other Monitoring (specify):	ed: [] Annually [] Mont	hly 🔲 Other (specify)		
C. Fiping Monitoring (refer to a Line Monitoring is performed using	nanal monitor certification i	for help)		
No product or remote-fill piping	connected to UST			
Sensor Manufacturer Ph	ig of piping surve and other se	condary containment sump	5 LSGOOLDON	Sump,
Will piping leak alarm trig	ner automatic shutdown of pu	Sebsor Model	E5825-100	Annakar
will partnered sconnection	of monitoring system trigger	utomatic slutdown of sum		•
Mechanical line loak datector (p		stricts of shift off flow wh Model #	en leak is detected):	
Electronic line leak detector (BI Manufacturer	LD):			
	test: 0.1 gath annually	Model #	3.0 gph	
Will ELLD detection of a	bining leak trigger automatic s	hutdown of mum?	es No	
Will failure or disconnection	m of the ELLD trigger autom	tic stutdown of pump?	Yes No	
Piping is suction piping meeting	all requirements for exemptic	at from monitorios (23 CC	ther (specify) R \$ 2636(a)(3))	
Dispensers are checked daily an Above ground visual monitoring	"Suction Pinum Daily Inspe	ction Log" is completed		
Other (specify):	(antha			
	6 1250 B		· · ·	
D. Dispenser Leak Detection (ch	eck all that apply)		· ·	
No Under Dispenser Containme				
Floet and chain assembly in und Assembly Manufacturer	er dispenser consainment trips			
Continuous electronic monitorin		Model #		
	-1. (14/19)5 - 1 . (1707) - 17 (74)			
DEII:HM-9222-A (Rev. 1/03)				

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•			<u></u>
•			OFFICE USE ONLY
			UPFP:
WRIT	TEN MONITORING PROCED	URES	
	Page 2 of 2		
Leak sensor Manufacturer.		odel #:	
Will loak trigger audible and vi		🗍 Yes	DNo.
Will leak trigger automatic shu	tdown of turbine pump?	🗌 Yeş	Second P 10
Other (specify):	onitoring system trigger shutdown of pur	mp? 🖸 Yes	
control (openaly).			
E. Overfill Protection			1
The following method is present to prev	ent overfilling the UST(s): (check all that	t apply)	
High Level Alarm alerts transfer ope	rator when tank is % capacity		
Ball Float Valve that activates at 9	, 76 OI Bank capacity		
Total secondary containment of pipi	aves		
F. Monitoring Locations	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Li Attached to this monitoring plan is a	site plan which shows the general tank a	nd piping layouts	and the location
where monitoring is performed (i.e. foca	tions of sumps, sensors, line leak detecto	rs, control panels	, end.)
C. Personnel Responsibilities			
The following facility personnel are resp	onsible for performing UST monitoring	activitics and/or :	maintaining UST leak
actection equipment: (include compover	tob title and mecific UST monitoring me	montibilities i e	instantion of
Name Name	g equipment testing deservicing, maintain Title		
Glenn Hotch GISS	Lead Ensider	Area of Resp	adustrond
Bill Pace	Plant Opention		Haltins
	0	U	
I. Equipment Testing and Preventiv State law requires that testing, preventiv sensors, probes, line loak desectors, etc.)	monitoring: (i.e. SIR, in tank test, annual e Maintenance e maintenance, and calibration (if applica be performed in accordance with the equ valified personnel must perform such wo	ible) of monitorin	g couipment (Le. um s instructions or
Monitor equipment is serviced:	Annually Other (specify)	-	
certifications, I(known)	edule for the monitoring equipment: (Lis	er course tor perfe	soming repairs and or
J. Training			
Briefly describe the employee training a equipment: Certification	ccessary for the operation of UST system	, including pipin	s, and the monitoring
I have reviewed this Underground Storag	Test Monitoriou Phys and determined	et	And the second second
of underground storage tank systems at t	his facility.	that it accurately	describes monitoring
/	1p Tall		1/10/
Signature of Owner/Operator	1 Alter	Date /	1/13/03
1	Below This Line For Agency Use Only		-
This plan has been approved			
Specialist's Signame	- 11-21-03	Date	plan has been returned
Comments:			
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	ай.		

