DOCKETED	
Docket Number:	22-SPPE-02
Project Title:	San Jose Data Center 04
TN #:	245982
Document Title:	San Jose Data Center 04 - SPPE Application - OCR - Appendix F, Part V
Description:	N/A
Filer:	Scott Galati
Organization:	DayZenLLC
Submitter Role:	Applicant Representative
Submission Date:	9/11/2022 10:52:56 AM
Docketed Date:	9/12/2022

CONTINGENCY PLAN FOR HAZARDOUS WASTE GENERATORS

Box#	Equipment Description	Quantity	Description
	Bilge pumps	2	Each
	Sawhorses	2	Each
	Large Decon Pools	2	Each
	Folding chairs	6	Each
	Baking soda	1	Case
	Traffic cones	6	Each
	Water wand	1	(A)
	Mop Handle	1	(4)
	Squeegee heads	2	Each
	Squeegee handles	2	Each

RCRA Contingency Plan Revision Date: 3/3/2010 Mitch Cole, Environmental Engineer

CONTINGENCY PLAN FOR HAZARDOUS WASTE GENERATORS

XII. EVACUATION PLAN FOR HAZARDOUS WASTE AREAS

The signal used to begin an evacuation is a loud evacuation buzzer. Once an evacuation has commenced, a security officer will be posted at a safe distance to ensure that the area remains evacuated.

Evacuation from the hazardous waste treatment areas is through the nearest exit door in the direction opposite of the hazardous situation.

All exits are posted with EXIT or EMERGENCY EXIT signs. Employees working in the areas are at all times in view of one of these signs, such that the evacuation route is obvious by simply looking around the area.

Evacuation maps for the hazardous waste areas are attached.



I. Purpose

To assure all people on site are safely and efficiently evacuated and accounted for in the event of fire, earthquake, chemical spill, bomb threat, or any other emergency, which would warrant the evacuation of the building(s). This plan complies with Cal-OSHA Title 8 Section 3220, Emergency Action Plan.

II. Scope

San Jose Site

III. Notifications

Evacuation Signals

Signals may look and sound differently, become aware of those that apply to your work area

- Fire Alarm Loud Horns with clear/white flashing strobe lights:
 Affects ENTIRE BUILDING, fabs and offices, EVERYONE evacuates to the OUTSIDE of the affected building.
- Toxic Gas/Local Fab Evacuation Loud horns, flashing red strobes with identifying tags:
 Affects ONLY the fab in which the strobes and horns are sounding. Those employees working in the affected area must evacuate the immediate area to a designated meeting point, which could be inside OR outside the building—but OUT OF THE FAB.
- Area announcement from emergency response team (ERT/MERT) members, listen to order/request and respond accordingly.

Re-Entry Authorizations

- Fire Alarm

 Authorization for re-entry to the affected building which was evacuated can only come
 from Safety or the ERT Incident Commander(IC). The IC or Safety will give the authorization via
 radio, in person, through the SOC, or by an ERT member to the Assembly Area leaders, who will in
 turn communicate this authorization to their Assembly Area via bullhorn. Once authorization is
 given, a public address announcement will be made to the outside assembly areas stating: "The
 building is now safe for re-entry, everyone may now re-enter the building".
- Toxic Gas/Local Fab Evacuation Authorization for re-entry to the affected fab(s) which was
 evacuated can come from Safety, an area Life Safety System Responder, or an ERT Incident
 Commander.

IV. Evacuation Procedures for All Employees/Visitors/Contractors

Fire

If you discover a fire:

- 1. Immediately evacuate everyone from the area by word of mouth
- Call 2222 from a safe location to report the fire to the security operations center. DO NOT DIAL 911 as this will delay response time!
- 3. Pull the nearest fire pull station handle.
- Proceed to evacuate the building.

Note: Portable fire extinguishers may only be used to extinguish a fire when:

- 1. All people have been evacuated
- 2. The site security operations center has been notified via 2222
- 3. The fire is small and within your capability to extinguish
- The appropriate extinguisher is immediately available
- 5. You have been trained in the safe use of portable fire extinguishers



If you hear/see the fire alarm evacuation signals:

- When alarm sounds, stop all work and immediately walk out nearest safe exit to nearest assembly area. Do not stop for personal belongings.
- Inform Assembly Area Leader of any equipment that will need to have a Safe-State equipment shutdown immediately, especially if the equipment will pose a significant risk if left unattended.

3. Stay clear of all roadways and keep access clear for emergency vehicles.

 Stay at assembly area until authorization for re-entry is given by the Assembly Area Leader from the Incident Commander or Safety -- via the SOC.

Earthquake:

 Immediately move away from any wet chemical area that may pose a splashing hazard during the shaking. Seek shelter until shaking stops under a non-chemical, non-mechanical work surface.

If the earthquake is severe, the fire alarm evacuation signal will be used to evacuate all employees from the building to ensure structural integrity of the facility.

3. If the alarm sounds perform Safe-State equipment shutdown on critical equipment as specified by

your management, if safe and possible to do so.

Evacuate building out nearest safe exit to nearest assembly area. Stay at assembly area for further instructions or until the authorization for re-entry is given by the Assembly Area Leader from the Incident Commander or Safety --- via the SOC.

Toxic Gas / Local Fab Alarm:

If you discover or become aware of a toxic gas leak, large chemical spill or need to evacuate the area due to a suspicious odor:

 Immediately evacuate everyone from the area. Local Manual Evacuation Buttons (ME's) can be used to facilitate this WITHOUT shutting off process gas. If process gas shut off is necessary, pull the appropriate button (labeled for evacuation AND gas shut off).

Call 2222 from a safe location to report the reason for the evacuation. DO NOT dial 911 as this may not be necessary and/or will delay response time!

If you hear/see the Toxic Gas / Local Fab evacuation alarms:

 When alarm sounds stop all work and immediately walk out nearest safe exit to designated meeting point*. Do not stop for personal belongings.

Stay at assembly area until authorization for re-entry is given by Safety, an Incident Commander or a trained Life Safety System Responder.

*Designated meeting points for Toxic Gas/Local Fab Alarms may not necessarily be outside the building. Local alarms affect the fab only, and not the rest of the building. See your supervisor or manager for specifics on where to go during a local fab alarm.

V. Responsibilities

All Employees / Contractors

- Become familiar with evacuation procedures, emergency exit routes, and location of assembly areas. Precise directions and assembly area locations can be found on your local area evacuation maps—see attachment 1 for an example. See maps in your immediate area for your precise routes and assembly areas.
- Inform the Assembly Area Leader of any unsafe conditions, fires, spills or other emergencies that will need to be relayed to the Incident Commander, Safety or SOC, including location.
- Inform all visitors / guests of these procedures.

Supervisors and Managers

Ensure all employees understand these emergency evacuation procedures.



2. Assign helpers to assist employees requiring assistance exiting the building.

3. Train employees on "Safe-State shutdown procedures" for sensitive equipment as applicable.

4. Ensures at least two evacuation sweepers with back ups are identified for each area and

each shift under their responsibility.

 Designate and communicate to employees in your group where to gather and assemble for Toxic Gas/Local Fab alarms. This may not necessarily be outside of the building, but rather a location inside the building outside of your lab/fab space.

Evacuation Sweepers (Sweeps)

- "Sweep" your assigned areas (office space, meeting rooms, restrooms, etc.) on the way out to make sure everyone is out of the building (do not enter any hazardous areas, do not back track into the building).
- Report building status to Assembly Area Leader (any trapped or injured people, building damage, fires, floods, chemical spills.).

3. Assist Assembly Area Leader with evacuation status and reporting to SOC.

 "Sweep" your local area during a Toxic Gas / Local Fab evacuation and report the status of your fab to the Life Safety System Responder before proceeding to your designated meeting point.

Assembly Area Leader (the first Evac Sweep to reach the roll-call area)

Grab Evacuation Clipboard and Radio.

Put on Evacuation Vest.

- Collect information from Evacuation Sweeps recording building status on maps and checklists.
- Relay information to the ERT Incident Commander (IC) or Security Operations Center (SOC); use the radio or send a runner to the SOC.

Help coordinate movement/relocation of people to other Assembly Areas if needed.

Communicate instructions and "safe to re-enter" to employees at Assembly Area as directed by Incident Commander or Safety—via the SOC.

Trained Life Safety System Responders

1. Ensure affected area is completely evacuated

2. Ensure safe shutdown of affected tools has occurred

3. Monitor the Life Safety System

4. Clear and authorize re-entry to the fab only when it is safe to do so

Inform Safety and/or the ERT Incident Commander of either the need for further assistance or when the area is clear for re-entry.

Health & Safety

 Authorize clearance for re-entry in the building or local fab area that has been evacuated either as the Incident Commander or in conjunction with the IC.

Emergency Response Team Incident Commander

1. Proceed to the designated command post for your site.

2. Communicate with all Assembly Area Leaders and monitor progress of swept areas.

3. Decide if additional building sweeps are necessary by ERT members if safe to do so.

 When building has been cleared for re-entry, communicate with Assembly Area Leaders and have site SOC make PA announcement.

Emergency Response Team (ERT) and

Medical Emergency Response Team (MERT) Members

Gather Medical Equipment and Supplies while heading to nearest exit.

2. Assemble outside of Security Operations Center or designated meeting place for further



instructions.

Health & Safety Program Owner

 For further information or for questions regarding this program, please contact your site EHS Department.

VI. Attachments

1. Site evacuation procedure & Assembly Area Maps

Scope

This standard covers the key elements of environmental, health and safety training programs, and applies to Philips Lumileds employees and external temporary workers.

Purpose

This section establishes the minimum requirements for Philips Lumileds' EHS training programs. They are necessary to reduce risks to employees and the environment; to establish and maintain a work force that is educated and well trained in EHS issues; and to comply with regulatory requirements.

Responsibilities

The general manager is responsible for the EHS training of all personnel under their direction. They are also responsible for allocating resources to support the EHS training program, including its implementation and documentation.

- a. Managers and supervisors shall:
 - Ensure that employees receive required EHS training.
 - Notify the EHS training coordinator of changes that may impact EHS training.
 - Develop Standard Operating Procedures for all job tasks that have EHS risks.
 - Ensure employee work practices are in accordance with EHS requirements or guidelines, and training received by employees.
- b. The EHS training coordinator shall:
 - Manage the implementation and quality improvement of the EHS training program.
 - ii. Develop or compile a comprehensive assessment of EHS training needs.
 - iii. Develop an EHS training plan which covers all site operations.
 - Advise supervisors and managers about EHS training requirements, including changes in requirements, and provide them assistance and direction to implement this standard.
 - v. Maintain documentation of EHS training.
 - vi. Provide reports to management which identify employee EHS training accomplishments and individuals who need EHS training.

Definitions

Curriculum – The set of instructional processes and learning activities associated with employee health and safety, and environmental protection. This could include classroom format, on-the-job, self-paced, computer-aided, or other alternative forms of instruction.

Documentation – Information which verifies the EHS training which has been accomplished by employees and external temporary workers.

Evaluation - A determination of the results, quality, impact, or value of EHS training activities.

Needs Assessment – The process of assessing jobs and processes for their EHS risks, analyzing related standards and regulations, and identifying EHS training requirements for those jobs or activities.

Qualified Instructor – A person who has the necessary education and/or work experience, as well as a familiarity with instructional techniques, to properly conduct EHS training.

Program Requirements

Needs Assessment

Develop and document an EHS Training Needs Assessment that identifies:

- All operations and job functions that may have EHS impact. Processes, equipment, job class, wastes, emissions and EHS risks must be considered.
- Governmental regulations which specify EHS training requirements for those operations or jobs.
- c. The type, content, and frequency of training required for each employee, including supervisors and managers, based on regulatory requirements, and the EHS risks of processes, equipment, job class, wastes, and emissions.
- The type, content, and timing of EHS information to be supplied to contractors and vendors working on site.

EHS Training Plan

An EHS Training Plan must be prepared and documented whenever EHS training is required. The Training Plan must:

- a. Identify the objectives, content and performance standards for each training course or activity. Objectives should be clearly stated and measurable. The content of training should closely resemble the tasks required on the job.
- b. Identify training methods and materials. Options may include: on-the-job training with standard operating procedures; classroom training; computer-based training; seminars; college courses; and apprenticeship programs. Materials may include: videotapes, overhead transparencies, slide presentation, and printed handouts.
- c. State proficiency measures for each EHS training activity. All performance objectives must be measured for each person receiving the training. Students must demonstrate their satisfactory attainment of course objectives through practical and/or written exams. If language, speech, sight, hearing or other disabilities exist, appropriate accommodation shall be made in establishing student performance abilities or knowledge.

EHS Training Program Administration

The following elements are required in the administration of EHS training programs.

- Document an annual schedule of EHS training that includes all training plan items.
- b. Except for job-specific EHS training, designate qualified instructors for each training activity provided and document the instructors' qualifications. Documentation could include the instructor's academic and professional achievements or work experience, or other information that supports their ability to provide accurate and effective EHS training. This also applies to training provided by outside agencies, schools, contracted services or vendors.
- c. Maintain documentation of EHS training that serves as a tool in managing the overall program, and establishes Philips Lumileds compliance with EHS regulations. This includes:
 - I. Historical course documentation that includes the training topic, date of training, student name, employee number, class objective, an outline of course content, proficiency measure, and instructor's name. Employee signatures must also be obtained and retained. These may be part of a course attendance sheet or similar record that provides proof the employee participated in the training.

 Individual employee records provide the class name or training topic, and the date of training. If possible, also include the date for required refresher or recertification training.

Program Evaluation and Improvements

Continual evaluation and subsequent improvement are required to ensure the EHS training program is providing the expected benefit to people and the environment.

- At least annually, evaluate its EHS training program to ensure the goals of this standard are being met. This may include: a review of attendance levels; results of student performance; student feedback; or an evaluation of course content against requirements.
- b. The EHS Training Plan must be reevaluated and revised whenever:
 - Regulatory requirements change.
 - ii. Processes or equipment change.
 - iii. Accidents, losses, or other circumstances indicate that EHS training is deficient.

General EHS Training Requirements

New Employee Orientation

- Ensure all new and transferred employees receive appropriate EHS training upon their work assignment.
- Minimum components include: site emergency action plans; evacuation procedures; hazard communication program; and job-specific EHS requirements and procedures.

Manager/Supervisors EHS Training

- Managers/Supervisors must be aware of their EHS responsibilities, and follow established EHS procedures.
- All managers/supervisors shall receive training which includes: EHS policies and responsibilities; work area inspection procedures; accident investigation and reporting; EHS documentation requirements; evaluation of employee EHS performance; EHS training responsibilities; and the site emergency response plan.

Employee Job Training

- a. In jobs where EHS risks are present, employees and temporary external workers must demonstrate adequate EHS knowledge of established procedures before being allowed to work without close supervision.
- Prior to the introduction of a new process or operation to a work area, or change in their work assignment, all affected persons must receive appropriate EHS training.

Contractor Information Program

- a. Procedures shall be established to ensure contractors and vendors working on site are adequately informed about the site's EHS practices and procedures.
- EHS training for contractors and vendors should normally be provided by their own employer. Where appropriate, specific Philips Lumileds EHS training materials may be shared with contractors and vendors to help accomplish their training.

External Temporary Workers and Others

External temporary workers, interns, and students who receive supervision or direction from Philips Lumileds employees shall receive all EHS training that is required of employees who perform the same task.

Specific EHS Training Requirements

The EHS training curriculum should be derived from an assessment of the site's EHS risks and careful study of local governmental regulations.

References

- 1. Title 40, United States Code of Federal Regulations: Section 265.16 Personnel Training.
- Training Requirements in OSHA Standards and Training Guidelines, 1992. Publication #2254 (Revised). OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, Room N3101, N.W. Washington, DC 20210.

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility Facility Site Ad	Name: ¡ dress: ﴿	7A0252744 PHILIPS LUMILI B70 W TRIMBLE BAN JOSE, CA	EDS LIGHTING CO E RD 91BJ 95131			Inspection Date: 6/2/2011			
Consen Program □ Hazar	HW Generator Type: NA Consent to Inspect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER Programs Inspected: ☐ Hazmat Business Plan ☐ Underground Storage Tank ☐ Cal-ARP ☐ HazWaste Tiered Permit ☐ HazMat Storage ☐ A/G Storage Tank ☐ Toxic Gas								
Progra	m: PR0	1372265 - CAL	s & Notice to Comply ARP - 2113 INSPECTION	y					
VC	Class	Violation				Corrective Actions Taken			
		No violations v	vere observed during this inspe	ection.					
2. THI 3. INC 4. FAG 5. ER 6. CO 7. HA. 8. CAI 9. SEHA 10. MA 11. PR FACIL CASE LEAD (7/30/2	REE YEA IDENT II CILITY H IT TRAINI NTRACT ZARDOL LIFORNI ISORS A NNUAL, TERIAL OCESS I ITY PER- OF AN A AGENCY 008). VE	AR COMPLIAND NVESTIGATION OT WORK PER ING DATED 5/1 'OR NOTIFICAT IS MATERIALS A ACCIDENTAL ARE CALIBRAT AMMONIA SEL SONNEL COOF	RMIT 12/2011 TION OF HAZARDS DATED S BUSINESS PLAN DATED S L RELEASE PREVENTION P TED SEMI-ANNUALLY AND T NSOR CALIBRATION RECO A SHEET FOR AMMONIA DA LYSIS DATED 8/9/2010 (ALL RDINATED WITH LOCAL PL EASE FROM THE FACILITY. PFF SITE RECEPTORS. A EM NG THE LOCAL PLANNING	AMMONIA RELEASE 11/11/200 AMMONIA RELEASE 11/11/200 AMMONIA REGISTRATION FOR THE AMMONIA ALARM SYSTEM REDS WERE REVIEWED. LAST THE 1/27/2009 RECOMMENDATIONS WERE AMNING COMMISSION TO DETICATE AGREEMENT WAS MADE THAT THE PROPERTY OF THE AGREEMENT WAS MADE THAT THE PROPERTY OF THE PROPER	EM DATED 8/23, M (HORNS/STR CALIBRATION ACTED ON OR I ERMINE WHO N AT THE LOCAL	/2010 OBES/SENSORS) ARE ALSO TESTED WAS CONDUCTED ON 3/4/2011. CLOSED OUT BY FACILITIES PERSONNEL. WOULD NOTIFY OFF SITE RECEPTORS IN PLANNING COMMISSION WOULD BE THE CREATED FROM THE LAST INSPECTION.			
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REPOI	RTABLE	CHEMICALS	VERE BELOW THRESHOLD	QUANTITIES.					
RECO	MMENDA	ATION: ANHYL	DROUS AMMONIA IS NO LO	NGER STORED IN BAY A GAS	STORAGE ARI	EA. REMOVE "AMMONIA" SIGN.			
			CATION WAS DONE ON 7/4/ DRAGE SYSTEM.	/2010 FOR TWO NEW ANHYDRO	OUS AMMONIA	N BULK TANKS COMPLETING THE BUILD OUT			
SAN J	OSE FIRI	E DEPARTMEN	IT CONDUCTED A SITE FAN	MILIARIZATION WALK THROUG	H TO FAMILIA	RIZE THEMSELVES WITH THE FACILITY.			
FACILI	TY NEX	THREE YEAR	R COMPLIANCE AUDIT IS DU	JE NOVEMBER 2010.					

FACILITY IS CURRENTLY IN COMPLIANCE WITH CCR TITLE 19 CALARP REQUIREMENTS.

	OF	FICIAL NOT	ICE OF INSPEC	TION	
Facility ID: Facility Name: Site Address:	FA0252744 : PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD 91BJ SAN JOSE, CA 95131			Ins	spection Date: 6/2/2011
Immediately conoted by the in	orrect any violation designated as a nspector.	Class I or Class II viola	ation. Correct all other viol	ations no later than <u>07/02/2</u>	2 <u>011</u> , unless otherwise
HMCD. Time g	e provided, write a brief description of th ving compliance or within 35 days of the granted for correction of violations does r iority: HSC 25185(c), 25187.8, 25404.1.	inspection date, whicher not preclude any enforce	ver comes first, sign the certif	ication statement below and re	eturn a copy of this report to
_/\bigve{V}.	With	6/2/11	Rulen	Williami	6/2/11
Received By: 1	MITCH COLE	/ /	Inspected By: RUB	EN WILLIAMS - EE0010090	7-7
	on of Compliance				
I certify unde	r penalty of perjury that this facility l	nas complied with dire	ctives specified in this Noti	ce to Comply.	
Signature of 0	Owner/Operator			Date	

Printed Name of Owner/Operator

Date

Title

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	Inspection Date: 3/19/2012
HW Generator Consent to Ins	Type: spect Granted By: CLAIR LE HERE, ELECTRICIAN	□ RCRA LQG □ Pictures Taken □ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399 Inspection Type: ROUTINE INSPECTION-COMPLETED

Class Violation Corrective Actions Taken UST MONITORING PLAN U015 M The facility failed to submit or keep current a UST Monitoring Plan. Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641(h)] U020 UST RESPONSE PLAN The facility failed to submit or keep current a UST Response Plan. IF YOU DECIDE TO INCLUDE THIS IN YOUR CONSOLIDATED FACILITY CONTINGENCY PLAN, ENSURE THAT ALL INFORMATION REQUIRED BY TITLE 23 SECTION 2632(d)(2) IS ADDRESSED. Submit to HMCD a UST Response Plan. You may use the form available at www.EHinfo.org/hazmat (UN-022B) or another format, as long as it contains equivalent content. Keep a copy of the current plan on-site. [23 CCR 2632(d)(2), 2641(h)] U025 UST FINANCIAL RESPONSIBILITY Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. FACILITY HAS NO UST CERTIFICATION OF FINANCIAL RESPONSIBILITY ON FILE. Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)] U210 M **TESTING OF MONITORING EQUIPMENT** UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. ANNUAL MONITORING SYSTEM CERTIFICATION TESTING WAS DUE AST MONTH. ENSURE THAT TESTING IS PERFORMED IN FEBRUARY OF EACH YEAR. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]

Facility ID: FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131 inspection Date: 3/19/2012

VC	Class	Violatien	Corrective Actions Taken
U520	11	EXEMPTION CONDITIONS: EGTS UNBURIED PIPING	
		UST operator failed to visually inspect and/or record inspections of the unburied fuel piping for an emergency generator tank system (EGTS) each time the tank system was operated, but no less often than monthly, as required to exempt the piping from California UST regulations. A FORM YOU CAN USE TO DOCUMENT VISUAL INSPECTIONS OF PIPING IS AVAILABLE AT WWW.EHINFO.ORG/HAZMAT. Immediately begin performing and documenting visual inspections of the piping. Keep inspection records available for at least three years. [HSC 25283.5(b)(3)]	
U999	M	OTHER UST VIOLATION See inspector's comments below for details. HSC 25286(a) - FACILITY DOES NOT HAVE CURRENT UST PERMIT APPLICATION FORMS ON FILE. SUBMIT THE FOLLOWING COMPLETED UNIFIED PROGRAM CONSOLIDATED FORM (UPCF) FORMS WITHIN 30 DAYS: UNFORMATION, UST TANK INFORMATION, BUSINESS ACTIVITIES PAGE, AND BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE.	

Comments: ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN ELMER MORTERA OF BALCH PETROLEUM AND FUNCTIONED PROPERLY. MR. MORTERA HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 1/12/2014) AND VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 8/29/2013). UST FILL SPILL BUCKET WAS HYDROSTATICALLY TESTED USING THE CALDWELL ACCELERATED TEST METHOD AND PASSED.

SUBMIT A COPY OF THE COMPLETED MONITORING SYSTEM CERTIFICATION FORM AND SPILL BUCKET TEST REPORT COVERING TODAY'S TESTING WITHIN 30 DAYS.

NOTES:

- 1. DESIGNATED UST OPERATOR MONTHLY INSPECTION AND FACILITY EMPLOYEE TRAINING RECORDS ARE IN ORDER.
- 2. NEXT ROUND OF UST SECONDARY CONTAINMENT TESTING IS DUE IN FEBRUARY OF NEXT YEAR.
- 3. OWENS-CORNING TANK HAS DOUBLE WALL AMERON DUALOY FRP PRODUCT PIPING. UNDERGROUND VENT PIPING IS DIRECT BURIED.
 4. 25 GALLON EBW 705 SPILL BUCKET AND OPW MECHANICAL OVERFILL PREVENTION VALVE ARE INSTALLED AT TANK FILL. SPILL BUCKET IS DIRECT BURIED.
- 5. MONITORING BELOW-GRADE SYSTEM COMPONENTS IS PROVIDED BY A GILBARCO EMC CONSOLE CONNECTED TO A VEEDER-ROOT MODEL 794390-409 TANK ANNULAR SENSOR AND GILBARCO MODEL PA02592000010 SENSOR IN THE TANK TOP PIPING SUMP.
 ABOVEGROUND FUEL PIPING RUNNING TO THE 3 GENERATOR DAYS TANKS IS MOSTLY SECONDARILY CONTAINED, BUT HAS SOME SINGLE-WALL PORTIONS.
- 6. FINANCIAL RESPONSIBILITY IS PROVIDED BY AN INSURANCE POLICY WRITTEN BY ACE AMERICAN INSURANCE COMPANY. POLICY PERIOD IS 8/25/2011 8/25/2012. COVERAGE IS FOR \$1,000,000 ANNUAL AGGREGATE AND \$1,000,000 PER OCCURRENCE.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>04/18/2012</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: GLAIR LE HERE

Inspected By: GREG BRESHEARS - EE0004686

CA UST Inspector #5266658, Exp. 08/24/2013

	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	Inspection Date: 3/19/2012
	on of Compliance or penalty of perjury that this facility has compiled with directives specified in this Notice (to Comply
	Owner/Operator	Date
Printed Nam	e of Owner/Operator	Title

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744 Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131		Inspection Date: 4/4/2013
HW Generator Consent to Ins	Type: pect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER	☐ RCRA LQG ☐ Pictures Taken ☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U025	С	UST FINANCIAL RESPONSIBILITY	
		Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. Certification of Financial Responsibility was submitted but insurance mechanism expired last August. A new insurance policy was obtained which expires in August of this year but Certification of Financial Responsibility was not submitted to our agency. Mechanism was reviewed and Certification was received on this date. (violation corrected. No further action required.) Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)]	
U030	С	DUSTO ID + STATEMENT OF COMPLIANCE UST owner failed to submit to HMCD the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements and identifying all Designated UST Operators (DUSTO) for this facility DUSTO Notification form was not submitted to our agency last year when the Designated Operator expiration date changed. Notification form was received during the inspection. (Violation Corrected. No further action is required.) Within 30 days, submit to HMCD a UST System Owner Statement of Designated UST Operator and Understanding of and Compliance With UST Requirements form. The form (UN-062) is available at www.EHinfo.org/hazmat. Notify HMCD within 30 days of future DUSTO changes. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(a)]	

Facility ID: FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Inspection Date: 4/4/2013

VC	Class	Violation	Corrective Actions Taken
U034	M	DUSTO MONTHLY INSPECTIONS UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records. Alarm history reports are not being attached to the monthly DO reports. Ensure that these reports are attached on the monthly reports. Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month. Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form. The form (UN-057) is available at www.EHinfo.org/hazmat. Keep on-site a copy of DUSTO inspection records and required attachments for the previous 12 months. Each DUSTO must be certified by the International Code Council (ICC) as a California UST	Corrective Actions Taken
11240		System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(c)&(e)] TESTING OF MONITORING EQUIPMENT	
U210	11	UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. Your annual monitoring certification occurred today but was 2 months late. Ensure that your certification occurs next year in February. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	
U230	si .	TESTING OF SECONDARY CONTAINMENT The facility failed to perform UST secondary containment testing as required. Your SB-989 testing occurred today but was 2 months late. Ensure that your next testing occurs by February 2016. If proper testing has not yet been completed, make arrangements to have the testing performed or redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed within 6 month of installation and every 36 months thereafter by a licensed tank tester or a UST Service Technician meeting the requirements of 23 CCR 2715(i). See Guidelines for Testing of UST Secondary Containment Systems, available at www.EHinfo.org/hazmat, for further information [23 CCR 2637]	

Comments: Annual monitoring certification was performed by Robert Henninger of Balch Petroleum. All certifications are current.

Alarm history and system set-up reports were reviewed and returned to the service technician.

Monitoring panel indicated " All Functions Normal" at the beginning and the end of the inspection.

The annular space sensor and piping sump sensor provided audible and visual alarms at the Gilbarco EMC monitoring panel.

The spill bucket passed its annual lake test using the Caldwell accelerated test method.

A mechanical overfill prevention device was observed in the drop tube.

Piping sump was dry and sump sensor was at the low point.

The following paperwork was reviewed and was proper:

Operating Permit Application (facility and tank forms)

UST Monitoring Plan

UST Response Plan

Annual DUSTO employee training records for training that occurred on 9/20/12.

Monthly inspections of emergency generator aboveground piping attached to the UST system

Financial Responsibility Insurance mechanism.

Send a copy of the monitoring certification to our office within 30 days.

Facility ID: FA0252744 Inspection Date: 4/4/2013
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD BLDG 90
SAN JOSE, CA 95131

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399 Inspection Type: UST SECONDARY CONTAINMENT TESTING

VC	Class	Violation	Corrective Actions Taken
U232	11	SECONDARY CONTAINMENT TESTING PERFORM STANDARDS	
		Secondary containment testing failed to demonstrate that each component performed at least as well as it did upon installation. The secondary return piping was given a visual fail because the test boot fitting was deteriorated and could not be tested on this date. Repair the boot and contact our office to witness the re-test of your piping. Have the testing redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed in accordance with manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, systems must be tested using an applicable method specified in an industry code or engineering standard. If there are no such guidelines, codes, or standards, a test method approved by a state-registered professional engineer must be used. See Guidelines for Testing of UST Secondary	
		professional engineer must be used. See Guidelines for Testing of UST Secondary Containment Systems (UN-050), available at www.EHinfo.org/hazmat, for further information. [23 CCR 2637(c)]	

Comments: SB-989 Secondary Containment Testing was performed by Robert Henninger of Balch Petroleum. All certifications are current.

The following secondary containment components were tested:

12,000 gallon diesel tank annular space was tested at 8 inches vacuum for one hour. Test result = pass

Piping sump was lake tested for 30 minutes using the Caldwell accelerated test method. Portion of the sump tested was at a level above the highest piping penetration. Test result = pass.

The secondary supply piping was tested at 3.5 psi for one hour. Test result = pass.

Send a copy of the secondary containment testing report to our office within 30 days.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>05/04/2013</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: ERIC DUGDALE

Inspected By: RICHARD OWENS - EE0004656

CA UST Inspector #5266770, Exp 08/25/2013

Certification of Compliance

Toertify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title

County of Santa Clara Environmental Resources Agency Department of Environmental Health Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

\$264 REV 11/01

CO/PROSK ID	re.	SC	Time
PRO397897	2399		
1-17 - 125 1			
		5 8 7 1 5	

OFFICIAL NOTICE OF INSPECTION

Facility Name: Phillips Lumilods Light	we Ca	Inspection Date:
Site Address: 370 W. Trumble Road Bl	de 90, San lose	Employee No.:
Contact Person(s):	0 ' 0	Samples Taken? ☐ Yes; ☐ No. Photographs Taken? ☐ Yes; ☐ No.
☐ Hazardous Materials ☐ Hazardous Waste ☐ Toxic Gas	☐ Medical Wast ☐ Other ♥ ऽऽऽ	al Release Prevention Program se Generator/Storage/Treatment Underground Storage Tank
Com	ments/Observations	
- On site with Robert Harrings with the secondary return piping the deteriorated test bootion the ar	t was unable to be	Tested due to a
The test boot how been replaced,	the pipe is order pr	userre, garge reading
- Boyan test at 10:05 AM Start D Concluded bot at 11:05 AM 12 am		
- Test PASSET		
- Eme Digitale signed the upo	ent today.	
Received by Sin Augklit In	nspected by:	Entered by: white - HMCD, yellow - Facility, pink - Staff
HMCD-080 - 1/1	Page 1 of	P3 Rev. 11/19/01

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

		OFFICIAL NOTICE	JF INSPECTION	
Facility ID: Facility Nar Site Addres	me:	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD 90, SAN JOSE, CA 95131	Ins	pection Date: 03/19/2014
HW Genera Consent to	ator Ty Inspe	/pe: ect Granted By: CLAIR LE HERE, ELECTRICIAN		☐ RCRA LQG ☐ Pictures Taken ☐ Samples Taken
Program: P	R039	Violations & Notice to Comply 7897 - UNDERGROUND STORAGE TANK - 2399 ROUTINE INSPECTION-COMPLETED		
VC Cla	ss	Violation	Corrective A	Actions Taken
		No violations were observed during this inspection.		
-HYDROS: -TWO LIQ. Immediatel 04/18/2014. Using the sp more space certification	LOWING TATIO UID SI Iy corr unles pace p e is nee staten at actio	IG COMPONENTS WERE TESTED AND PASSED: ESPILL BUCKET TEST WAS CONDUCTED WITH A 30 ENSORS-TRIGGERED AN AUDIBLE/VISUAL ALARM rect any violation designated as a Class I or Class II vis otherwise noted by the inspector. Trovided, write a brief description of the actions taken by the ded. Within 5 days of achieving compliance or within 35 ment below and return a copy of this report to HMCD. Time by HMCD or other agencies. This facility may be subjected.	riolation. Correct all other violations not the facility to correct each violation. Attaction days of the inspection date, whichever one granted for correction of violations does	ch additional pages if omes first, sign the es not preclude any
Certifica	tion o	ELECTRICIAN of Compliance enalty of perjury that this facility has complied with		664, Exp. 08/26/2015
Signature	of Ov	ner/Operator	Date	
Printed Na	ame o	f Owner/Operator	Title	

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744		Inspection Date: 09/23/2014
Facility Name:	PHILIPS LUMILEDS LIGHTING CO	·
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator	Type: NA	☐ RCRA LQG
Consent to Inspect Granted By: MR. MITCHELL COLE, ENVIRONMENTAL ENGINEER		☐ Pictures Taker
		☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0372265 - CAL ARP - 2113

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
C086	M	Submitted a RMP which includes all requirements in Section 2745.3 to 2745.5 and 2745.8 to 2745.9 Failure to submit an Risk Management Plan (RMP) which includes all requirements described in Section 2745.3 through 2745.5 and 2745.8 through 2745.9. 19 CCR 4.5 2735.5(b)(1), 2735.5(d), 2745.1(a)	
		VIOLATION: OWNER/OPERATOR SUBMITTED A RISK MANAGEMENT PLAN WHICH DID NOT INCLUDE ALL REQUIREMENTS IN SECTION 2745.4 (OFF SITE CONSEQUENCE ANALYSIS) TO IDENTIFY PUBLIC RECEPTORS WITHIN THE DISTANCE OF THE OFF SITE CONSEQUENCES ANALYSIS.	
		REQUIREMENT: FACILITY MUST IDENTIFY ALL OFF SITE PUBLIC RECEPTORS WITHIN THE OFF SITE CONSEQUENCES ANALYSIS.	
		CORRECTIVE ACTION: IDENTIFY ALL PUBLIC RECEPTORS IN THE OFF SITE CONSEQUENCE ANALYSIS AND INCLUDE IT IN THE RISK MANAGEMENT PLAN WITH CONTACT INFORMATION OF THE PUBLIC RECEPTORS AND A PLAN TO NOTIFY THEM IN THE EVENT OF AN EMERGENCY.	

Comments: A PROGRAM 3 CALIFORNIA ACCIDENTAL RELEASE PREVENTION INSPECTION WAS CONDUCTED FOR THE REGULATED CHEMICALS ANHYDROUS AMMONIA AND HYDROGEN. A FACILITY WALK THROUGH WAS CONDUCTED WITH MITCHELL COLE-eNVIRONMENTAL ENGINEER AND THE 4 ANHYDROUS AMMONIA TRAILERS AND THE HYDROGEN TANK AND ASSOCIATED PROCESS EQUIPMENT. NO OBSERVATIONS WERE NOTED DURING THE WALK THROUGH.

THE FOLLOWING DOCUMENTATION WAS REVIEWED DURING THE INSPECTION:

- 1. RISK MANAGEMENT PLAN (RMP) DATED NOVEMBER 2010. THIS RMP WAS FOUND SATISFACTORY. NEXT FIVE YEAR RMP UPDATE DUE NOVEMBER 2015.
- 2. INCIDENT INVESTIGATION LOG. THE FACILITY HAS NOT HAD A CALARP CHEMICAL RELEASE IN THE LAST 3 YEARS.
- 3. EMPLOYEE ERT TRAINING RECORDS DATED 9/18/2014. THESE EMPLOYEE TRAINING RECORDS WERE FOUND SATISFACTORY. PHILIPS LUMILEDS CONTRACTS ALL ITS MAINTENANCE ON THE ANHYDROUS AMMONIA AND HYDROGEN SYSTEMS WITH AIR PRODUCTS.
- 4. CONTRACTORS RIGHT TO KNOW DOCUMENTATION EXPLAINING THE HAZARDS OF THE FACILITY WAS FOUND SATISFACTORY.
- 5. FACILITY HOT WORK PERMITS WERE REVIEWED AND FOUND SATISFACTORY.
- 6 .ANHYDROUS AMMONIA AND HYDROGEN SENSOR PREVENTIVE MAINTENANCE AND CALIBRATION DOCUMENTATION WAS FOUND SATISFACTORY. ANHYDROUS AMMONIA AND HYDROGEN SENSORS ARE CALIBRATED ANNUALLY.
- 7. HAZARDOUS MATERIALS BUSINESS PLAN (ELECTRONICALLY FILED VIA CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM IN 2014) WAS FOUND ADMINISTRATIVELY SATISFACTORY. A MORE DETAILED COMPREHENSIVE INSPECTION WILL BE CONDUCTED AT A LATER DATE.
- 8. MATERIAL SAFETY DATA SHEETS FOR ANHYDROUS AMMONIA AND HYDROGEN WERE FOUND SATISFACTORY.
- 9. FACILITY HAS A COMPREHENSIVE PREVENTATIVE MAINTENANCE PROGRAM IN PLACE. ALL ROUTINE AND

Facility ID:	FA0252744	Inspection Date: 09/23/2014
Facility Name: Site Address:	PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD 90, SAN JOSE,	CA 95131
	Violations & Notice to Comply /E MAINTENANCE IS DOCUMENTED.	
	OPERATING PROCEDURES ARE WEL AMMONIA AND 9/4/2013 FOR HYDRO	L DOCUMENTED AND WERE FOUND SATISFACTORY. (11/19/2010 FOR IGEN).
11. PROCESS ACTED UPON		IST 20, 2013 WAS WELL DOCUMENTED ANS ALL RECOMMENDATIONS WERE
HYDROGEN)		ERE CARRIED OUT (2010 FOR ANHYDROUS AMMONIA AND 2013 FOR ILLITIES CONTRACTOR AIR PRODUCTS PREPARED THE COVERED PROCESS
AND SIGN BY	ASSESSMENT AND PROCESS WAL A PROFESSIONAL ENGINEER. ALL S EQUIPMENT.	K THROUGH CONDUCTED ON DECEMBER 5, 2013 WAS WELL DOCUMENTED RECOMMENDATIONS WERE CARRIED OUT DURING THE INSTALLATION OF
		SUBMIT) TO FEDERAL EPA REGION 9 DATED DECEMBER 16, 2013 WAS IBMITTAL WAS FOR THE ADDITION OF THE HYDROGEN TANK.
15 .FACILITY	EMERGENCY RESPONSE PLAN DAT	ED NOVEMBER 19, 2010 WAS REVIEWED AND FOUND SATISFACTORY.
16. CALIFORN AND FOUND (TION PROGRAM REGISTRATION DATED OCTOBER 28, 2013 WAS REVIEWED
17. CALIFORI	NIA ACCIDENTAL RELEASE PROGRA	AM FACILITY PERMIT WAS CURRENT.
RECOMMEND TOUR OF THE		DEPARTMENT FIRST RESPONDERS AND CONDUCT A SITE FAMILIARIZATION
	rrect any violation designated as a C se noted by the inspector.	lass I or Class II violation. Correct all other violations no later than 10/23/2014,
more space is n certification state	eeded. Within 5 days of achieving comp ement below and return a copy of this re	e actions taken by the facility to correct each violation. Attach additional pages if bliance or within 35 days of the inspection date, whichever comes first, sign the eport to HMCD. Time granted for correction of violations does not preclude any acility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8,
Received By	MR. MITCHELL COLE ENVIRONMENTAL ENGINEER	9/30/19 Inspected By: EE0010090 - RUBEN WILLIAMS
Certification	of Compliance	
i certify under	penalty of perjury that this facility ha	as compiled with directives specified in this Notice to Comply.
Signature of 0	Owner/Operator	Date
Printed Name	of Owner/Operator	Title

Printed Name of Owner/Operator

OFFICIAL NOTICE OF INSPECTION – SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

Key to Acronyms and Regulatory Terms

XX CCR	California Code of Regulations, Title XX
XX CFR	Code of Federal Regulations, Title XX
Class	Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation [HSC §25110.8.5, HSC §25117.6, CCR §66260.10]
DTSC	California Department of Toxic Substances Control
EPA	U.S. Environmental Protection Agency
HMCD	County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division
HSC.	California Health and Safety Code
RCRA	Resource Conservation and Recovery Act
SCCO	Santa Clara County Ordinance Code
TSDF	Hazardous waste treatment, storage or disposal facility
UPCF	Unified Program Consolidated Form
UST	Underground storage tank
VC	HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC §25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC §\$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i)].

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

REVIEWED

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmatBy Greg Breshears at 12:50 pm, Apr 14, 2015

OFFICIAL NOTICE OF INSPECTION

FA0252744 Facility ID: Inspection Date: 03/19/2015 PHILIPS LUMILEDS LIGHTING CO Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131 HW Generator Type: NA ☐ RCRA LQG Consent to Inspect Granted By: CLAIR LE HERE, ELECTRICIAN ☐ Pictures Taken □ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
		No violations were observed during this inspection.	

Comments: ON SITE TO OVERSEE AN ANNUAL MONITORING CERTIFICATION TESTING. TESTING WAS CONDUCTED ON 3/18/15. INSPECTION REPORT WAS ISSUED TODAY VIA E-MAIL. TESTING WAS CONDUCTED BY; ROBERT HENNINGER WITH BALCH PETROLEUM. MR. HENNINGER HOLDS THE FOLLOWING CERTIFICATIONS; ICC#8001441 EXP., 8/15/15; VR#A25027 EXP., 11/14/15; CALDWELL CERTIFICATION EXP., 12/16.

THE FOLLOWING COMPONENTS WERE TESTED AND PASSED:

- L1- ANNULAR SENSOR
- L2- PIPING SUMP SENOR

ALL SENSORS ABOVE PROVIDED AN AUDIBLE/VISUAL ALARM AT THE PANEL.

- A SPILL BUCKET WAS TESTED USING THE ACCELERATED 30 MINUTE CALDWELL TESTER AND PASSED.

THE FOLLOWING INFORMATION WAS REVIEWED DURING THIS INSPECTION:

- EMPLOYEE TRAINING IS CURRENT
- DESIGNATED OPERATOR MONTHLY RECORDS WERE REVIEWED AND ARE CURRENT. THESE RECORDS ARE FOUND ELECTRONICALLY AS A SOFT COPY AND THE VEEDER ROOT TAPE THAT CORRESPONDS TO EACH MONTH CAN BE FOUND INSIDE A FOLDER ON TOP OF THE VEEDER ROOT PANEL.
- MONTHLY INSPECTION LOGS OF THE UNBURIED PIPING AT THE GENERATOR WERE ALSO REVIEWED DURING THIS INSPECTION.
- UST INFORMATION ON CERS IS CURRENT AS OF 3/19/15. THIS INFORMATION WAS REVIEWED AND ACCEPTED DURING THIS INSPECTION.

NOTE: WITHIN 30 DAYS PROVIDE A COPY OF TODAY'S TESTING REPORT TO OUR OFFICE.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 04/18/2015, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

CLAIR LE HERE Received By: **ELECTRICIAN**

Inspected By: EE0010071 - ANA BUI

CA UST Inspector #8034347, Exp. 10/01/2016

R101DAJ0NJJAU

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD) 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID):	FA0252744	Inspection Date: 04/16/201
Facility Na	ame:	PHILIPS LUMILEDS LIGHTING CO	
Site Addre		370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator Type: NA		Type: NA	☐ RCRA LQG
Consent t	to Insp	pect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER	□ Pictures Taken
			☐ Samples Taken
Program:	PR039	Violations & Notice to Comply 99589 - ABOVEGROUND PETROLEUM STORAGE ACT - 2012 EXECUTIVE INSPECTION-COMPLETED	
VC CI	lass	Violation	Corrective Actions Taken
		No violations were observed during this inspection.	
SIX DIES	SEL GE TROLE ANSFO	ING ITEMS WERE INSPECTED: ENERATORS EUM BASED WASTE SOLVENT TANKS ORMERS	
PETROLI THE TIEF SATISFA	EUM E R ONE ACTOR	TOR SINGLE WALLED STEEL RESERVOIRS BASED CONTAINER STORAGE AREA (ETHYLENE GLYCOL, DIESEL) E SPILL PREVENTION CONTROL AND COUNTER MEASURES PLAN W. BY. (FACILITY HAS LESS THAN 10,000 GALLONS OF PETROLEUM BA DOWNGRADE THE FACILITY TO PROGRAM ELEMENT 2011.	
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Page 1 of 2	Date	4/27/15	R101DAFKL0FG\

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

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What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

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What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

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§25110.8.5, HSC §25117.6, CCR §66260.10]

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EPA U.S. Environmental Protection Agency

HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility UPCF

Unified Program Consolidated Form
UST Underground storage tank
VC HMCD violation code

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazma

REVIEWED

By Greg Breshears at 3:29 pm, Mar 23, 2016



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744		Inspection Date: 03/01/2016
Facility Name: Site Address:	LUMILEDS LLC 370 W TRIMBLE RD 90, SAN JOSE, CA 951:	31	
HW Generator Type: Consent to Inspect Granted By: CLAIR LEHERE, ELECTRICIAN			□ RCRA LQG □ Pictures Taken □ Samples Taken
	Violations & Notice to Comply		
	97897 - UNDERGROUND STORAGE TANK - 23 e: ROUTINE INSPECTION-COMPLETED	399	
VC Class	Violation	Cor	rective Actions Taken
VO GIASS	No violations were observed during this ins		redive Addono Taken
Comments: T	HE INSPECTION COMMENCED ON FEBRUAR		
ON SITE WITH AND SECOND	H ROBERT HENNINGER WITH BALCH PETRO DARY CONTAINMENT TESTING. MR. HENNIN VING COMPONENTS FOR THE MONITORING O	LEUM TO OVERSEE THE ANNUAL MON GER'S CERTIFICATIONS WERE VERIFIE	ED TO BE CURRENT.
SIMULATED.	SOR IN THE ANNULAR SPACE, TRIGGERED A		
-ABOVEGROU	SOR IN THE PIPING SUMP, TRIGGERED AN AI JND PIPING ADJACENT TO THE MONITORING DED. ET WAS TESTED HYDROSTATICALLY FOR 30	G PANEL IS BEING VISUALLY INSPECTE	ED AT LEAST MONTHLY
-PIPING SUMI -THE TANK AI -THE SECONE	VING COMPONENTS FOR THE SECONDARY TO WAS TESTED WITH A CALDWELL SYSTEM NNULAR SPACE WAS VACUUM TESTED AT COARY FUEL RETURN LINE WAS TESTED AT SOARY FUEL SUPPLY FUEL SUPPLY FUEL SUPPLY FUEL SUPPLY FUEL SUPPLY FUEL FUEL FUEL FUEL FUEL FUEL FUEL FUEL	AND PASSED THE 30 MINUTE HYDROS B INCHES OF MERCURY FOR 60 MINUTE 5.1 PSI FOR 60 MINUTES.	
*****FACILITY	IS INSPECTING ABOVEGROUND PIPING AT	LEAST MONTHLY AND RECORDING TH	E FINDINGS.
	rrect any violation designated as a Class I or se noted by the inspector.	Class II violation. Correct all other viola	ations no later than <u>03/31/2016,</u>
more space is n certification state	e provided, write a brief description of the actions eeded. Within 5 days of achieving compliance o ement below and return a copy of this report to F tion by HMCD or other agencies. This facility ma .1.2(c)]	or within 35 days of the inspection date, which the street with the street of the stre	chever comes first, sign the tions does not preclude any
En: l	Astal	alle) whice
Received By	ERIC DUGDALE MANAGER	Inspected By: EE0010265 - SOC CA UST Inspector	CORRO GUZMAN + #5266664, Exp. 08/26/2017
Certification	n of Compliance		
I certify under	r penalty of perjury that this facility has comp	lied with directives specified in this Not	ice to Comply.
Signature of (Owner/Operator	Date	
Printed Name	of Owner/Operator	Title	

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

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HMCD-014A www.EHinfo.org/hazmat Rev.

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744		inspection Date: 02/02/2017
Facility Name:	LUMILEDS LLC	
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator Type: >=1000 KG/MO.		☑ RCRA LQG
Consent to Inspect Granted By: MITCHELL COLE, ENVIRONMENTAL ENGINEER		□ Pictures Taken
		☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0367934 - RCRA LQG - LQ08 Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
G010	II	HAZARDOUS WASTE DETERMINATION [3130001] Facility failed to determine whether a waste is a hazardous waste. Noted soda style bottle in north fab, sink 00-22, which was solid, flaky, metallic.	
		Determine whether the waste is hazardous using generator knowledge, or by having the waste analyzed by a state-certified environmental laboratory. Submit the results of your determination, including any laboratory reports, to HMCD. A list of state-certified laboratories is available at www.waterboards.ca.gov/drinking_water/certlic/labs/documents/elap_certified_hazardous_waste_labs.pdf. Cease any disposal of the waste as non-hazardous waste until the determination is complete. Keep all hazardous waste determination documents for at least 3 years from the date the waste was last shipped. [CCR 66262.11]	
G020	M	MARKING OF HAZARDOUS WASTE [3130003] Facility failed to properly mark a hazardous waste tank and/or container.	
		2 small containers of marked as "hazardous waste" but identified as containing only gallium phosphide wafers (no arsenic remaining on wafer). 30 gal container Arsenic-chromium waste and 30 gal container debris with white phos in south fab marked with a start date of "empty weekly".	
		Mark all hazardous waste tanks with the words "HAZARDOUS WASTE" and the accumulation start date. Mark all hazardous waste containers and portable tanks with the words "HAZARDOUS WASTE;" the accumulation start date; the name and address of the generator; and the composition, physical state, and hazardous properties of the waste. Additionally, mark used oil containers, aboveground tanks, and fill pipes for underground tanks with the words "USED OIL." [CCR 66262.34(f), 66279.21(b)]	
G023	M	CONTAINER OPEN [3130007]	
		Facility failed to keep a hazardous waste container closed at a time when it was not necessary to add or remove waste.	
		55 gallon drum of used/"empty" caustic soda bags which was over-full and not able to be closed, located in the wastewater treatment area.	
		Tightly close all hazardous waste containers. Ensure that they remain closed, except when it is necessary to add or remove waste. Containers are considered closed when all lids, gaskets, and locking rings are in place and secured. [CCR 66265.173(a), CFR 265.173(a)]	

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Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
G343	М	TANK INSPECTIONS [3130012]	
		Facility could not demonstrate that hazardous waste tanks are being inspected daily as required.	
		Facility's tanks are generally within vaults with solid roofs to prevent rainwater intrusion. Due to design, these areas are confined space. Inspections are conducted from entry points which do allow for clear view of all areas around the tank and floor.	
		Perform and document hazardous waste tank inspections daily. Inspections must cover: 1) overfill/spill control equipment; 2) aboveground portions of the tank system; 3) data gathered from monitoring and leak detection equipment; 4) construction materials and the area immediately surrounding the tank system; and 5) the level of waste in the tank, for uncovered tanks. [CCR 66265.195]	

Comments: Inspection took place 2/1, report delivered 2/2

Facility operating under EPA ID CAR000058081

Site generates waste from consolidation of cleanroom waste collected under satellite accumulation, maintenance waste, collection and control of arsenic wastes, phosphorous contaminated waste as a bi-product of manufacturing, sludge from wastewater treatment, acid and caustic wastes (generally neutralized onsite), spent solvents.

Scrap GaAs wafers are managed as scrap metal. Wafers used in processes are either GaAs, GaPhosphide, or Sapphire. GaAs and GaPhosphide wafers are grown from crystals to ingots, cut and polished to wafers. They are not doped/deposited GaAs substrates on silicon or other material wafers. As they are whole metal objects, they appear to meet the definition of "scrap metal"

Noted routine storage of graphite with white phosphorous in ethyl glycol in a container due to off-gassing of phosphine gas. Please look into a storage container that has a vapor release that can be installed to allow for pressure relief and gas remediation/scrubbing.

Three of four solvent tanks are currently not in service. Each out of service tank is marked with a sign on the vault stating "tank emptied (date). Offline and on standby"

Facility utilizes a compactor for the compression of solid solvent contaminated debris bags in drums. Compaction does not result in release of free liquids.

Reviewed the following documents:

Contingency plan/Emergency Response Team Plan

Training plan and records

Daily tank inspection logs

Weekly container storage area logs

Biennial report (2016 filing for 2015)

SB 14 waste minimization plan and related update documents

Manifests from 2016, 2015

--Noted manifest correction letter for 008844389FLE

G020C: start dates were marked on 2x55 gal containers slurry pipes and on 1 yard box debris during the inspection.

Request: Please send a copy of your bottle rinsing process/SOP (rev. 2/25/2009).

Program: PR0371042 - TIERED PERMIT-PERMIT BY RULE - 2261

Inspection Type: ROUTINE INSPECTION

	٧	С	Class	Violation	Corrective Actions Taken
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FA0252744 Facility ID: Inspection Date: 02/02/2017

Facility Name: Site Address: LUMILEDS LLC

370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T306	М	FINANCIAL ASSURANCE: PBR [3210] Facility failed to establish or maintain a viable financial mechanism to cover the estimated costs of closure.	
		the financial mechanism utilized by the facility was issued to the prior ownership of the company (Philips Lumileds Lighting company LLC) instead of the current ownership (Lumileds LLC). Further evidence has been presented showing that Lumileds LLC is still covered by the actions of Philips Holding Inc. Please eitehr update the financial mechanism or demonstrate that the bank will honor the LOC as it is currently written/named in light of the reorganization and sale noted above.	
		Obtain financial assurance for closure of the treatment unit by one of the following mechanisms: 1) closure trust fund; 2) surety bond guaranteeing payment into a closure trust fund; 3) closure letter of credit; 4) closure insurance; 5) financial test and corporate guarantee for closure; 6) use of multiple or alternative financial mechanisms as described in 22 CCR 66265.143 or 67450.13; or 7) self-certification, if the closure cost estimate is less than \$10,000. Ensure that Santa Clara County Department of Environmental Health is listed as the beneficiary of the financial assurance mechanism(s) and that the mechanism is worked exactly as is noted in CCR. Submit a copy of the mechanism(s) to HMCD. [CCR 67450.13(a)(5)-(8)]	
T402	М	AMENDED TREATMENT NOTIFICATION: PBR [3210007]	
		Facility operates a Permit by Rule hazardous waste treatment unit, but failed to submit an amended hazardous waste treatment notification to HMCD within 30 days of a change in operation.	
		Unit receives waste from bottle washing (including HF bottles at HF use stations), and presses waste sludge for de-watering. Neither bottle washing nor sludge drying are marked as treatment activities associated with the system.	
		Amend the facility's treatment notification and submit it to HMCD in person or by certified mail, with return receipt requested. The notification package must include the following forms with current signatures and dates: 1) Facility Information: Business Activities; 2) Facility Information: Business Owner/Operator Identification; 3) Hazardous Waste - Onsite Hazardous Waste Treatment Notification - Facility Page and required attachments; 4) Hazardous Waste - Onsite Hazardous Waste Treatment Notification - Unit Page; 5) Onsite Tiered Permitting - Permit By Rule (PBR) Waste and Treatment Process Combinations; and 6) Hazardous Waste - Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters. Forms are available at www.unidocs.org. [CCR 67450.3(c)(2)]	

Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T407	М	WASTE ANALYSIS PLAN: PBR [3210010]	
		Facility failed to prepare or maintain on-site a complete written waste analysis plan for hazardous wastes treated on-site in a Permit by Rule treatment unit and/or maintain waste analysis records to document that they implemented the plan.	
		The site's waste analysis plan does not really address the analysis of wastes entering the system, but focuses on the analysis of waste prior to discharge. The plan also addresses sampling using water analytic methods instead of SW 846 hazardous waste methods.	
		Prepare and implement a written waste analysis plan that characterizes the hazardous wastes treated on-site in the treatment unit. The plan must contain: 1) the parameters for which each waste will be analyzed and the rationale for selection of these parameter; 2) the test methods to be used to test for the above parameters; 3) detailed sampling methods to be used to obtain a representative sample; and 4) the frequency with which analysis will be reviewed or repeated. Perform the analysis described in the plan and repeat it, as necessary, to ensure that it is accurate and up to date. Maintain on-site a copy of the waste analysis plan and waste analysis records until closure of the facility. [CCR 66265.13, 66265.73]	

Comments: Unit MPU-1

Unit treats wastes metal bearing wastes for removal of arsenic and fluoride by addition of lime, metabisulfite in batches. After metals settle, supernatent is tested and transferred to treatment system NS-1 for final pH adjustment and discharge. Sludge is transferred to holding tank, then to press for dewatering.

Treatment floors are treated as wet floors with liquid in them regularly fro press discharge and unit wash water. Floors are continuously drained to process tank which re-feeds the batch treat tank for treatment.

Reviewed the following documents:

Closure Plan

Closure cost estimate

Tank assessment documentation

- -Please be aware that while the assessment does state that piping was examined, the containment and condition of said piping is not readily addressed in the report. Leak detection is specifically addressed in the report.
- --PE calls out W28 and W29 utilizing the floor of bldg 90 as containment due to slope. It will be incumbent upon Lumileds to maintain the entire floor are free of potentially incompatible materials in order for this practice to be good engineering practice and compliant.

Financial mechanism

Notification

Waste analysis plan

Daily operating logs (generally totalizer numbers for amounts of water discharged from system along with post treatment arsenic concentrations)

Inspection schedule and logs

WWTS specfic training records for system operators

Program: PR0367957 - TIERED PERMIT-PERMIT BY RULE - 2261

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
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Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

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		Obtain financial assurance for closure of the treatment unit by one of the following mechanisms: 1) closure trust fund; 2) surety bond guaranteeing payment into a closure trust fund; 3) closure letter of credit; 4) closure insurance; 5) financial test and corporate guarantee for closure; 6) use of multiple or alternative financial mechanisms as described in 22 CCR 66265.143 or 67450.13; or 7) self-certification, if the closure cost estimate is less than \$10,000. Ensure that Santa Clara County Department of Environmental Health is listed as the beneficiary of the financial assurance mechanism(s) and that the mechanism is worked exactly as is noted in CCR. Submit a copy of the mechanism(s) to HMCD. [CCR 67450.13(a)(5)-(8)]	
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		Prepare and implement a written waste analysis plan that characterizes the hazardous wastes treated on-site in the treatment unit. The plan must contain: 1) the parameters for which each waste will be analyzed and the rationale for selection of these parameter; 2) the test methods to be used to test for the above parameters; 3) detailed sampling methods to be used to	
		obtain a representative sample; and 4) the frequency with which analysis will be reviewed or repeated. Perform the analysis described in the plan and	
		repeat it, as necessary, to ensure that it is accurate and up to date. Maintain on-site a copy of the waste analysis plan and waste analysis records until closure of the facility. [CCR 66265.13, 66265.73]	

Unit treats acid and caustic wastes and also final pH polishes wastes from metal treatment unit prior to discharge.

System is a flow through system, two stage. It is possible that incidental neutralization takes place prior to acid and caustic mixing in the treatment tanks.

Reviewed the following documents:

Closure Plan

Closure cost estimate

Tank assessment documentation

-Please be aware that while the assessment does state that piping was examined, the containment and condition of said piping is not readily addressed in the report. Leak detection is specifically addressed in the report.

--PE calls out W28 and W29 utilizing the floor of bldg 90 as containment due to slope. It will be incumbent upon Lumileds to maintain the entire floor are free of potentially incompatible materials in order for this practice to be good engineering practice and compliant.

Financial mechanism

Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Notificaiton

Waste analysis plan

Daily operating logs (generally totalizer numbers for amounts of water discharged from system along with post treatment

arsenic concentrations)
Inspection schedule and logs

WWTS specfic training records for system operators

Program: PR0397494 - HAZARDOUS MATERIALS BUSINESS PLAN - BP06

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
B106	М	HMBP INVENTORY INFORMATION MISSING / INCOMPLETE [1010004] Facility operator failed to electronically submit accurate and complete Hazardous Materials Inventory information for all hazardous materials on-site that are required to be reported in the facility's Hazardous Materials Business Plan (HMBP). Noted storage of >HMBP quantities of lime, sodium metabisulfite, and caustic soda in the waste treatment area, 2 chlorine cylinders in Fab, approximately 330 gallons AZ300 MIF developer in Bldg 91 storage area;	
		all of which were not reported in the last inventory update. Within 30 days, electronically submit a HMBP, including an accurate Hazardous Materials Inventory, through either the Santa Clara County CUPA electronic reporting portal (http://FrontCounter.sccgov.org) or the California Environmental Reporting System (http://cers.calepa.ca.gov). Be sure to submit all of the elements that comprise a complete HMBP (i.e., Facility Information, Hazardous Materials Inventory, and Emergency Response and Training Plans). See www.sccgov.org/sites/hazmat/programs/Pages/ereporting.aspx for more details on electronic reporting. [HSC 25404(e), 25501(s), 25505(a)(1); 25506; 25508(a)(1)]	
B115	М	HMBP ANNUAL CERTIFICATION [1010008] Facility operator failed to annually review the the facility's Hazardous Materials Business Plan (HMBP) and electronically certify that it is complete and accurate. Annual submittals in 2016 and 2017 did not include the emergency and training plans in the annual submittal. A complete HMBP annual submittal must include the facility informaiton, inventory, map and both plans as noted below. Within 30 days, review and electronically resubmit a complete HMBP through either the Santa Clara County CUPA electronic reporting portal (http://FrontCounter.sccgov.org) or the California Environmental Reporting System (http://cers.calepa.ca.gov). Be sure to submit all of the elements that comprise a complete HMBP (i.e., Facility Information, Hazardous Materials Inventory, and Emergency Response and Training Plans). See www.sccgov.org/sites/hazmat/programs/Pages/ereporting.aspx for more details on electronic reporting. Ensure that future certifications are submitted no more than 12 months from your last complete HMBP submittal date.[HSC 25508(a)(1)(A)(B), 25508.2]	

Comments: CERS ID 10132666

Submittal 1/26/17, with prior annual submittals 2/4/16 and 2/18/15

Map is compliant.

--State strongly recommends uploading only one map as a pdf file with multiple pages as opposed to multiple individual files. Training is not in single inclusive file. Non-hazmat responders/waste handlers are provided annual emergency evacuation training and drills which are documented. HW handlers and ERT personnel also take this class as well as spill response class and documentation.

Facility ID: FA0252744 Inspection Date: 02/02/2017
Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>03/04/2017</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Mula	Mue of N
Received By:	Inspected By: EE0010235 - MICKEY PIERCE CA UST Inspector #8016994, Exp. 08/26/2018
Certification of Compliance	
I certify under penalty of perjury that this fac	cility has complied with directives specified in this Notice to Comply.
Signature of Owner/Operator	Date
Printed Name of Owner/Operator	Title

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

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What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- · Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

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What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

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Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC $\S25110.8.5$, HSC $\S25117.6$, CCR $\S66260.10$]

DTSC California Department of Toxic Substances Control

EPA U.S. Environmental Protection Agency

HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility

UPCF Unified Program Consolidated Form

UST Underground storage tank VC HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC \$25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC § \$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i)].

HMCD-014A www.EHinfo.org/hazmat Rev. 07/28/10

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazm

REVIEWED

By Greg Breshears at 5:03 pm, Jun 07, 2017



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 02/17/2017
Facility Name:	LUMILEDS LLC	
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator Type:		□ RCRA LQG
Consent to Inspect Granted By: ERIC DUGDALE, FACILITIES OPERATIONS MGR		☐ Pictures Taken
		☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
		No violations were observed during this inspection.	

Comments: On-site to conduct a UST compliance inspection. Annual monitoring system testing was performed by UST service technician Robert Henninger from Balch petroleum. Mr. Henninger

has the following certifications:

- -ICC Service Technician
- -Veeder Root Level 4
- -Caldwell Sump Tester

During testing of monitoring equipment the following was observed:

- -The sump sensor (Veeder Root 794380-208) was tested in water and produced an audible and visual alarm at the monitoring panel.
- -The annular sensor (Veeder Root 794390-407) was tested with water and produced an audible and visual alarm at the monitoring panel.
- -The spill bucket was tested using an accelerated 30 minute Caldwell device and passed.

The following CERS submittal elements dated 1/26/17 were reviewed:

-Owner/Operator Identification, UST Facility and Tank Information, UST Monitoring Plans, UST Monitoring Site Plan, UST Response Plan, Designated UST Operator notification, and Certification of Financial Responsibility.

The following documents were reviewed on-site:

-Set-up and alarm history, monthly Designated UST Operator inspections (retained electronically), employee training record, maintenance and monitoring records (retained electronically), and monthly inspection logs of unburied piping (retained electronically).

NOTES:

- -Contact Inspector Albert Wolff at 408-918-3375 or by email at albert.wolff@cep.sccgov.org for questions regarding this
- -Provide our agency with a copy of today's annual monitoring system certification and spill bucket test report within 30 days. -Facility contact: eric.dugdale@lumileds.com

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 03/19/2017, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: Eric Dugdale

Facilities Operations Mgr

Inspected By: EE0010253 - ALBERT WOLFF

CA UST Inspector #00247555, Exp. 04/21/2018

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Facility ID:	FA0252744	Inspection Date: 02/17/2017
Facility Name:	LUMILEDS LLC	

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Certification of Compliance

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.		
Signature of Owner/Operator	Date	
Printed Name of Owner/Operator	Title	

Page 2 of 3

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

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- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- · Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

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Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC \$25110.8.5, HSC \$25117.6, CCR \$66260.10]

DTSC California Department of Toxic Substances Control

EPA U.S. Environmental Protection Agency
HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility

UPCF Unified Program Consolidated Form

UST Underground storage tank VC HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC \$25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC § \$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i)].

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 09/29/2017
Facility Name:	LUMILEDS LLC	•
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator		□ RCRA LQG
Consent to Inspect Granted By: MR. MITCH COLE, ENVIRONMENTAL ENGINEER		☐ Pictures Taken
		☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0399589 - ABOVEGROUND PETROLEUM STORAGE ACT - 2011

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken

Comments: A ABOVEGROUND PETROLEUM STORAGE INSPECTION WAS CONDUCTED ON SEPTEMBER 27, 2017 WITH MR. MITCH COLE-ENVIRONMENTAL ENGINEER WITH PHILIPS LUMILEDS LIGHTING COMPANY. THE OFFICIAL NOTICE OF INSPECTION WAS ISSUED ON SEPTEMBER 29, 2017

THE FACILITY IS A TIER 1 QUALIFIED SPILL PREVENTION, CONTROL AND COUNTERMEASURES (SPCC) FACILITY AND USES THE SPCC TEMPLATE AS ITS SPCC PLAN. THE SPCC PLAN DATED DECEMBER 28, 2016 WAS REVIEWED DURING THE INSPECTION AND IT WAS DETERMINED ON THE OIL STORAGE CONTAINER INVENTORY ONE DIESEL GENERATOR WAS TAKEN OUT OD SERVICE. UPDATE THE OIL STORAGE CONTAINER INVENTORY. OTHERWISE THE SPILL PREVENTION, CONTROL, AND COUNTERMEASURES PLAN IS RATED AS SATISFACTORY.

- 1. I VERIFIED THE SPCC PLAN WAS ON SITE AND THE SPCC PLAN WAS SIGNED BY COMPANY MANAGEMENT.
- 2. THE EMERGENCY CONTACT AND DESIGNATED SPCC MANAGER IS MR. MITCH COLE-ENVIRONMENTAL ENGINEER WITH PHILIPS LUMILEDS.
- 3. MONTHLY INSPECTIONS ARE BEING CARRIED OUT ON SPCC STORAGE AREA AND ARE BEING DOCUMENTED..
- 4. PETROLEUM STORAGE AREAS WERE FREE OF LEAKS OR SPILLS AND A HAD ADEQUATE SECONDARY CONTAINMENT.
- 5. THE FACILITY HAS A EMERGENCY RESPONSE TEAM AND HAS ADEQUATE SPILL PREVENTION SUPPLIES ON HAND (ABSORBENTS, DRAIN PLUGS, SPILL PILLOWS, SPILL BLANKETS) IN THE EVENT OF ACCIDENTAL PETROLEUM RELEASES.

DURING THE FACILITY WALK THROUGH THE FOLLOWING AREAS WERE INSPECTED:

- 1. FIVE DIESEL GENERATORS- NO SPCC VIOLATIONS WERE OBSERVED.
- 2. FIVE ELECTRICAL TRANSFORMERS- NO SPCC VIOLATIONS WERE OBSERVED.
- 3. FOUR ELEVATOR SINGLE WALLED STEEL RESERVOIRS- NO SPCC VIOLATIONS WERE OBSERVED.
- 4. PETROLEUM CHEMICAL STORAGE AREA (55 GALLON DRUMS)- NO SPCC VIOLATIONS WERE OBSERVED.
- 5. FIVE WASTE SOLVENT STEEL WALLED TANKS LOCATED IN VAULTS (ONE IS NO LONGER IN USE AND MARKED AS EMPTY). NO SPCC VIOLATIONS WERE OBSERVED.

THE FACILITY HAS ANNUAL SPCC BRIEFING FOR ALL OIL HANDLING PERSONNEL AND THIS TRAINING IS DOCUMENTED.

THE FACILITY HAS ADEQUATE SITE SECURITY MEASURES IN PLACE TO INCLUDE CAMERAS, SECURED FENCES AND ADEQUATE LIGHTING.

Facility ID:	FA0252744	Inspection Date: 09/29/20
Facility Name: Site Address:	LUMILEDS LLC 370 W TRIMBLE RD 90, SAN JOSE, CA 95	5131
Summary of	Violations & Notice to Comply	
	HAS NOT HAD A PETROLEUM SPILL IN R LOOKING AND THE FACILITIES INCIDENT	REPORTABLE QUANTITIES IN THE LAST FIVE YEARS. THIS WAS I SPILL LOG.
THE FACILITY NOTED.	MAP HAD ALL PETROLEUM STORAGE AF	REA, STORM DRAINS AND EMERGENCY EQUIPMENT LOCATIONS
NO ABOVEGR	OUND PETROLEUM STORAGE ACT VIOLA	ATIONS WERE NOTED DURING THE INSPECTION.
unless otherwis Using the space more space is ne certification state	provided, write a brief description of the action and the seded. Within 5 days of achieving compliance ament below and return a copy of this report to the seded. This facility is the seded of the sede	ons taken by the facility to correct each violation. Attach additional pages if e or within 35 days of the inspection date, whichever comes first, sign the o HMCD. Time granted for correction of violations does not preclude any may be subject to reinspection at any time. [Authority: HSC 25185(c),
m	10/12/17	Ruber D. Williams
Received By:	MR. MITCH COLE ENVIRONMENTAL ENGINEER	Inspected By: EE0010090 - RUBEN WILLIAMS
Certification	of Compliance	
		mplied with directives specified in this Notice to Comply.

Date

Title

Signature of Owner/Operator

Printed Name of Owner/Operator

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•	•	_	•
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Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC §25110.8.5, HSC §25117.6, CCR §66260.10]

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 11/01/2017	
Facility Name:	LUMILEDS LLC	•	
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131			
HW Generator Type: NA		☐ RCRA LQG	
Consent to Inspect Granted By: MR. MITCH COLE, ENVIRONMENTAL ENGINEER		☐ Pictures Taken	
		☐ Samples Taken	
	Ministration of Nicking As Committee		

Summary of Violations & Notice to Comply

Program: PR0372265 - CALARP - 2113
Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken

Comments: A PROGRAM 3 CALIFORNIA ACCIDENTAL RELEASE PROGRAM PREVENTION INSPECTION WAS CONDUCTED FOR THE REGULATED CHEMICALS ANHYDROUS AMMONIA AND HYDROGEN. A FACILITY WALK THROUGH WAS CONDUCTED WITH MR. MITCH COLE WITH PHILIPS LUMILEDS LIGHTING COMPANY ENVIRONMENTAL ENGINEER ON SEPTEMBER 27, 2017 AND A THOROUGH PAPERWORK REVIEW WAS CONDUCTED DURING THE MONTH OF OCTOBER 2017 OF ALL PROGRAM 3 PROCESSES. THE OFFICIAL NOTICE OF INSPECTION WAS ISSUED ON NOVEMBER 1, 2017.

A FACILITY WALK THROUGH WAS CONDUCTED OF THE BULK TRAILER AMMONIA STORAGE AREA AND THE BULK HYDROGEN STORAGE TANK. THE AMMONIA STORAGE AREA AND HYDROGEN STORAGE AREA HAD ADEQUATE SECURITY FENCING AND LIGHTING. BOTH AREAS ARE MONITORED BY SECURITY CAMERAS.

AN UPDATED RISK MANAGEMENT REGISTRATION FORM RMP*e- SUBMIT DATED WAS REVIEWED AND WAS SUBMITTED TO THE FEDERAL EPA ON SEPTEMBER 3, 2015 FOR THE REGULATED CHEMICALS ANHYDROUS AMMONIA AND LIQUALFIED HYDROGEN GAS. DUE TO BEING A PROGRAM 3 FACILITY A PROCESS SAFETY MANAGEMENT COMPONENT WAS ALSO INCLUDED IN THE RISK MANAGEMENT PLAN.

A RISK MANAGEMENT PLAN DATED DECEMBER 16, 2013 WAS REVIEWED AND FOUND SATISFACTORY. NEXT FIVE YEAR RISK MANAGEMENT PLAN IS DUE ON DECEMBER 16, 2018.

THE FACILITY HAS GONE THROUGH SEVEN MANAGEMENT OF CHANGES FOR THE BULK AMMONIA SYSTEMS AND AMMONIA PROCESSES THROUGHOUT THE FACILITY SINCE THE LAST INSPECTION CONDUCTED SEPTEMBER 23, 2014. THE MANAGEMENT OF CHANGES WERE WELL DOCUMENTED.

THE FOLLOWING DOCUMENTS WERE REVIEWED AND FOUND SATISFACTORY:

- 1. FACILITY COMPLIANCE AUDITS.
- 2. FACILITY CONTRACTOR RIGHT TO KNOW PROGRAM.
- 3. FACILITY HOT WORK PERMITS.
- 4. FACILITY MAINTENANCE RECORDS AND PREVENTIVE MAINTENANCE PROGRAM FOR THE ANHYDROUS AMMONIA SYSTEM AND LIQUALFIED HYDROGEN SYSTEM.
- 5. FACILITY PROCESS HAZARD ANALYSIS FOR THE COVERED PROCESSES (ANHYDROUS AMMONIA AND LIQUID HYDROGEN).
- 6. FACILITY EMERGENCY RESPONSE PLANS AND PROCEDURES FOR THE COVERED PROCESSES (ANHYDROUS AMMONIA AND LIQUID HYDROGEN).
- 7. FACILITY PERSONNEL TRAINING RECORDS FOR THE COVERED CALARP PROCESSES.
- 8. AMMONIA SENSOR CALIBRATION LOGS AND AMMONIA SENSOR SET POINTS 50 PPM.
- 9. FIVE YEAR ACCIDENT HISTORY-NO ACCIDENTS OR NEAR MISSES IN THE LAST FIVE YEARS.
- 10. VERIFIED OFF SITE CONSEQUENCES ANALYSIS. (WORSE CASE AND ALTERNATE CASE SCENARIOS).
- 11. COVERED PROCESS MODIFICATION DOCUMENTATION AND MANAGEMENT OF CHANGE DOCUMENTATION.
- 12. PROCESS SAFETY INFORMATION.
- 13. SEISMIC SAFETY EVALUATION.
- 14. INCIDENT INVESTIGATION LOGS.
- 15. DOCUMENTED FACILITY INSPECTION RECORDS FOR THE COVERED PROCESSES.

Facility ID:	FA0252744	Inspection Date: 1/01/2	017
Facility Name:	LUMILEDS LLC		
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131		
Summary of	Violations & Notice to Comply		
	OF THE INSPECTION NO CALARP VIOLATIONS WE	RE OBSERVED DURING THE WALK THROUGH	
1	THE FACILITY HAS A WELL DOCUMENTED RISK N		
ALL COMPLIA		COMMENDATIONS ARE FOLLOWED UP AND WELL	
•	rrect any violation designated as a Class I or Class se noted by the inspector.	Il violation. Correct all other violations no later than <u>12/01/201</u>	<u>.7</u> ,
more space is ne certification state	eeded. Within 5 days of achieving compliance or within ement below and return a copy of this report to HMCD. ion by HMCD or other agencies. This facility may be su	by the facility to correct each violation. Attach additional pages if 35 days of the inspection date, whichever comes first, sign the Time granted for correction of violations does not preclude any bject to reinspection at any time. (Authority: HSC 25185(c),	
,	Mustal	Ruber D. Williams	
Received By: MR. MITCH COLE Inspected By: EE0010090 - RUBEN WILLIAMS ENVIRONMENTAL ENGINEER		Inspected By: EE0010090 - RUBEN WILLIAMS	_
Certification	of Compliance		
I certify under	penalty of perjury that this facility has complied wi	th directives specified in this Notice to Comply.	
Signature of O	wner/Operator	Date	_
Printed Name	of Owner/Operator	Title	_

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
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What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

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What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

Key to Acronyms and Regulatory Terms

XX CCR	California Code of Regulations, Title XX
XX CFR	Code of Federal Regulations, Title XX

Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC §25110.8.5, HSC §25117.6, CCR §66260.10]

CERS California Environmental Reporting System (cers.calepa.ca.gov)

DTSC California Department of Toxic Substances Control

EPA U.S. Environmental Protection Agency

HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility

UST Underground storage tank VC HMCD violation code

Warning:

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- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i), 25289(b)].

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

	Facility ID:	FA0252744	Inspection Date: 02/16/2018
HW Generator Type: Consent to Inspect Granted By: JAMES COOPER, LEAD ELECTRICIAN RCRA LQG Pictures Tal	Facility Name:	LUMILEDS LLC	
Consent to Inspect Granted By: JAMES COOPER, LEAD ELECTRICIAN	Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
·			☐ RCRA LQG
	Consent to Ins	pect Granted By: JAMES COOPER, LEAD ELECTRICIAN	☐ Pictures Taken
□ Samples Ta			☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

	Inspect	tion Type	ROUTINE INSPECTION	
	νc	Class	Violation	Corrective Actions Taken
9°C	T012)	М	UST MONITORING SITE PLAN [2030041]	The UST Site Monitoring Site Plan
		ļ	Underground storage tank (UST) owner/operator failed to submit or keep current a UST monitoring site plan.	was submitted and in CERS as the 2013 submittal. The 2018
			THE SITE PLAN PROVIDED IN CERS DOES NOT ILLUSTRATE THE LAYOUT OF THE PIPING.	submittal under the same category was actually the
سة			Within 30 days, upload and electronically submit a PDF file containing a UST Monitoring Site Plan via the California Environmental Reporting System (CERS) website at http://cers.calepa.ca.gov. The Site Plan must show the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, line leak detectors, monitoring system control panel, ATG probes for single-wall tanks, etc.). Site Plans for facilities using vacuum monitoring must clearly identify vacuum zones. Keep a copy of the current Site Plan on-site at this facility. The Site Plan must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(1)(C), 2641(h), 2711(a)(8)]	monitoring plan - not the map. Both were in CERS at the time of the inspection. To avoid confusion, the Site plan from 2013 and the monitoring plan from 2018 were removed and replaced with a single monitoring site map with the updated company name. The 2018 Plan is in the correct section of CERS. Completed 3/14/2018.
5	T040	М	DUSTO TRAINING FOR FACILITY EMPLOYEES [2030012]	The new technician - Darryll Cannon
		'	Underground storage tank (UST) owner/operator failed to have at least one employee present during operating hours who has been trained in the proper operation and maintenance of the UST system by a qualified Designated UST Operator (DUSTO).	was trained by our UST contractor on 3/14/18. Training record is attached.
			DARYL CANNON WAS HIRED IN 2017 BUT DID NOT RECEIVED REQUIRED TRAINING WITHIN 30 DAYS.	
			Within 30 days, have a qualified DUSTO perform and document training of all facility employees with UST responsibilities who may work when no other employee with current training from the DUSTO is on-site. The training must cover the following topics, as applicable: 1) Operation of UST systems in a manner consistent with the facility#s best management practices; 2) The employee's role with regard to required UST monitoring equipment; 3) The employee's role with regard to UST spills and overfills; and 4) The name(s) of contact person(s) for emergencies and UST leak alarms. Have the DUSTO train new employees within 30 days of the date of hire and provide refresher training for all facility employees annually. At least one of the employees during operating hours shall have current training. Maintain a current list of trained facility employees on-site. A "Underground Storage Tank System Designated Operator Facility Employee Training Record" form (UN-061) is available at www.EHinfo.org/hazmat. The DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch.[23 CCR 2715(f)]	

Comments: ON SITE TO WITH ROBERT HENNINGER AN ICC CERTIFIED TECHNICIAN WITH BALCH PETROLEUM TO OVERSEE THE ANNUAL MONITORING CERTIFICATION. MR HENNINGER'S CERTIFICATIONS WERE VERIFIED TO BE CURRENT ICC CERTIFICATION EXP:7/13/19, CALDWELL SYSTEM EXP: 12/17 AND VEEDER-ROOT TLS-3XX EXP: 4/15/19.