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10/29/03 WED 11:57 FAX 909 920 6453 P.F. Services	Ø 009
	DFFICE USE ONLY JPPP: AM
This monitoring program must be kept at the UST location at all times. The elements of this monitoring constitute conditions of the UST operating permit. The permit holder must submit any changes to the Sa County, Hazardous Materials Division, P.O. Box (29261, San Diego, CA 92112-9261, within 30 days to the monitoring program, unless required to obtain approval before making the change.	In Diego
A. General Information, Facility Name: 1010mor Medical Cfr. Facility Address: 555 2 Valley Porwy. Tank and piping manitoring is identical for all UST's located at this facility; or This plan covers only the following tank(s):	• • • •
 No electronic leak detection systems are used to manitor UST systems covered by this plan; or The following type of electronic monitoring system performs leak detection monitoring for UST systems by this plan (i.e.: Veedet Root TLS 350): Manufacturer: <i>Neumer(afor Model # TMS 2000</i> Manufacturer: Model # 	stans covered
 Tank Monitoring (refer to amoual monitor certification for help) Continuous electronic monitoring of tank interstitial space or secondary containment: Lesk Sensor Manufacturer // Neumer (24707 Sensor Model # 2-56) Automatic Tank Gauging system used to monitor single-walled tank(s): In-Tank Probe Manufacturer Probe Model Frequency of Leak Tests: Continuous (i.e. CITLD, CSLD) Dadly West Monthly Other (Specify) Programmed Leak Threshold: 0.1gph 0.2 gph 	
Weekly Manual Tank Gauging. Testing Period: 36 hours 60 hours Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test SIR: Note: requires biennial tank integrity test SIR: Vendor: Tank Tightness Testing conducted: Annually Monthly Other (specify) Other Monitoring (specify):	
C. Piping Monstoring (refer to annual monitor certification for help) Line Monitoring is performed using the following methods: (check all that apply) □ No product or remote-fill piping connected to UST [] Continuous electronic monitoring of piping sump and other accordary containment sumps: Sensor Manufacturer Will piping leak alarm trigger automatic shutsdown of pump? □ Yes □ No N/H 2 Will failure/disconnection of monitoring system trigger automatic shutsdow of pump? □ Yes	NOLDON Maryoner Generator FIND N/A Emargener General
Manufacturer Model # Dectronic line leak detector (ELLD): Manufacturer Model # Programmed line tightness test: 0.1 gph annually 0.2 gph monthly 3.0 Will ELLD detection of a piping leak trigger automatic shutdown of pump? Yes No Will failure or disconnection of the ELLD trigger automatic shutdown of pump? Yes 0 Will failure or disconnection of the ELLD trigger automatic shutdown of pump? Yes 0 Unc tightness tasting conducted: Annually Every 3 years 0 Other (specif Piping is suction piping meeting all requirements for exemption from monitoring (23 CCR § 2636(a) Dispensers are checked daily and "Suction Piping Daily Inspection Log" is completed Above ground visual monitoring daily	gph No
 Other (specify): D. Dispenser Leak Detection (check all that apply) No Under Dispenser Containment (UDC) Dispenser housings are opened and fittings inspected daily No dispensers in system Float and chain accembly in under dispenser containment trips shear valve in case of leak	
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10/29/03 WED 11:59 FAX 909 920 6453 P.F. Services		PAGE 87 OFFICE USE ONLY
WRITTEN MONITORING PROCEDURES		UPFP:
Leak sensor Manufacturer. Model #: Will leak trigger autible and visual alarms? Will leak trigger automatic slutdown of turbine pump? Will failure/disconnection of monitoring system trigger shutdown of pump? Other (specify);	Yes Yes Yes	
 K. Overfill Protection The following method is present to prevent overfilling the UST(s): (check all that apply) High Level Alarm alerts transfer operator when tank is % capacity Ball Float Valve that activates at % % of tank capacity Automatic Shut-off device (flapper valve) 		

Total secondary containment of piping including vent lines

F. Monitoring Locations

Anached to this monitoring plan is a site plan which shows the general tank and piping layouts and the location where monitoring is performed (i.e. locations of sources, sonsors, line leak detectors, control panels, etc.)

G. Personnel Responsibilities

The following facility personnel are responsible for performing UST monitoring activities and/or maintaining UST leak detection equipment: (include employee job title and specific UST monitoring responsibilities: i.e., inspection of equipment, reporting of alarma, arranging equipment texting deservicing, maintaining monitoring records, etc.)

Name	Tide	Area of Responsibility
Glenn Hotcherisz	Lead Encineer	Di d Odart

Stenn HOTC/4415/	Lead Encineur	Plant Odentime
Bill Pace	Plant Operator	- Plant Stations
		- FIGNO STATEVILLE

H. Reporting Farmat

Briefly describe the reporting format for monitoring: (i.e. SJR, in tank test, annual certification.)

L Equipment Testing and Proventive Maintenance

State law regulres that testing, preventive maintenance, and calibration (if applicable) of monitoring equipment (i.e. sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufactures instructions or annually, whichever is more frequent. Qualified personnel must perform such work.

Monitor equipment is serviced: Annually Other (specify)

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known)

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment: Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator

Dame 11- 13.03

Ø1016

Below This Line For Agency Use Only

This plan has been approved Specialist's Signature 1-21-03 Comments:

This plan has been recurned Date

DEH:HM-9222-A (Rev. 1403)