OFFICIAL NOTICE OF INSPECTION		
Facility ID: FA0252744 Inspection Dat Facility Name: LUMILEDS LLC Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131		Inspection Date: 02/16/2018
Summary of	Violations & Notice to Comply	
	ING COMPONENTS WERE TESTED.	
-SPILL BUCKE WAS OBSERV	ET WAS TESTED HYDROSTATICALLY FOR 30 MINUTES (/ED.	JSING THE CALDWELL SYSTEM, NO WATER LOSS
	UID SENSOR TRIGGERED AN AUDIBLE AND VISUAL AL	
-UNDERGROU	SENSOR TRIGGERED AN AUDIBLE AND VISUAL ALARM IND STORAGE SYSTEM UNCOVERED PIPING WHICH RU ERM AND EQUIPPED WITH A LIQUID SENSOR THAT TRI	INS IN TO THE BOILER ROOM IS CONTAINED IN A
	ING DOCUMENTS WERE REVIEWED:	
-12 MONTHS (OF DESIGNATED OPERATOR	

-TRAINING DOCUMENTS

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 03/18/2018, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

. 13	Magne
Received By: JAMES COOPER ELECTRICAL LEAD	Inspected By: EE0010265 - SOCORRO GUZMAN CA UST Inspector #5266664, Exp. 08/26/2019
Certification of Compliance	
I certify under penalty of perjury that this facility h	as complied with directives specified in this Notice to Comply.
Whital	March 15, 2018

Certification of Compliance	
I certify under penalty of perjury that this facility has complied w	ith directives specified in this Notice to Comply. March 15, 2018
Signature of Owner/Operator Mitch Cole	Date Environmental Engineer
Printed Name of Owner/Operator	Title

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat

REVIEWED

By Greg Breshears at 8:30 am, Dec 18, 2019



GB: NOI not submitted for review until late 2019.

OFFICIAL NOTICE OF INSPECTION

Facility ID:	FAU252744	Inspection Date: 02/28/2019
Facility Name:	LUMILEDS LLC	-
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator T Consent to Insp	ype: ect Granted By: ERIC DUGDALE, FACILITIES OPERATIONS MANAGER	□ RCRA LQG □ Pictures Taken □ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399 Inspection Type: UST SECONDARY CONTAINMENT TESTING

VC	Class	Violation	Corrective Actions Taken
T530	II	SECONDARY CONTAINMENT [2030047]	
		Underground storage tank (UST) and/or regulated piping is not equipped with secondary containment, or secondary containment is not product-tight (e.g., as evidenced by failure of secondary containment testing).	
		The supply line from the UST to the generator failed when it was tested at 5.0 p.s.i for 60 minutes by the technician. Make the necessary repairs/retest this line to ensure that is product-tight. A permit from our office maybe required for these repairs. Within 30 days notify our office in writing how this issue was resolved.	
		Have a qualified contractor with current ICC Installation/Retrofitting certification and equipment manufacturer training certifications in accordance with 23 CCR 2715(d) and (e) install or repair secondary containment as soon as possible. Keep HMCD advised of any determinations made regarding the status of the tank. If repair is possible, you must obtain a UST retrofit/repair permit from HMCD before beginning work. Upon plan check approval, have the work done per the approved plans as soon as possible and schedule an inspection for HMCD to confirm proper repair. If the tank system cannot be repaired or will not be returned to service, apply for a UST Closure Permit within 60 days. Upon permit approval by HMCD, permanently close the UST system within 90 days per HMCD's "Underground Storage Tank System and Sump Closure Requirements" (UN-002). Guidance documents and forms for UST system upgrade and closure activities are available at www.EHinfo.org/hazmat. [HSC 25290.1(c) (2), 25290.2(c)(2), 25291(a)(2), 25292(e); 23 CCR 2662]	

Comments: On-site to oversee the SB989 secondary components testing. Testing was conducted by; Robert Henninger with Balch Petroleum Inc. Mr. Henninger has the following certifications; ICC (exp., 12/30/19); VR (exp., 04/15/19); OPW (exp., 04/11/19) Caldwell Systems (12/2020).

The following components were tested during this inspection and passed;

- 1 STP sump was tested for 30 minutes using the Caldwell tester.
- 1 Return line was pressurized at 5.0 p.s.i 60 minutes and it passed.

Notes;

1) Unable to test the annular space of the tank as the vacuum technician had was only able to pull 6.0 inches of vacuum and not 10 as required for double wall fiberglass tanks. Ensure that the annular space of the tank gets tested as part of the SB989 testing. Notify our office to have an inspector present to witness the testing of the annular space.

2) Within 30 days provide a copy of today's testing report to our office.

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION

VC Class Violation Corrective Actions Taken

Facility ID: FA0252744 Inspection Date: 02/28/2019

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply VC | Class | Violation

II INSPECTION OF OVERFILL PREVENTION EQUIPMENT [2030036] Underground storage tank (UST) owner/operator failed to have UST overfill prevention equipment inspection records as required. The overfill prevention equipment inspection has not been conducted. Technicians tried removing the drop tube during this inspection but they weren't able to remove it. If the overfill prevention needs to be a replaced, a permit with our office is required. Within 30 days conduct the required overfill prevention inspection. For USTs installed on or before 9/30/2018, overfill prevention equipment must be inspected by 10/13/2018 and every 36 months thereafter. For USTs installed on and after 10/1/2018, overfill prevention equipment must be inspected upon installation and every 36 months thereafter. Overfill prevention equipment must be inspected within 30 days after being repaired. These inspections must be inspected within 30 days after being repaired. These inspections must be done by an International Code Council certified UST Service Technician with current training as required by 23 CCR 2715(f) using an inspection procedure that demonstrates that the overfill prevention equipment is set to activate at the correct level specified in 23 CCR 2635(c) (1) and will activate when regulated stored substance reaches that level. Inspections must be performed in accordance with the overfill prevention equipment manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, the inspector must use an applicable method specified in an industry code or engineering standard [e.g., Petroleum Equipment Institute (PEI) "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities" (PEIRP1200-17)]. Have an inspection performed within 30 days. All overfill prevention equipment identified on your UST - Tank Information page(s) in the California	
Technicians tried removing the drop tube during this inspection but they weren't able to remove it. If the overfill prevention needs to be a replaced, a permit with our office is required. Within 30 days conduct the required overfill prevention inspection. For USTs installed on or before 9/30/2018, overfill prevention equipment must be inspected by 10/13/2018 and every 36 months thereafter. For USTs installed on and after 10/1/2018, overfill prevention equipment must be inspected upon installation and every 36 months thereafter. Overfill prevention equipment must be inspected within 30 days after being repaired. These inspections must be done by an International Code Council certified UST Service Technician with current training as required by 23 CCR 2715(f) using an inspection procedure that demonstrates that the overfill prevention equipment is set to activate at the correct level specified in 23 CCR 2635(c) (1) and will activate when regulated stored substance reaches that level. Inspections must be performed in accordance with the overfill prevention equipment manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, the inspector must use an applicable method specified in an industry code or engineering standard [e.g., Petroleum Equipment Institute (PEI) "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities" (PEVRP1200-17)]. Have an inspection performed within 30 days. All overfill prevention equipment	
must be inspected by 10/13/2018 and every 36 months thereafter. For USTs installed on and after 10/1/2018, overfill prevention equipment must be inspected upon installation and every 36 months thereafter. Overfill prevention equipment must be inspected within 30 days after being repaired. These inspections must be done by an International Code Council certified UST Service Technician with current training as required by 23 CCR 2715(f) using an inspection procedure that demonstrates that the overfill prevention equipment is set to activate at the correct level specified in 23 CCR 2635(c) (1) and will activate when regulated stored substance reaches that level. Inspections must be performed in accordance with the overfill prevention equipment manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, the inspector must use an applicable method specified in an industry code or engineering standard [e.g., Petroleum Equipment Institute (PEI) "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities" (PEVRP1200-17)]. Have an inspection performed within 30 days. All overfill prevention equipment	
Environmental Reporting System (CERS) must be inspected. Notify HMCD at least 2 working days prior to the inspection. Results of inspections performed on or after 10/1/2018 must be recorded on the State-required "Overfill Prevention Equipment Inspection Report Form." Submit a copy of the inspection report form within 30 days of the inspection. To reestablish the required test frequency, schedule the next inspection to occur 36 months from when the missed inspection was originally required to occur. Records of overfill prevention equipment inspections must be kept onsite at the UST facility for 36 months. [23 CCR 2637.2, 2712(b)(1)(G)]	
T870 M EXEMPTION CONDITIONS: EGTS UNBURIED PIPE [2030020] Underground storage tank (UST) operator failed to meet requirements for exempting Emergency Generator Tank System (EGTS) unburied fuel piping from California UST regulations. Reviewed monthly inspection logs for all generators including the unburied piping. However, these inspections are not inclusive of the entire piping run coming from the UST up into the belly tank and generator. According to facility contact the aboveground piping located inside the first gate closes to the building is not being visually inspected monthly. Begin inspecting this section of piping and document these inspections on your monthly generator sheets. The monthly inspection sheets need to identify that this section of piping is being inspected as	
well in addition to the unburied piping located inside the building. Immediately begin performing and documenting visual inspections of the unburied fuel piping each time the tank system is operated, but no less often than monthly. Keep inspection records available for at least 3 years. [HSC 25281.5(b)(3)]	

Page 2 of 4 R101DARNTIDQU Ver. 2.02

acility ID:	FA0252744	Inspection Date: 02/28/2019
acility Name:	LUMILEDS LLC	
Site Address:	370 W TRIMBLE RD 90, SAN JOSI	:, CA 95131
Summary of '	Violations & Notice to Comp	у
Balch Petroleu		ing system certification. Testing was conducted by; Robert Henninger with wing certifications; ICC (exp., 12/30/19); VR (exp., 04/15/19); OPW (exp.,
Prior to and aft	ter completion of testing there were	e no active alarms at the veeder root panel.
L1- Annular sei		ed;
L2- STP sump s	sensor ove provided an audible/visual alaı	m at the veeder root panel
	bucket was hydrostatically tested for	
Overfill preven	ntion is provided by means of a flap	per valve.
 12 months of they are found 12 months of generators that inspections or Employee train 	DO monthly records were reviewed on their SharePoint site. Visual monthly inspections were real to pull fuel from the UST. These were "Generator PM" inspections. Ining is current for all employees a	side a folder on top of the veeder root panel. If during this inspection. These records were reviewed electronically as eviewed for emergency generators (S3, S4, and 91-3) These are the e also provided electronically under the "Monthly Visual Generator" is of 9/19/18. It is part of this inspection. The last submittal was conducted as of; 12/11/18.
1) Within 30 da	ays provide a copy of today's testin	
		, please contact Ana Bui (408) 918-1952 or ana.bui@deh.sccgov.org
-	se noted by the inspector.	Class I or Class II violation. Correct all other violations no later than <u>03/30/2019</u> ,
nore space is ne ertification state	eeded. Within 5 days of achieving cor ment below and return a copy of this on by HMCD or other agencies. This	ne actions taken by the facility to correct each violation. Attach additional pages if appliance or within 35 days of the inspection date, whichever comes first, sign the report to HMCD. Time granted for correction of violations does not preclude any facility may be subject to reinspection at any time. [Authority: HSC 25185(c),
_	2 –	AB.
	James Cooper Facilities Electrician	Inspected By: EE0010071 - ANA BUI CA UST Inspector #8034347, Exp. 10/01/2020

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

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Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat

REVIEWED

By Greg Breshears at 1:37 pm, Mar 04, 2020



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 02/19/2020
Facility Name:	LUMILEDS LLC	
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
HW Generator Type:		☐ RCRA LQG
Consent to Inspect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN		□ Pictures Taken
		☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

VC	Class	Violation	Corrective Actions Taken
T012	М	UST MONITORING SITE PLAN [2030041]	
		Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Monitoring Site Plan; or the UST Monitoring Site Plan submitted is not approved by HMCD.	
		CERS submittal from 9/11/2019 does not include a Monitoring Site Plan.	
		Within 30 days, upload and electronically submit a PDF file containing a UST Monitoring Site Plan via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. The drawing must show the tank and piping layouts and the locations of monitoring consoles, leak detection sensors, line leak detectors, ATG probes (for single-wall tanks only), etc. Site Plans for systems using vacuum monitoring must clearly identify all vacuum zones. Keep a hard copy onsite or provide onsite access to CERS for facility employees. The drawing must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(1)(C), 2641(h), 2711(a)(8)]	

FA0252744 Facility ID: Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation Violation	Corrective Actions Taken
T016	М	UST MONITORING PLAN [2010013] Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Monitoring Plan; or the UST	
		Monitoring Plan submitted is not approved by HMCD. UST Monitoring Plan submitted in CERS has the following errors:	
		-Plan states that pipeline integrity testing is conducted every 3 years, but such testing is not required and has not been conducted. Mark this question as "No" and remove the "3 year" frequency. -ATG testing results are not required to be maintained for compliance. Mark as "No". -Visual inspection records are required to be kept onsite but are not noted in the "Recordkeeping" section. Mark as "Yes". - Facility information in CERS under the "facility type" box to needs to be changed to "Other". - "Type of Action" box to on each tank information page to needs to be changed to "Renewal Permit". - "Piping/Turbine Containment Sump" on tank information pages need to be changed to "Single-walled". Mark UDC construction material as "NONE". "Piping secondary containment" in the pipe monitoring section of each	
		 "Piping secondary containment" in the pipe monitoring section of each tank information page needs to be changed to "dry". "Visual Pipeline Monitoring Frequency" must be listed as "minimum monthly". "Suction Piping Meets Exemption Criteria" must be marked as "NO". Within 30 days, electronically submit an accurate and complete UST Monitoring Plan for each UST via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. Keep a copy of the plan(s) onsite or provide onsite access to CERS for facility employees. The plan must be 	
		revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(1), 2641(h)]	
T018	М	UST RESPONSE PLAN [2010014] Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Response Plan; or the UST Response Plan submitted is not approved by HMCD. CERS submittal from 9/11/2019 does not include a Response Plan.	
		Within 30 days, electronically submit a PDF file containing a UST Response Plan via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. You may use the "Underground Storage Tank Response Plan" form (UN-022B) available at www.EHinfo.org/hazmat or another format with equivalent content. Keep a hard copy onsite or provide onsite access to CERS for facility employees. The plan must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(2), 2641(h)]	

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FA0252744 Facility ID: Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation & Notice to Comply Violation	Corrective Actions Taken
T020	II	UST FINANCIAL RESPONSIBILITY [2010007]	
		Petroleum underground storage tank (UST) owner/operator failed to submit or keep current accurate and complete evidence of UST financial responsibility.	
		Certification of Financial Responsibility has the following completion errors:	
		-Section C, under coverage amounts does not specify "1,000,000 per occurrence and annual aggregate"Uploaded form has a coverage date that expired on 8/25/19. Facility must update the form to show the current coverage period of 9/19/2019 to 9/19/2020.	
		Financial responsibility must be demonstrated by the UST owner or UST operator. Within 30 days, upload and electronically submit a UST Certification of Financial Responsibility (CFR) via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. Keep a copy of the CFR and all required supporting documentation onsite. If the State UST Cleanup Fund is used as a mechanism, update your chief financial officer (CFO) letter every 12 months, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter every 12 months, within 120 days after the close of each fiscal year. If insurance is used, the policy or endorsement must be worded exactly as specified in 40 CFR 280.97. The "Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum" form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a), 25292.2, 25299.30-25299.34; 23 CCR 2711(a)(11), 2808.1, 2809-2809.2]	
T029	М	STATEMENT OF UNDERSTANDING AND COMPLIANCE [2010016]	
		Underground storage tank (UST) owner/operator failed to electronically submit a completed "Underground Storage Tank Statement of Understanding and Compliance Form" within 30 days of commencing the storage of hazardous material in a newly installed UST; or within 30 days of a change of UST owner or UST operator that is the holder of the UST Permit to Operate.	
		CERS submittal from 9/11/2019 does not include an "Owner Statement of Designated UST Operator Compliance".	
		Within 30 days, complete and upload and electronically submit a PDF copy of the form via the California Environmental Reporting System (CERS) website at http://cers.calepa.ca.gov. The form (UN-110) is available at www.EHinfo.org/hazmat. [23 CCR 2715(a)(1)(A), 2715(a)(2)]	
T050	М	RECORD KEEPING: DUSTO INSPECTION REPORTS [2010004]	
		Underground storage tank (UST) owner/operator failed to keep Designated UST Operator (DUSTO) inspection records as required.	
		Facility could not provide copies of Designated UST Visual Inspection	
		Report Forms for monthly inspections required in October and November of 2019. Facility was provided inspection reports dated 11/4/19 and	
		10/4/19 for another UST facility. Obtain copies of the missing inspection reports and ensure that future reports are promptly reviewed to ensure accuracy and timely receipt.	
		Each "Designated Underground Storage Tank Operator Visual Inspection	
		Report" form and its attachments must be kept onsite and available for at least 36 months from the date of inspection. [23 CCR 2716(f)]	

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Facility ID: FA0252744 Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T056	M	RECORD KEEPING: REPAIR AND UPGRADE RECORDS [2010008] Underground storage tank (UST) owner/operator failed to maintain records of UST system repairs or upgrades as required.	
		Secondary containment inspection conducted on 2/28/19 showed a failure of the supply piping secondary containment. A subsequent secondary containment testing report completed on 11/7/19 noted "Repair to FOS secondary lines leaks were done by Lumileds." Facility could not provide documents of this repair or qualifications of the individual that completed the work.	
		Obtain copies of any missing records. Keep records of repairs and upgrades onsite and available for the life of the UST system. [23 CCR 2712(b)(6)]	
T340	II	PIPE MONITORING: INTERSTITIAL OBSTRUCTION [2030040]	
		Piping secondary containment is not open to allow liquid to freely drain into a monitored sump.	
		Observed on 2/14/2020 that test boots that isolate secondary containment of supply and return product piping from the leak sensor inside the containment sumps had no valves and were sealed, preventing any potential fuel leaks inside this piping from reaching the sensor. Technicians pulled back the boot on the return line and removed the boot on the supply line (as it could not be pulled back). Ensure that a potential leak from piping can reach sensors in the sump by opening test boot valves or opening test boots after secondary containment testing. NO FURTHER ACTION REQUIRED. (Note: Test boot will need to be installed for next subsequent secondary containment testing of the supply line.)	
		Secondary containment must be unobstructed so that any leak from the primary pipe will flow to a leak detection sensor. Test boots that cannot be pulled back must be rotated so their valves point downward. For obstructions not related to test boots, have a qualified contractor repair or replace the piping as soon as possible. You must obtain a UST repair/retrofit permit from HMCD before beginning work. Plans must be submitted in accordance with HMCD's "Plan Submittal Requirements for Hazardous Materials Systems" (HMCD-004) available at www.EHinfo.org/hazmat. Upon plan check approval, have the work done as soon as possible and schedule an inspection so HMCD can witness testing. [23 CCR 2630(d), 2641(a)]	

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Facility ID: FA0252744 Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T415	II	Underground storage tank (UST) owner/operator failed to have overfill prevention equipment inspected by 10/13/2018 and every 36 months thereafter, upon installation, or within 30 days after a repair; or failed to maintain copies of overfill prevention equipment inspection records as required. No copy of the 4/23/2019 Overfill Prevention Equipment Inspection Form was available on-site. Facility obtained a paper copy from the UST service technician on 2/14/2020. Retain this record for 36 months from	
		the date of installation. Have an inspection performed by a qualified UST Service Technician within 30 days. Notify HMCD at least 2 working days prior to the inspection. The inspection must be done per the manufacturer's guidelines or standards or, if there are no manufacturer's guidelines or standards, per an applicable industry code or engineering standard. Submit a copy of the Overfill Prevention Equipment Inspection Report Form and required attachments within 30 days of inspection. Schedule the next inspection to occur 36 months from when the missed inspection was originally required to occur. Ensure that inspections are done every 36 months and within 30 days of installation or repair. Keep inspection records onsite for at least 36 months. [23 CCR 2637.2, 2712(b)(1)(G)]	
T417	М	SUBMITTAL OF OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM [2010018] Underground storage tank (UST) owner/operator failed to submit one or more Overfill Prevention Equipment Inspection Report Forms and attachments as required. Facility failed to provide a copy of the "Overfill Prevention Inspection Report Form" from 4/23/2019 to HMCD. Provide a complete copy of this report to HMCD with all required attachments. (Note: Next subsequent inspection of overfill prevention is due in the calendar month of April of 2022.) A Overfill Prevention Equipment Inspection Report Form and required attachments must be submitted to HMCD within 30 days of installation, repair, and every-36-month testing of UST overfill prevention equipment. Submit the missing form(s) and attachments within 30 days and ensure that future inspection documentation is submitted as required. [23 CCR 2637.2(d), 2637.2(e), 2665(a), 2665(b)]	

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FA0252744 Facility ID: Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T420	II	TESTING OF SECONDARY CONTAINMENT: PERIODIC [2030048]	
		Underground storage tank (UST) owner/operator failed to have UST secondary containment systems tested; or failed to maintain records of secondary containment testing as required.	
		Facility completed their last secondary containment testing on 2/17/2018. Testing is required every 36 months, and was due again in the calendar month of February of 2019. Testing of the tank annual space was not completed until 4/11/2019. (Note that next test of secondary containment is due within the calendar month of February of 2022.)	
		Have testing done by a qualified UST Service Technician within 30 days. Notify HMCD at least 2 working days prior to testing. Testing must be done per the manufacturer's guidelines or standards or, if there are no manufacturer's guidelines or standards, per an applicable industry code or engineering standard. Submit a copy of the Secondary Containment Testing Report Form and required attachments within 30 days of testing. Schedule the next testing to occur 36 months from when the missed testing was originally required to occur. Ensure that testing is done upon installation, again within 6 months of installation and every 36 months thereafter; and within 30 days of a repair or discontinuing vacuum, pressure, or hydrostatic interstitial monitoring. Keep testing records onsite for at least 36 months. [23 CCR 2637, 2712(b)(1)(F)]	
T424	M	SUBMITTAL OF SECONDARY CONTAINMENT TESTING REPORT [2010009] Underground storage tank (UST) owner/operator failed to submit one or more reports documenting testing of UST secondary containment as required. During secondary containment testing conducted on 2/28/19, the tank annular space could not be tested. A subsequent secondary containment testing report completed on 11/7/19 did not note that testing of the tank secondary containment was completed. When this issue was noted in an email to the technician on January 8th, 2020, the technician provided a second copy of the report with comments that the secondary containment of the tank was tested on 4/11/2019 and passed. No report from 4/11/19 was generated. A copy of the "Secondary Containment Testing Report Form" must be submitted to HMCD within 30 days of the completion of the secondary containment test. A Secondary Containment Testing Report Form and attachments must be submitted to HMCD within 30 days of testing. Submit the missing form(s) and attachments within 30 days and ensure that future testing documentation is submitted as required. [23 CCR 2637(e), 2637(f)]	
T870	М	EXEMPTION CONDITIONS: EGTS UNBURIED PIPE [2030020]	
.070	171	Underground storage tank (UST) operator failed to meet requirements for exempting Emergency Generator Tank System (EGTS) unburied fuel piping from California UST Regulations. Facility has not implemented a process to ensure that EGTS unburied piping is inspected each time the tank system is operated.	
		Immediately begin performing and documenting visual inspections of the unburied fuel piping each time the tank system is operated, but no less often than monthly. You may use the "Emergency Generator Tank System Unburied Piping Exemption Inspection Log" form (UN-101) available at www.EHinfo.org/hazmat or another format, as long as it contains equivalent content. Keep inspection records onsite and available for at least 36 months. [HSC 25283.5(b)(3)]	
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FA0252744 Facility ID: Inspection Date: 02/19/2020

LUMILEDS LLC **Facility Name:**

370 W TRIMBLE RD 90, SAN JOSE, CA 95131 Site Address:

Summary of Violations & Notice to Comply

Comments: Comments:

Printed Name of Owner/Operator

Inspection commenced on 2/14/20 and concluded today. The following individuals were in attendance on 2/14/20:

- James Cooper, Facilities Electrician of Lumileds
- Eric Dugdale, Facilities Operations Manager of Lumileds
- Elmer Mortera, Lead UST Service Technician with Balch Petroleum
- Robert Henninger, UST Service Technician with Balch Petroleum

All underground storage tank (UST) system leak detection equipment was tested on 1/14/2020 by UST Service Technician Elmer Mortera of Balch Petroleum and functioned properly except as noted above. Mr. Mortera has current ICC California UST Service Technician certification (exp. 1/25/22, and Veeder-Root TLS 3XX Technician certification (exp. 5/26/20).

The Veeder-Root model 794390-409 sensor monitoring the tank annular space and the Veeder-Root model 794380-208 sensor monitoring the diesel product piping sump were tested using water to obtain audible and visual alarms on the Gilbarco EMC console. Tank piping is conventional suction. Presence of mechanical overfill prevention valve in tank fill drop tube was visually confirmed. The UST fill spill bucket was hydrostatically tested for 1 hour and passed.

Inspection included review of employee training conducted on 10/4/19, 5 years of maintenance records and equipment testing reports, 12 months of DUSTO inspection records, all unreviewed CERS submittals, and 12 months of visual inspection records for unburied emergency generator piping.

- 1. Facility submitted Underground Storage Tank information via CERS ID 10132666 on 9/11/2019. Submittal was marked as "not accepted".
- 2. UST systems is an Emergency Generator Tank System (EGTS) that supplies 3 standby generators via suction piping. **ACTION ITEMS:**
- 1. Correct all violations and submit documentation of corrective actions taken and certification of compliance within 30 days as directed on the last page of this report. Please address all issues in a single written response.
- 2. Submit copies of the Monitoring System Certification Form (with attached System Setup Report, Alarm History Report, and Site Plan) and Spill Container Testing Report Form within 30 days.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 03/20/2020, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

DocuSigned by: D58560B85D5B4A0	2/20/2020	Pol Than
Received By: James Cooper	Inspection Facilities electrician	cted By: EE0010436 - ROBIN WARD
Certification of Complia		
I certify under penalty of per	jury that this facility has complied with direc	tives specified in this Notice to Comply.
Signature of Owner/Operator	r	Date

Title

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- · Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 or via e-mail to the inspector noted on the "Inspected By" line of the report.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

Key to Acronyms and Regulatory Terms

XX CCR California Code of Regulations, Title XX XX CFR Code of Federal Regulations, Title XX

Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC §25110.8.5, HSC §25117.6, CCR §66260.10]

CERS California Environmental Reporting System (cers.calepa.ca.gov)

DTSC California Department of Toxic Substances Control

EPA U.S. Environmental Protection Agency

HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility

UST Underground storage tank VC HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$50,000 and/or imprisonment in the county jail for up to one year [HSC §25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC §\$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i), 25289(b)].

HMCD-014A www.EHinfo.org/hazmat Rev. 01/02/18

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Department of Environmental Health

1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org



December 13, 2017

Mitch Cole LUMILEDS LLC 370 W TRIMBLE RD SAN JOSE, CA 95131

CERS ID: 10132666 Site Address: 370 W TRIMBLE RD BLDG 90, SAN JOSE

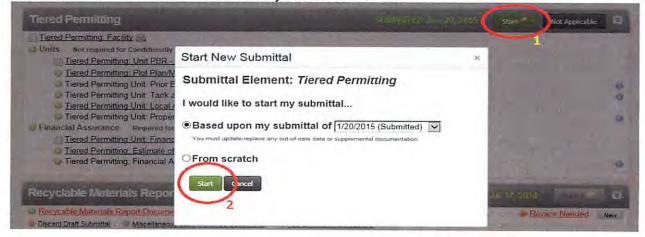
RE: ONSITE HAZARDOUS WASTE TREATMENT PROGRAM - 2018 PBR ANNUAL RENEWAL

Dear Tiered Permit Facility:

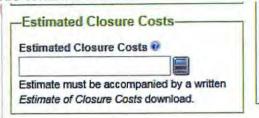
This letter is provided by the County of Santa Clara Department of Environmental Health (DEH) to remind and assist you in the annual renewal of information required of facilities treating waste onsite under Permit by Rule (PBR).

As of 2013 PBR facilities were required to have filed their Tiered Permitting annual renewal notification electronically in the California Environmental Reporting System (CERS). Thank you for electronically submitting your information in 2017. In order to update/re-submit your previously provided information, please review the steps below and ensure that you have completed them **before January 19, 2018**.

Log into CERS. After selecting your facility, press "Start" on the Tiered Permitting bar and choose to start a new submittal based on your last submittal.

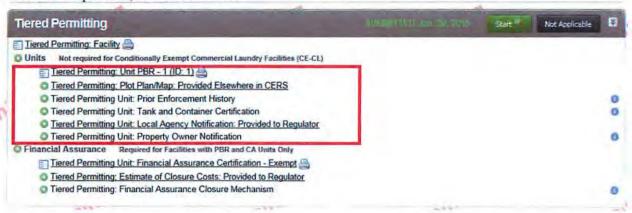


Make (edit) and save adjustments to your estimated closure costs at the "FINANCIAL ASSURANCE CERTIFICATION" link. The inflation factor that should be applied to your 2018 estimate is 1.018.



After updating your closure cost estimate, we recommend that you evaluate the financial mechanism and verify that it is adequate to cover the current closure cost estimate. Facilities that have filed using the Financial Test and Corporate Guarantee mechanism must submit updated information to this Department within ninety days of the close of your firm's fiscal year in order to maintain eligibility. All <u>original</u> financial or bank documents must be submitted to the Department.

After adjusting and saving the estimated closure cost changes, please review all of your other Tiered Permitting Facility information to make sure it reflects any changes required in response to a 2017 inspection, if one occurred.



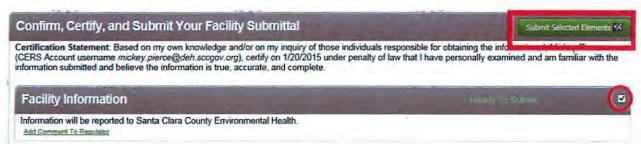
In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- A copy of your tank and container integrity assessment should be scanned and attached to the submittal. DEH will no longer accept submittals noting "stored at facility"
- Your updated closure cost on the financial assurance certification MUST match the cost shown in your "estimate of closure costs"
- Your closure cost estimate should include the costs for hiring a PE to sign off on your closure, as well as the County closure permit cost of \$2,598.
- IF YOUR PRIOR SUBMITTAL WAS "NOT ACCEPTED" PLEASE PAY SPECIAL ATTENTION TO THE INFORMATION PROVIDED BY THE REVIEWER AS TO WHY IT WAS NOT SUBMITTED AND ADDRESS THOSE ISSUES.

Once you feel that all of your information and any changes have been reviewed and saved, review and update any facility and HMBP information. If no changes were made to facility information or the HMBP you may update this info using the "Create all HMBP Submittal Elements" button.



Submit all of the information using the "Submit Selected Elements" button. Any information with a check mark next to it will be submitted.



Once you have submitted a complete Tiered Permit annual renewal in CERS and supplied any required supporting original documentation, you will have complied with the 2018 annual notification requirements as required by California Code of Regulations, Title 22, Section 67450.3(c). Failing to do so will result in your business being cited for a violation of the Hazardous Waste Control Law. DEH will review all CERS submittals, and if the data submitted is found to be complete, will accept the submittal. The acceptance from CERS will contain your annual authorization to operate for 2018.

If you have any questions regarding your PBR renewal, please contact me at (408) 918-1982 or mickey.pierce@cep.sccgov.org.

Sincerely,

Mickey J Pierce

Sr. Hazardous Materials Specialist

Hazardous Materials Compliance Division

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 3/19/2012
Facility Name:	PHILIPS LUMILEDS LIGHTING CO	•
Site Address:	370 W TRIMBLE RD BLDG 90	
	SAN JOSE, CA 95131	
HW Generator	Type:	☐ RCRA LQG
Consent to Ins	pect Granted By: CLAIR LE HERE, ELECTRICIAN	□ Pictures Taken
		□ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U015	M	UST MONITORING PLAN The facility failed to submit or keep current a UST Monitoring Plan. Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641(h)]	UST monitoring Plan completed & Attached
U020	M	UST RESPONSE PLAN The facility failed to submit or keep current a UST Response Plan. IF YOU DECIDE TO INCLUDE THIS IN YOUR CONSOLIDATED FACILITY CONTINGENCY PLAN, ENSURE THAT ALL INFORMATION REQUIRED BY TITLE 23 SECTION 2632(d)(2) IS ADDRESSED. Submit to HMCD a UST Response Plan. You may use the form available at www.EHinfo.org/hazmat (UN-022B) or another format, as long as it contains equivalent content. Keep a copy of the current plan on-site. [23 CCR 2632(d)(2), 2641(h)]	UST Response Plan completed & Attached
U025	11	UST FINANCIAL RESPONSIBILITY Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. FACILITY HAS NO UST CERTIFICATION OF FINANCIAL RESPONSIBILITY ON FILE. Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)]	UST Certification completed & affached
U210	, M	UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. ANNUAL MONITORING SYSTEM CERTIFICATION TESTING WAS DUE AGT MONTH. ENSURE THAT TESTING IS PERFORMED IN FEBRUARY OF EACH YEAR. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	Annual monitoring 3 ystem certification completed & attached

Facility ID: FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO

Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Inspection Date: 3/19/2012

VC	Class	Violation	Corrective Actions Taken
U520	И	EXEMPTION CONDITIONS: EGTS UNBURIED PIPING	UST piping containment
		UST operator failed to visually inspect and/or record inspections of the unburied fuel piping for an emergency generator tank system (EGTS) each time the tank system was operated, but no less often than monthly, as required to exempt the piping from California UST regulations. A FORM YOU CAN USE TO DOCUMENT VISUAL INSPECTIONS OF PIPING IS AVAILABLE AT WWW.EHINFO.ORG/HAZMAT. Immediately begin performing and documenting visual inspections of the piping. Keep inspection records available for at least three years. [HSC 25283.5(b)(3)]	UST piping containment added to monthly PIV inspection log Sheet. Attached
U999	M	OTHER UST VIOLATION See inspector's comments below for details. HSC 25286(a) - FACILITY DOES NOT HAVE CURRENT UST PERMIT APPLICATION FORMS ON FILE. SUBMIT THE FOLLOWING COMPLETED UNIFIED PROGRAM CONSOLIDATED FORM (UPCF) FORMS WITHIN 30 DAYS: UNDERGROUND STORAGE TANK (UST) PERMIT APPLICATION FACILITY INFORMATION, UST TANK INFORMATION, BUSINESS ACTIVITIES PAGE, AND BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE.	UST Application completed & attached

Comments: ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN ELMER MORTERA OF BALCH PETROLEUM AND FUNCTIONED PROPERLY. MR. MORTERA HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 1/12/2014) AND VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 8/29/2013). UST FILL SPILL BUCKET WAS HYDROSTATICALLY TESTED USING THE CALDWELL ACCELERATED TEST METHOD AND PASSED.

SUBMIT A COPY OF THE COMPLETED MONITORING SYSTEM CERTIFICATION FORM AND SPILL BUCKET TEST REPORT COVERING TODAY'S TESTING WITHIN 30 DAYS.

NOTES:

- 1. DESIGNATED UST OPERATOR MONTHLY INSPECTION AND FACILITY EMPLOYEE TRAINING RECORDS ARE IN ORDER.
- 2. NEXT ROUND OF UST SECONDARY CONTAINMENT TESTING IS DUE IN FEBRUARY OF NEXT YEAR.
- 3. OWENS-CORNING TANK HAS DOUBLE WALL AMERON DUALOY FRP PRODUCT PIPING, UNDERGROUND VENT PIPING IS DIRECT BURIED.
- 4. 25 GALLON EBW 705 SPILL BUCKET AND OPW MECHANICAL OVERFILL PREVENTION VALVE ARE INSTALLED AT TANK FILL. SPILL BUCKET IS DIRECT BURIED.
- 5. MONITORING BELOW-GRADE SYSTEM COMPONENTS IS PROVIDED BY A GILBARCO EMC CONSOLE CONNECTED TO A VEEDER-ROOT MODEL 794390-409 TANK ANNULAR SENSOR AND GILBARCO MODEL PA02592000010 SENSOR IN THE TANK TOP PIPING SUMP. ABOVEGROUND FUEL PIPING RUNNING TO THE 3 GENERATOR DAYS TANKS IS MOSTLY SECONDARILY CONTAINED, BUT HAS SOME SINGLE-WALL PORTIONS.
- 6. FINANCIAL RESPONSIBILITY IS PROVIDED BY AN INSURANCE POLICY WRITTEN BY ACE AMERICAN INSURANCE COMPANY. POLICY PERIOD IS 8/25/2011 8/25/2012. COVERAGE IS FOR \$1,000,000 ANNUAL AGGREGATE AND \$1,000,000 PER OCCURRENCE.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>04/18/2012</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: CLAIR LE HERE

Inspected By: GREG BRESHEARS - EE0004686

CA UST Inspector #5266658, Exp. 08/24/2013

Facility ID: FA0252744
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD BLDG 90
SAN JOSE, CA 95131

Inspection Date: 3/19/2012

Certi	fication	of Co	mpliance
VEIL	nication	UI UU	viialice

I certify under penalty of perjury that this facility has complied with directives specified in this Notice	to Comply.
Me Cal	4/18/12
Signature of Owner/Operator/	Date
Mitch Lole	Environmental Eng.
Printed Name of Owner/Operator	Title
1	•



Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

April 19, 2012

Mr Greg Breshears California UST Inspector Department of Environmental Health Hazardous Materials Compliance Division County of Santa Clara 1555 Berger Drive Suite 300 San Jose, CA 95112

Subject: Corrective Action from Inspection on 3/19/2012

Mr Breshears:

In response to the noted deficiencies during the recent Underground Storage Tank inspection, we have completed the corrective actions.

Attached herein, please find the following:

County Official Notice of Inspection

UPCF hwf2730 form:

Business Owner/Operator Identification

UPCF hwactiv form:

Business Activities

UN-022B form:

UST Response Plan

UN-049 form:

Certification of Financial Responsibility

UPCF UST-A form:

Operating Permit Application - Facility Information

UPCF UST-B form:

Operating Permit Application - Tank Information

Heviewood By _

UPCF UST-D form:

UST Monitoring Plan

- Monitoring system certification and spill bucket test report.
- Copy of inspection log for UST aboveground piping

The application to the California Board of Equalization was submitted on 4/17/12. At this time, we do not have an active account number.

In addition to submitting the specified documentation, we have also entered the monitoring certification process into the electronic facilities preventive maintenance program to assure appropriate timing.

Please let me know if you have any questions. I can be reached by email at mitchell.cole@philips.com or at (408)964-2562.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

Tel. +1 408 964 2562

Fax: +1 408 964 5358

mitchell.cole@philips.com www.philipslumileds.com

www.luxeon.com

Date 4-23-2012

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ORDERN LACE OLD & BA FORMS.

LIGHT FROM SILICON VALLEY



Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

May 24, 2012

Mr Greg Breshears California UST Inspector Department of Environmental Health Hazardous Materials Compliance Division County of Santa Clara 1555 Berger Drive Suite 300 San Jose, CA 95112

Subject: Corrective Action from Inspection on 3/19/2012

Mr Breshears:

In response to the noted deficiencies during the recent Underground Storage Tank inspection, we have completed the corrective actions.

Attached herein, please find the following:

UPCF UST-A form:

Operating Permit Application - Facility Information

UPCF UST-B form:

Operating Permit Application - Tank Information

UPCF UST-D form:

UST Monitoring Plan & Plot Plan

The application to the California Board of Equalization was submitted again under the land owner company on 5/4/12. It was delivered, but the BOE Special Taxes guy - Marcos Rodriguez, has yet to receive it form their internal mail delivery. At this time, we do not have an active account number.

Please let me know if you have any questions. I can be reached by email at mitchell.cole@philips.com or at (408)964-2562.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

Reviewed By

CACE BUSINAS ADVIDAS & OMMA/ OPERATION TO PAGES NOT SUBMITTAD W. CAT FORMS.

STOLL MAD LAT BOD FROM #.

Tel. +1 408 964 2562 Fax: +1 408 964 5358 mitchell.cole@philips.com www.philipslumileds.com

www.luxeon.com

UMILEDS

LIGHT FROM SILICON VALLEY

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.FHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID: Facility Name: Site Address:	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	Inspection Date: 4/4/2013
HW Generator Type: Consent to Inspect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER		☐ RCRA LQG ☐ Pictures Taken ☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U025	С	UST FINANCIAL RESPONSIBILITY	
		Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. Certification of Financial Responsibility was submitted but insurance mechanism expired last August. A new insurance policy was obtained which expires in August of this year but Certification of Financial Responsibility was not submitted to our agency. Mechanism was reviewed and Certification was received on this date, (violation corrected. No further action required.) Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a), 23 CCR 2806(a)]	
U030	UST owner failed to submit to HMCD the required signed statement indicating that the understands and is in compliance with all applicable UST requirements and identifying Designated UST Operators (DUSTO) for this facility DUSTO Notification form was not submitted to our agency last year when the Designated Operator expiration date changed. Notification form was received the inspection. (Violation Corrected. No further action is required.) Within 30 days, submit to HMCD a UST System Owner Statement of Designated US Operator and Understanding of and Compliance With UST Requirements form. The (UN-062) is available at www.EHinfo.org/hazmat. Notify HMCD within 30 days of futu DUSTO changes. Each DUSTO must be certified by the international Code Council as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 27]		

Facility ID: FA0252744 Inspection Date: 4/4/2013

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
U034	(M)	USTO MONTHLY INSPECTIONS UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records. Alarm history reports are not being attached to the monthly DO reports. Ensure that these reports are attached on the monthly reports. Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month. Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form. The form (UN-057) is available at www.EHinfo.org/hazmat. Keep on-site a copy of DUSTO inspection records and required attachments for the previous 12 months. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(c)&(e)]	Dusto will place copies af alarm history in folderat the panel with the inspection reports UST as part of monthly generator maint will review folder to insure compliance
U210	⊕ ⊕	TESTING OF MONITORING EQUIPMENT UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. Your annual monitoring certification occurred today but was 2 months late. Ensure that your certification occurs next year in February. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	ust has modified pm schedule to indicate test must be done in February. Also busto has documented the same in their records.
U230	1	TESTING OF SECONDARY CONTAINMENT The facility failed to perform UST secondary containment testing as required. Your SB-989 testing occurred today but was 2 months late. Ensure that your next testing occurs by February 2016. If proper testing has not yet been completed, make arrangements to have the testing performed or redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed within 6 month of installation and every 36 months thereafter by a licensed tank tester or a UST Service Technician meeting the requirements of 23 CCR 2715(i). See Guidelines for Testing of UST Secondary Containment Systems, available at www.EHinfo.org/hazmat, for further information. [23 CCR 2637]	ust has modified pm Schedule to andtade indicate test must be done in Feb. Also Dusto has documented the Same in Their records

Comments: Annual monitoring certification was performed by Robert Henninger of Balch Petroleum. All certifications are current.

Alarm history and system set-up reports were reviewed and returned to the service technician.

Monitoring panel Indicated " All Functions Normal" at the beginning and the end of the Inspection.

The annular space sensor and piping sump sensor provided audible and visual alarms at the Gilbarco EMC monitoring panel.

The spill bucket passed its annual lake test using the Caldwell accelerated test method.

A mechanical overfill prevention device was observed in the drop tube.

Piping sump was dry and sump sensor was at the low point.

The following paperwork was reviewed and was proper:

Operating Permit Application (facility and tank forms) UST Monitoring Plan

UST Response Plan

Annual DUSTO employee training records for training that occurred on 9/20/12.

Monthly inspections of emergency generator aboveground piping attached to the UST system

Financial Responsibility Insurance mechanism.

Send a copy of the monitoring certification to our office within 30 days.

Facility ID: FA0252744 Inspection Date: 4/4/2013

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399
Inspection Type: UST SECONDARY CONTAINMENT TESTING

VC	Class	Violation	Corrective Actions Taken
U232	<u>(1)</u>	SECONDARY CONTAINMENT TESTING PERFORM STANDARDS	Repair and refest is
		Secondary containment testing failed to demonstrate that each component performed at least as well as it did upon installation.	scheduled for 4/26/13.
		The secondary return piping was given a visual fail because the test boot fitting was deteriorated and could not be tested on this date. Repair the boot and contact our office to witness the re-test of your piping. Have the testing redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed in accordance with manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, systems must be tested using an applicable method specified in an industry code or engineering standard. If there are no such guidelines, codes, or standards, a test method approved by a state-registered professional engineer must be used. See Guidelines for Testing of UST Secondary Containment Systems (UN-050), available at www EHinfo org/hazmat, for further information. [23 CCR 2637(c)]	Repairs have been made and verified. Retest passed.

Comments: SB-989 Secondary Containment Testing was performed by Robert Henninger of Balch Petroleum, All certifications are current.

The following secondary containment components were tested:

12,000 gallon diesel tank annular space was tested at 8 inches vacuum for one hour. Test result = pass

Piping sump was lake tested for 30 minutes using the Caldwell accelerated test method. Portion of the sump tested was at a level above the highest piping penetration. Test result = pass.

The secondary supply piping was tested at 3.5 psi for one hour. Test result = pass.

Send a copy of the secondary containment testing report to our office within 30 days.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>05/04/2013</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: ERIC DUGDALE Inspected By: RICHARD OWENS - EE0004656
CA UST Inspector #5266770, Exp. 08/25/2013

Certification of Compliance



Corrective and Preventive Action Program

CAPAR # 13 089 23 014

Instructions can be found on	the EHS Webpage						
Philips Lumileds Corrective and Preventative Action Report							
financial responsibility for property damange caus Essentially - we had an	d storage tank owner/ope or taking corrective action ed by a release"	and for composition	ensating thi	eep current evidence of UST rd parties for bodily injury and UST - but failed to submit the			
2. Date of Incident;	3.Time of Incident			(Bldg., Column #, etc.):			
4/4/2013 5. Report Completed By:	13:00		Service Building				
Mitch Cole			6. Position:	ental Engineer			
7. Date of Report:	8. Telnet:		9. Mailstop:				
4/5/2013	964-2562		91LO				
When the policy renews August - the form for the associated with sending	e county was not updated	nges by the las	t digit seque	entially. When this policy changed in There is currently no trigger			
12. Corrective action(s).				Art of the second secon			
The Certification of Fina to the county during the		completed with	the current	t insurance policy number and given			
13. Responsible Person: M		14.Due Date	: 4/4/2013	15. Actual Date Completed: 4/4/2013			
16. Work Order #, Exception 17. Preventative actions to							
The "Legal and Other R				mission requirement and associated			
18. Responsible Person: M	tch Cole	19. Due Date	4/5/2013	20. Actual Date Completed: 4/5/2013			
Verification of corrective ar				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. Verification Owner: Jo	yce Gee	22. Date:	4/5/2013				
Document: CAPAR Form		Date of Issue	e: 10/21/2011				

Document Owner: Mitch Cole, Environmental Engineer



CAPAR # 13 YY Year 089 23 015 BBB Bldg CC Code RRR Report

**Post owner failed to submit to the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements identifying all Designated UST Operators for the facility. This designated UST operators form was not submitted to the agency last year when the designated operator expiration date changed." Philips outsources the Designated Operator function to Balch Petroleum. The designated operator is a certified function with the State of California and they have expiration dates. (just like your drivers license) The last submitted form had expiration dates that were before the date of inspection - and therefore invalid. (they expire annually.) 2. Date of Incident: 3. Time of Incident: 4. Location (Bidg., Column #, etc.): 4. Service Building 5. Report Completed By: 6. Position: 7. Date of Report: 8. Telnet: 9. Malistop: 9. Malistop: 9. Malistop: 14/5/2013 19. Downtime greater than 1 hour? 1 Yes No (If yes, list the affected areas and/or tools and the amount of time down): 1. Neas, Equipment, Tools of Processes Hours Minutes 1. Probable root cause(s). Include information on how the cause was determined. There are several designated operators listed and the expiration dates had not been renewed. Additionally - the designated operators have different expirations - requiring the submission frequently. This form is given to Philips from Balch Petroleum, but it was given to an employee unaware of the county submission requirement. 12. Corrective action(s). 13. Responsible Person: Mitch Cole 14. Due Date: 4/4/2013 15. Actual Date Completed: 4/4/2013 16. Work Order #, Exception code, or Capar Code: 17. Preventative actions to prevent re-occurrence. 18. Work Order #, Exception code, or Capar Code: 19. Due Date: 4/5/2013 20. Actual Date Completed: 4/5/2013 20. Actual Date Completed: 4/5/2013	Instructions can be found on the	e EHS Webpage			
County inspection: "UST owner failed to submit to the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements identifying all Designated UST Operators for the facility. This designated UST operators form was not submitted to the agency last year when the designated operator expiration date changed." Philips outsources the Designated Operator function to Balch Petroleum. The designated operator is a sentified function with the State of California and they have expiration dates. (just like your drivers license) The last submitted form had expiration dates that were before the date of inspection - and therefore invalid. (they expire annually.) 2. Date of Incident: Justice Just	Philips Lumileds Co	orrective and Preven	ntative Ac	tion Repo	ort
pertified function with the State of California and they have expiration dates. (just like your drivers license) The ast submitted form had expiration dates that were before the date of inspection - and therefore invalid. (they expire annually.) 2. Date of Incident: 13:00	County Inspection: "UST owner failed to sub- compliance with all applic designated UST operator	mit to the required signed able UST requirements in s form was not submitted	dentifying all	Designated	UST Operators for the facility. This
2. Date of Incident: 3.Time of Incident: 4. Location (Bildg., Column #, etc.): 3.200 Service Building 5. Report Completed By: 6. Position: Environmental Engineer 7. Date of Report: 9. Mailstop: 964-2562 91LO 964-2562 91LO 904-2562 91LO 904-25	certified function with the last submitted form had e	State of California and th	ey have expi	ration dates	s. (just like your drivers license) The
S. Report Completed By: S. Position: Environmental Engineer Final Cole Environmental Engineer S. Date of Report: S. Telnet: S. Mailstop: 91LO 964-2562 91LO	2. Date of Incident:				
10. Downtime greater than 1 hour? Yes No (If yes, list the affected areas and/or tools and the amount of time down); Areas, Equipment, Tools or Processes Hours Minutes Minutes Areas, Equipment, Tools or Processes Hours Minutes Minutes Areas, Equipment, Tools or Processes Hours Minutes	5. Report Completed By: Mitch Cole	13.00		6. Position:	
Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Minutes Areas, Equipment, Tools or Processes Hours Areas, Equipment, Tools or Processes Hours Areas, Equipment, Tools or Processes Hours Additionally, Balch Petroleum was possible Parason: Mitch Cole 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013 21. Verification Owner: Joyce Gee 22. Date: 4/5/2013	7. Date of Report: 4/5/2013			the second secon	
12. Corrective action(s). The up to date, on-hand - yet unsubmitted - designated operator form was signed and given to the county. 13. Responsible Person: Mitch Cole 14. Due Date: 4/4/2013 15. Actual Date Completed: 4/4/2013 16. Work Order #, Exception code, or Capar Code: 17. Preventative actions to prevent re-occurrence. The "Legal and Other Requirement Matrix" has been updated with this submission requirement and associated iming. Additionally, Balch Petroleum was notified to send the designated operator form to Mitch Cole for proper submission to the County. 18. Responsible Person: Mitch Cole 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013 //erification of corrective and preventative action(s). 22. Date: 4/5/2013	There are several designated operators Philips from Balch Petrole	ated operators listed and have different expirations but it was given to a	the expirations - requiring t	n dates had he submiss	sion frequently. This form is given to
The up to date, on-hand - yet unsubmitted - designated operator form was signed and given to the county. 13. Responsible Person: Mitch Cole 14. Due Date: 4/4/2013 15. Actual Date Completed: 4/4/2013 16. Work Order #, Exception code, or Capar Code: 17. Preventative actions to prevent re-occurrence. The "Legal and Other Requirement Matrix" has been updated with this submission requirement and associated iming. Additionally, Balch Petroleum was notified to send the designated operator form to Mitch Cole for proper submission to the County. 18. Responsible Person: Mitch Cole 19. Due Date 4/5/2013 19. Due Date 4/5/2013 19. Due Date 4/5/2013		No			
16. Work Order #, Exception code, or Capar Code: 17. Preventative actions to prevent re-occurrence. 18. Preventative actions to prevent re-occurrence. 19. Preventative actions to prevent re-occurrence. 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013 21. Verification Owner: Joyce Gee 22. Date: 4/5/2013		yet unsubmitted - design	ated operato	or form was	signed and given to the county.
The "Legal and Other Requirement Matrix" has been updated with this submission requirement and associated iming. Additionally, Balch Petroleum was notified to send the designated operator form to Mitch Cole for proper submission to the County. 18. Responsible Person: Mitch Cole 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013 //erification of corrective and preventative action(s). 21. Verification Owner: Joyce Gee 22. Date: 4/5/2013		A COLOR PARTY.	14.Due Date	: 4/4/2013	15. Actual Date Completed: 4/4/2013
The "Legal and Other Requirement Matrix" has been updated with this submission requirement and associated iming. Additionally, Balch Petroleum was notified to send the designated operator form to Mitch Cole for proper submission to the County. 18. Responsible Person: Mitch Cole 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013 21. Verification Owner: Joyce Gee 22. Date: 4/5/2013		AD ALL OF THE PARTY OF THE PART			
/erification of corrective and preventative action(s). 21. Verification Owner: Joyce Gee 22. Date: 4/5/2013	The "Legal and Other Re- timing. Additionally, Balcl proper submission to the	quirement Matrix" has been Petroleum was notified County.	to send the c	lesignated of	operator form to Mitch Cole for
			19, Due Date	4/5/2013	20. Actual Date Completed: 4/5/2013
		ce Gee			



CAPAR# 13 089 016 RRR Report

nstructions ca	n be	found	on the	EHS	Webpage
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Instructions can be found on th	e Eno vveopage		
Philips Lumileds Co	orrective and Preve	ntative Action Rep	oort
and documenting monthly	ed to ensure that a qualifi y inspections of the UST ds. Alarm history reports	system as required and are not being attached	perator (DUSTO) has been performing l/or failed to maintain copies of the to the monthly DO reports. Ensure
2. Date of Incident: 4/4/2013	3.Time of Incident:	4. Locatio Service Bu	n (Bldg., Column #, etc.):
5. Report Completed By:	10.00	6. Position	
Mitch Cole		Environn	nental Engineer
7. Date of Report:	8. Telnet:	9. Mailsto	p:
4/5/2013	964-2562	91LO	
DUSTO was performing i monitoring panel.	nclude information on how the inspections but not keeping to the last of the l		and the alarm printout together at the
12. Corrective action(s).	- 110		
	operators to leave record	ds at the panel for each	inspection.
13. Responsible Person: Eric		14.Due Date: 5/4/2013	15. Actual Date Completed: 4/9/2013
16. Work Order #, Exception			
17. Preventative actions to pr Generator tech will monit		ne DUSTO is leaving ea	ach months reports in the folder
18. Responsible Person: Clai	r LeHere	19. Due Date 5/4/2013	20. Actual Date Completed: 4/6/2013
Verification of corrective and	preventative action(s).		
	Dugdale	22. Date: 4/16/201	3
Document: CAPAR Form		Date of Issue: 10/21/201	



			The Court of	
Instructions	can be	found or	the EHS	Webpage

instructions can be found on the	E LI 10 Webpage			
Philips Lumileds Co	rrective and Preve	entative A	tion Repo	ort
documenting monthly insp DUSTO inspection record that these reports are atta	ed to ensure that a quali pections of the UST system. Alarm history report ached to the monthly reported to the monthly report.	stem(s) as red s are not bein ports" lay but was 2	uired and or g attached t	rator has been performing and refailed to maintain copies of the to themonthly DO reports. Ensure the Ensure that your next testing
2. Date of Incident: 4/4/2013	3.Time of Incident		4. Location Service Buil	(Bldg., Column #, etc.):
5. Report Completed By:	1,2,2,2		6. Position:	
Mitch Cole	100000			ental Engineer
7. Date of Report: 4/5/2013	8. Telnet: 964-2562		9. Mailstop	
11. Probable root cause(s). Ir Scheduling and PO issue			determined.	
☐ Yesv] No			4
12. Corrective action(s). Both Balch and Philips ha	ve modified our tracking	g records to i	ndicate the to	ests have to be done in Feb.
13. Responsible Person: Eric		14.Due Dat	e: 5/4/2013	15. Actual Date Completed: 4/11/2013
16. Work Order #, Exception of 17. Preventative actions to pre-	The state of the s			
		added to the	PM schedul	e to indicate the test has to be done
18. Responsible Person: Trin.	ae Pauley	19. Due Da	te 5/4/2013	20. Actual Date Completed: 4/11/2013
Verification of corrective and 21. Verification Owner: Eric	preventative action(s). Dugdale	22. Date:	4/16/2013	
Document: CADAD Form		Detroit.	40/04/00/	



23 018 CC RRR Code Report CAPAR # 13 BBB Bldg

Instructions can be found on the EHS Webpage	

Instructions can be found on the	EHS Webpage		
Philips Lumileds Co	rrective and Preventa	tive Action Repo	ort
upon installation. The sec	esting failed to demonstrate condary return piping was gi	ven a visual fail becar	at performed at least as well as it did use the test boot fitting was tact our office to witness the re-test
2. Date of Incident:	3.Time of Incident:		(Bldg., Column #, etc.):
4/4/2013	13:00	Service Build	
5. Report Completed By: Mitch Cole		6. Position:	ental Engineer
7. Date of Report:	8. Telnet:	9. Mailstop:	
4/5/2013	964-2562	91LO	
Aged boot would not hold ☐ Yes	for test. It failed a visual ins	pection.	
12. Corrective action(s).			
	e to repair boot and retest. ne boot is scheduled for 4/20		
13. Responsible Person: Clair	LeHere	14.Due Date: 5/4/2013	15. Actual Date Completed:
16. Work Order #, Exception c			
the testing. Inspection to inspections and regular se	the condition of the boot prion to happen in December prior to ervices will be quoted togeth of required inspection time. LeHere	o quote for the next ye er. So a po can be pl	ure so correction can be done before ears services. All repairs, aced prior to the new year and all 20. Actual Date Completed: 4/26/2013
		22. Date: 4/29/2013	
Document: CAPAR Form		Date of Issue: 10/21/2011	

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 09/23/2014	
Facility Name: PHILIPS LUMILEDS LIGHTING CO			
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131		
HW Generator	Type: NA	□ RCRA LQG	
Consent to Inspect Granted By: MR. MITCHELL COLE, ENVIRONMENTAL ENGINEER		☐ Pictures Taken	
	A STATE OF THE STA	☐ Samples Taken	

Summary of Violations & Notice to Comply

Program: PR0372265 - CAL ARP - 2113

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
C086 M	M	Submitted a RMP which includes all requirements in Section 2745.3 to 2745.5 and 2745.8 to 2745.9 Failure to submit an Risk Management Plan (RMP) which includes all requirements described in Section 2745.3 through 2745.5 and 2745.8 through 2745.9. 19 CCR 4.5 2735.5(b)(1), 2735.5(d), 2745.1(a)	
		VIOLATION: OWNER/OPERATOR SUBMITTED A RISK MANAGEMENT PLAN WHICH DID NOT INCLUDE ALL REQUIREMENTS IN SECTION 2745.4 (OFF SITE CONSEQUENCE ANALYSIS) TO IDENTIFY PUBLIC RECEPTORS WITHIN THE DISTANCE OF THE OFF SITE CONSEQUENCES ANALYSIS.	See attucked Emergency Public
		REQUIREMENT: FACILITY MUST IDENTIFY ALL OFF SITE PUBLIC RECEPTORS WITHIN THE OFF SITE CONSEQUENCES ANALYSIS.	Procedure.
		CORRECTIVE ACTION: IDENTIFY ALL PUBLIC RECEPTORS IN THE OFF SITE CONSEQUENCE ANALYSIS AND INCLUDE IT IN THE RISK MANAGEMENT PLAN WITH CONTACT INFORMATION OF THE PUBLIC RECEPTORS AND A PLAN TO NOTIFY THEM IN THE EVENT OF AN EMERGENCY.	

Comments: A PROGRAM 3 CALIFORNIA ACCIDENTAL RELEASE PREVENTION INSPECTION WAS CONDUCTED FOR THE REGULATED CHEMICALS ANHYDROUS AMMONIA AND HYDROGEN. A FACILITY WALK THROUGH WAS CONDUCTED WITH MITCHELL COLE-environmental engineer and the 4 anhydrous ammonia trailers and the hydrogen tank and ASSOCIATED PROCESS EQUIPMENT. NO OBSERVATIONS WERE NOTED DURING THE WALK THROUGH.

THE FOLLOWING DOCUMENTATION WAS REVIEWED DURING THE INSPECTION:

- 1. RISK MANAGEMENT PLAN (RMP) DATED NOVEMBER 2010. THIS RMP WAS FOUND SATISFACTORY. NEXT FIVE YEAR RMP UPDATE DUE NOVEMBER 2015.
- 2. INCIDENT INVESTIGATION LOG. THE FACILITY HAS NOT HAD A CALARP CHEMICAL RELEASE IN THE LAST 3 YEARS.
- 3. EMPLOYEE ERT TRAINING RECORDS DATED 9/18/2014. THESE EMPLOYEE TRAINING RECORDS WERE FOUND SATISFACTORY. PHILIPS LUMILEDS CONTRACTS ALL ITS MAINTENANCE ON THE ANHYDROUS AMMONIA AND HYDROGEN SYSTEMS WITH AIR PRODUCTS.
- 4. CONTRACTORS RIGHT TO KNOW DOCUMENTATION EXPLAINING THE HAZARDS OF THE FACILITY WAS FOUND SATISFACTORY.
- 5. FACILITY HOT WORK PERMITS WERE REVIEWED AND FOUND SATISFACTORY.
- 6 .ANHYDROUS AMMONIA AND HYDROGEN SENSOR PREVENTIVE MAINTENANCE AND CALIBRATION DOCUMENTATION WAS FOUND SATISFACTORY. ANHYDROUS AMMONIA AND HYDROGEN SENSORS ARE CALIBRATED ANNUALLY.
- 7. HAZARDOUS MATERIALS BUSINESS PLAN (ELECTRONICALLY FILED VIA CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM IN 2014) WAS FOUND ADMINISTRATIVELY SATISFACTORY. A MORE DETAILED COMPREHENSIVE INSPECTION WILL BE CONDUCTED AT A LATER DATE.
- 8. MATERIAL SAFETY DATA SHEETS FOR ANHYDROUS AMMONIA AND HYDROGEN WERE FOUND SATISFACTORY.
- 9. FACILITY HAS A COMPREHENSIVE PREVENTATIVE MAINTENANCE PROGRAM IN PLACE. ALL ROUTINE AND

OFFICIAL NOTICE OF INSPECTION Facility ID: FA0252744 Inspection Date: 09/23/2014 Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131 Summary of Violations & Notice to Comply PREVENTATIVE MAINTENANCE IS DOCUMENTED. 10. FACILITY OPERATING PROCEDURES ARE WELL DOCUMENTED AND WERE FOUND SATISFACTORY. (11/19/2010 FOR ANHYDROUS AMMONIA AND 9/4/2013 FOR HYDROGEN). 11. PROCESS HAZARD ANALYSIS DONE ON AUGUST 20, 2013 WAS WELL DOCUMENTED ANS ALL RECOMMENDATIONS WERE ACTED UPON. 12. TWO COVERED PROCESS MODIFICATIONS WERE CARRIED OUT (2010 FOR ANHYDROUS AMMONIA AND 2013 FOR HYDROGEN) AND WERE DOCUMENTED. THE FACILITIES CONTRACTOR AIR PRODUCTS PREPARED THE COVERED PROCESS MODIFICATION DOCUMENTATION. 13. A SEISMIC ASSESSMENT AND PROCESS WALK THROUGH CONDUCTED ON DECEMBER 5, 2013 WAS WELL DOCUMENTED AND SIGN BY A PROFESSIONAL ENGINEER. ALL RECOMMENDATIONS WERE CARRIED OUT DURING THE INSTALLATION OF THE PROCESS EQUIPMENT. 14. UPDATED RMP ELECTRONIC SUBMIT (RMP E-SUBMIT) TO FEDERAL EPA REGION 9 DATED DECEMBER 16, 2013 WAS REVIEWED AND FOUND SATISFACTORY. THIS SUBMITTAL WAS FOR THE ADDITION OF THE HYDROGEN TANK. 15 FACILITY EMERGENCY RESPONSE PLAN DATED NOVEMBER 19, 2010 WAS REVIEWED AND FOUND SATISFACTORY. 16. CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM REGISTRATION DATED OCTOBER 28, 2013 WAS REVIEWED AND FOUND CURRENT. 17. CALIFORNIA ACCIDENTAL RELEASE PROGRAM FACILITY PERMIT WAS CURRENT. RECOMMENDATION: CONTACT SAN JOSE FIRE DEPARTMENT FIRST RESPONDERS AND CONDUCT A SITE FAMILIARIZATION TOUR OF THE FACILITY. Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 10/23/2014, unless otherwise noted by the inspector. Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)] Ruber D Williams Inspected By: EE0010090 - RUBEN WILLIAMS Received By: MR. MITCHELL COLE **ENVIRONMENTAL ENGINEER** Certification of Compliance I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

OPERATIONS

Title

Signature of Owner/Operator

Printed Name of Owner/Operator

OFFICIAL NOTICE OF INSPECTION – SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

Key to Acronyms and Regulatory Terms

XX CCR	California Code of Regulations, Title XX
XX CFR	Code of Federal Regulations, Title XX
Class	Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor
	violation [HSC §25110.8.5, HSC §25117.6, CCR §66260.10]
DTSC	California Department of Toxic Substances Control
EPA	U.S. Environmental Protection Agency
HMCD	County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division
HSC.	California Health and Safety Code
RCRA	Resource Conservation and Recovery Act
SCCO	Santa Clara County Ordinance Code
TSDF	Hazardous waste treatment, storage or disposal facility
UPCF	Unified Program Consolidated Form
UST	Underground storage tank
VC	HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC §25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC §\$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i)].

Philips Lumileds Lighting Company - Commitment Approval Form Philips Lumileds Lighting Company LLC Legal Entity signing: Contract Owner Phone #: 408-964-2562 Contract Owner Name: Mitch Cole Other Contracting Party(ies): County of Santa Clara, Department of Environmental Health X Sales Department: Manufacturing R&D Purchasing Marketing **⊠**Facilities Summary: Regulatory Agency with oversight of the Bulk Ammonia and Bulk Hydrogen under California's Accidental Release Program (CalARP) has found that the identification of public receptors was not precise enough relative to their interpretation of the code. To mitigate that finding, I developed a notification process using the existing Amerilert notification process. This particular request is to have the Owner/Operator (Sunil or higher) sign off on the certification of compliance. This will then go back to the agency. The process modifications meet the most stringent interpretations of the code. Term of Commitment Open Total Spend Applicable Name of Approver Approving Authorities Signature of Approver and Date Yes/no (signatory hereby confirms that he/she has reviewed and approved the Commitment) Contract Owner Yes Mitch Cole (Technical/Commercial Terms) Yes Dan Janowski Department Manager Sunil Thomas 2nd Level Manager Yes Yes Ajay Marathe VP Management Legal (Non IP, excluding Gina Flynn No Confidentiality Provisions) Mitch Cole Yes **Environmental Compliance** Mike Neunfinger (and if Customer Service (including applicable, Christine

Rutherford)

import/export)

^{*}Contract Owner must attach a completed Commitment Approval Form to every Contract Commitment submitted for signature on behalf of Philips Lumileds Lighting Company.



Document No: EHS-4.4.7-04	Rev: AC	
Title: Emergency Public Notification	Date Created: 7/30/08	
Originator: Mitch Cole	Date Issued: 10/28/2014	

1.0 Purpose:

1.1 To fulfill the public reporting requirements required by CalARP section 2765.2 (a)(1)(A)

2.0 Scope:

2.1 Philips Lumileds San Jose operations

3.0 Reference Documents:

3.1 California Code of Regulations Title 19 Chapter 4.5 Article 7 Emergency Response Program

4.0 Terms / Definitions:

- 4.1 CalARP: California Accidental Release Prevention
- 4.2 Release: A release of Ammonia from the ISO Bulk container that is greater than a line shear. This would be a tank rupture, explosion, burst disk failure or other catastrophic failure resulting in a large enough release to have offsite consequences.
- 4.3 CalARP Worst Case Scenario: assumes the entire contents of one full tanker is released and evaporated within 10 minutes. In this event, the dangerous end point is 1.9 miles from the source.

5.0 Responsibilities:

- 5.1 Incident Commander, ERT-IC: Identification of release size to initiate this procedure.
- 5.2 Security: Complete the public notification indicated within this procedure

6.0 Supplies / Materials:

- 6.1 Ammonia MSDS
 - 6.1.1 http://pww.lighting.philips.com/lumileds click on Environment H&S, then Chemicals.

CONFIDENTIAL

LUMILEDS

Document Title: Emergency Public Notification Rev: AC

7.0 Equipment

7.1 NA

8.0 Safety / Environment:

8.1 NA

9.0 Requirements:

- 9.1 Complete the public notification as soon as possible after being instructed by the IC to do so.
- 9.2 Note: It is important not to over-report and cause undue fear within the community.

10.0 Procedure:

- 10.1 After notification from the IC that a public notification is necessary, complete the following:
- 10.2 Open Amerilert on the computer and log into the account.
- 10.3 Click on "Send Message"
- 10.4 Select "Ammonia Release Public Notification"
- 10.5 Select the following prepared message for delivery:
 - 10.5.1 "This is an emergency notification that there has been a catastrophic failure with the Ammonia Storage vessels at the Philips Lumileds manufacturing site. The recommended action is to shelter in place closing all windows and doors and eliminating other sources of outside air from entering your building. The location of the release is 370 West Trimble Road in San Jose. Either the Fire Department or Philips will call you back when it is safe to resume normal operations. Questions can be directed to the communications personnel at (408) 964-2695."
- 10.6 When the IC and/or the Lead Agency in charge at the time indicates, repeat the Amerilert process and select the following prepared "Ammonia Release All Clear" message (or enter other text as defined by the Lead Agency):
 - 10.6.1 "This is a follow up of the Ammonia Release emergency notification made earlier by Philips Lumileds. The hazard has been eliminated and you may resume normal activities. Thank you for your cooperation."

11.0 Maintenance and Calibration:

11.1 EHS: Annual verification that the phone numbers in this procedure are accurate.

12.0 Process Control / Monitoring:

12.1 NA

Document Title:

1	3.	Λ	Other:	
1	J.	v	Ouler:	

13.1 Phone Numbers in the Amerilert "Ammonia Release Public Notification" group:

13.2	Schools	:
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- 13.2.1 Bachrodt Elementary School and Child Development Ctr: (408) 535-6211 102 Sonora Ave, San Jose
- 13.2.2 Child Development Centers (408) 556-7300 102 Sonora Ave, San Jose
- 13.2.3 Don Callejon School (408) 423-3300 4176 Lick Mill Rd, Santa Clara
- 13.2.4 Granada Islamic School (408) 980-1161 3003 Scott Blvd, Santa Clara
- 13.2.5 Headstart (408) 453-6500 1290 Ridder Park Drive, San Jose
- 13.2.6 Kool School Day Care (408) 567-9294 983 Laurie Avenue, Santa Clara
- 13.2.7 Knowledge preschool (408) 727-6764 2192 Hunter Place, Santa Clara
- 13.2.8 Montague Elementary School: (408) 423-1901 750 Laurie Avenue, Santa Clara
- 13.2.9 Montague Preschool: (408) 423-1917 720 Laurie Ave, Santa Clara
- 13.2.10 Orchard School (408) 944-0397 921 Fox Lane, San Jose
- 13.2.11 Pasitos School (408) 392-0000 102 Sonora Ave, San Jose
- 13.2.12 Santa Clara Sunshine Daycare and Learning Center (408) 391-2468 457 Greenwood Drive, Santa Clara
- 13.2.13 Standout Chinese School (408) 358-4968 699 East Brokaw Road, San Jose
- 13.2.14 Stepping Stone Works (408) 621-1037 3766 Pinewood Place, Santa Clara
- 13.2.15 Unitek College (510) 896-7529 1901 Charcot Avenue, San Jose

13.3 Daycare:

- 13.3.1 Anna's Daycare (408) 969-9930 4639 Snead Drive, Santa Clara
- 13.3.2 Community Child Care Council (408) 457-3104 150 River Oaks Parkway, San Jose
- 13.3.3 Hackett Child Care (408) 799-9803 4493 Cheeney Street, Santa Clara
- 13.3.4 Heads Up Child Development Ctr (408) 432-1644 2841 Junction Ave. San Jose
- 13.3.5 Little Learners Daycare (408) 391-2468 441 Greenwood Drive, Santa Clara
- 13.3.6 Martinson Child Development (408) 988-8296 1350 Hope Drive, Santa Clara

Document Title: Emergency Public Notification

	13.3.7	Matangi Family Daycare (408) 748-2525
		901 Clyde Avenue, Santa Clara
	13.3.8	Mission Bay, Inc. (408)433-3303
		980 Rincon Circle, San Jose
		San Juan Bautista Child Development (408)562-9141
		3130 De La Cruz Blvd, Santa Clara
	13.3.10	Santa Clara Sunshine Daycare (408) 391-2468
		457 Greenwood Drive, Santa Clara
13.4	Hospital	ls (none within the 1.9 mile radius)
13.5	Airport:	San Jose International (408) 277-5100
13.6	Churche	es ·
	13.6.1	Golden State Baptist College (408) 988-8551
		3530 DeLaCruz Blvd, Santa Clara
	13.6.2	Glorious Bible Church (408) 441-1777
		1358 Ridder Park Dr. San Jose
	13.6.3	Mustard Seed Assemblies International (408) 573-9500
		2350 Paragon Drive, San Jose
	13.6.4	New Harvest Christian Fellowship (408) 437-6004
		1362 Ridder Park Dr. San Jose
	13.6.5	North Valley Baptist Church: (408) 988-8881
		941 Clyde Ave, Santa Clara
	13.6.6	River of Life Christian Church (408) 260-0257
		1177 Laurelwood Rd, Santa Clara
	13.6.7	Silicon Valley Church (408) 777-0500
		2586 Seahoard Avenue, San Jose

Rev: AC

Document No. EHS-4.4.7-04

Document Title: Emergency Public Notification

Revision History Page

Revision fistory rage					
LCO No.	Date Issued	Originator	Owning Dept.	Rev	Reason For Update
	10/27/14	Mitch Cole	EHS	AB	Update the list of public receptors, on site communications officer. Update process to use Amerilert service.
	10/28/14	Mitch Cole	EHS	AC	Fix Standout Chinese school phone number.
				-	
	-				
				-	
,					

Rev: AC

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744 Inspection Date: 02/02/2017
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

HW Generator Type: >=1000 KG/MO.
Consent to Inspect Granted By: MITCHELL COLE, ENVIRONMENTAL ENGINEER □ Pictures Taken
□ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0367934 - RCRA LQG - LQ08 **Inspection Type:** ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
G010	II	HAZARDOUS WASTE DETERMINATION [3130001] Facility failed to determine whether a waste is a hazardous waste. Noted soda style bottle in north fab, sink 00-22, which was solid, flaky, metallic. Determine whether the waste is hazardous using generator knowledge, or by having the waste analyzed by a state-certified environmental laboratory. Submit the results of your determination, including any laboratory reports, to HMCD. A list of state-certified laboratories is available at www.waterboards.ca.gov/drinking_water/certlic/labs/documents/elap_certified_hazardous_waste_labs.pdf . Cease any disposal of the waste as non-hazardous waste until the determination is complete. Keep all hazardous waste determination documents for at least 3 years from the date the waste was last shipped. [CCR 66262.11]	It was determined that the maintenance team was using this container to collect gallium from the bake out ovens. It was the incorrect container. It consists of 100% metallic gallium. (The bake out oven decomposes gallium nitride. The nitrogen flashes off as a gas and the metallic gallium condenses on the inner surfaces of the oven.) BP of Ga is 4352° F.
G020	М	MARKING OF HAZARDOUS WASTE [3130003] Facility failed to properly mark a hazardous waste tank and/or container. 2 small containers of marked as "hazardous waste" but identified as containing only gallium phosphide wafers (no arsenic remaining on wafer). 30 gal container Arsenic-chromium waste and 30 gal container debris with white phos in south fab marked with a start date of "empty weekly". Mark all hazardous waste tanks with the words "HAZARDOUS WASTE" and the accumulation start date. Mark all hazardous waste containers and portable tanks with the words "HAZARDOUS WASTE;" the accumulation start date; the name and address of the generator; and the composition, physical state, and hazardous properties of the waste. Additionally, mark used oil containers, aboveground tanks, and fill pipes for underground tanks with the words "USED OIL." [CCR 66262.34(f), 66279.21(b)]	The initial date of accumulation was changed from "Empty Weekly" to an actual date. The containers were being managed as sattelite accumulation containers where this has historically been acceptable.
G023	М	CONTAINER OPEN [3130007] Facility failed to keep a hazardous waste container closed at a time when it was not necessary to add or remove waste. 55 gallon drum of used/"empty" caustic soda bags which was over-full and not able to be closed, located in the wastewater treatment area. Tightly close all hazardous waste containers. Ensure that they remain closed, except when it is necessary to add or remove waste. Containers are considered closed when all lids, gaskets, and locking rings are in place and secured. [CCR 66265.173(a), CFR 265.173(a)]	Contents were transferred to the hazardous waste bin. Shipment is scheduled for 3/7/17. Technicians were informed of the issue to prevent it from occuring in the future.

Page 1 of 8 R101DAVVMZFON Ver. 2.02

Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
VC G343	M	TANK INSPECTIONS [3130012] Facility could not demonstrate that hazardous waste tanks are being inspected daily as required. Facility's tanks are generally within vaults with solid roofs to prevent rainwater intrusion. Due to design, these areas are confined space. Inspections are conducted from entry points which do allow for clear view of all areas around the tank and floor. Perform and document hazardous waste tank inspections daily. Inspections must cover: 1) overfill/spill control equipment; 2) aboveground portions of the tank system; 3) data gathered from monitoring and leak detection	An email was submitted to the Regulatory Assistance Officer RAO@dtsc.ca.gov regarding the definition of "Above Ground" as well as "Accessible" on 2/24/17. If the confined space condition of the space precludes "accessible" then the existing daily visual inspection program is in compliance. If it does not, then we will install some sort of
		equipment; 4) construction materials and the area immediately surrounding the tank system; and 5) the level of waste in the tank, for uncovered tanks. [CCR 66265.195]	camera based inspection system.

Comments: Inspection took place 2/1, report delivered 2/2

Facility operating under EPA ID CAR000058081

Site generates waste from consolidation of cleanroom waste collected under satellite accumulation, maintenance waste, collection and control of arsenic wastes, phosphorous contaminated waste as a bi-product of manufacturing, sludge from wastewater treatment, acid and caustic wastes (generally neutralized onsite), spent solvents.

Scrap GaAs wafers are managed as scrap metal. Wafers used in processes are either GaAs, GaPhosphide, or Sapphire. GaAs and GaPhosphide wafers are grown from crystals to ingots, cut and polished to wafers. They are not doped/deposited GaAs substrates on silicon or other material wafers. As they are whole metal objects, they appear to meet the definition of "scrap metal"

Noted routine storage of graphite with white phosphorous in ethyl glycol in a container due to off-gassing of phosphine gas. Please look into a storage container that has a vapor release that can be installed to allow for pressure relief and gas remediation/scrubbing.

Three of four solvent tanks are currently not in service. Each out of service tank is marked with a sign on the vault stating "tank emptied (date). Offline and on standby"

Facility utilizes a compactor for the compression of solid solvent contaminated debris bags in drums. Compaction does not result in release of free liquids.

Reviewed the following documents:

Contingency plan/Emergency Response Team Plan

Training plan and records

Daily tank inspection logs

Weekly container storage area logs

Biennial report (2016 filing for 2015)

SB 14 waste minimization plan and related update documents

Manifests from 2016, 2015

--Noted manifest correction letter for 008844389FLE

G020C: start dates were marked on 2x55 gal containers slurry pipes and on 1 yard box debris during the inspection.

Request: Please send a copy of your bottle rinsing process/SOP (rev. 2/25/2009).

Program: PR0371042 - TIERED PERMIT-PERMIT BY RULE - 2261

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken

FA0252744 Facility ID: Inspection Date: 02/02/2017

Facility Name: Site Address: **LUMILEDS LLC**

370 W TRIMBLE RD 90, SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
T306	M	FINANCIAL ASSURANCE: PBR [3210] Facility failed to establish or maintain a viable financial mechanism to cover the estimated costs of closure. the financial mechanism utilized by the facility was issued to the prior ownership of the company (Philips Lumileds Lighting company LLC) instead of the current ownership (Lumileds LLC). Further evidence has been presented showing that Lumileds LLC is still covered by the actions of Philips Holding Inc. Please eitehr update the financial mechanism or demonstrate that the bank will honor the LOC as it is currently written/named in light of the reorganization and sale noted above. Obtain financial assurance for closure of the treatment unit by one of the following mechanisms: 1) closure trust fund; 2) surety bond guaranteeing payment into a closure trust fund; 3) closure letter of credit; 4) closure insurance; 5) financial test and corporate guarantee for closure; 6) use of multiple or alternative financial mechanisms as described in 22 CCR 66265.143 or 67450.13; or 7) self-certification, if the closure cost estimate is less than \$10,000. Ensure that Santa Clara County Department of Environmental Health is listed as the beneficiary of the financial assurance mechanism(s) and that the mechanism is worked exactly as is noted in CCR. Submit a copy of the mechanism(s) to HMCD. [CCR 67450.13(a)(5)-(8)]	The Letter of Credit was amended on 2/7/2017 to reflect the company name change from Phillips Lumileds Lighting Company LLC to Lumileds LLC.
T402	M	AMENDED TREATMENT NOTIFICATION: PBR [3210007] Facility operates a Permit by Rule hazardous waste treatment unit, but failed to submit an amended hazardous waste treatment notification to HMCD within 30 days of a change in operation. Unit receives waste from bottle washing (including HF bottles at HF use stations), and presses waste sludge for de-watering. Neither bottle washing nor sludge drying are marked as treatment activities associated with the system. Amend the facility's treatment notification and submit it to HMCD in person or by certified mail, with return receipt requested. The notification package must include the following forms with current signatures and dates: 1) Facility Information: Business Activities; 2) Facility Information: Business Owner/Operator Identification; 3) Hazardous Waste - Onsite Hazardous Waste Treatment Notification - Facility Page and required attachments; 4) Hazardous Waste - Onsite Hazardous Waste Treatment Notification - Unit Page; 5) Onsite Tiered Permitting - Permit By Rule (PBR) Waste and Treatment Process Combinations; and 6) Hazardous Waste - Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters. Forms are available at www.unidocs.org. [CCR 67450.3(c)(2)]	The bottle washing activity is not actually the treatment of a hazardous waste. The bottles meet the "empty container" definition at 66261.7 and are processed in accordance with 66261.7(c)-(e). Because the container is not a hazardous waste, the treatment of the byproduct is not treating the container - but the corrosive liquid itself. But - as it is easier to comply than to argue, those portions of the treatment activities have been checked off for treatment system MPU-1 and submitted via CERS on 2/23/2017.

Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC Class	Violation	Corrective Actions Taken
VC Class	WASTE ANALYSIS PLAN: PBR [3210010] Facility failed to prepare or maintain on-site a complete written waste analysis plan for hazardous wastes treated on-site in a Permit by Rule treatment unit and/or maintain waste analysis records to document that they implemented the plan. The site's waste analysis plan does not really address the analysis of wastes entering the system, but focuses on the analysis of waste prior to discharge. The plan also addresses sampling using water analytic methods instead of SW 846 hazardous waste methods. Prepare and implement a written waste analysis plan that characterizes the hazardous wastes treated on-site in the treatment unit. The plan must contain: 1) the parameters for which each waste will be analyzed and the rationale for selection of these parameter; 2) the test methods to be used to test for the above parameters; 3) detailed sampling methods to be used to obtain a representative sample; and 4) the frequency with which analysis will be reviewed or repeated. Perform the analysis described in the plan and	The waste analysis plan was modified to reference both the incoming waste evaluation and the treatment effectiveness evaluation. The method for metals was changed from 200.7 to 6010D.
	rationale for selection of these parameter; 2) the test methods to be used to test for the above parameters; 3) detailed sampling methods to be used to obtain a representative sample; and 4) the frequency with which analysis will	

Comments: Unit MPU-1

Unit treats wastes metal bearing wastes for removal of arsenic and fluoride by addition of lime, metabisulfite in batches. After metals settle, supernatent is tested and transferred to treatment system NS-1 for final pH adjustment and discharge. Sludge is transferred to holding tank, then to press for dewatering.

Treatment floors are treated as wet floors with liquid in them regularly fro press discharge and unit wash water. Floors are continuously drained to process tank which re-feeds the batch treat tank for treatment.

Reviewed the following documents:

Closure Plan

Closure cost estimate

Tank assessment documentation

- -Please be aware that while the assessment does state that piping was examined, the containment and condition of said piping is not readily addressed in the report. Leak detection is specifically addressed in the report.
- --PE calls out W28 and W29 utilizing the floor of bldg 90 as containment due to slope. It will be incumbent upon Lumileds to maintain the entire floor are free of potentially incompatible materials in order for this practice to be good engineering practice and compliant.

Financial mechanism

Notification

Waste analysis plan

Daily operating logs (generally totalizer numbers for amounts of water discharged from system along with post treatment arsenic concentrations)

Inspection schedule and logs

WWTS specfic training records for system operators

Program: PR0367957 - TIERED PERMIT-PERMIT BY RULE - 2261

Inspection Type: ROUTINE INSPECTION

VC Class Violation	Corrective Actions Taken
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Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T306	М	FINANCIAL ASSURANCE: PBR [3210] Facility failed to establish or maintain a viable financial mechanism to cover the estimated costs of closure. the financial mechanism utilized by the facility was issued to the prior ownership of the company (Philips Lumileds Lighting company LLC) instead of the current ownership (Lumileds LLC). Further evidence has been presented showing that Lumileds LLC is still covered by the actions of Philips Holding Inc. Please either update the financial mechanism or demonstrate that the bank will honor the LOC as it is currently written/named in light of the reorganization and sale noted above. Obtain financial assurance for closure of the treatment unit by one of the following mechanisms: 1) closure trust fund; 2) surety bond guaranteeing payment into a closure trust fund; 3) closure letter of credit; 4) closure insurance; 5) financial test and corporate guarantee for closure; 6) use of multiple or alternative financial mechanisms as described in 22 CCR	The Letter of Credit was amended on 2/7/2017 to reflect the company name change from Phillips Lumileds Lighting Company LLC to Lumileds LLC.
		66265.143 or 67450.13; or 7) self-certification, if the closure cost estimate is less than \$10,000. Ensure that Santa Clara County Department of Environmental Health is listed as the beneficiary of the financial assurance mechanism(s) and that the mechanism is worked exactly as is noted in CCR. Submit a copy of the mechanism(s) to HMCD. [CCR 67450.13(a)(5)-(8)]	
Т407	M	WASTE ANALYSIS PLAN: PBR [3210010] Facility failed to prepare or maintain on-site a complete written waste analysis plan for hazardous wastes treated on-site in a Permit by Rule treatment unit and/or maintain waste analysis records to document that they implemented the plan. The site's waste analysis plan does not really address the analysis of wastes entering the system, but focuses on the analysis of waste prior to discharge. The plan also addresses sampling using water analytic methods instead of SW 846 hazardous waste methods. Prepare and implement a written waste analysis plan that characterizes the hazardous wastes treated on-site in the treatment unit. The plan must contain: 1) the parameters for which each waste will be analyzed and the rationale for selection of these parameter; 2) the test methods to be used to obtain a representative sample; and 4) the frequency with which analysis will be reviewed or repeated. Perform the analysis described in the plan and	The waste analysis plan was modified to reference both the incoming waste evaluation and the treatment effectiveness evaluation. The method for metals was changed from 200.7 to 6010D.
Comm	nents: Ui	repeat it, as necessary, to ensure that it is accurate and up to date. Maintain on-site a copy of the waste analysis plan and waste analysis records until closure of the facility. [CCR 66265.13, 66265.73]	

Unit treats acid and caustic wastes and also final pH polishes wastes from metal treatment unit prior to discharge.

System is a flow through system, two stage. It is possible that incidental neutralization takes place prior to acid and caustic mixing in the treatment tanks.

Reviewed the following documents:

Closure Plan

Closure cost estimate

Tank assessment documentation

- -Please be aware that while the assessment does state that piping was examined, the containment and condition of said piping is not readily addressed in the report. Leak detection is specifically addressed in the report.
- --PE calls out W28 and W29 utilizing the floor of bldg 90 as containment due to slope. It will be incumbent upon Lumileds to maintain the entire floor are free of potentially incompatible materials in order for this practice to be good engineering practice and compliant.

Financial mechanism

Facility ID: FA0252744 Inspection Date: 02/02/2017

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Notificaiton

Waste analysis plan

Daily operating logs (generally totalizer numbers for amounts of water discharged from system along with post treatment arsenic concentrations)

Inspection schedule and logs

WWTS specfic training records for system operators

Program: PR0397494 - HAZARDOUS MATERIALS BUSINESS PLAN - BP06

Inspection Type: ROUTINE INSPECTION

VC	Class	Violation	Corrective Actions Taken
B106	M	HMBP INVENTORY INFORMATION MISSING / INCOMPLETE [1010004] Facility operator failed to electronically submit accurate and complete Hazardous Materials Inventory information for all hazardous materials on-site that are required to be reported in the facility's Hazardous Materials Business Plan (HMBP). Noted storage of >HMBP quantities of lime, sodium metabisulfite, and caustic soda in the waste treatment area, 2 chlorine cylinders in Fab, approximately 330 gallons AZ300 MIF developer in Bldg 91 storage area; all of which were not reported in the last inventory update.	The lime was listed as Calcium Hydroxide; caustic soda was listed as sodium hydroxide; there was a single chlorine cylinder in the fab which was listed; the MIF developer was added; the sodium metabisulfite was added.
	Within 30 days, electronically submit a HMBP, including an accurate Hazardous Materials Inventory, through either the Santa Clara County CUPA electronic reporting portal (http://FrontCounter.sccgov.org) or the California Environmental Reporting System (http://cers.calepa.ca.gov). Be sure to submit all of the elements that comprise a complete HMBP (i.e., Facility Information, Hazardous Materials Inventory, and Emergency Response and Training Plans). See www.sccgov.org/sites/hazmat/programs/Pages/ereporting.aspx for more details on electronic reporting. [HSC 25404(e), 25501(s), 25505(a)(1); 25506; 25508(a)(1)]		
B115	M	HMBP ANNUAL CERTIFICATION [1010008] Facility operator failed to annually review the the facility's Hazardous Materials Business Plan (HMBP) and electronically certify that it is complete and accurate. Annual submittals in 2016 and 2017 did not include the emergency and training plans in the annual submittal. A complete HMBP annual submittal must include the facility informaiton, inventory, map and both plans as noted below. Within 30 days, review and electronically resubmit a complete HMBP through either the Santa Clara County CUPA electronic reporting portal (http://FrontCounter.sccgov.org) or the California Environmental Reporting System (http://cers.calepa.ca.gov). Be sure to submit all of the elements that comprise a complete HMBP (i.e., Facility Information, Hazardous Materials Inventory, and Emergency Response and Training Plans). See www.sccgov.org/sites/hazmat/programs/Pages/ereporting.aspx for more details on electronic reporting. Ensure that future certifications are submitted no more than 12 months from your last complete HMBP submittal date.[HSC 25508(a)(1)(A)(B), 25508.2]	The ancilliary programs had not changed from the prior submittal. This new requirement was met with the submission of everything (regardless of revision date) on 2/23/17. The multiple map files were consolidated into a single file with multiple pages per the recommendation.

Comments: CERS ID 10132666

Submittal 1/26/17, with prior annual submittals 2/4/16 and 2/18/15

Map is compliant.

--State strongly recommends uploading only one map as a pdf file with multiple pages as opposed to multiple individual files. Training is not in single inclusive file. Non-hazmat responders/waste handlers are provided annual emergency evacuation training and drills which are documented. HW handlers and ERT personnel also take this class as well as spill response class and documentation.

Facility ID: FA0252744 Inspection Date: 02/02/2017
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Printed Name of Owner/Operator

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>03/04/2017</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Inspected By: EE0010235 - MICKEY PIERCE CA UST Inspector #8016994, Exp. 08/26/2018
complied with directives specified in this Notice to Comply.
March 2, 2017
Date Environmental Engineer

Mue of 1

Title

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations.

What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted.
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed.
- · Certify that the facility has returned to compliance by signing and dating the certification statement at the end of the report.
- Make a photocopy of the NOI and any attachments for your records.
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the <u>original copy</u> of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

Key to Acronyms and Regulatory Terms

XX CCR California Code of Regulations, Title XX XX CFR Code of Federal Regulations, Title XX

Class Violation classification: I = Class I violation, II = Class II violation, M = Minor violation, C = Corrected minor violation

[HSC $\S25110.8.5$, HSC $\S25117.6$, CCR $\S66260.10$]

DTSC California Department of Toxic Substances Control

EPA U.S. Environmental Protection Agency

HMCD County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division

HSC California Health and Safety Code
RCRA Resource Conservation and Recovery Act
SCCO Santa Clara County Ordinance Code

TSDF Hazardous waste treatment, storage or disposal facility

UPCF Unified Program Consolidated Form

UST Underground storage tank VC HMCD violation code

Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance [HSC §25404.1.2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC \$25191(b)].
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC § \$25299(a)(8), 25299(b)(7)].
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC §25187.8(i)].

HMCD-014A www.EHinfo.org/hazmat Rev. 07/28/10

Page 8 of 8 R101DAVVMZFON Ver. 2.02

 From:
 Cole, Mitchell

 To:
 Pierre. Mitchell

 Subject:
 FW: Tank Inspections

 Date:
 Thursday, March 2, 2017 7:37:50

 Attachments:
 Image:002.png

Mickey.

Below is the email sent to RAO at DTSC for some guidance. I completed the inspection response and it is in the mail. Besides my good word – what other evidence do you like to see? Would you like to come back out to verify? Photos?

i.e. here's the mystery container. Described to me as metallic gallium from the bake out ovens. Verified as gallium by melting it with a space heater (poor container integrity – it started leaking) as well as the expansion in volume when changing from liquid phase to solid. (it's the only element with that approximate melting point which also has a higher density liquid phase) see: https://en.wikipedia.org/wiki/Gallium



Mitch Cole Environmental Engineer mitchell.cole@lumileds.com

Lumileds 370 W. Trimble Road, San Jose, CA 95131 T +1 408 964 2562 M +1 408 592 3222



From: Cole, Mitchell

Sent: Friday, February 24, 2017 11:10 AM
To: 'RAO@dtsc.ca.gov' <RAO@dtsc.ca.gov>
Subject: Tank inspections

I'm looking for some help please.

Lumileds is a LQG and we use tank systems for wastewater treatment under PBR as well as accumulation tanks for waste flammable liquids. Some of these tanks are within below grade vaults – but the tanks are not buried. The vaults are covered and sealed with a single entrance at the top via a small door and a fixed ladder. The entrance into these vaults is a permitted confined space due to the lack of access.

Historically, we have been conducting the inspection by looking down at the tank systems through this entrance as well as with continuous electronic spill monitoring. From this vantage point — a person cannot see all sides of the tank or sections of the floor. But — the floor is sloped toward a sump which is visible from the entrance.

Questions

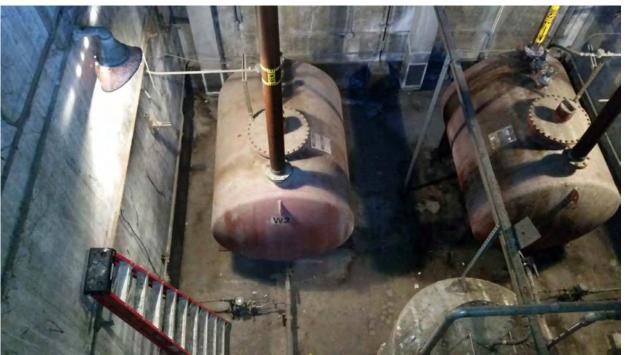
Is a below grade vault above ground?

Is entering a confined space within the definition of "Accessible?" A confined space is obviously a hazardous location.

We'd obviously prefer not to conduct a confined space entry on a daily basis.

Here are some pictures of the equipment in question:







Mitch Cole Environmental Engineer mitchell.cole@lumileds.com

Lumileds 370 W. Trimble Road, San Jose, CA 95131 T +1 408 964 2562 M +1 408 592 3222



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From: Cole, Mitchell
To: Regulatory, Assistance, Office@DTSC
Entro, Mikkey: Janovaski, Daniel
Subject: RE: Tank Inspections
Date: Friday, March 3, 2017 6:07:51 AM
Attachments: Image010 pmg
Image031.pmg

Gloria.

Yes it's a tough call. That's why I targeted the question directly to the top enforcement branch for this regulation. I have been in contact with the local CUPA, and they are currently taking a conservative position (as they should) on the topic. As this situation is not terribly uncommon in the region, the goal is to avoid putting hundreds of people in harm's way by unnecessarily entering hazardous locations based on a questionable interpretation of a regulation. The issue is bigger than Lumileds itself. Guidance from DTSC would be appreciated by the regulated community (and probably the CUPA as well!) so we can have a consistent application of the law across different inspectors and different regions.

The law itself is unchanged since 1991, and there have been multiple interpretations from different inspectors over the past 26 years. This is the first time the visual inspections from the vault openings have been deemed unacceptable in meeting the code requirements of 66265.195.

If this isn't within your authority, is there another party or method to receive a final determination?

Thanks for your help!

Mitch Cole Environmental Engineer mitchell.cole@lumileds.com

Lumileds 370 W. Trimble Road, San Jose, CA 95131 T +1 408 964 2562 M +1 408 592 3222



From: Regulatory Assistance Office@DTSC [mailto:RAO@dtsc.ca.gov] Sent: Thursday, March 02, 2017 4:48 PM

Sent: Thursday, March 02, 2017 4:48 PM

To: Cole, Mitchell <mitchell.cole@philips.com>

Subject: RE: Tank inspections

Mitch,

This would be a tough call as I don't think the regulations take into account your specific situation. What does your PBR permit state? Have you discussed this with your CUPA inspector?

Gloria.Conti@dtsc.ca.gov

Regulatory Assistance Officer

DTSC Regulatory Assistance Officers provide informal guidance only about management of hazardous waste for the convenience of the public. Such oral or electronic mail advice is not binding upon DTSC, nor does it have the force of law. If you would like a formal opinion on a matter by DTSC, please contact the responsible program office directly. You should also refer to the statutes and regulations, DTSC Policies and Procedures, and other formal documents. If you would like to provide us feedback please do so at:

 $\underline{http://calepa.ca.gov/Customer/CustForm.pdf}$

From: Cole, Mitchell [mailto:mitchell.cole@philips.com]
Sent: Friday, February 24, 2017 11:10 AM
To: Regulatory Assistance Office@DTSC
Subject: Tank inspections

I'm looking for some help please.

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Historically, we have been conducting the inspection by looking down at the tank systems through this entrance as well as with continuous electronic spill monitoring. From this vantage point – a person cannot see all sides of the tank or sections of the floor. But – the floor is sloped toward a sump which is visible from the entrance.

Questions

Is a below grade vault above ground?

Is entering a confined space within the definition of "Accessible?" A confined space is obviously a hazardous location.

We'd obviously prefer not to conduct a confined space entry on a daily basis.

Here are some pictures of the equipment in question:







Mitch Cole Environmental Engineer mitchell.cole@lumileds.com

Lumileds 370 W. Trimble Road, San Jose, CA 95131 T +1 408 964 2562 M +1 408 592 3222



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March 10, 2020

Ms. Robin Ward County of Santa Clara Hazardous Materials Compliance Division 1555 Berger Drive, Suite 300 San Jose, CA 95112-2716

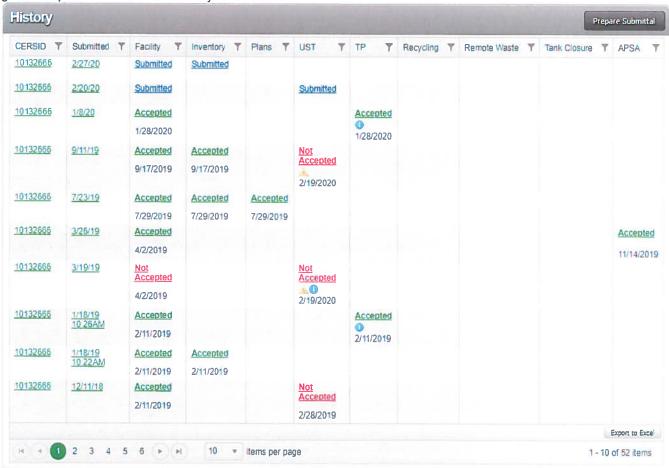
Subject: 2/19/2020 UST Inspection response

Dear Ms. Ward,

The purpose of this letter is to document the corrections made associated with the UST inspection on 2/19/2020.

1. UST Monitoring Site Plan: This plan was submitted and accepted in CERS 8/21/2017. Updates were submitted on, 3/6/18, 3/9/18, 10/15/18, 12/11/18, 3/19/19, and 9/11/19. To hand over a violation because this was not submitted is false based on the submission history within CERS. It isn't there because it was deleted by Ana Bui on 2/28/19, and again by Robin Ward on 2/19/2020 (After the inspection was complete)

The resolution was to resubmit the UST monitoring site plan again. I cannot guarantee it will be available, if the county keeps deleting the submissions. Suggestion: it there is an issue with one aspect of the submission, reject only that one aspect. Or get on the phone and talk to me about your concerns.



- UST Monitoring plan: The corrections were made to the monitoring plan and submitted on 2/20/2020.
- UST Response plan: The situation with this plan is the same as the plot plan. It was submitted again on 2/20/2020.
- UST Financial Responsibility: The 1,000,000/1,000,000 language was changed in accordance with your request. The updated insurance policy dates and policy numbers were updated as well.
- Statement of understanding and compliance: This was added 2/20/2020.
- 6. DUSTO reports: The reports for 2019 and 2020 are attached. The contractor had a personnel change and the new person failed to email the copies of the documentation until prompted. This is now on a schedule with a monthly notification for our staff.
- Record keeping of repair: The documentation for the repair of the dip tube completed by Balch is attached. The fix completed by Lumileds was not documented at the time. The activity has since been documented in the work order system. The task was a simple add of resin to the outer wall of the existing secondary containment on the above ground portion of the fuel line. The technician did not meet the qualification requirements as outlined in 23CCR section 2715, However, this portion of piping is not part of the underground storage tank system per the definition in the health and safety code. Chapter 6.7 Division 20 §25281:
 - "Underground tank system" or "tank system" means an underground storage tank, connected piping, ancillary equipment, and containment system, if any.
 - "Connected piping" means all underground piping including valves, elbows, joints, flanges, and flexible connectors attached to a tank system through which hazardous substances flow...

As the piping containment repair was above ground it does not meet the definition of connected piping and therefore not part of the underground tank system subject to code: §2712(b)(6)

- Pipe Monitoring: Interstitial Obstruction: No further action required.
- 9. Inspection of overfill equipment. The inspection was completed on 2/28/19. The deficiency in the stand pipe was noted. The repair permit and record of the repair as well as the follow up inspection from 4/23/19 are attached. An inspection prior to 2/28/19 was not completed.
- 10. Testing of Secondary Containment: Testing was completed on 2/11/16. Testing was conducted again on 2/28/19. The vacuum machine failed to pull the 10" of vacuum and failed. The containment on the secondary return line also failed. Balch did not create a report at that time because the testing failed. After contacting Balch, they provided a report of that inspection. After repairs were made, the secondary containment was tested again on 11/7/19 and passed.
- 11. EGTS Unburied Pipe. The piping system inspection is incorporated into the generator testing reports. This meets both the monthly as well as the "each time the tank system is operated" requirement. The record only included "Containment Dry?" This form was modified to include:
 - Unburied pipe visible and unobstructed?
 - Piping in good condition?
 - No pipe leaks observed?

Lumileds has also reorganized the electronic document storage sharepoint to improve clarity and visibility.

If you have any questions, please let me know.

Tal

Sincerely.

Mitch Cole

Environmental Engineer

enclosure

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 02/19/2020	
Facility Name:	LUMILEDS LLC	24,14,25,24,34,44,44	
Site Address:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131		
HW Generator	Туре:	☐ RCRA LQG	
Consent to Insp	pect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN	☐ Pictures Taken	
		☐ Samples Taken	

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

VC	Class	Violation	Corrective Actions Taken
T012	M	UST MONITORING SITE PLAN [2030041] Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Monitoring Site Plan; or the UST Monitoring Site Plan submitted is not approved by HMCD. CERS submittal from 9/11/2019 does not include a Monitoring Site Plan.	See response letter item # 1
		Within 30 days, upload and electronically submit a PDF file containing a UST Monitoring Site Plan via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. The drawing must show the tank and piping layouts and the locations of monitoring consoles, leak detection sensors, line leak detectors, ATG probes (for single-wall tanks only), etc. Site Plans for systems using vacuum monitoring must clearly identify all vacuum zones. Keep a hard copy onsite or provide onsite access to CERS for facility employees. The drawing must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(1)(C), 2641(h), 2711(a)(8)]	

FA0252744 Facility ID: Inspection Date: 02/19/2020

LUMILEDS LLC

Facility Name: Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
T016	M	UST MONITORING PLAN [2010013] Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Monitoring Plan; or the UST Monitoring Plan submitted is not approved by HMCD. UST Monitoring Plan submitted in CERS has the following errors:	See response letter item 2.
	* * * * * * * * * * * * * * * * * * *	-Plan states that pipeline integrity testing is conducted every 3 years, but such testing is not required and has not been conducted. Mark this question as "No" and remove the "3 year" frequency. -ATG testing results are not required to be maintained for compliance. Mark as "No". -Visual inspection records are required to be kept onsite but are not noted in the "Recordkeeping" section. Mark as "Yes". - Facility information in CERS under the "facility type" box to needs to be changed to "Other". - "Type of Action" box to on each tank information page to needs to be changed to "Renewal Permit". - "Piping/Turbine Containment Sump" on tank information pages need to be changed to "Single-walled". Mark UDC construction material as "NONE". - "Piping secondary containment" in the pipe monitoring section of each tank information page needs to be changed to "dry". - "Visual Pipeline Monitoring Frequency" must be listed as "minimum monthly". "Suction Piping Meets Exemption Criteria" must be marked as "NO". Within 30 days, electronically submit an accurate and complete UST Monitoring Plan for each UST via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. Keep a copy of the plan(s) onsite or provide onsite access to CERS for facility employees. The plan must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(1), 2641(h)]	
T018	M	UST RESPONSE PLAN [2010014]	
		Underground storage tank (UST) owner/operator failed to submit or failed to keep current an accurate and complete UST Response Plan; or the UST Response Plan submitted is not approved by HMCD. CERS submittal from 9/11/2019 does not include a Response Plan.	See response letter item 3.
		Within 30 days, electronically submit a PDF file containing a UST Response Plan via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. You may use the "Underground Storage Tank Response Plan" form (UN-022B) available at www.EHinfo.org/hazmat or another format with equivalent content. Keep a hard copy onsite or provide onsite access to CERS for facility employees. The plan must be revised and resubmitted within 30 days of changes in the information it contains. [23 CCR 2632(d)(2), 2641(h)]	

Facility ID: FA0252744 Inspection Date: 02/19/2020

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
T020	Ш	UST FINANCIAL RESPONSIBILITY [2010007] Petroleum underground storage tank (UST) owner/operator failed to submit or keep current accurate and complete evidence of UST financial responsibility.	See response letter item 4
		Certification of Financial Responsibility has the following completion errors: -Section C, under coverage amounts does not specify "1,000,000 per occurrence and annual aggregate"Uploaded form has a coverage date that expired on 8/25/19. Facility must update the form to show the current coverage period of 9/19/2019 to 9/19/2020.	
		Financial responsibility must be demonstrated by the UST owner or UST operator. Within 30 days, upload and electronically submit a UST Certification of Financial Responsibility (CFR) via the California Environmental Reporting System (CERS) at http://cers.calepa.ca.gov. Keep a copy of the CFR and all required supporting documentation onsite. If the State UST Cleanup Fund is used as a mechanism, update your chief financial officer (CFO) letter every 12 months, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter every 12 months, within 120 days after the close of each fiscal year. If insurance is used, the policy or endorsement must be worded exactly as specified in 40 CFR 280.97. The "Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum" form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a), 25292.2, 25299.30-25299.34; 23 CCR 2711(a)(11), 2808.1, 2809-2809.2]	
T029	М	STATEMENT OF UNDERSTANDING AND COMPLIANCE [2010016] Underground storage tank (UST) owner/operator failed to electronically submit a completed "Underground Storage Tank Statement of Understanding and Compliance Form" within 30 days of commencing the storage of hazardous material in a newly installed UST; or within 30 days of a change of UST owner or UST operator that is the holder of the UST Permit to Operate.	See response letter item 5
		CERS submittal from 9/11/2019 does not include an "Owner Statement of Designated UST Operator Compliance". Within 30 days, complete and upload and electronically submit a PDF copy of the form via the California Environmental Reporting System (CERS) website at http://cers.calepa.ca.gov. The form (UN-110) is available at	✓
TOPO	30	www.EHinfo.org/hazmat. [23 CCR 2715(a)(1)(A), 2715(a)(2)]	
T050	M	RECORD KEEPING: DUSTO INSPECTION REPORTS [2010004] Underground storage tank (UST) owner/operator failed to keep Designated UST Operator (DUSTO) inspection records as required.	See response
		Facility could not provide copies of Designated UST Visual Inspection Report Forms for monthly inspections required in October and November of 2019. Facility was provided inspection reports dated 11/4/19 and 10/4/19 for another UST facility. Obtain copies of the missing inspection reports and ensure that future reports are promptly reviewed to ensure accuracy and timely receipt.	letter item 6
		Each "Designated Underground Storage Tank Operator Visual Inspection Report" form and its attachments must be kept onsite and available for at least 36 months from the date of inspection. [23 CCR 2716(f)]	✓

FA0252744 Facility ID: Inspection Date: 02/19/2020

Facility Name: Site Address: LUMILEDS LLC

370 W TRIMBLE RD 90, SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
T056	M	RECORD KEEPING: REPAIR AND UPGRADE RECORDS [2010008] Underground storage tank (UST) owner/operator failed to maintain records of UST system repairs or upgrades as required. Secondary containment inspection conducted on 2/28/19 showed a failure of the supply piping secondary containment. A subsequent secondary containment testing report completed on 11/7/19 noted "Repair to FOS secondary lines leaks were done by Lumileds." Facility could not provide documents of this repair or qualifications of the individual that completed the work. Obtain copies of any missing records. Keep records of repairs and upgrades onsite and available for the life of the UST system. [23 CCR 2712(b)(6)]	See response letter item 7
T340	Н	PIPE MONITORING: INTERSTITIAL OBSTRUCTION [2030040] Piping secondary containment is not open to allow liquid to freely drain into a monitored sump. Observed on 2/14/2020 that test boots that isolate secondary containment of supply and return product piping from the leak sensor inside the containment sumps had no valves and were sealed, preventing any potential fuel leaks inside this piping from reaching the sensor. Technicians pulled back the boot on the return line and removed the boot on the supply line (as it could not be pulled back). Ensure that a potential leak from piping can reach sensors in the sump by opening test boot valves or opening test boots after secondary containment testing. NO FURTHER ACTION REQUIRED. (Note: Test boot will need to be installed for next subsequent secondary containment testing of the supply line.)	See response letter item 8
		Secondary containment must be unobstructed so that any leak from the primary pipe will flow to a leak detection sensor. Test boots that cannot be pulled back must be rotated so their valves point downward. For obstructions not related to test boots, have a qualified contractor repair or replace the piping as soon as possible. You must obtain a UST repair/retrofit permit from HMCD before beginning work. Plans must be submitted in accordance with HMCD's "Plan Submittal Requirements for Hazardous Materials Systems" (HMCD-004) available at www.EHinfo.org/hazmat. Upon plan check approval, have the work done as soon as possible and schedule an inspection so HMCD can witness testing. [23 CCR 2630(d), 2641(a)]	

Facility ID: FA0252744 Inspection Date: 02/19/2020

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

VC	Class	Violation	Corrective Actions Taken
T415	11	INSPECTION OF OVERFILL PREVENTION EQUIPMENT [2030036] Underground storage tank (UST) owner/operator failed to have overfill prevention equipment inspected by 10/13/2018 and every 36 months thereafter, upon installation, or within 30 days after a repair; or failed to maintain copies of overfill prevention equipment inspection records as required.	See response letter item 9
		No copy of the 4/23/2019 Overfill Prevention Equipment Inspection Form was available on-site. Facility obtained a paper copy from the UST service technician on 2/14/2020. Retain this record for 36 months from the date of installation.	✓
		Have an inspection performed by a qualified UST Service Technician within 30 days. Notify HMCD at least 2 working days prior to the inspection. The inspection must be done per the manufacturer's guidelines or standards or, if there are no manufacturer's guidelines or standards, per an applicable industry code or engineering standard. Submit a copy of the Overfill Prevention Equipment Inspection Report Form and required attachments within 30 days of inspection. Schedule the next inspection to occur 36 months from when the missed inspection was originally required to occur. Ensure that inspections are done every 36 months and within 30 days of installation or repair. Keep inspection records onsite for at least 36 months. [23 CCR 2637.2, 2712(b)(1)(G)]	
T417	М	SUBMITTAL OF OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM [2010018] Underground storage tank (UST) owner/operator failed to submit one or more Overfill Prevention Equipment Inspection Report Forms and attachments as required.	Sce response letter item 9
		Facility failed to provide a copy of the "Overfill Prevention Inspection Report Form" from 4/23/2019 to HMCD. Provide a complete copy of this report to HMCD with all required attachments. (Note: Next subsequent inspection of overfill prevention is due in the calendar month of April of 2022.)	
		A Overfill Prevention Equipment Inspection Report Form and required attachments must be submitted to HMCD within 30 days of installation, repair, and every-36-month testing of UST overfill prevention equipment. Submit the missing form(s) and attachments within 30 days and ensure that future inspection documentation is submitted as required. [23 CCR 2637.2(d), 2637.2(e), 2665(a), 2665(b)]	

Facility ID: FA0252744 Inspection Date: 02/19/2020

Facility Name: LUMILEDS LLC

Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
420	11	TESTING OF SECONDARY CONTAINMENT: PERIODIC [2030048]	
		Underground storage tank (UST) owner/operator failed to have UST secondary containment systems tested; or failed to maintain records of secondary containment testing as required.	See response letter item 10
		Facility completed their last secondary containment testing on 2/17/2018. Testing is required every 36 months, and was due again in the calendar month of February of 2019. Testing of the tank annual space was not completed until 4/11/2019. (Note that next test of secondary containment is due within the calendar month of February of 2022.)	
		Have testing done by a qualified UST Service Technician within 30 days. Notify HMCD at least 2 working days prior to testing. Testing must be done per the manufacturer's guidelines or standards or, if there are no manufacturer's guidelines or standards, per an applicable industry code or engineering standard. Submit a copy of the Secondary Containment Testing Report Form and required attachments within 30 days of testing. Schedule the next testing to occur 36 months from when the missed testing was originally required to occur. Ensure that testing is done upon installation, again within 6 months of installation and every 36 months thereafter; and within 30 days of a repair or discontinuing vacuum, pressure, or hydrostatic interstitial monitoring. Keep testing records onsite for at least 36 months. [23 CCR 2637, 2712(b)(1)(F)]	
424	М	SUBMITTAL OF SECONDARY CONTAINMENT TESTING REPORT [2010009] Underground storage tank (UST) owner/operator failed to submit one or more reports documenting testing of UST secondary containment as required.	See response letter item 10
		During secondary containment testing conducted on 2/28/19, the tank annular space could not be tested. A subsequent secondary containment testing report completed on 11/7/19 did not note that testing of the tank secondary containment was completed. When this issue was noted in an email to the technician on January 8th, 2020, the technician provided a second copy of the report with comments that the secondary containment of the tank was tested on 4/11/2019 and passed. No report from 4/11/19 was generated. A copy of the "Secondary Containment Testing Report Form" must be submitted to HMCD within 30 days of the completion of the secondary containment test.	
		A Secondary Containment Testing Report Form and attachments must be submitted to HMCD within 30 days of testing. Submit the missing form(s) and attachments within 30 days and ensure that future testing documentation is submitted as required. [23 CCR 2637(e), 2637(f)]	
T870	M	EXEMPTION CONDITIONS: EGTS UNBURIED PIPE [2030020]	
		Underground storage tank (UST) operator failed to meet requirements for exempting Emergency Generator Tank System (EGTS) unburied fuel piping from California UST Regulations.	See response letter item 11
		Facility has not implemented a process to ensure that EGTS unburied piping is inspected each time the tank system is operated.	letter Item 11
		Immediately begin performing and documenting visual inspections of the unburied fuel piping each time the tank system is operated, but no less often than monthly. You may use the "Emergency Generator Tank System Unburied Piping Exemption Inspection Log" form (UN-101) available at www.EHinfo.org/hazmat or another format, as long as it contains equivalent content. Keep inspection records onsite and available for at least 36 months. [HSC 25283.5(b)(3)]	
		Page 6 of 8	R109DAVKTXGQZ Ve

R109DAVKTXGQZ Ver. 2.34

Facility ID: FA0252744 Inspection Date: 02/19/2020
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

Comments: Comments:

Inspection commenced on 2/14/20 and concluded today. The following individuals were in attendance on 2/14/20:

- James Cooper, Facilities Electrician of Lumileds
- Eric Dugdale, Facilities Operations Manager of Lumileds
- Elmer Mortera, Lead UST Service Technician with Balch Petroleum
- Robert Henninger, UST Service Technician with Balch Petroleum

All underground storage tank (UST) system leak detection equipment was tested on 1/14/2020 by UST Service Technician Elmer Mortera of Balch Petroleum and functioned properly except as noted above. Mr. Mortera has current ICC California UST Service Technician certification (exp. 1/25/22, and Veeder-Root TLS 3XX Technician certification (exp. 5/26/20).

The Veeder-Root model 794390-409 sensor monitoring the tank annular space and the Veeder-Root model 794380-208 sensor monitoring the diesel product piping sump were tested using water to obtain audible and visual alarms on the Gilbarco EMC console. Tank piping is conventional suction. Presence of mechanical overfill prevention valve in tank fill drop tube was visually confirmed. The UST fill spill bucket was hydrostatically tested for 1 hour and passed.

Inspection included review of employee training conducted on 10/4/19, 5 years of maintenance records and equipment testing reports, 12 months of DUSTO inspection records, all unreviewed CERS submittals, and 12 months of visual inspection records for unburied emergency generator piping.

NOTES:

- 1. Facility submitted Underground Storage Tank information via CERS ID 10132666 on 9/11/2019. Submittal was marked as "not accepted".
- 2. UST systems is an Emergency Generator Tank System (EGTS) that supplies 3 standby generators via suction piping. ACTION ITEMS:
- Correct all violations and submit documentation of corrective actions taken and certification of compliance within 30 days as directed on the last page of this report. Please address all issues in a single written response.
- 2. Submit copies of the Monitoring System Certification Form (with attached System Setup Report, Alarm History Report, and Site Plan) and Spill Container Testing Report Form within 30 days.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>03/20/2020</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

DocuSigned by: D58660B85D5B4A0	2/20/2020	Tol Than	
Received By:		Inspected By: EE0010436 - ROBIN WARD	
James Cooper	Facilities electrici	an	

Certification of Compliance

I certify under penalty of perjury that this facility has complied	d with directives specified in this Notice to Comply.
Mar Ful	3/5/2020
Signature of Owner/Operator Mitch Cole	Environmental Engineer.
Printed Name of Owner/Operator	Title

PARI MATIMAMILA MALI
I. FACILITY INFORMATION
CERS ID 10132666 Date of Designated UST Operator Insp. 10/4/2019
Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds LLC
Business Site Address 370 West Trimble Rd ZIP Code San Jose 95131
II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION
Name of Designated UST Operator (Print as shown on the ICC Certification.) James Keltner (408) 942-8686
ICC Certification # ICC Certification Expiration Date 1/25/2021
III. COMPLIANCE ISSUES
All answers of "N" or "NA" in sections VII through XI must be explained in this section and may require follow-up action
1. No new alarms
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
IV. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING THIS INSPECTION
I hereby certify that the visual inspection was performed in full compliance with California Code of Regulations, The Division 3, Chapter 16, Section 2716 and all the information provided herein is accurate.
Designated UST Operator Signature
V. OWNER / OPERATOR DESCRIPTION OF FOLLOW-UP ACTIONS
All issues listed in Section III above must have a description of the follow-up action taken or to be taken to correct the issue on the n
line that corresponds with the number line of the compliance issue listed above in Section III. 1. No welvers need to be laken to correct the issue of the interest of the issue of the interest of the issue of the interest of the issue of
2.
3.
4.
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6.
7.
8.
9.
10.
11.
12.
VI. OWNER / OPERATOR ACKNOWLEDGMENT OF COMPLIANCE ISSUES
have reviewed Section III "COMPLIANCE ISSUES" and provided a description in Section V of the action taken or to be o correct the issues discovered.
ame of UST Owner/Operator (Print) UST Owner/Operator Signature Date Signed

DESIG	NATED UNDERGROUND STOR	AGE	TA	NK	OPERAT	OR VISUAL INSPECTI	ON	REP	ORI	(Pa	9# 2	of 2)
		/II.	IN	SPE	CTION H	ISTORY						
	follow-up action of Section III from the p				ion been co	impleted appropriately?						N
Attach do	cumentation verifying appropriate service	WHL.			M HISTO	DV		-				
Attach a c	opy of the elarm history report/log to this		All	LAIT	M NISTU	NT .				Y	N	NA
	hitoring system powered on and in prope		atina	mod	le?					×		
Has each	leak detection alarm since the previous	inspec	tion	beer		to appropriately?						
Have all c	cumentation verifying appropriate service containment sumps that have had a leak	to this detect	repo	nt. Namm	since the	previous inspection been resp	onde	ed to	by a			B
List below	JST Service Technician? v In Section IX all containment sumps th d to by a qualified UST Service Technician	Conta	tinune	ent s	umps listed	below require a visual inspecti	on for	r dam	end h	eve n	ot b	een
hazardous	s substance, and proper sensor location.	The res	sults	of th	e visual ins	pection must be recorded in Se	ction	DC				
		-	-	_		IK SYSTEM INSPECTION						
Is the con	talnment sump free of damage, water,	debris			ardous sub							
-	Containment Sump ID		Y	N		Containment Sump	D			-	Y	N
-		-	믐	믐			_	_				
		_	금	님					_	-	H	H
			금	님							6	
Are all sens	sors in containment sumps inspected locate	d to de	-	-	at the earlie	st opportunity?						
Is the spil	I container free of damage, water, debr	is, and	haz	ardo	us substan	ce?						
Tank ID	Diesel		×		Tank ID							
Tank ID					Tank ID							
Is the fill	ipe free of obstructions?											
Tank ID	Diesel		×		Tank ID							
Tank ID					Tank ID							
	cap securely on the fill pipe?											
Tank ID	Diesel		×		Tank ID							
Tank ID					Tank ID							
	er-dispenser containment free of dam	-	-								-	44.
	nder-Dispenser Containment ID	Y	N	NA		Inder-Dispenser Containme	HYRT IID			Υ	N	NA
Dispense			무	-	Dispense			_				
Dispense					Dispense		-		-			-
Dispense	19/10	-		-	Dispense	11/12		_			님	0
		님	=	H	-			_		급	ä	ö
		-		-						H	-	-
Are all sens	ors in under-dispenser containment locate				at the earlie	st opportunity?						D
	X.	TES	TIM	GA	ND MAIN	TENANCE	Y	N	NA		te L	
Line the se			_				100	-		-	form	-
	onitoring system certification been comp		_	_		onuis/				-	8/20	
	bill container testing been completed with		-			and 26 months?	M	-		_	8/20 8/20	
	verfill prevention equipment inspection b			_			-	-		-		_
	econdary containment testing been comp		_	_		oninsr	[B]	-		252	8/20	119
	nk tightness testing been completed with the tightness testing been completed with		_			2	8		M	_	-	-
	uired testing / maintenance was complete			_			-	- محدد الم	TEN .			_
	vieu testa y / maintenance was completi Vaintenance:	PO WILL	mi ie	-quii	ow miteriali	io. Last toovillantibilanda ilah		_				
	Maintenance:								100		-	
	Maintenance:		-	_			-					
	Maintenance:							-				
	Aaintenance:											
	Maintenance:							-				
	XI.	FAC	HLIT	YE	MPLOYE	E TRAINING					Y	N
Have all in	dividuals performing facility employee dutie	es rece	ived	the n	equired facil	ity employee training within the	past	12 m	onths	?	36	

I the facility has more components than this form accommodates, additional copies of this page may be attached.

UNDERGROUND STORAGE TANK OPE		SPECTION REP	ORT (Page 1 of 2)
I. FACILITY IN	FORMATION		
10132666	Date	of Designated UST Op 11/4/20	erator Inspection 19
Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds LLC			
Business Site Address 370 West Trimble Road	San Jose		ZIP Code 95131
II. DESIGNATED UNDERGROUND STOR	AGE TANK OPERAT	OR INFORMATIO	4
Name of Designated UST Operator (Print as shown on the ICC Certification.) Priscilla Sanchez		Phone # (408) 9	42-8686
ICC Certification # 9039893-UC	ICC Certific	ation Expiration Date 12/30/2020)
III. COMPLIAI	NCE ISSUES		
All answers of "N" or "NA" in sections VII through XI must be explained in 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. IV. CERTIFICATION BY DESIGNATED UST Of I hereby certify that the visual inspection was performed in full Division 3, Chapter 16, Section 2716 and all the information provided Designated UST Operator Signature	PERATOR CONDUC	TING THIS INSPEC	ETION
Blury from			
V. OWNER / OPERATOR DESCRIP			
All issues listed in Section III above must have a description of the follow-line that corresponds with the number line of the compliance issue listed 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	l above in Section III.		sue on the number
VI. OWNER / OPERATOR ACKNOWLE		CAMPAGE TO SERVICE OF SERVICE STREET	
I have reviewed Section III "COMPLIANCE ISSUES" and provided a to correct the issues discovered.	Contract of the Contract of th		
Name of UST Owner/Operator (Print) UST Owner/Operator (Print) UST Owner/Operator (Print)	perator Signature	Date Signer	19

										_	_
DESIGNATED UNDERGROUND STOR	tomorphism buddens and			STORAG		NR	EP	ORT	(Pan	220	f 21
	VII.	4-000		CTION HI				-141	to mil		~/
Has each follow-up action of Section III from the	73515	-13.5	T. F. L. S.	Part Carlotte	F.F. 77.71					Y	N
Attach documentation verifying appropriate service										风	
	VIII.	AL	AR	M HISTOR	RY						
Attach a copy of the elarm history report/log to this									Y		NA
Is the monitoring system powered on and in prop						_	-		×		
Has each leak detection alarm since the previous Attach documentation verifying appropriate service				responded	to appropriately?						×
Have all containment sumps that have had a leaf qualified UST Service Technician?	detecti	on a	larm	since the p	previous inspection been response	nde	d to i	ру в			×
List below in Section IX all containment sumps to responded to by a qualified UST Service Technicia hazardous aubstance, and proper sensor location.	n. Conta	inme	ent su	imps listed	below require a visual inspection	n for	dam	nd he age, v	ve n	ot be	en ris,
	-	-			K SYSTEM INSPECTION						
is the containment sump free of damage, water	, debris,	and	haz	ardous sub	stance?						
Containment Sump ID		Y	N		Containment Sump II	1				Y	N
Are all sensors in containment sumps inspected local	ed to det	ect a	leak	at the earlier	st opportunity?						
is the spill container free of damage, water, deb	ris, and	haz	ardo		997						
Tank ID Diesel		×		Tank ID							
Tank ID				Tank ID		_					
is the fill pipe free of obstructions?											
Tank ID Diesel		×		Tank ID							
Tank ID	-			Tank ID							
Is the fill cap securely on the fill pipe?		_	_								
Tank ID Diesel		K		Tank ID							
Tank ID			-			_	_				
is the under-dispenser containment free of dar		_					_				
Under-Dispenser Containment ID	Y	N	NA		Inder-Dispenser Containmer	nt ID			Y	N	NA
Dispenser 1/2		무	무	Dispense		_					
Dispenser 5/6 Dispenser 9/10			무	Dispense						믐	
Dispenser 9/10		믐	믐	Dispense	F11/12		_		H	님	금
		님	-						_	=	급
	H	H				-	-			=	
Are all sensors in under-dispenser containment loca	bend	_		at the earlie	st apportunity?	-	-			ö	_
		-	27.5	W. W. L. L. C.		59			Da	te L	
X.	TES	TIN	G A	ND MAIN	TENANCE	Y	N	NA		form	
Has the monitoring system certification been con	npleted	withi	n the	past 12 m	onths?	×			2/2	8/20	19
Has the spill container testing been completed w	ithin the	pas	112	months?		×			2/2	8/20	19
Has the overfill prevention equipment inspection	been co	mple	eted	within the p	east 36 months?	×			2/2	8/20	19
Has the secondary containment testing been con	npleted	withi	in the	past 36 m	onths?	×			2/2	8/20	19
Has the tank tightness testing been completed w	ithin req	ulre	d tim	eframes?				×			
Has the line tightness testing been completed wi	thin the	requ	ired	timeframes	?			K			
Other required testing / maintenance was comple	-	-				s be	low.)				
Test / Maintenance:											
Test / Maintenance:											
Test / Maintenance:											
Test / Maintenance:											
Test / Maintenance:											
Test / Maintenance:										16.0	
XI.	FAC	CILL	TY E	MPLOYE	E TRAINING					Y	N
Have all individuals performing facility employee du	ties rece	ived	the r	equired faci	lity employee training within the	past	12 m	onthe	?	×	

I the facility has more components than this form accommodates, additional copies of this page may be attached.

PAGILITY EMPLOYEE TRAINING CERTIFI	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
L. FACILITY INFORMATIO		
Business Name (Same as Facility Name or DBA-Doing Business As)	CERS ID	32666
Business Site Address CR	/ _	ZIP Code 95/3 /
370 West Trimble Road	sian Jose	
II. DESIGNATED UNDERGROUND STORAGE TANK O		TON
Name of Designated UST Operator Providing the Training (Print as shown on the ICC Certification Comes Keltner		
930 AMES Ave, Milpitas Ca 9505	90	one # 992 & 86
ICC Certification # ICC Certification E /25/Z	Expiration Date	
III. FACILITY EMPLOYEE INFORMATI	DN	
Individuals assuming the duties of the facility employee before October 13, 201 facility employee duties. Individuals assuming the duties of the facility employee before performing facility employee duties. Check this box if a list of the individual(s) trained is appended to this form.	on and after October 1:	3, 2018 must be trained
□ all of the information in this section. Name of Individual(s) Trained	Initial Training Date	Date of Assuming Responsibility as a Facility Employee
Tames Coopes	6/4/19	
Enie Dugdale	10/4/19	
Trinae Pauley	10-4-19	
AUGEL GUERREZO	10-4-19	
Saul Montez	10-4-19	
IV. CERTIFICATION BY DESIGNATED UST OPERATOR C	ONDUCTING THIS TR	AINING
The facility employees listed above have completed the required training in acc Title 23, Division 3, Chapter 16, Section 2715(c) and all the information provided		Code of Regulations,
Training Designated UST Operator Signature	Date of T	ainifig
(MAX)	1	411

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, UST = Underground Storage Tank
UN-112 www.unidoes.org

Facilities Work Request

Work Request [DOC# 6152]

Current Status :

CLOSED

Submitted By:

Eric Dugdale

Requested For:

Eric Dugdale

Area:

B91 - Service Yard

Location:

diesel fuel line

Work Priority:

Environmental

Sub Category:

OTHER

Assigned To:

Eric Dugdale

Target Completion:

02/24/2020

Attachment:

Per Balch testing in May 2019. Exposed secondary piping is leaking. Need to

re-coat with new fiberglass.

Work To be performed :

Add Remarks

Remark:

Remark Date	Remark By	Remark	Status
28/02/2020 08:32:00	Eric Dugdale	June 18, 2019 Jeff and Devin installed a new layer of fiberglass to the exterior of the secondary pipe. June 25, 2019 Jeff pressure	ASSIGNED

Work record for containment repair

com

Phone #:

Email:

eric.dugdale@lumileds.com

Phone #:

		on the repaired section of the pipe. June 27, 2019 sent email to Balch Petroleum to schedule a retest of the pipe line to see if there are any more leaks or if the system holds pressure.	
24/02/2020 13:10:00	Eric Dugdale	repairs to the fiberglass by Jeff are complete, ready for Balch to retest the line to see if it is ready for the inspector,	ASSIGNED

MAME Lefter May 100 350 Abb Henry 100 350 MATERIAL USED OV W Drap T Hube EQUIPMENT ON SITE	MED: Additional comments on reverse	-	DESCRIPTION OF WORK PERFORM							
MATERIAL USED (1) OVW Drap T Hube GUIPMENT ON SITE	800 क्राप									
MATERIAL USED (1) OVW Drap T Hube GUIPMENT ON SITE		1			114	NAME				
MATERIAL USED (1) OPW Drap T Hube EQUIPMENT ON SITE	(212)	12	53	2 /0	- May	the				
QUIPMENT ON SITE	2:12	(2	33	10	emyer	Rob H				
QUIPMENT ON SITE										
QUIPMENT ON SITE	FRICE AMOUNT	Conc				LASTONAL MOTO				
NTED EQUIPMENT	HRS RATE AMOUN			tube		QUIPMENT ON SITE				
NTE D EQUIPMENT										
	HRS RATE AMOUN		15			VITE D EQUIPMENT				
PONCE AND A STATE OF THE STATE			IONY REPERT	1.						
SCONTRACTORS WORK PERFORMED			JUNK PERFORM	- 11						
	AMOUNT					BCONTRACTORS				



Secondary Containment & Overfill Containment Testing Report Form

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC	Date of 2/17/2016
Facility Address:	370 W. Trimble Road	
Facility Contact:	Clair LeHere	Phone: (925) 980-8453
Date Local Agency	Was Notified of Testing: 1/26/2016	
Name of Local Ager	icy Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	ctors & Builders, Inc.	
Technician Cond	ucting Test: Robert Henninge	or .	
Credentials:	X CSLB Licensed Contractor	SWRCB Licensed Tank Tester	
License Type:	A/B/C-10/HAZ	License Number: 396575	
Manufactu	rer	Manufacturer Training Component(s)	Date Training Expires
Ronan	Hydrostati	ic Precision Test Equipment	NA
		drostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs
Tank Annular	X		_ D_					C.	
Piping Sump	X					0		C	1 1
Fuel Oil Supply Line	X	Ū.	П			п.	n	-0-	- E
Fuel Oil Return Line	X	D	- ii			1	in:		1 1
		LÓ.	l li	D.				0	TEX.
	- 0		D				-0		(0)
		+D-	-0-1	0.0			m	-0	-ID
		13	B	-B			-0		100
		D	D	0			79	10-	17
	= =			LI I		i c	RI		ū
		- 121				T I		B	1
	10					04	-0		10
			n	101			.a.		
									1.10

Notes:	
Water is recycled.	

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:

Ratella

Date: 2/17/2016



4.	TANK	ANNIII	AR	TESTING	
7.	LALVIN	WITH THE	123.13	ILBILITY	

	er X Industry Star	ndard Profession	nal Engineer
□ Pressure	X Vacuum	■ Hydrostat	ic
Other (specify)		Equipment Resolution	1.
m tuni	T		
			Tank#
	■ Yes ■ No	Yes No	Yes No
Owens Corning			
Diesel			
30 Min			
11:00 am			
8" of VAC			
12:00 pm			
8" of VAC			
1 hr			
0			
	One hou	r, no loss	
X Pass	□ Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
X Yes DNo DNA	□Yes □No □NA	☐Yes ☐No ☐NA	□Yes □No NA
X Yes □No □NA	□Yes □No □NA	□Yes □No □NA	□Yes □No NA
on on repairs made prior	to testing, and recomme	nded follow-up for faile	d tests)
	☐ Other (Specify) ☐ Pressure ☐ Other (Specify) Tank # Diesel ☐ Yes X No 12K Fiberglass Owens Corning Diesel 30 Min 11:00 am 8" of VAC 12:00 pm 8" of VAC 1 hr 0 X Pass ☐ Fail X Yes ☐ No ☐ NA X Yes ☐ No ☐ NA	□ Other (Specify) □ Pressure	□ Other (Specify) □ Vacuum □ Hydrostat □ Other (Specify) Equipment Resolution Tank # Tank # □ Yes

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)}



5. SECONDARY PIPE TESTING

Test Method Used:	Cother (Specify) Equipment Resolution: Equipment Resolution:		□ Other (Spe	ecify)						
Run # FOS Run # FOR Run # Run # Run # Run #	Run # FOS Run # FOR Run # Run # Run # Run #	Test Method Used:			Vacuum		□ Hy	ydrostatic		
Piping Material: Fiberglass Fiberglass Fiberglass Piping Manufacturer: Ameron Ameron Piping Diameter: 3" 3" Length of Piping Run: ~100' ~100' Product Stored: Diesel Diesel Method and location of piping-run isolation: Wait time between applying pressure/vacuum/water and starting test: Test Bell 15 Min 15 Min Start Time: 10:30 am 11:30 am Initial Reading (R _I): 3 PSI 3 PSI Test End Time: 11:30 am 12:30 pm Final Reading (R _F): 3 PSI 3 PSI Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 Pass/Fail Threshold or Criteria: Test Result: X Pass Fail Pass Fail Pass Fail Pass I	Piping Material: Fiberglass Fiberglass Fiberglass Ameron Ameron Ameron 3" 3" Length of Piping Run: Anderon Product Stored: Method and location of opining-run isolation: Wait time between applying oressure/vacuum/water and starting test: Fest Start Time: 10:30 am 11:30 am 12:30 pm Final Reading (R _F): 11:30 am 12:30 pm Final Reading (R _F -R _I): Change in Reading (R _F -R _I): Change in Reading (R _F -R _I): Pass/Fail Threshold or Criteria: Fest Result: X Pass Fail X Pass Fail Pass	Γest Equipment Used:				Equipme	ent Resolut	tion:		
Piping Manufacturer:	Proping Manufacturer:		Run # FOS	Run # FOR	Ru	n #	Rui	n #	Ru	n #
Piping Manufacturer:	Proping Manufacturer:	Piping Material:	Fiberglass	Fiberglass						
Piping Diameter: 3" 3" 3"	Project Proj			Ameron						
Product Stored: Method and location of biping-run isolation: Wait time between applying bressure/vacuum/water and starting test: Fest Start Time: Fest Start Time: Final Reading (R _I): Final Reading (R _F): Final Reading (R _F): Final Reading (R _F -R _I): Fest Duration: Final Reading (R _F -R _I): Final Reading (R _I -R _I): Final Reading (R _I -R _I): Final Reading (R _I -R _I -R _I): Final Reading (R _I -R _I -R _I): Final Reading (R _I -R _I -	Diesel		3"	3"						
Method and location of biping-run isolation: Wait time between applying bressure/vacuum/water and starting test: Test Start Time: Initial Reading (R _I): Test End Time: Initial Reading (R _F): Initial Reading (R _F)	Method and location of biping-run isolation: Wait time between applying bressure/vacuum/water and starting test: Test Start Time: Initial Reading (Ri): Test Bell Test Pest Bell Test Pest Pest Pest Pest Pest Pest Pest P		~100'	~100'						
Diping-run isolation: Wait time between applying oressure/vacuum/water and starting test: Test Start Time: 10:30 am 11:30 am Initial Reading (R _i): Test End Time: 11:30 am 12:30 pm Final Reading (R _F): Test Duration: 1 hr 1 hr Change in Reading (R _F -R _i): Pass/Fail Threshold or Criteria: Test Result: X Pass Fail X Pass Fail Pass Fail Pass Fail Pass I	Diping-run isolation: Wait time between applying oressure/vacuum/water and starting test: Dest Start Time: Dest Start Time: Dest End Time: Dest End Time: Dest End Time: Dest Duration: Dest Duration: Dest Duration: Dest Pass/Fail Threshold or Criteria: Dest Result: Dest Result: Dest Bell Dest Bell Dest Bell Dest Bell Dest Bell Dest Bell Dest Bell Dest Bell Dest Be	Product Stored:	Diesel	Diesel						
15 Min	15 Min	piping-run isolation:	Test Bell	Test Bell						
Test Start Time:	Test Start Time: 10:30 am 11:30 am nitial Reading (R _I): 3 PSI 3 PSI Test End Time: 11:30 am 12:30 pm Final Reading (R _F): 3 PSI 3 PSI Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 Pass/Fail Threshold or Criteria: One hour, no loss Test Result: X Pass Fail X Pass Fail	pressure/vacuum/water and	15 Min	15 Min						
Test End Time:	Test End Time:		10:30 am	11:30 am						
Final Reading (R _F): 3 PSI 3 PSI Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 Pass/Fail Threshold or Criteria: One hour, no loss Test Result: X Pass Fail X Pass Fail Pass Fail Pass Fail Pass I	Final Reading (R _F): 3 PSI 3 PSI Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 Pass/Fail Threshold or Criteria: One hour, no loss Test Result: X Pass Fail X Pass Fail Pass Pass Fail Pass Fail Pass Pass Fail Pass	nitial Reading (R _I):	3 PSI	3 PSI						
Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 0 Pass/Fail Threshold or Criteria: Test Result: X Pass Fail X Pass Fail Pass Fail Pass Fail Pass I	Test Duration: 1 hr 1 hr Change in Reading (R _F -R _I): 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Γest End Time:	11:30 am	12:30 pm						
Change in Reading (R _F -R _I): Pass/Fail Threshold or Criteria: One hour, no loss Test Result: X Pass	Change in Reading (R _F -R _I): Pass/Fail Threshold or Criteria: Criteria: Crest Result: X Pass	Final Reading (R _F):	3 PSI	3 PSI						
Pass/Fail Threshold or Criteria: One hour, no loss Test Result: X Pass	Pass/Fail Threshold or Criteria: Crest Result: One hour, no loss Test Result: A Pass	Γest Duration:	1 hr	1 hr						
Criteria:	Criteria: Crest Result: X Pass	Change in Reading (R _F -R _I):	0	0						
				r, no loss						
Comments — (include information on repairs made prior to testing, and recommended follow-up for failed tests)	Comments — (include information on repairs made prior to testing, and recommended follow-up for failed tests)	Test Result:	X Pass Fail	X Pass Fail	☐ Pass	☐ Fail	□ Pass	☐ Fail	☐ Pass	□Fa
			mation on repairs mo	ade prior to testing, o	and recom	mended fo	llow-up for	failed tes	sts)	
			mation on repairs mo	ade prior to testing, o	and recom	mended fo	llow-up for	failed tes	sts)	
			mation on repairs mo	ade prior to testing, o	and recom	mended fo	llow-up for	failed tes	sts)	
			mation on repairs mo	ade prior to testing, a	and recomi	mended fo	llow-up for	failed tes	sts)	



6. PIPING SUMP TESTING

Test Method Used:	Other (Specify) Pressure	Vacuum	V Hudrost	Sec.		
	Other (Specify)		X Hydrostatic			
Test Equipment Used: Caldwell Sump			Equipment Resolution	: 0.0000"		
	Sump#1	Sump#	Sump#	Sump#		
Sump Diameter:	36°					
Sump Depth:	34"					
Sump Material:	Fiberglass					
Height from Tank Top to Top of Highest Piping Penetration:	9"					
Height from Tank Top to Lowest Electrical Penetration:	12"					
Condition of sump prior to testing:	Clean & Dry					
Portion of Sump Tested ¹	~14"					
Does turbine shut down when sump sensor detects liquid (both product and water)?*	□Yes □No XNA	□Yes □No ■NA	X Yes ■No ■NA	X Yes ■No □NA		
Turbine shutdown response time	NA					
Is system programmed for fail-safe shutdown?*	□Yes □No XNA	□Yes □No ■NA	X Yes No NA	X Yes ■No □NA		
Was fail-safe verified to be operational?*	□Yes □No XNA	□Yes □No □NA	X Yes No NA	X Yes ■No □NA		
Wait time between applying pressure/vacuum/water and starting test:	15 min					
Test Start Time:	11:00 am					
Initial Reading (R _I):	1 st Line					
Test End Time:	11:30 am					
Final Reading (R _F):	1 st Line					
Test Duration:	30 Minutes					
Change in Reading (R _F -R _I):	No Change					
Pass/Fail Threshold or Criteria:		PASS = I	No Change			
Test Result:	X Pass Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail		
Was sensor removed for testing?	X Yes □No □NA	□Yes □No □NA	□Yes □No □NA	□Yes □No NA		
Was sensor properly replaced and verified functional after testing?	X Yes □No □NA	□Yes □No □NA	□Yes □No □NA	□Yes □No □NA		
Comments — (include information	on repairs made prior t	to testing, and recomme	nded follow-up for failed	d tests)		
Caldwell sump tester used for hydrost	atic testing.					

 $^{^{1}}$ 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)

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)

Type of Action	■ Repair 1	Test ☐ Six M	onth Test	36 Month Test
	I. FACILITY	INFORMATION		
CERS ID			Date of Secondary Conta 11/7/	ainment Test 2019
Business Name (Same as Facility Name or DBA-D Lumileds	oing Business As)			
Business Site Address 370 Trimble Road		City San Jo	se	ZIP Code 95131
II. UNDERGROU	IND STORAGE TAN	K SERVICE TECHN	IICIAN INFORMATIO	ON
Name of UST Service Technician Performing the TEImer Mortera	est (Print as shown on the	ICC Certification)	Phone # (408) 942-8686
Contractor / Tank Tester License # 396575	ICC Certification # 52480	52-UT	ICC Certification Expiration 12/30	on Date /2019
	Y OF SECONDARY			
TANK ID: (By tank number, stored product, etc.)	A T1 Diesel	В	С	D
Tank Containment	A TT DICCCI	В	0	
Tightness Test Result	□Pass □Fall □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Product Piping Containment	LIFASS LIFAII LINA	LIPASS LIPAN LINA	LIFASS LIFAII LINA	LIFASS LIFAII LIVA
Tightness Test Result		□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Remote Fill Piping Containment				D. 45- D. 45-
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Vent Piping Containment				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Vapor Recovery Piping Containment				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Turbine / Product Piping Sump				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Fill Riser Sump				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
VENT / TRANSITION SUMP ID:	a	b	С	d
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID:	1	2	3	4
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID;	5	6	7	8
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID:	9	10	11	12
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
All items marked "Fail" or "NA" must be explain				To provide the state of
	Service and the service and th		DUCTING THIS TEST	
I hereby certify that the secondary contain 3, Chapter 16, Section 2637 and all the inf			rnia Gode of Regulatio	ons, Title 23, Division
UST Service Technician Signature	hat	_		

CERS = California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, NA = Not Applicable, UDC = Under-Dispenser Containment

UN-054

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6)

Manufacturer	V. T	ANK SECONDAR Identify Tank ID from				
iberglass Tan	k	AX	В		C	D
		A□B		С	D	
est Method Used:	☐ Manufacturer Guidelin					
	Industry Code or Engi	ineering Standard (Spe	cify): RP1200			
	☐ Engineered Method (S	Consiful:	100, 100, 100			
	Eligineered Wethod (S	Specify).				
Adda to the destination				Alex Carried		# of Attached Pages
Attach the testing	procedures and all do	cumentation requi	rea to determin	e the results		I I I I I I I I I I I I I I I I I I I
Tank Containment Te	esting Training and Certifica	tions (List applicable c	ertifications.)			Expiration Date
		VI.	COMMENTS			
Provide any additiona	al comments here.		17 - 1			
anufacturer O Smith - FO O Smith - FO		Identify Tank ID fro	m Section III for ea		C C	D D
Test Method Used:	☐ Manufacturer Guidelin					
		P. 141.25				
	Industry Code or Engi	ineering Standard (Spe	ecify): RP1200			
		Casaiful:				
	☐ Engineered Method (Specify).				
	☐ Engineered Method (S	зреспу).				
Attach the testing		No. 100 Lax A.E.	red to determin	e the results		# of Attached Pages
CALL THE STATE OF THE STATE	procedures and all do	ocumentation requi	3 G 10 D 10 C 1		2	
CALL THE STATE OF THE STATE		ocumentation requi	3 G 10 D 10 C 1		y I	# of Attached Pages Expiration Date
CALL THE STATE OF THE STATE	procedures and all do	ocumentation requi	3 G 10 D 10 C 1		y l	
CH. THE SHARE HELD	procedures and all do	ocumentation requi	3 G 10 D 10 C 1			
Product Piping Conta	procedures and all do	ocumentation requi	3 G 10 D 10 C 1			
Product Piping Conta	procedures and all do	ocumentation requi	3 G 10 D 10 C 1			
Product Piping Conta	procedures and all do	d Certifications (List ap	oplicable certificatio	ns.)		
Product Piping Conta	inment Testing Training and all do	d Certifications (List ap	comments	ns.)		
Product Piping Conta	procedures and all do	d Certifications (List ap	comments	ns.)		
Product Piping Contains Interstitial Communications Provide any additions Repair to FOS se Repair to FOS te	inment Testing Training and all do	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communications Provide any additions Repair to FOS se Repair to FOS te	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communications Provide any additions Repair to FOS se Repair to FOS te	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communic Provide any additional Repair to FOS served.	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communic Provide any additional Repair to FOS served	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communications Provide any additions Repair to FOS se Repair to FOS te	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		
Product Piping Contains Interstitial Communications Provide any additions Repair to FOS se Repair to FOS te	procedures and all do sinment Testing Training and sation Verification Method Unal comments here.	d Certifications (List applied) sed: VIII. ere done by Lumil Room, done by Ba	COMMENTS eds.	ns.)		

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6) IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer A В C D ВГ C D A Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) Expiration Date Interstitial Communication Verification Method Used: X. COMMENTS Provide any additional comments here. VENT PIPING CONTAINMENT TESTING INFORMATION XI. Identify Tank ID from Section III for each Manufacturer Manufacturer B C D Α B C A Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: COMMENTS XII. Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6) VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION XIII. Manufacturer Identify Tank ID from Section III for each Manufacturer A BI C D A В C D Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XIV. COMMENTS Provide any additional comments here. XV. TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer Fiberglass Sump AX В C D В C DI Test Method Used: ☐ Manufacturer Guidelines (Specify): ☑ Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** Caldwell Sump Tester 12/31/2019 XVI. COMMENTS Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6) FILL RISER SUMP TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer C D В A Α В C D Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Fill Riser Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** XVIII. COMMENTS Provide any additional comments here. XIX. VENT / TRANSITION SUMP TESTING INFORMATION Identify Vent / Transition Sump ID from Section III for each Manufacturer Manufacturer b C ď a ď b C Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent / Transition Sump Testing Training and Certifications (List applicable certifications.) Expiration Date COMMENTS XX. Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6) UNDER-DISPENSER CONTAINMENT TESTING INFORMATION Manufacturer(s) Identify UDC ID from Section III for each Manufacturer 1 2 3 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. UDC Testing Training and Certifications (List applicable certifications.) **Expiration Date** XXII. COMMENTS Provide any additional comments here.

If the facility has more components than this form accommodates, additional copies of these pages may be attached.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)

Type of Action	☐ Repair	Γest ☐ Six M	onth Test	36 Month Test
	I. FACILITY	Y INFORMATION		
CERS ID			Date of Secondary Cont 2/28/	ainment Test /2019
Business Name (Same as Facility Name or DBA-D Lumileds	oing Business As)			
Business Site Address 370 Trimble Road		City San Jo	se	ZIP Code 95131
II. UNDERGROU	IND STORAGE TAN	K SERVICE TECHN	IICIAN INFORMATIO	NC
Name of UST Service Technician Performing the TEImer Mortera	est (Print as shown on the	e ICC Certification)	Phone # (408	3) 942-8686
Contractor / Tank Tester License # 396575	ICC Certification # 52480	52-UT	ICC Certification Expirat	tion Date 0/2019
III. SUMMAR	Y OF SECONDARY	CONTAINMENT TO	STING RESULTS	
TANK ID: (By tank number, stored product, etc.)	A T1 Diesel	В	С	D
Tank Containment				
Tightness Test Result	□Pass ■Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Product Piping Containment				
Tightness Test Result	■Pass ■Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Remote Fill Piping Containment				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Vent Piping Containment				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Vapor Recovery Piping Containment				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Turbine / Product Piping Sump				
Tightness Test Result	■Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
Fill Riser Sump				
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
VENT / TRANSITION SUMP ID:	a	b	С	d
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID:	1	2	3	4
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID:	5	6	7	8
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
UDC ID:	9	10	11	12
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA
All items marked "Fail" or "NA" must be expla-	ined in their respective '	COMMENTS" section.		
IV. CERTIFICATION	BY UST SERVICE	TECHNICIAN CON	DUCTING THIS TES	TING
I hereby certify that the secondary contain 3, Chapter 16, Section 2637 and all the inf			rnia Code of Regulati	ons, Title 23, Division
UST Service Technician Signature	hot			

CERS = California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, NA = Not Applicable, UDC = Under-Dispenser Containment

UN-054 www.unidocs.org

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6) TANK SECONDARY CONTAINMENT INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer Fiberglass Tank C AX B D AB C D Test Method Used: Manufacturer Guidelines (Specify): Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Tank Containment Testing Training and Certifications (List applicable certifications.) Expiration Date VI. COMMENTS Provide any additional comments here. Tank annular vacuum test failed due to vacuum machine not able to pulli 10" vacuum, machine was only able to pull up to 6" vacuum. Will return at another date with different machine to retest annular space. VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer AO Smith - FOS AX B C D AO Smith - FOR BX C D Test Method Used: ☐ Manufacturer Guidelines (Specify): Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Product Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: VIII. COMMENTS Provide any additional comments here. Tested FOR secondary line at 5 psi with no loss in pressure for 1 hour. PASS FOS secondary line FAILED, unable to hold 5 psi for 1 hour.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6) IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer A В C DI C DI A В Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: X. COMMENTS Provide any additional comments here. XI. VENT PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer A B C D C A В D Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent Piping Containment Testing Training and Certifications (List applicable certifications.) Expiration Date Interstitial Communication Verification Method Used: XII. COMMENTS Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6) XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer A ВГ CI DI C A B DI Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.) Expiration Date Interstitial Communication Verification Method Used: XIV. COMMENTS Provide any additional comments here. XV. TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer Fiberglass Sump AX B C C BI D Test Method Used: ☐ Manufacturer Guidelines (Specify): ☑ Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** 12/31/2019 Caldwell Sump Tester XVI. COMMENTS Provide any additional comments here. Hydrostatic test to pipe sump 2 inches above product penetration for 30 mins with no loss. Pass.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6) FILL RISER SUMP TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer C A В D A В C D Test Method Used: Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Fill Riser Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** XVIII. COMMENTS Provide any additional comments here. XIX. **VENT / TRANSITION SUMP TESTING INFORMATION** Manufacturer Identify Vent / Transition Sump ID from Section III for each Manufacturer d a b C b d C Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent / Transition Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** XX. COMMENTS Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)

lanufacturer(s)		XX		DER-DI		D from Se								
				1		2		3		4	5		6	
				7		8	Ħ	9		10	11		1.1	
	-			1		2		3		4	5		6	-
				7		8		9		10	11		1	2
est Method Used:		lanufac	urer Guide	lines (Spe	cify):									
		ndustry	Code or En	gineering	Standard	(Specify):								
		ngineer	ed Method	(Specify):										
Attach the testin	g proc	edures	and all o	locumen	tation r	equired t	to deter	rmine t	he resu	ilts.		# of At	tached f	Pages
UDC Testing Training	ig and (Certificat	ions (List a	pplicable	certification	ons.)						E	xpiration	Date
												1		
	_													
Provide any addition	ial comi	nents h	ere.		Х	XII. C	ОММЕ	NTS						
Provide any addition	ial comi	nents h	are.		X	XII. C	OMME	NTS						

If the facility has more components than this form accommodates, additional copies of these pages may be attached.

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Sulte 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org



April 10, 2012

MITCH COLE
PHILIPS LUMILEDS LIGHTING
COMPANY
370 WEST TRIMBLE ROAD
SAN JOSE CA 95131

EPA I.D.: CAR000058081 Initial Authorization: 3/22/2000

Renewal Date: April 10, 2012

Dear Onsite Treatment Facility:

The County of Santa Clara Hazardous Materials Compliance Division (HMCD) has received and reviewed your facility's PBR Renewal Notification to ensure it is administratively complete. It has not been reviewed for technical adequacy. The technical review will be conducted during a facility inspection by this office. A copy of the Hazardous Waste Tiered Permit Audit Checklist-Permit By Rule can be found on website www.EHinfo.org.

The treatment unit (s) listed below is / are hereby authorized pursuant to Title 22 of the California Code of Regulations (CCR). Your authorization continues until you notify this office that you have stopped treating wastes and have fully closed the unit(s) pursuant to all applicable closure requirements of CCR Title 22 and your closure plan.

Ms. Violeta Mislang with the state Department of Toxic Substances Control (DTSC) can be contacted at (714) 484-5387 for questions concerning the Phase I Environmental Assessment/Corrective Action Program. If you have any questions regarding this letter please contact me at (408) 918-1985 or e-mail: ruben.williams@deh.sccgov.org.

Sincerely,

Ruben Williams, CHMM, REA Senior Hazardous Materials Specialist

Ruban Williams

Hazardous Materials Compliance Division

Units authorized to operate at this location:

UNDER PERMIT BY RULE: NS-1, MPU-1

UNIFIED PROGRAM CONSOLIDATED FORMER COUNTY FACILITY INFORMATION OF ENV. HEALTH

BUSINESS OWNER/OPERATOR IDENTIFICATION 2012 FEB 21 PM 2: 19

Indentification	101
March Marc	102
BUSINESS NAME (Same as FACILITY NAME or DIRA — Doing Business As)	-
Philips Lumileds Lighting Company LLC 104 5300	-
BUSINESS SITE ADDRESS 370 West Trimble Road CT	103
CA	
CA	
San Jose	105
DUN & BRADSTREET 106 SIC CODE (4 digit #) 3674	
12-499-8217 3674	107.
COUNTY	
BUSINESS OPERATOR NAME	108
BUSINESS OPERATOR NAME	
Philips Lumileds Lighting Company LLC	110
II. BUSINESS OWNER	
OWNER NAME OWNER PHONE Philips Lumileds Lighting Company LLC (408) 964-5300 OWNER MAILING ADDRESS 370 West Trimble Road III. ENVIRONMENTAL CONTACT CONTACT PHONE Mitch Cole 408-964-2562 CONTACT MAILING ADDRESS 370 West Trimble Road CITY 120. STATE 121. ZIP CODE San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123. NAME Mitch Cole Dan Janowski TITLE 124. TITLE Environmental Engineer Facilities Manager BUSINESS PHONE	
OWNER MAILING ADDRESS 370 West Trimble Road CITY	112
OWNER MAILING ADDRESS 370 West Trimble Road 114 STATE 115 ZIP CODE San Jose CA 95131 HII. ENVIRONMENTAL CONTACT CONTACT NAME 117 CONTACT PHONE Mitch Cole 408-964-2562 CONTACT MAILING ADDRESS 370 West Trimble Road CITY 120 STATE 121 ZIP CODE San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123 NAME Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
CITY 114. STATE CA 2IP CODE San Jose CA 95131 III. ENVIRONMENTAL CONTACT CONTACT NAME Mitch Cole 117 CONTACT PHONE 408-964-2562 CONTACT MAILING ADDRESS 370 West Trimble Road STATE 121 ZIP CODE CITY San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY-NAME Mitch Cole Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	113
CITY 114. STATE CA 2IP CODE San Jose CA 95131 III. ENVIRONMENTAL CONTACT CONTACT NAME Mitch Cole 117 CONTACT PHONE 408-964-2562 CONTACT MAILING ADDRESS 370 West Trimble Road STATE 121 ZIP CODE CITY San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY-NAME Mitch Cole Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
III. ENVIRONMENTAL CONTACT	116
CONTACT PHONE Mitch Cole 408-964-2562	
Mitch Cole 408-964-2562 CONTACT MAILING ADDRESS 370 West Trimble Road CITY 120 STATE 121 ZIP CODE San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME Dan Janowski Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
CONTACT MAILING ADDRESS 370 West Trimble Road 120 STATE 121 ZIP CODE San Jose CA 95131 -PRIMARY-	118
370 West Trimble Road 120 STATE 121 ZIP CODE	
CITY 120. STATE 121. ZIP CODE San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME Mitch Cole Dan Janowski TITLE 124. TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125. BUSINESS PHONE	119
San Jose CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123 NAME Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
-PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123 NAME Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	122
NAME Mitch Cole Dan Janowski TITLE TITLE Environmental Engineer BUSINESS PHONE 123 NAME Dan Janowski TITLE Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
Mitch Cole Dan Janowski TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	128
TITLE 124 TITLE Environmental Engineer Facilities Manager BUSINESS PHONE 125 BUSINESS PHONE	
BUSINESS PHONE 125 BUSINESS PHONE	129.
BUSINESS PHONE 125 BUSINESS PHONE	
408-964-2562	130
24-HOUR PHONE* 126 24-HOUR PHONE*	131
408-964-5300	
PAGER# 127 PAGER#	132
408-592-3222 n/a	
ADDITIONAL LOCALLY COLLECTED INFORMATION:	133
Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300	
Billing Address: 370 West Trimble Road, San Jose, California 95131	
Billing Address. 570 West Timose Road, oan Fose, Camorina 50101	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally example to the control of the con	ined and
am familiar with the information submitted and befleve the information is true, accurate, and complete.	ned and
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134 NAME OF DOCUMENT PREPARER	135.
NAME OF SIGNER (POINT) 136 TITLE OF SIGNER	137
Jan Bouten Chief Financial Officer	
* See Instructions on next page.	

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

		Page 1 of
I. FACILITY IDENT		
FACILITY ID#		D # (Hazardous Waste Only) 2 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) Philips Lumileds Lighting Company		3.
II. ACTIVITIES DE	CLARATION	
NOTE: If you check YES to		
please submit the Business Owner/Operator		
Does your facility	If Yes, please co	omplete these pages of the UPCF
A. HAZARDOUS MATERIALS		
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 □ NO 4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A)
Own or operate underground storage tanks?	☑ YES ☐ NO 5	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☑ NO 6	UST FACILITY
3. Need to report closing a UST?	☐ YES ☑ NO 7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	·	
Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, or	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAS
the total capacity for the facility is greater than 1,320 gallons?		
D. HAZARDOUS WASTE		EDA ID MUNICIPALITATION CALL
1. Generate hazardous waste?	☑ YES ☐ NO 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one
3. Treat hazardous waste on site?	⊠ YES □ NO II	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☑YES □ NO 12	Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?		REMOTE WASTE / CONSOLIDATION
ocidentalio illustratio il salo si successioni di constanti di constan	YES NO 13.	SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. 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 CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	formation by your CUPA or local	agency.)

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

		Page c	of
	I. FACILITY	TY IDENTIFICATION	
BUSINESS NAME (Same as FACILITY NAME of Philips Lumileds Lighting, Compa		FACILITY ID#	1
	II.	II. STATUS	
NOTIFICATION STATUS □ a. Amended □ b. Initial □ c. Renewal (PBR Only)	PERMIT STATUS (Check all that a. Facility Permit b. Interim Status c. Standardized Permit	hat apply) d. Variance e. Consent Agreement	601
	III. NUMBER O	OF UNITS AT FACILITY	
A Conditionally Exempt - Some Conditionally Exempt Specification - I certify regulations for the indicated permitting ties attachments were prepared under my directinformation is, to the best of my knowledge. I am aware that there are substantial perfaltitions.	enumber of units you operate in each tie mall Quantity Treatment (CESQT) (ceified Wastestream (CESW) (CA) mited (CEL) mmercial Laundry (CE-CL) (No unal the number of unit notification p IV. CERTIFICA a program in place to reduce the elected the practicable method of tonment. that the unit or units described in r, including generator and secondation or supervision in accordance we unity of the person or persons where and belief, true, accurate, and comes for submitting false information.	tier. Attach one unit notification page for each unit except CE-CL) (May not function under any other tier.) unit page is required for laundries.) a pages attached plus the number of CE-CL units.) ATION AND SIGNATURE the volume, quantity and toxicity of waste generated to the degree I have determined for treatment, storage, or disposal currently available to me which minimizes the present in these documents meet the eligibility and operating requirements of state statute dary containment requirements. I certify under penalty of law that this document as with a system designed to assure that qualified personnel properly gather and evaluation manage the system, or those directly responsible for gathering the information implete. The page of the possibility of fines and imprisonment for knowing violations.	es and and all ate the on, the
SIGNATURE OF OWNER/OPERATOR		10 Feb 2012	603
NAME/OF OWNER/OPERATOR	604	TITLE OF OWNER/OPERATOR	605
Jan Bouten		Chief Financial Officer	
REQUEST FOR SHORTENED REVIEW State Reason for Request: ALL tiers except CE-CL (Laundries) must	V. ATTACHMI	☐ Yes ☒ No MENTS (Check if attached) PBR ONLY	
□ 1. One unit specific notification page a □ 2. Plot Plan (or other grid/map) PBR & CA ONLY: □ 1. Closure Financial Assurance (forme □ Self Certified (< \$10,000) □ □ 2. Prior Enforcement History, if applie	nd one treatment process page per of rly DTSC form 1232) Other mechanism		

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification ☒	c. Annual Certification Page 1 of 4										
I. FACILITY IDENTIFICATION (Put an asterisk in the left margin next to the amended information)											
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business Av)	in next to the amended information)										
Philips Lumileds Lighting Company											
FACILITY ID#	FACILITY EPA ID# CAR 000 058 081										
TYPE OF OPERATION ⊠ a. PBR-FTU ☐ b. CA ☐ c. Other:											
II. ESTIMATED	CLOSURE COSTS										
NOTE: In addition to the dollar figure below, a written estimate of closure costs in	702										
ESTIMATED CLOSURE	COSTS: \$ 173,963 IAL ASSURANCE REQUIREMENTS										
III. EXEMPTION FROM FINANC	IAL ASSURANCE REQUIREMENTS										
I am not required to provide a mechanism because: a. I certify that my closure cost estimate is less than or equal to \$10,000, or	703										
	7(1).										
b. Specify other reasons:											
☐ c. As a PBR owner or operator, I have not operated more than thirty days in	a calendar year. (Does not apply to Conditional Authorization) 705.										
IV. CLOSURE FINANCIA	ASSURANCE MECHANISM										
☑ I am required to provide a mechanism and it is attached to this page. EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27. 1. 03/27.	MECHANISM ID NUMBER(S):										
MECHANISM TYPE a. Closure Trust Fund d. Closure In	isurance g. Multiple Financial Mechanisms										
(Check one item only)	test and Corporate Guarantee h. Certificate of Deposit										
□ c. Closure Letter of Credit □ f. Alternation □ f. Altern											
FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER	DRGANIZATION 710.										
Bank of America	711										
ADDRESS One Fleet Way	an and a second a second and a second a second and a second a second and a second a second a second a second and a second and a second a second a second a second a second a second a secon										
CITY Scranton 712	STATE PA 713. ZIP CODE 18507-1999 714.										
V. OWNER OR OPER	ATOR CERTIFICATION										
SIGNER OF THIS CERTIFICATION											
that qualified personnel properly gather and evaluate the information submitted	ed under my direction or supervision in accordance with a system designed to assure. Based on my inquiry of the person or persons who manage the system, or those of my knowledge and belief, true, accurate and complete. I am aware that there are lines and imprisonment for knowing violations. (22 CCR Section 66270.11)										
SIGNATURE OF OWNER/OPERATOR	DATE 7- Sel-2017										
NAME OF OWNER/OPERATOR (Print)	TITLE OF OWNER/OPERATOR										
Mr. Jan Bouten Chief Financial Officer											

Instructions for Completing the Certification Of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (Formerly DTSC Form 1232)

This form must be completed by the owner or operator of a Fixed Treatment Unit (FTU) operating under Permit by Rule (PBR), or a hazardous waste generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, this certification and your financial assurance mechanism may be submitted without another Notification. Refer to 22 CCR §67450.13 for financial assurance requirements.

PBR and CA operations must provide evidence of financial assurance to cover closure costs. However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000. You must complete this form even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See H&SC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

- FACILITY ID NUMBER This number is for agency use only. Leave this space blank.
- 2. EPA ID NUMBER - Enter the EPA ID Number for the facility.
- BUSINESS NAME Enter the complete Facility Name.
- CERTIFICATION STATUS Check the appropriate box to identify the type of certification. 700
- TYPE OF OPERATION Check the type of operation. If type of operation is not listed, check "Other" and indicate type in the space provided.
- 702. ESTIMATED CLOSURE COSTS Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. The following is a model closure cost estimate (NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for this exemption, enter "EXEMPT" on the form in place of a dollar amount):

ACTIVITY Removal, treatment (on-site or off-site), or disposal of waste inventories Removal and disposal of soil Decontamination of equipment and structure Demolition and removal of containment system components or structure Transportation Sampling and analysis of waste, soil, equipment, and structure £. Certification or other demonstration of closure ("clean" closure or specified level of decontamination) Other expenses (specify) Less Assets (salvage value of waste, equipment or property) TOTAL COST OF CLOSURE

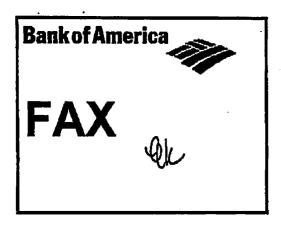
- 703. EXEMPTION FROM FINANCIAL ASSURANCE Check this box to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.
- EXEMPTION FROM FINANCIAL ASSURANCE OTHER Check to claim "Other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
- EXEMPTION FROM FINANCIAL ASSURANCE <30 DAYS PER YEAR Check to claim the exemption from financial assurance requirements if owner or 705. operator under PBR only and operating no more than thirty days in any calendar year.
- REQUIREMENT FOR FINANCIAL ASSURANCE Check to indicate that the financial assurance mechanism is attached. 706.
- DATE OF CLOSURE ASSURANCE MECHANISM Enter the effective date of the financial assurance mechanism.
- MECHANISM ID NUMBER If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number). 708.
- CLOSURE ASSURANCE MECHANISM Check to indicate the type of financial mechanism used to provide the closure cost assurance. Eligible types are:
 - a. A closure trust fund, as provided in 22 CCR §66265.143(a) [NOTE: You must also complete DTSC Form 1154];
 - b. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR \$66265.143(b) [NOTE: You must also complete either DTSC Form 1155 or 1156 with DTSC Form 1154];
 - A closure letter of credit, as described in 22 CCR §66265.143(c) [NOTE: Also complete DTSC Form 1157];
 - Closure insurance, as described in 22 CCR §66265.143(d) [NOTE: Also complete DTSC Form 1158];
 - e. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e) [NOTE: Also complete either DTSC Form 1159 or 1173];
 - An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c);
 - Use of multiple financial mechanisms for closure costs, as described in 22 CCR §66265.143(g);
 - A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code;
 - A savings account, as described in section 4-104(a) of the Uniform Commercial Code.

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from your Certified Unified Program Agency (CUPA) or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

- FINANCIAL INSTITUTION OR SURETY NAME -
- For items 710-714, enter the name and address of the financial institution, insurance company,
- FINANCIAL INSTITUTION OR SURETY ADDRESS surety company, or other appropriate organization used to establish the closure financial FINANCIAL INSTITUTION OR SURETY CITY assurance. Indicate your company if you are using a corporate guarantee and financial test.
- 712.
- FINANCIAL INSTITUTION OR SURETY STATE 714 FINANCIAL INSTITUTION OR SURETY ZIP CODE -
- SIGNER OF CERTIFICATION Check the appropriate box to indicate whether the person certifying is the owner or the operator of the facility.

SIGNATURE - The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. Certification must be completed as specified in Title 22, CCR, section 66270.11. The title should indicate that an appropriate authorized person is signing for the company. In most companies, this is not the environmental compliance or technical staff. Original signatures are required on all documents submitted.

- DATE CERTIFIED Enter the date that the document was signed
- 717. OWNER/ OPERATOR NAME Enter the full printed name of the person signing the page.
- 718. OWNER/ OPERATOR TITLE Enter the title of the person signing the page.



Number of pages not including cover 2

TO: WIWLL LMSSIEL

ATTN:
CC:

Phone
Fax Phone 978-856-3596

FROM: STANDBY
CUSTOMER
SERVICE
SCRANTON

Malistop PA6-580-02-30
Phone 800.370.7519 OPTION 1
Fax Phone 800.755.8743

REMARKS:	Urgent	\boxtimes	For your review	Reply ASAP	Please Comment
					•
		•			
	•				

The information contained in this FAX message is intended only for the confidential use of the designated recipient named above. This message may contain contractual and proprietary information and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you received this fax in an area accessible to unauthorized individuals, please notify us immediately by telephone with an alternate fax location. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.



BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: MARCH 30, 2009

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68026017

APPLICANT REFERENCE NUMBER: PNAS8

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

BENEFICIARY
COUNTY OF SANTA CLARA DEPARTMENT OF
ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS COMPLIANCE
DIVISION

APPLICANT
PHILIPS LUMILEDS LIGHTING COMPANY
LLC
370 WEST TRIMBLE RD
SAN JOSE, CA 95131

1555 BERGER DRIVE, SUITE 300 SAN JOSE, CA 95112-2716

AMOUNT

NOT EXCEEDING USD 175,000.00

NOT EXCEEDING ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION

APRIL 1, 2010 AT OUR COUNTERS

DEAR SIR OR MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68026017 IN YOUR FAVOR AT THE REQUEST AND FOR THE ACCOUNT OF PHILIPS LUMILEDS LIGHTING COMPANY LLC, FOR THE PHILIPS LUMILEDS LIGHTING COMPANY FACILITY LOCATED AT 370 WEST TRIMBLE ROAD, SAN JOSE, CA 95131, UP TO THE AGGREGATE AMOUNT OF ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100 U.S. DOLLARS (\$175,000.00) AVAILABLE UPON PRESENTATION OF:

- 1. YOUR SIGHT DRAFT BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 68026017, AND
- 2. YOUR SIGNED STATEMENT READING AS FOLLOWS:
 "I CERTIFY THAT THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO
 REGULATIONS ISSUED UNDER AUTHORITY OF THE CALIFORNIA HAZARDOUS
 WASTE CONTROL LAW."

WE ARE INFORMED THAT AN OWNER OR OPERATOR WHO USES A LETTER OF CREDIT TO SATISFY THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8, AND CHAPTER 45, ARTICLE 1, SHALL ALSO ESTABLISH A STANDBY TRUST



BANK OF AMERICA - CONFIDENTIAL

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68026017

AGREEMENT.

EACH DRAFT SHALL BE MARKED: "DRAWN UNDER BANK OF AMERICA, N.A. STANDBY LETTER OF CREDIT NO. 68026017 DATED MARCH 27, 2009".

EACH DRAFT SHALL ALSO BE ACCOMPANIED BY THE ORIGINAL OF THIS LETTER OF CREDIT UPON WHICH WE MAY ENDORSE OUR PAYMENT.

THIS LETTER OF CREDIT IS EFFECTIVE AS OF APRIL 1, 2009 AND SHALL EXPIRE ON APRIL 1, 2010, BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF ONE YEAR ON APRIL 1, 2010 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE, WE NOTIFY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY BY CERTIFIED MAIL THAT WE HAVE DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY, AS SHOWN ON THE SIGNED RETURN RECEIPTS.

WHENEVER THIS LETTER OF CREDIT IS DRAWN ON UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US, AND WE SHALL DEPOSIT THE AMOUNT OF THE DRAFT DIRECTLY INTO THE STANDBY TRUST FUND OF PHILIPS LUMILEDS LIGHTING COMPANY IN ACCORDANCE WITH YOUR INSTRUCTIONS.

WE CERTIFY THAT THE WORDING OF THIS LETTER OF CREDIT IS IDENTICAL TO THE WORDING SPECIFIED IN CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 66264.151, SUBSECTION (D) AND IS BEING EXECUTED IN ACCORDANCE WITH THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8 AND SECTION 67450.13 ON THE DATE SHOWN BELOW.

THIS CREDIT IS SUBJECT TO THE MOST RECENT EDITION OF THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS, PUBLISHED AND COPYRIGHTED BY THE INTERNATIONAL CHAMBER OF COMMERCE PARIS, FRANCE, PUBLICATION 600 (2007 REVISION).

BANK OF AMERICA, N.A.

AUTHORIZAD SIGNATURE

JOHN YZĚÍK, AVP MARCH 30, 2009

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

T TDDDVIII	TO A MICAN				Page of						
FACILITY ID#	FICATION		2.0.00	1	101						
(Agency Use Only)	1 BEGINNING DATE 100 ENDING DATE										
	0	1/01/201		12/31/2012							
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)				SS PHONE	102.						
Philips Lumileds Lighting Company LLC			(408) 9	54-5300							
BUSINESS SITE ADDRESS					103						
370 West Trimble Road											
CITY	104.	CA	ZIP CODE		105						
San Jose			95131								
DUN & BRADSTREET											
12-499-8217			3674								
COUNTY					108						
Santa Clara											
BUSINESS OPERATOR NAME		109	BUSINESS OPE	RATOR PHONE	110						
Philips Lumileds Lighting Company LLC			(408) 964-53	00							
II. BUSINE	SS OWNER										
OWNER NAME		111.	OWNER PHON	E	112.						
Philips Lumileds Lighting Company LLC			(408) 964-530	00							
OWNER MAILING ADDRESS					113						
370 West Trimble Road											
CITY	114.	STATE	115:	ZIP CODE	116						
San Jose	Ì	CA		95131							
III. ENVIRONME	NTAL CO	NTACT									
CONTACT NAME 117 CONTACT PHONE											
Mitch Cole											
CONTACT MAILING ADDRESS					119						
370 West Trimble Road											
CITY	120	STATE	121	ZIP CODE	122						
San Jose		CA		95131							
-PRIMARY- IV. EMERGEN	CY CONTA	CTS		-SECONDARY							
	NAME				128						
INAME	Dan Janow	ale:									
Mitch Cole TITLE 124	TITLE	287	·		129						
HILE	Facilities N	Anna an									
Environmental Engineer BUSINESS PHONE 125	BUSINESS P				130						
BOSINESS FRONE	408-964-2										
408-964-2562	24-HOUR PH	-			131						
24-110K 1 110K	408-964-5										
408-964-5300 PACER # 127.	PAGER #	300			132						
TAGER#											
408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION:	n/a		· · · · · · · · · · · · · · · · ·								
1			Dhana Na	100 064 6200	133						
Property Owner: Philips Lumileds Lighting Company LLC			Phone No.:	108-964-5300							
Billing Address: 370 West Trimble Road, San Jose, California 9	5131										
Certification: Based on my inquiry of those individuals responsible for obtaining	the information	, I certify t	inder penalty of lav	v that I have persona	lly examined and						
am familiar with the information submitted and befleve the information is true, accu	rate, and compl	ete.		•	•						
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCU	JMENT PREPARER	135						
	10 Sel	2012	Mitch Cole								
NAME OF SIGNER (AMIT) 136	TITLE OF S		,		137						
Jan Bouten	Chief Fin	nancial (Officer								
* See Instructions on next page.											

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

																	Page 1 of
I. FACILITY IDENTIFICATION																	
FACILIT	YID#		T												1.		D # (Hazardous Waste Only) 2 000 085 081
BUSINES	SS NAME (Some	e as Fa	cilin	Name	or D	BA - 1	Doing	Rus	iness A			1_1	L			CAR	3
,																	
Philips	Philips Lumileds Lighting Company																
	II. ACTIVITIES DECLARATION NOTE: If you check VES to any part of this list																
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).																	
	Does your facility If Yes, please complete these pages of the UPCF																
A. HAZARDOUS MATERIALS																	
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 HAZARDOUS MATERIALS INVENTOR										HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)							
B. UND	ERGROUND	STOR	RAG	E TA	NKS	(UST	<u>`s)</u>										UST FACILITY (Formerly SWRCB Form A)
	wn or operate		-		-								X YE	s [) NO	5	UST TANK (one page per tank) (Formerly Form B)
2. In	ntend to upgrad	le exis	ting	or in:	stall 1	ew L	JSTs	?] YE	S⊠	NO	6.	UST FACILITY
3. N	leed to report c	losing	; a U	ST?									⊒ YE	s ⊠] NO	7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
C. ABO	VE GROUND	PETF	ROL,	EUM	STO	RAG	E T/	NK	S (AS	rs)							
	wn or operate											1.					NO FORM REQUIRED TO CUPAS
	-any tank capa	_	_			_			220	.1	n		_ YE	s i⊻	NO	8.	NO FORM REQUIRED TO COPAS
	-the total capac		r the	tacil	ity is	great	er in	an ı	,320 ga	Hons	<u>: </u>						
	ienerate hazard		aste'	9									-		1 20	_	EPA ID NUMBER - provide at the top of this
												1 '	ZI YE	s ∟] NO	9	page
	ecycle more the naterials (per H					exclu	ıded	ог е	exempte	ed rec	ycla		□ YE	s 152	NO	10	RECYCLABLE MATERIALS REPORT (one
	reat hazardous				,.												ONSITE HAZARDOUS WASTE
	•												⊠ YE	s \square] NO	11.	TREATMENT - FACILITY (Formerly DTSC Forms 1772)
												Ì					ONSITE HAZARDOUS WASTE
																	TREATMENT UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)
	reatment subje						requ	rem	ents (f	or Pe	rmit	by .	XI VE	י ר	ON [12	CERTIFICATION OF FINANCIAL
	ule and Condit													_		,_	ASSURANCE (Formerly DTSC Form 1232)
5. C	Consolidate haz	ardou	s wa	ste ge	nerai	ed at	a rer	note	site?			1.	□ YE	s 🗵	ON [13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly)
	leed to report azardous waste					of a	tank	tha	at was	class	ificd	as	□ YE	s ⊠	NO [14	DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOC	AL REQUIRE	MEN'	TS		(You	may al	so be	requi	red to pro	vide a	dditio	nal info	mation	by you	ır CUPA	or local	agency.)
<u></u>																	

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

												Page	of
I. FACILITY IDENTIFICATION													
BUSINESS NAME (Same as FACILITY NAME (•	ITY ID#				H	T		Τ			1.	
Philips Lumileds Lighting, Compa								_L_	Т.				
			ATUS										
NOTIFICATION STATUS 600	PERMIT STATUS (Check all I	ihat appl	y)										601
a. Amended	a. Facility Permit		☐ d. Variance ☐ e. Consent Agreement										
□ b. Initial □ c. Renewal (PBR Only)	☐ b. Interim Status ☐ c. Standardized Permit			e.	Cons	sent Ag	greemen	ι					
	OF U	NITS AT FA	CILIT	ГҮ									
· (Indicate th	e number of units you operate in each	tier. Atta	ich one unit notific	ation page	e for e	ach uni	t except (CE-C	L)				
A Conditionally Exempt - Se	mall Quantity Treatment (CESQT) (May	not function und	ler any of	ther t	ieг.)							602
B Conditionally Exempt Spe	ecified Wastestream (CESW)												
C Conditionally Authorized	(CA)												
D. 2 Permit by Rule (PBR)													
E Conditionally Exempt – L	imited (CEL)												
F Conditionally Exempt Co	mmercial Laundry (CE-CL) (No	unit pag	ge is required for	r laundrie	: s.)								
G. 2 TOTAL UNITS (Must equ	ual the number of unit notification	pages a	ittached plus the	number	of C	E-CL u	ınits.)						
	IV. CERTIFIC.	ATIO	N AND SIG	NATU	RE								
Waste Minimization - I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Tiered Permitting Certification - I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial perfalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.										statutes and ment and all evaluate the			
SIGNATURE OF OWNER/OPERATOR	and the same of th	DATI	10 Feb		, -	>							603
NAME OF WHER OPERATOR	604.	TITL	E OF OWNER										605
Jan Bouten	***		f Financial O										
REQUEST FOR SHORTENED REVIEW	PERIOD (CE and CA only)	Y											
State Reason for Request:													
V. ATTACHMENTS (Check if attached)													
ALL tiers except CE-CL (Laundries) must submit: 1. One unit specific notification page and one treatment process page per unit 1. Tank and container certifications, if required													
1. One unit specific notification page a	ind one treatment process page pe	runst						-	ired				
☐ 2. Plot Plan (or other grid/map) ☐ 2. Notification of local agency or agencies ☐ 3. Notification of property owner, if different from business owner											-		
PBR & CA ONLY:			5. HOULICE	won or b	·oper	.y uwi	, 11 UI	riciti	111 IIT	JIII OL	43111 62 5	s UWTIE	•
☐ Self Certified (< \$10,000)													
2. Prior Enforcement History, if applic													
													

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

□ a. Initial Certification □ b. Amended Certification □ c. Annual Certification Page 1	of 4				
I. FACILITY IDENTIFICATION					
(Put an asterisk in the left margin next to the amended information) BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3.				
Philips Lumileds Lighting Company FACILITY ID# FACILITY EPA ID# GARDON COMPANY FACILITY EPA ID# G	2.				
CAR 000 058 081					
TYPE OF OPERATION 🛛 a. PBR-FTU 🔲 b. CA 🔲 c. Other:	701.				
II. ESTIMATED CLOSURE COSTS					
NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.	702.				
ESTIMATED CLOSURE COSTS: \$ 173,963					
III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS					
I am not required to provide a mechanism because:					
a. I certify that my closure cost estimate is less than or equal to \$10,000, or	703.				
a. I certify that my closure cost estimate is less than or equal to \$10,000, or					
	704.				
b. Specify other reasons:					
	705.				
c. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization)					
IV. CLOSURE FINANCIAL ASSURANCE MECHANISM	708.				
I am required to provide a mechanism and it is attached to this page. MECHANISM ID NUMBER(S):	Jun.				
EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: <u>03/27/09 – 4/1/13</u> 68026017	709				
MECHANISM TYPE a. Closure Trust Fund d. Closure Insurance g. Multiple Financial Mechanisms	7179.				
(Check one item only)					
☑ c. Closure Letter of Credit ☐ f. Alternative Mechanism ☐ i. Savings Account	710.				
FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION	7.346.				
Bank of America	711.				
ADDRESS One Fleet Way	,,,,				
CITY Scranton 712. STATE PA 713. ZIP CODE 18507-1999	714.				
V. OWNER OR OPERATOR CERTIFICATION					
215					
SIGNER OF THIS CERTIFICATION (a) Owner (b) Degrator I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure					
that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are					
significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)	716.				
SIGNATURE OF OWNER/OPERATOR DATE 1- Lel -201?	710.				
The state of the s					
717	718.				
NAME OF OWNER/OPERATOR (Print) TITLE OF OWNER/OPERATOR					
Mr. Jan Bouten Chief Financial Officer					

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: San Jose Fire Vent.
Agency Mailing Address: 170 West San Carlos St.
5an Jose, CA 95113
Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:
Facility Name: Philip Lumikeds Lighting Company Facility Street Address: 370 West Trimble Rd City: San Jose
Date of Current HMBP: 3/1/2010

I certify that: (Check the appropriate box.)
I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less. Or Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.
OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.
Name of Owner/Operator (Print): DAN JANOWSK Title: FACILITIES MGR
Phone: 408-964-3665 Signature:
By checking the upper box on this form, you are certifying that
The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms: and

There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

Hazardous Materials Inventory; and

The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the

• The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and

www.unidocs.org

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org



January 14, 2016

MITCH COLE LUMILEDS LLC

CERS ID: 10132666 SITE ADDRESS:

370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131

370 W TRIMBLE RD BLDG 90 SAN JOSE, 95131

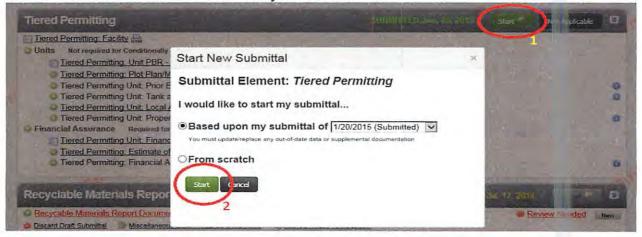
RE: ONSITE HAZARDOUS WASTE TREATMENT PROGRAM - 2016 PBR ANNUAL RENEWAL

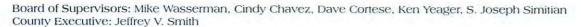
Dear Tiered Permit Facility:

This letter is provided by the County of Santa Clara Department of Environmental Health (DEH) to remind and assist you in the annual renewal of information required of facilities treating waste onsite under Permit by Rule (PBR).

By January 1, 2013 all PBR facilities were required to file their Tiered Permitting annual renewal notification electronically in the California Environmental Reporting System (CERS). Thank you for electronically submitting your information. In order to update/re-submit your previously provided information, please review the steps below and ensure that you have completed them **before March 1, 2016**.

Log into CERS. After selecting your facility, press "Start" on the Tiered Permitting bar and choose to start a new submittal based on your last submittal.



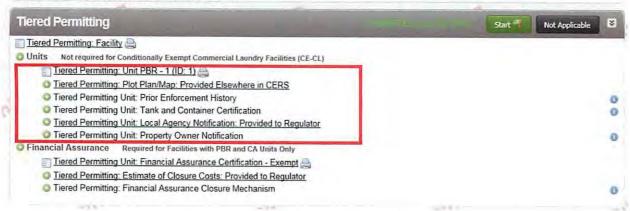


Make (edit) and save adjustments to your estimated closure costs at the "FINANCIAL ASSURANCE CERTIFICATION" link. The inflation factor that should be applied to your 2016 estimate is 1.001.



After updating your closure cost estimate, we recommend that you evaluate the financial mechanism and verify that it is adequate to cover the current closure cost estimate. Facilities that have filed using the Financial Test and Corporate Guarantee mechanism must submit updated information to this Department within ninety days of the close of your firm's fiscal year in order to maintain eligibility. All <u>original</u> financial or bank documents must be submitted to the Department.

After adjusting and saving the estimated closure cost changes, please review all of your other Tiered Permitting Facility information to make sure it reflects any changes required in response to a 2015 inspection, if one occurred.



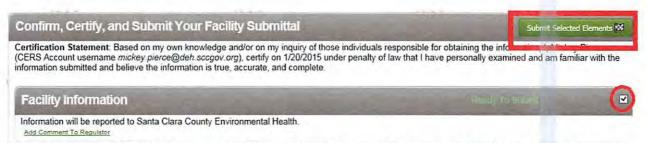
In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- A copy of your tank and container integrity assessment should be scanned and attached to the submittal. DEH will no longer accept submittals noting "stored at facility"
- Your updated closure cost on the financial assurance certification MUST match the cost shown in your "estimate of closure costs"
- Your closure cost estimate should include the costs for hiring a PE to sign off on your closure, as well as the County closure permit cost of \$2,598.

Once you feel that all of your information and any changes have been reviewed and saved, review and update any facility and HMBP information. If no changes were made to facility information or the HMBP you may update this info using the "Create all HMBP Submittal Elements" button.



Submit all of the information using the "Submit Selected Elements" button. Any information with a check mark next to it will be submitted.



Once you have submitted a complete Tiered Permit annual renewal in CERS and supplied any required supporting original documentation, you will have complied with the 2016 annual notification requirements as required by California Code of Regulations, Title 22, Section 67450.3(c). Failing to do so will result in your business being cited for a violation of the Hazardous Waste Control Law. DEH will review all CERS submittals, and if the data submitted is found to be complete, will accept the submittal. The acceptance from CERS will contain your annual authorization to operate for 2016.

If you have any questions regarding your PBR renewal, please contact me at (408) 918-1982 or mickey.pierce@deh.sccgov.org.

Sincerely,

Mickey J Pierce

Senior Hazardous Materials Specialist Hazardous Materials Compliance Division

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org



January 30, 2017

Mitch Cole LUMILEDS LLC 370 West Triimble Road San Jose, CA, 95131 CERS ID: 10132666 Site Address: 370 W TRIMBLE RD BLDG 90, SAN JOSE

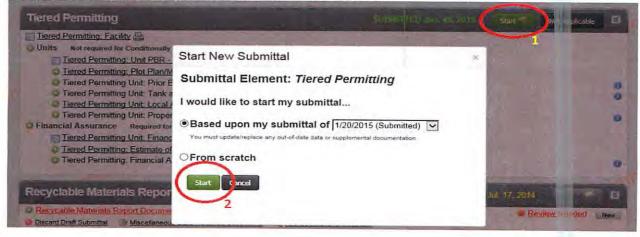
RE: ONSITE HAZARDOUS WASTE TREATMENT PROGRAM - 2017 PBR ANNUAL RENEWAL

Dear Tiered Permit Facility:

This letter is provided by the County of Santa Clara Department of Environmental Health (DEH) to remind and assist you in the annual renewal of information required of facilities treating waste onsite under Permit by Rule (PBR).

By January 1, 2013 all PBR facilities were required to file their Tiered Permitting annual renewal notification electronically in the California Environmental Reporting System (CERS). Thank you for electronically submitting your information. In order to update/re-submit your previously provided information, please review the steps below and ensure that you have completed them **before February 15, 2017**.

Log into CERS. After selecting your facility, press "Start" on the Tiered Permitting bar and choose to start a new submittal based on your last submittal.

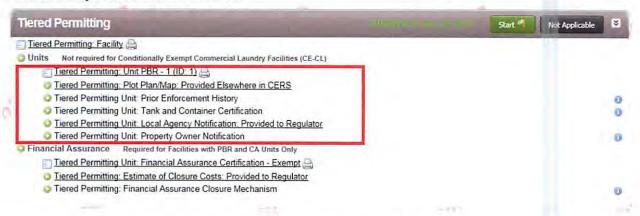


Make (edit) and save adjustments to your estimated closure costs at the "FINANCIAL ASSURANCE CERTIFICATION" link. The inflation factor that should be applied to your 2017 estimate is 1.013.



After updating your closure cost estimate, we recommend that you evaluate the financial mechanism and verify that it is adequate to cover the current closure cost estimate. Facilities that have filed using the Financial Test and Corporate Guarantee mechanism must submit updated information to this Department within ninety days of the close of your firm's fiscal year in order to maintain eligibility. All <u>original</u> financial or bank documents must be submitted to the Department.

After adjusting and saving the estimated closure cost changes, please review all of your other Tiered Permitting Facility information to make sure it reflects any changes required in response to a 2016 inspection, if one occurred.



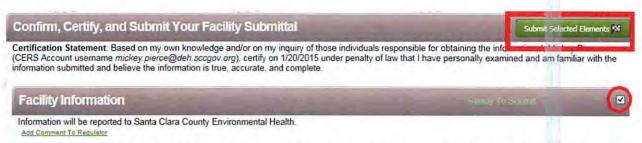
In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- A copy of your tank and container integrity assessment should be scanned and attached to the submittal. DEH will no longer accept submittals noting "stored at facility"
- Your updated closure cost on the financial assurance certification MUST match the cost shown in your "estimate of closure costs"
- Your closure cost estimate should include the costs for hiring a PE to sign off on your closure, as well as the County closure permit cost of \$2,598.

Once you feel that all of your information and any changes have been reviewed and saved, review and update any facility and HMBP information. If no changes were made to facility information or the HMBP you may update this info using the "Create all HMBP Submittal Elements" button.



Submit all of the information using the "Submit Selected Elements" button. Any information with a check mark next to it will be submitted.



Once you have submitted a complete Tiered Permit annual renewal in CERS and supplied any required supporting original documentation, you will have complied with the 2017 annual notification requirements as required by California Code of Regulations, Title 22, Section 67450.3(c). Failing to do so will result in your business being cited for a violation of the Hazardous Waste Control Law. DEH will review all CERS submittals, and if the data submitted is found to be complete, will accept the submittal. The acceptance from CERS will contain your annual authorization to operate for 2017.

If you have any questions regarding your PBR renewal, please contact me at (408) 918-1982 or mickey.pierce@cep.sccgov.org.

Sincerely,

Mickey J Pierce

Sr. Hazardous Materials Specialist

Hazardous Materials Compliance Division

California Environmental Reporting System: Regulator

Socorro Guzman's Account Sign Out Tools Reports Help

Submittals

Facilities

Businesses

Regulators

Compliance

Responders

Reports

Facility: Lumileds LLC (CERSID: 10132666)

Home » Facility Search » Facility Summary 10132666 » Submittal History



Summary

Submittals

Reporting Requirements

Compliance

Notifications

Manage Facility
Change UPA

Location Map

Submittal History for Lumileds LLC

*Note: Submittal data is current as of 1/20/2017 at 11:15 AM

ocnoin	*******	C. Carles	Facility	to restum.	Diana	UST	TP	DIAD	Demote		port to Excel
CERSID	Address	Submitted	Facility	Inventory	Plans	051	1P	RMR	Remote	Tank	APSA
0132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	10/31/2016 10:38AM	Submitted 10/31/2016	<u>Submitted</u> 10/31/2016							
0132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	10/27/2016 1.48PM	Submitted 10/27/2016			Submitted 10/27/2016					
0132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/25/2016 1:48PM	<u>Submitted</u> <u>2/25/2016</u>			<u>Submitted</u> <u>2/25/2016</u>					
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/4/2016 9 44AM	Accepted 2/9/2016	<u>Submitted</u> <u>2/4/2016</u>							
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/3/2016 11.48AM	Not Accepted 2/9/2016			(Under Review 2/9/2016				
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/3/2016 11.32AM	Not Accepted 2/9/2016	Not Accepted 2/26/2016		Not Accepted 2/26/2016	Not Accepted 2/9/2016				
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	10/28/2015 12:07PM	Not Accepted 2/9/2016	Not Accepted 2/26/2016							
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	8/13/2015 1:51PM	Not Accepted 2/9/2016	Not Accepted 2/26/2016							
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	7/29/2015 9:02AM	Not Accepted 2/9/2016			Submitted 7/29/2015					
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	7/16/2015 10:58AM	Not Accepted 2/9/2016								Accepted 9/2/2015
	1 2 3 4									1 - 10 0	f 32 items

Archived Submittal History for CERSID: 10132666

Submittals shown below were submitted by previous owner/operators of this facility.

CERSID	Address	Submitted	Facility	Inventory	Plans	UST	TP	RMR	Remote	Tank	APSA
											Export to Excel
7	0									No item:	s to display

Version 2.23 0013 | Enhancements | CERS Central

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California Environmental Reporting System, Business | © 2017 California Environmental Protection Agency CERS Technical Support, Request Technical Assistance

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION ☐ 1. NEW PERMIT ☐ 5. CHANGE OF INI (Check one item only) ☐ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FA	ORMATION 7. PERMANENT FACILITY CLOSURE	00.					
I. FACILITY INFORMATION							
TOTAL NUMBER OF USTs AT FACILITY 494. FACILITY ID # (Agency Use On	42-000-272744	1.					
BUSINESS NAME (Same as Racility Name or DBA - Doing Business As)		3.					
Philips Lumileds Lighting Company BUSINESS SITE ADDRESS	103. CITY 10	04.					
370 West Trimble Road	San Jose						
FACILITY TYPE							
II. PROPERTY OV	NER INFORMATION						
PROPERTY OWNER NAME	407. PHONE	08.					
370 West Trimble Road Corporation	(408) 964-5300						
MAILING ADDRESS	40	09.					
1251 Avenue of the Americas 20 th Floor CITY 410.	STATE 411. ZIP CODE 41	12.					
New York	NY 10020						
	L						
TANK OPERATOR NAME	TOR INFORMATION 428-1 PHONE 428-1	-2.					
Philips Lumileds Lighting Company	(408) 964-5300						
MAILING ADDRESS	428-	-3.					
370 West Trimble Road							
CITY 428-4.	STATE 428-5. ZIP CODE 428-	-6.					
San Jose	CA 95131						
■ 不是算法。「不能是一些事情可能性質」、「自己」等」、「我とう」之事、「我のから」等は認定に行われる。「か、書面がた」	ER INFORMATION						
TANK OWNER NAME		15.					
Philips Lumileds Lighting Company MAILING ADDRESS	(408) 964-5300	16.					
370 West Trimble Road	. • • • • • • • • • • • • • • • • • • •	.0.					
CITY 417-		19.					
San Jose	CA 95131						
	. COUNTY AGENCY 6. STATE AGENCY 42 . NON-GOVERNMENT	20.					
V. BOARD OF EQUALIZATION UST	STORAGE FEÉ ACCOUNT NUMBER						
TY (TK) HQ 44- Call	the State Board of Equalization, Fuel Tax Division, if there are questions.	21.					
VI. PERMIT HOLI	DER INFORMATION						
	. FACILITY OWNER	23.					
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Age		06.					
VII. APPLICANT SIGNATURE							
CERTIFICATION: I certify that the information provided herein is	true, accurate, and in full compliance with legal requirements.						
APPLICANT SIGNATURE	DATE April 2012 PHONE 424. PHONE 42	25.					
APPLICANT NAME (print) 426.		27					
Jan Bouten	Chief Financial Officer						
<i>!!</i>							

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION - TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, com	plete only this section and Sections I II III IV and IX helaw) 430.			
☐ 1. NEW PERMIT Some new only. For a OSI closure of removal, comp	5. CHANGE OF INFORMATION			
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLO				
DATE UST PERMANENTLY CLOSED: 43	On. DATE EXISTING UST DISCOVERED: 430b.			
I. FACILITY	INFORMATION			
FACILITY ID # (Agency Use Only)				
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)	3.			
Philips Lumileds Lighting Company, LLC.				
DOUBLED SITE TO DICEOU	03. CITY 104.			
370 West Trimble Road	San Jose			
我们是你是我的人看着这种,我们就是一个好的,我们就是你的人,你们就是你的人,我们就会说,我们就会没有的人,我们就不会看到这些,我们就不是这样的,我们也不是这么,	DESCRIPTION			
TANK ID# 432. TANK MANUFACTURER	TANK CONFIGURATION: THIS TANK IS 1. A STAND-ALONE TANK Complete one page for each			
Tank 1 - Diesel (WW) Ownes Corning	2. ONE IN A COMPARTMENTED UNIT compartment in the unit.			
DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALL 10/1/1991 12,000	ONS 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.			
armani esta premior al la seguina de la como al moral de la como d	AND CONTENTS			
TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FU				
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS ☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN				
CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. M ☐ 3. DIESEL ☐ 5. JE.	IDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440.			
	HER PETROLEUM (Specify): 440a.			
NON-PETROLEUM: 7. USED OIL 10. E 10. E 11. OTHER NON-PETROLEUM (Specify):	THANOL 440b.			
The section of the contract the section of the contract of the	ONSTRUCTION			
TYPE OF TANK ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL	☐ 95. UNKNOWN 443.			
PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 7. STEEL + INTERNAL LINING	☐ 6. INTERNAL BLADDER 444. ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.			
SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 90. NONE 95. UNKNOWN	☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445. ☐ 99. OTHER (Specify): 445a.			
OVERFILL PREVENTION	BALL FLOAT 🛛 3. FILL TUBE SHUT-OFF VALVE 452.			
	EMPTION FROM OVERFILL PREVENTION EQUIPMENT			
PIPING CONSTRUCTION ☐ 1, SINGLE WALL ☑ 2, DOUBLE WALL	PIPING CONSTRUCTION 99. OTHER 460.			
SYSTEM TYPE	■ 3. CONVENTIONAL SUCTION ■ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.			
PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS	☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464.			
□ 90. NONE □ 95. UNKNOWN SECONDARY CONTAINMENT □ 1. STEEL ☑ 4. FIBERGLASS	☐ 99. OTHER (Specify): 464a. ☐ 10. RIGID PLASTIC 464b. ☐ 10. RIGID PLASTIC			
☐ 90. NONE ☐ 95. UNKNOWN	☐ 99. OTHER (Specify): 464c.			
PIPING/TURBINE CONTAINMENT SUMP TYPE ☑ 1. SINGLE WALL	2. DOUBLE WALL 90. NONE 464d.			
	RISER / FILL PIPE PIPING CONSTRUCTION 464e.			
VENT PRIMARY CONTAINMENT ☐ 1. STEEL ☒ 4. FIBERGLASS	10. RIGID PLASTIC			
VENT SECONDARY CONTAINMENT	10. RIGID PLASTIC 464fl.			
VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS	☐ 10. RIGID PLASTIC ☑ 90. NONE ☐ 99. OTHER (Specify): 464g1.			
VR SECONDARY CONTAINMENT	10. RIGID PLASTIC 290. NONE 299. OTHER (Specify): 464h1.			
	□ 2. DOUBLE WALL ☑ 90. NONE 90. NONE □ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 4641. 4641. 4641. 4641.			
RISER PRIMARY CONTAINMENT I . STEEL 4. FIBERGLASS RISER SECONDARY CONTAINMENT I . STEEL 4. FIBERGLASS	D 10 BIGID BLASTIC TO 00 NONE D 00 OTHER (Specific). 464k.			
	KER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c.			
VII. UNDER DISPENSER CONTAINMENT (UDC)				
CONSTRUCTION TYPE 1. SINGLE WALL	2. DOUBLE WALL 3. NO DISPENSERS 90, NONE 469a.			
CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS	☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b. 469c.			
VIII. CORROSI	ON PROTECTION			
STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S)	☐ 4. IMPRESSED CURRENT ☐ 6. ISOLATION 448.			
IX. APPLICANT SIGNATURE				
CERTIFICATION: I certify that this UST system is compatible with the accurate, and in full compliance with legal requirements	hazardous substance stored and that the information provided herein is true,			
APPLICANT SIGNATURE	DATE 16 April 2012 470.			
APPLICANT NAME (print) Jan Bouten 471				
· · · · Jay Doubli				

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION **BUSINESS OWNER/OPERATOR IDENTIFICATION**

					Page of
I. IDENT	IFICATIO			T = = N.G = . ==	
FACILITY ID # (Agency Use Only)		BEGINNING		ENDING DATE	101.
		01/01/201		12/31/2012	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			i	ESS PHONE	102.
Philips Lumileds Lighting Company LLC			(408)	964-5300	
BUSINESS SITE ADDRESS					103.
370 West Trimble Road					
CITY	1	04.	ZIP CODE		105.
San Jose		CA	95131		
DUN & BRADSTREET		106.	SIC CODE (4	digit #)	107.
12-499-8217			3674		
COUNTY			<u> </u>		108.
Santa Clara					
BUSINESS OPERATOR NAME		109.	BUSINESS OF	PERATOR PHONE	l 10.
Philips Lumileds Lighting Company LLC			(408) 964-5	300	
II. BUSIN	ESS OWN	ER	(100)5015		
OWNER NAME		111.	OWNER PHO	NE .	112.
Philips Lumileds Lighting Company LLC			(408) 964-5	300	
OWNER MAILING ADDRESS					113.
370 West Trimble Road					
CITY	114.	STATE	115:	ZIP CODE	116.
San Jose		CA		95131	
III. ENVIRONM	ENTAL CO			73131	
CONTACT NAME	BITTAL	117.	CONTACT PH	ONE	118.
Mitch Cole			408-964-256		
CONTACT MAILING ADDRESS			1 400-204-230) <u>L</u>	119.
370 West Trimble Road					
CITY	120.	STATE	121.	ZIP CODE	122.
San Jose	1	CA		95131	1 2 20.
	CV COM			<u> </u>	: 7
-PRIMARY- IV. EMERGEN		ACIS		-SECONDARY	Y − 128.
IVAVIE	NAME				128.
Mitch Cole	Dan Jano	WSK1			
IIILB	TITLE				129.
Environmental Engineer		Manager			***************************************
BUSINESS PHONE 125.	BUSINESS				130.
408-964-2562	408-964-				
24-HOUR PHONE* 126.	24-HOUR				131.
408-964-5300	408-964-	5300			
PAGER#	PAGER#				132.
408-592-3222	n/a				
ADDITIONAL LOCALLY COLLECTED INFORMATION:					133.
Property Owner: Philips Lumileds Lighting Company LLC			Phone No.:	408-964-5300	
Billing Address: 370 West Trimble Road, San Jose, California 9	5131				
Dilling Address: 370 West Timble Road, San 1886, Camerina 9	3131				
·					
Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and believe the information is true, accurate			nder penalty of la	w that I have persona	lly examined and
SIGNATURE OF OWNER OPERATOR OF DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOC	UMENT PREPARER	135
	10 te	12012	Mitch Cole	3	
NAME OF SIGNER (FIRST) 136.	TITLE OF			· · · · · · · · · · · · · · · · · · ·	137.
Jan Bouten	Chief F	inancial O	fficer		
	1			***************************************	
* See Instructions on next page UPCF hwf2730 (1/99) - 1/2 http://www	.unidocs.org				Rev. 04/17/00

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

		Page 1 of
I. FACILITY IDEN		
FACILITY ID #		D # (Hazardous Waste Only) 2. 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)		3.
Philips Lumileds Lighting Company, LLC.		
II. ACTIVITIES DE		
NOTE: If you check YES to please submit the Business Owner/Operator		
Does your facility	<u>r</u>	omplete these pages of the UPCF
A. HAZARDOUS MATERIALS		
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 ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A)
1. Own or operate underground storage tanks?	☐ YES ☐ NO 5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☑ NO 6.	UST FACILITY
3. Need to report closing a UST?	☐ YES ⊠ NO 7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:		
any tank capacity is greater than 660 gallons, or	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAs
the total capacity for the facility is greater than 1,320 gallons?		
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☑ YES ☐ NO 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	YES NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES ☐ NO 11.	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)
4 Treatment subject to Grandial commence and incomment (for Despit by		ONSITE HAZARDOUS WASTE TREATMENT — UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	YES NO 12.	ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in:	formation by your CUPA or local	agency.)

OBTOLANZ FORM!

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

	Ellering and a second				W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			A Service Control of the	
TYPE OF ACTION									
I. FACILITY	and September 1975 to the com-	skratia i i cerei suvivensia.	Nicke albraic						
TOTAL NUMBER OF USTs AT FACILITY 1 404. FACILITY II. (Agency Use 6)# A		0 0	0 -	2 5	2	7	4	4
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) Philips Lumileds Lighting Company									3.
BUSINESS SITE ADDRESS		103	· CII	Y Y					104.
370 West Trimble Road				an Jose)			•	
FACILITY TYPE							or ⁴⁰⁵ .		
II. PROPERTY O	WNER I	NFORM	ATIO	N				orion Esperi	
PROPERTY OWNER NAME		40	7. PH	ONE					408.
370 West Trimble Road Corporation			(4	08) 964	<u>4-5300</u>				
MAILING ADDRESS									409.
1251 Avenue of the Americas 20 th Floor	· STATE	41	1 710	CODE					412.
New York	NY	41	1	020					412.
III. TANK OPER	Sear Valley Sylveres Styl	TEODATA	4.79 v4.50 (1-29 4) 4	. N. I. A. P. J. P. S. S. S. W.	Programa	is such	Mars		and the second
TANK OPERATOR NAME	AIORL	NF OR IVLA	giands to Mistiga	N ONE					428-2.
Philips Lumileds Lighting Company	•		1 * * * *	(408) 964-5300					
MAILING ADDRESS									428-3.
370 West Trimble Road									
CITY 428-4	STATE	428-	5. ZIP	CODE					428-6.
San Jose	CA		95	131					
IV. TANK OWN	ER INF	ORMATI	ON						ilinala.
TANK OWNER NAME	Weers warrites and	41	4. PHO	ONE	CT-04 (25 to 25) A 5 to 25	tekni (dagong		1.45c25[11.5c.41	415.
Philips Lumileds Lighting Company			(4	08) 964	4-5300				
MAILING ADDRESS									416.
370 West Trimble Road	STATE	41	8. ZIP	CODE					419.
San Jose	CA		1	131					
_	5. COUNTY 8. NON-GO			□ 6	. STATE A	GEN	CY		420.
V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER									
	0.400 s 2.400 s 1.400 s 1.400 s 1.400 s	oard of Equaliz	rational and areas	farygal, sign gray sy	5.0.275.0475.045.045.04 <u>6</u>	400000	21-11-12	tions.	421.
VI. PERMIT HOLDER INFORMATION									
	1. FACILITY 3. TANK OW				. TANK O			ΩP	423.
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public As		INDIX			. racilii	1 OPI		OK -	406.
Services of Strategin, On Office (Required for Lucius Ingenties Only)									
VII. APPLICANT SIGNATURE									
CERTIFICATION: I certify that the information provided herein APPLICANT SIGNATURE	S true, accu DATE	rate, and in	tuii con		with legal PHONE	requ	irem	ents.	425.
Hers Gentled"	5	slala			(408)	964-	-288	36	****
APPLICANT NAME (print) Matthew East	/ III LLIC	ANT TITLE ` Financia	l Offi	cer					427
	1 001								

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION - TANK INFORMATION (One form per UST)

TYPE OF ACTION <i>(Check one item only. Fo</i>	r a UST closure or removal, comple 3. RENEWAL PERMIT	ete only this section an	ad Sections I, II, III, IV, and IX below) 5. CHANGE OF INFORMATION	. 430.
6. TEMPORARY UST CLOSURE	7. UST PERMANENT CLOSU		☐ 8. UST REMOVAL	
DATE UST PERMANENTLY CLOSED:	430a.	DATE EXISTING	UST DISCOVERED:	430b.
	I. FACILITY I	NFORMATIC)N	
FACILITY ID # (Agency Use Only)		4 3	0 0 0 - 2 5 2 7	4 4 4
BUSINESS NAME (Same as Facility Name or I			-	3.
Philips Lumileds Lighting Comp	pany, LLC.	LOVEN		104.
BUSINESS SITE ADDRESS 370 West Trimble Road	103.	San Jose		104.
370 West Himble Road		and the property of the second		
TANK ID # 432.	II. TANK DE	arini bartaring between the kopularing alini ari	ANK CONFIGURATION: THIS TANK IS	434.
Tank 1 - Diesel	Owens Corning		1. A STAND-ALONE TANK Com	plete one page for each
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLON		2. ONE IN A COMPARTMENTED UNIT COMPUTED OF COMPARTMENTS IN THE U	
10/1/1991	12,000		1	
	III. TANK USE A	AND CONTE	NTS	dan
TANK USE 1a MOTOR VEHICLE FUELD			1 1c. AVIATION FUELING	439.
☐ 3. CHEMICAL PRODUCT STO ☐ 6. OTHER GENERATOR FUE		/ASTE (Includes Used Oil)		2 [HSC 923281.3(6)] 439a.
CONTENTS PETROLEUM: ☐ 1a. REGU ☐ 3. DIESE		GRADE UNLEADED	☐ 1b. PREMIUM UNLEADED☐ 6. AVIATION GAS	440.
	—	R PETROLEUM (Specif		440a.
NON-PETROLEUM: ☐ 7. USED	OIL 10. ETH R NON-PETROLEUM (Specify):	ANOL	440b.	
	IV. TANK CO	NSTRUCTIO	N	
TYPE OF TANK ☐ 1. SINGL	en der Steiner (d. 1940) er i Steine (d. 1940)	☐ 95. UNKNOWN		443.
PRIMARY CONTAINMENT 1. STEEL		6. INTERNAL BLAI		444. 444a,
SECONDARY CONTAINMENT 1. STEEL	☐ 3. FIBERGLASS	6. EXTERIOR MEM	_	445.
	LE & VISUAL ALARMS 🔲 2. BA		☑ 3. FILL TUBE SHUT-OFF VALVE	445a. 452.
	MEETS REQUIREMENTS FOR EXEM	and the second of the control of the second		
a disk barrangan katawa maran diskus sarat maran aran kataman da ina barra da maran kataman sarat sarat sarat Barrangan	RODUCT / WASTE P	produce to high these representative plants to the programme and the pr	STRUCTION	460,
PIPING CONSTRUCTION ☐ 1. SINGL SYSTEM TYPE ☐ 1. PRESS	······································	☐ 99. OTHER 3. CONVENTIONAL	L SUCTION 4. SAFE SUCTION [23 CCR §26	
PRIMARY CONTAINMENT 1. STEEL		☐ 8. FLEXIBLE	☐ 10. RIGID PLASTIC	464.
SECONDARY CONTAINMENT		☐ 99. OTHER (Specify) ☐ 8. FLEXIBLE): 10. RIGID PLASTIC	464a. 464b.
90. NONE	95. UNKNOWN	99. OTHER (Specify)):	464c.
PIPING/TURBINE CONTAINMENT SUMP T	e di Gostigo del aggio de Sin Contrati en escata i a con consciono en escolo e esperantica e del escolo e de contra	2. DOUBLE WALL	☐ 90. NONE	464d.
			PIPE PIPING CONSTRUC	11UN 464e.
		10. RIGID PLASTIC	90. NONE 99. OTHER (Specify):	464e1. 464f.
***************************************		10. RIGID PLASTIC	☑ 90. NONE ☐ 99. OTHER (Specify):	464f1. 464g.
	**************************************	10. RIGID PLASTIC	□ 90. NONE □ 99. OTHER (Specify): Standard Particular Par	464g1. 464h.
VR SECONDARY CONTAINMENT VENT PIPING TRANSITION SUMP TYPE		10. RIGID PLASTIC 2. DOUBLE WALL	 ≥ 90. NONE	464h1. 464i.
			······································	464j.
		10. RIGID PLASTIC	99. NONE 99. OTHER (Specify):	464j1. 464k.
] 10. RIGID PLASTIC R PLATE/BOTTOM PR	Ø 90. NONE ☐ 99. OTHER (Specify): OTECTOR ☐ 4. CONTAINMENT SUMI	464k1.
THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF	UNDER DISPENSER	THE STREET STREET, ASSESSED AS A SECRET OF THE STREET, AND	Control of the contro	
	. SINGLE WALL	2. DOUBLE WALL		√E 469a.
	. STEEL 4. FIBERGLASS	☐ 10. RIGID PLASTI		469b. 469c.
	VIII. CORROSIO	N PROTECT	ION	
STEEL COMPONENT PROTECTION	2. SACRIFICIAL ANODE(S)	4. IMPRESSED CU	Windowskill and the state of the control of the state of	448.
	IX. APPLICAN	T SIGNATUR	Œ	
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.				
APPLICANT SIGNATURE	mance with regai requirements.	DATE C),	7\0	470.
Nttes/"	w 36 471.	- 211	1 (1197)	472.
APPLICANT NAME (print) Matthew Ea	st	APPLICANT TITLE	Chief Financial Officer	1744

County of Santa Clara

Department of Environmental Health

Received By: Robert Henninger

UST Service Technician

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

acility	ID:	FA0252744	Inspection Date: 04/23/2019
acility	Name:	LUMILEDS LLC	
Site Ad	dress:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
	nerator 1		□ RCRA LQG
Consei	nt to Insp	pect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN	□ Pictures Taken
			☐ Samples Taken
Sumn	ory of	Violations & Nation to Comply	
		Violations & Notice to Comply 59876 - UNDERGROUND STORAGE TANK - 2314	
		:: FINAL PERMIT ACTIVITY	
VC	Class	Violation	Corrective Actions Taken
	- Clado	· · · · · · · · · · · · · · · · · · ·	
Comn	nents: Ur	nderground storage tank (UST) retrofit/repair inspection.	
Henni standa certifi Tank o demo 2635(o gallor	inger of E ard. Mr. I cation (e chart for nstrate ti c(1)(C). T is @ 82.6	O mechanical overfill prevention valve was inspected and installed today by US Balch Petroleum Contractors & Builders, Inc. in accordance with 23 CCR 2637.2 of Henninger has current ICC California UST Service Technician certification (exp. 2012). 12,000 gallon 8 foot diameter Owens-Corning model DWT-2P tank was used. Methat the overfill prevention valve will shut off flow at or below 95% of tank capacity and has 92.0" internal diameter. 100% capacity = 11,627 gallons. 95% capacity is \$25" fuel height. New overfill prevention valve shuts off flow @ 80.0" which is at the overfill Prevention Equipment Inspection Report Form along with all required.	and the PEI/RP1200-17 industry 7/13/2019) and OPW easurements and calculations ty in accordance with 23 CCR s approximately 11,046 92.8% of capacity.
within	30 days		aned academicine to rimob
Final	project s	ign-off of Service Request SR0859876 by Santa Clara County CUPA is granted.	
Notes	:		
		tion submitted via the California Environmental Reporting System (CERS), the U	ST is a 12,000 gallon
		nk manufactured by Owens-Corning. Tank was reportedly installed in 1991.	
2. Mr.	<u>Henning</u>	er confirmed that no ball floats are installed.	
	/	3 12 Ph	An /

Inspected By: EE0004686 - GREG BRESHEARS

CA UST Inspector #5266658, Exp. 08/24/2019

REVIEWED

By Jennifer Kaahaaina at 6:51 pm, Sep 03, 2019

Page 1 of 1 R109DAOEXOD9L Ver. 2.3

Breshears, Greg

From: Breshears, Greg

Sent: Tuesday, March 12, 2019 7:50 AM

To: 'Kelly Skurla'

Subject: HazMat Plan Check Approval for Lumileds LLC @ 371 W. Trimble Rd., San Jose (Service Request

SR0859876)

Attachments: FA0252744_UST_CONST_SR0859876_2019-03-12.pdf

Importance: High

Hi Kelly,

HazMat plan check approval is attached. Original is on its way via mail.

Regards,

Greg Breshears

Senior Hazardous Materials Specialist
County of Santa Clara Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
1555 Berger Drive, Suite 300
San Jose, CA 95112-2716
Office Main (408) 918-3400
Direct Line (408) 918-1978
www.EHinfo.org/hazmat

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County of Santa Clara

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program 1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org/hazmat



March 12, 2019

Project Contact: Kelly Skurla

Company Name: Balch Petroleum Contractors and Builders, Inc.

Mailing Address: 930 Ames Ave.

Milpitas, CA 95035

Re: Plan Check Review: SR0859876 Facility Name: Lumileds, LLC

Project Location: 370 W. Trimble Rd., San Jose

Project Description: Replace Underground Storage Tank System Mechanical Overfill Prevention Valve.

Santa Clara County Hazardous Materials Program has reviewed the submittal for the project referenced above and approves the plans with the following conditions:

- Systems shall be configured as described in the enclosed approved Hazardous Materials Construction Permit
 Application and Equipment List for Underground Storage Tank Systems.
- 2. The installation contractor shall follow manufacturers' installation, inspection, and testing requirements.
- Contact inspector Greg Breshears at (408) 918-1978 or Greg.Breshears@cep.sccgov.org to schedule the
 required inspection to witness the following: Installation inspection of new overfill prevention in accordance
 with 23 CCR §2637.2.

Any substitution of equipment or reconfiguration of systems as described in approved plans requires prior approval from HMCD. Be advised that plan check approval by the city Building Department and San Jose Fire Department may also be required prior to beginning work. A copy of this letter and all attachments shall remain on the job site until final inspection sign-off by HMCD.

Should you have any questions, contact the undersigned inspector at (408) 918-1978.

Greg Breshears

Senior Hazardous Materials Specialist

Hazardous Materials Program

enclosure: approved plans

20190109

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, Joe Simitian County Executive: Jeffrey V. Smith

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD Hazardous Materials Program

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716

(408) 918-3400; www.EHinfo.org/hazmat

HMCD Use Only

PLAN REVIEW

Approved for HazMat Compliance

Disapproved

Approved With Revisions Noted

Date/Time Received Stamp

☐ Disapproved	
Approved With	Revisions Noted
111	20 700
BY:	DATE: 12 Z
FA: 0152/47	SR: (00)

HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION

For Aboveground Projects Within the Cities of Los Altos Hills, Monte Sereno, or Saratoga, or in Unincorporated Areas of Santa Clara County;* and for Underground Storage Tank System Projects In Those Areas or Within the Cities of Los Altos, Morgan Hill, Palo Alto, or San Jose.

I. General Information

HMCD plan review and approval for regulatory compliance is required before installing or modifying hazardous materials storage or handling systems. One completed copy of this form is required with each plan review submittal. When completing Section V, limit the description to work that directly involves or impacts hazardous materials storage or handling systems (e.g., backup power battery systems for communications sites; dry cleaning machines; fuel tanks, piping and dispensing systems; leak detection systems; etc.).

Facility Nar	ne: Lumileds LLC		CERS ID:
	s: 370 W. Trimble Road	City: San Jose	Zip: 95131
County Plan	Check No. (if applicable):	Assessor's Parc	el No. (APN):
II. Contract	Or [Must be licensed by the Con	tractor State License Board (CSLB)]	
Business Na	me as Registered with CSLB: Ba	Ich Petroleum Contractors and B	uilders, Inc. Lic. No.: 396575
Mailing Add	iress: 930 Ames Avenue	City; Milpitas	Zip: 95035
Project Conf	tact Name: Kelly Skurla	Office Phone: (4	08) 514-6474 ext.
Cell Phone:	el	fail:	
V. Applican	t [Plan approval letter will be se	nt to this contact]	⊠ Same as III, abov
Business Na	me:		Lic, No.;
Mailing Add	Iress:	City:	Zip:
	act Name:		ext.
		fail:	
V. Project Ty	pe and Scope of Work		
		eground Tank/Facility: Toxic Gas	; Communications Site; Other
		Repair/Retrofit; Minor Repair/Ret	
Replace	drop tube. IT Mis	CHIMICAL NORFILL PREV	ENTIN VILLE
-			

^{*} Unincorporated areas are locations not within any city limits, including Coyote, Moffett Field, San Martin, and Stanford.

^{**} Minor retrofit/repair projects are limited to 2 hours total project time, including plan review, consultation, and one inspection.

VI. Attachments HMCD forms and guidance are available at www.EHinfo.org/bazmat. Plan review will not be performed until all required information is submitted. Check the box(es) to identify attachments submitted with this application: Plan review fee [Required for ALL projects.] Equipment List for Aboveground Storage Tank Systems (form HMCD-024A) [Required for projects involving installation, retrofit, or repair of aboveground tank systems.] Equipment List for Underground Storage Tank Systems (form HMCD-024U) [Required for projects involving installation, retrofit, or repair of UST systems (other than monitoring system "cold starts").] Hazardous Materials Clearance Form (form HMCD-028) [Required for projects in unincorporated areas.] Drawings [2 sets required for construction/installation; and retrofits involving tanks, piping, sumps, under dispenser containment.] Manufacturers' Cut Sheets/Specifications [1 set required for projects other than monitoring system "cold starts."] X ICC UST Installation/Retrofitting certification, ICC California UST Service Technician certification, and equipment manufacturers' training certifications for person(s) who will oversee installation and/or testing of UST system components [1 copy required for underground storage tank projects.] VII. Authorization and Certification [Note: Owner and applicant signatures are both required.] OWNER: I am the property owner or the owner of the business that operates the facility identified in Section II of this application. I am aware of the proposed work described in Section V, and hereby authorize the party identified in Section IV to apply for this permit on my behalf. I understand that all eMail and written correspondence during the course of plan review, and the plan approval letter, will be sent to the contact person identified in Section IV. Owner Signature APPLICANT: I certify that I have read the Plan Submittal Requirements for Hazardous Materials Systems (document HMCD-004) and declare that the information in this submittal is correct to the best of my knowledge. I agree to comply with all applicable city and County codes and ordinances and state laws and regulations relating to management of hazardous materials/wastes. I understand that a copy of the plan approval letter and approved plans must be provided to the contractor that will perform the work, and must be kept at the project location until final project sign-off is granted by HMCD. Kelly Skurla

[Note: Separate submittals, permits, and fees are required if the project involves the closure of tank systems.]

HMCD Use Only	
Facility ID: 252744	SR: 0859876 PE: 2314
IN: 1169127	Fees Paid: \$ 6 2 00

Applicant/Agent's Name (Print)

County of Santa Clara

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400; www.EHinfo.org/hazmat



COUNTY	HMCD Use Only PLAN REVIEW
NA CUR	Approved for HazMat Compliance Disapproved Approved With Revisions Noted BY: DATE: 3-12-11 FA: 01527-41 SR: 05325-5

EOUIPMENT LIST FOR UNDERGROUND STORAGE TANK SYSTEMS

For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Morgan Hill, Palo Alto, San Jose, Saratoga, and in Unincorporated Areas of Santa Clara County, Including Moffett Field, San Martin, and Stanford.

I. **General Information**

One completed copy of this form must be submitted to the Hazardous Materials Compliance Division (HMCD) along with the Hazardous Materials Construction Permit Application, cut sheets/specifications, and drawings.

II. Project Location

Facility Name:	LUMILEDS		
Site Address:	370 W. Trimble Road	City: San Jose	

III. Equipment Information

In the table below, provide the manufacturer name and specific model number for each type of equipment to be installed. If an item is existing or not applicable to this project, check the appropriate box in the "Name of Equipment Manufacturer" column, Manufacturers' cut sheets/specifications showing listings (e.g., UL) and other applicable technical information for all equipment to be installed shall be submitted with this form.

Equipment Type	Name of Equipment Manufacturer	Specific Model No(s).	HMCD Use Only
Underground Storage Tank	Existing		
Tank Fill Spill Containment	Existing		
Mechanical Overfill Prevention Valve	₩ Existing; □ N/A O P W	7150-4000	X
Exterior Overfill Prevention Audible & Visual Alarm Unit	☐ Existing, ☐ N/A		
Overfill Prevention (High Liquid) Sensor or Probe	☐ Existing; ☐ N/A		
Tank Top STP Sump or Piping Sump	☐ Existing; ☐ N/A		
Tank Top Fill Sump	☐ Existing; ☐ N/A		
Pipe Transition Sump	☐ Existing; ☐ N/A		
VPH Vent Sump	Existing; N/A		
Under Dispenser Containment (UDC)	☐ Existing; ☐ N/A		
Pipe Penetration Fittings	Existing; N/A		

OPW 7150 Overfill Prevention Valves

The CARB-certified OPW 71SO vapor-tight Overfill Prevention Valve is designed to prevent the overfill of underground storage tanks by providing a positive shut-off of product delivery. The shut-off valve is an integral part of the drop tube used for gravity filling. The OPW 71SO allows easy installation (without breaking concrete) and requires no special manholes.

The OPW 71SO is a vapor-tight twostage shut-off valve. When the liquid level rises to about 95% of tank capacity, the valve mechanism is released, closing automatically with the flow. This reduces the flow rate to approximately 5 gpm through a bypass valve. The operator may then stop the filling process and disconnect and drain the delivery hose. As long as the liquid exceeds the 95% level, the valve will close automatically each time delivery is attempted.

If the delivery is not stopped and the liquid rises to about 98% of tank capacity, the bypass valve closes completely. No additional liquid can flow into the tank until the level drops below a reset point.

NOTE: The 71SO Overfill Prevention Valve can be adjusted to shutoff at any desired tank capacity. Please contact the Authority Having Jurisdiction (AHJ) and review local, state, and national codes to determine the regulatory requirements governing shut-off capacity in your region, as well as take into account other considerations such as extreme tank tilt. In all cases, the upper tube must protrude into the tank at least 6 1/2" to ensure that the valve can shut off flow into the tank completely before the top of the tank is wetted as per EPA requirements.

71SO Instruction Sheet Order Number: H15524PA

Listings and Certifications





Materials

Valve Body: Cast aluminum

Float: Nitrile rubber, closed cell foam

Valve: Aluminum Seals: Viton®

Upper & lower Drop Tube: Aluminum

Plastic parts: Acetal Hardware: Stainless steel

Features

- Simple, Easy and Quick Installation – no excavation or special manholes required.
- Economical costs a fraction of expensive, complicated and difficult-to-install valves.
- Furnished Complete supplied with new upper and lower drop tubes, mounting hardware and thorough instructions for quick job site time.
- Completely Automatic Operation

 no prechecks to perform, no resets

 and no overrides to be broken
 or abused.
- No Pressurization of the Tank operates directly from liquid level.
- Will Accept a Dipstick for Gauging

Important

In order to prevent product spillage from the Underground Storage Tank (UST), properly maintained delivery equipment and a proper connection at the tight-fill adaptor are essential. Delivery personnel should be managed and trained to inspect delivery elbows and hoses for damaged and missing parts. They should always make certain there is a positive connection between the adaptor and elbow. If delivery equipment is not properly maintained, or the elbow is not securely coupled to the adaptor, a serious spill may result when the OPW 7150 closes, causing a hazard and environmental contamination.

NOTE: The OPW 71SO is designed for use on tight-fill gravity drop applications only. Do not use for pressure fill applications.

- Retrofits Directly for both new and existing tanks with 4" fill risers.
- Quick Drain Feature automatically drains hose when head pressure is relieved.
- Best Flow Rate in The Industry*
- * OPW Test Lab results

Advantages of Overfill Prevention Compared to Overfill Warning Systems:

- Completely Automatic
 Operation does not rely on the alertness or speed of response of the delivery attendant for certainty of overfill prevention.
- Keeps the Top of UST "Dry," per EPA Requirements eliminating possible leaks at loose bung fittings and the need for double containment on vent lines.
- Does Not Rely on Pressure in the UST to Stop Flow – allowing

faster fill times and reducing spill risk.

- Speeds Delivery Operations – product flows unimpeded into the tank until the hose "kick" that accompanies the valve shut-off provides a clear signal that the liquid has reached the shut-off level.
- Simple and Inexpensive Installation – in both two-point and coaxial fill applications, no additional excavation, manholes or vent piping are required.



Look for this label for authentic OPW EVR Approved products

OPW 7150M is EVR Approved for E85



Raising The Standard In Overfill Prevention

From the company that brought you the industry standard OPW 61SO, OPW raises the standard with the introduction of the **71SO Overfill Prevention Valve** – breakthrough innovation that takes overfill prevention to a whole new level of overfill perfection.

- Eliminates curing issues due to hot or cold temperatures
- Easier, quicker, installation
- Higher quality, more reliable installation
- Lower costs
- Greater protection against fugitive emissions and pressure decay
- Fastest flow rate in the industry

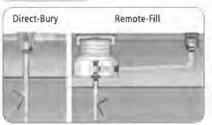
The new 71SO is a two-stage, positive shut-off valve, providing completely automatic operation with no pre-checks to perform, no resets, and no overrides to be broken or abused. The valve closes when the tank level rises to 95% capacity and provides a special bypass valve so the tank can be filled to a maximum capacity of 98%. The 71SO is available for direct-bury and remote applications.



All Vapor-Tight Overfill Valves are CARB EVR Certified

.

No Epoxy Sealants Required!



Replacement Parts

Description				
Replacement Float Kit				
Drop Tube Seal				
Lower Tube Seal				
Lower Tube				
Vapor-Tight Inlet Tube				
Non-Vapor-Tight Inlet Tube				
Vapor-Tight Inlet Tube (Blue)				

7150 Ordering Specifications

	2000	Bury	Depth	Tank D	iameter		Tube		Tube igth	Over	77	Max. F		111111111111111111111111111111111111111	lominal CDia.	Max.	Actual Dia.	We	ight
Product #	Description	ft.	m	ft.	m	in.	m	in.	m	in.	m	in.	m	in.	m	in.	m	lbs.	kg
7150-400CB*	Vapor-Tight Overfill Valve	5	1.5	8	2.4	60	1.5	83	2.1	1553/4	3.9	531/2	1.4	96	2.4	107	2.7	16	7
71SO-410CB*	Vapor-Tight Overfill Valve	10	3.0	10	3.0	120	3.1	102	2.6	2343/4	5.9	1131/2	2.9	120	3.1	126	3.2	25	11.
71SO-420CB*	Vapor-Tight Overfill Valve	10	3.0	12	3.6	120	3.1	126	3.2	2583/4	6.5	1131/2	2.9	144	3.7	150	3.8	26	12
7150-4000	Non Vapor-tight Overfill Valve	5	1.5	8	2.4	60	1.5	83	2.1	1553/4	3.9	531/2	1.4	96	2.4	107	2.7	16	7
7150-4010	Non Vapor-tight Overfill Valve	10	3.0	10	3.0	120	3.1	102	2.6	2343/4	5.9	1131/2	2.9	120	3.1	126	3.2	25	11
71SOM-412C	E85 Vapor-tight Overfill Valve	10	3.0	10	3.0	120	3.1	102	2.6	2343/4	5.9	1131/2	2.9	120	3.1	126	3.2	38	17.3
7150-TOOLCT	71SO Installation Tool																	2.5	1
61JSK-4RMT	Jack Screw Kit For Vapor-T	ight Re	emote	Applicat	ions													1.5	0.7
61JSK-4410	Jack Screw Kit For Compos	site Bas	e Spill	Buckets	t													1	0.5
61JSK-44CB	Jack Screw Kit For Cast Iro	n Base	Spill B	uckets														1	0.5
71JSK-4RMT	E85 Jack Screw for Remote	e-Fift Ap	plicati	ons														1	0.5
71JSK-44MA	E85 Jack Screw for Direct-	Fill App	lication	is.														1.5	0.7

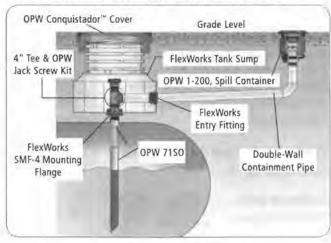
61JSK-4410 AND 61JSK-44CB Instruction Sheet Order Number: H15289M

*ULC B100 Compatible

7150 Vapor-Tight Remote Fill

The OPW Vapor-Tight Remote Fill is designed for two-point vapor-tight remote-fill applications, where the fill point is not directly over the UST. A CARB approved vapor-tight 71SO overfill valve is installed in the sump through a riser pipe directly over the tank.





Contractor's License Detail for License # 396575

ISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this iformation, you should be aware of the following limitations.

CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.

Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.

Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.

Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

Business Information

BALCH PETROLEUM CONTRACTORS AND BUILDERS INC P O BOX 361230 MILPITAS, CA 95036 Business Phone Number: (408) 942-8686

> Entity Corporation Issue Date 12/08/1980 Expire Date 12/31/2020

> > **License Status**

This license is current and active.

All information below should be reviewed.

Classifications

A - GENERAL ENGINEERING CONTRACTOR

B - GENERAL BUILDING CONTRACTOR

C10 - ELECTRICAL

Certifications

HAZ - HAZARDOUS SUBSTANCES REMOVAL

Bonding Information

Contractor's Bond

This license filed a Contractor's Bond with AMERICAN CONTRACTORS INDEMNITY COMPANY,

Bond Number: SCR678011 Bond Amount: \$15,000 Effective Date: 01/01/2016 Contractor's Bond History

Bond of Qualifying Individual

The qualifying individual THOMAS HARRY BALCH certified that he/she owns 10 percent or more of the voting stock/membership interest of this company; therefore, the Bond of Qualifying Individual is not required.

Effective Date: 06/23/2009

Workers' Compensation

ieck A License - License Detail

Page 2 o

Policy Number:9039224 Effective Date: 01/01/2013 Expire Date: 01/01/2020 Workers' Compensation History

Other

Personnel listed on this license (current or disassociated) are listed on other licenses.

Breshears, Greq

From: Kelly Skurla <kelly@balchpetroleum.com>

Sent: Tuesday, March 12, 2019 7:04 AM

To: Breshears, Greg

Subject: RE: HazMat Plan Check Review for Lumileds LLC @ 371 W. Trimble Rd., San Jose (Service Request

SR0859876)

Attachments: Rob Henninger UST EVR Certification issued 170410 EXP 190411.pdf; ICC UST Service Technician

issued 170713 EXP 190713.pdf

Here you go, Greg. Rob will perform the inspection. Gerardo will install.

Thanks. Kelly

From: Breshears, Greg [mailto:Greg.Breshears@cep.sccgov.org]

Sent: Monday, March 11, 2019 4:04 PM **To:** Kelly Skurla <kelly@balchpetroleum.com>

Subject: HazMat Plan Check Review for Lumileds LLC @ 371 W. Trimble Rd., San Jose (Service Request SR0859876)

Importance: High

Hi Kelly,

I have reviewed your submittal. Plan check approval can be issued after the following issues are addressed:

1. Provide copies of ICC UST Service Technician and manufacturer's training certification for the individual who will perform the installation inspection of the overfill prevention valve in accordance with 23 CCR 2637.2. [Note: Mr. Inguanzo appears to only have UST Installation/Retrofitting certification.]

Please let me know if you have any questions.

Regards,

Greg Breshears

Senior Hazardous Materials Specialist
County of Santa Clara Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
1555 Berger Drive, Suite 300
San Jose, CA 95112-2716
Office Main (408) 918-3400
Direct Line (408) 918-1978
www.EHinfo.org/hazmat

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Education & Certification

Education (http://www.iccsafe.org/education-certification/education/training-events/)

Certification and Testing (http://www.iccsafe.org/education-certification/certification-and-testing/)



(https://shop.iccsafe.org/codes/2015-

international-codes-and-

references.html)

Certified Professional Information:

Last, First MI: Henninger, Robert

Certified under this name: Robert Henninger

Company: Henninger Engineering

City, State Zip: Livermore, CA 94550-2352

Certification Type(s): California UST Service Technician (expires 07/13/2019)

California UST System Operator (expires 12/30/2019)

UST Installation/Retrofitting (expires 12/30/2019)

Listings here may not reflect today's changes, additions, exam results, or certifications from organizations other than ICC (including BOCA, ICBO, and SBCCI). Listings are updated nightly on this web site, so please allow a full 24 hours for changes to be reflected here. ICC certification for code enforcement professions attests to competent knowledge of construction codes and standards in effect on the date of certification or renewal.

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Contact Information

1-888-ICC-SAFE (422-7233), ext. 5524

Contact Us

(mailto:certexam@iccsafe.org)

WALLET CARD (Wall Certificate - Page 2)



Installer Attestation No. P 100465

Robert Henninger

VR-102- UST

Balch Petroleum-Milpitas

Attended Installation Training for EVR Phase I by OPW, Inc.

on: Apr 10, 2017 Exp Date: Apr 11, 2019

Completion of this training course does not create a warranty or guaranty by OPW of your installation and/or maintenance of nozzles, vapor recovery systems and EVR PHASE I systems. This training course does not eliminate the need to strictly adhere to manufacturer instructions and procedures when installing and maintaining nozzles, vapor recovery systems and EVR PHASE I Systems. All nozzles, vapor recovery systems and EVR PHASE I Systems must be installed and maintained in accordance with manufacturer instructions and procedures. Attestation applies ONLY to tested named individual.



TECHNICAL TRAINING CERTIFICATION

THIS CERTIFICATE IS ISSUED IN RECOGNITION THAT

Robert Henninger

HAS SATISFACTORILY COMPLETED

Phase 1 UST Enhanced Vapor Recovery

(Installation, Configuration & Troubleshooting)

Apr 10, 2017

ISSUE DATE

100465

TECH NUMBER

Apr 11, 2019

EXPIRATION DATE













Gerardo Inguanzo 930 Ames Ave Milpitas, CA 95035-6303

Attached is your new myICCID card, which may be used to verify your ICC Membership status, as well as the current ICC certifications you hold. Simply scan the QR code* or visit verify.iccsafe.org.

Any new certifications or changes to your Membership status will be reflected in your unique webpage available by scanning this code. Note: you will not receive a new wallet card with each change in Membership or certification status, but the information on your myICCID page will be updated.

If this is your first certification, congratulations! You have demonstrated a commitment to your profession by successfully achieving ICC certification. Your certification information can be found on ICC's website by either scanning the QR code on this card or visiting verify.iccsafe.org.

Renewal: You will receive notification by email and mail when your Membership is due for renewal.

If you have questions about this card, contact ICC at 1-888-422-7233.

SSEL





^{*} QR codes can be scanned using many free scanner applications. Most newer smartphones have a QR scanner already loaded; if yours does not, visit your phone's application store (Android Market, Apple App Store, Blackberry App World, etc.) to download a free scanner. More information on QR codes can be found at www.mobile-qr-codes.org/how-do-i-use-qr-codes.html.



OPW RETAIL FUELING

CERTIFICATE This Certifies that

104775 Gerardo Inguanzo Balch Petroleum

HAS SUCCESSFULLY COMPLETED A TRAINING COURSE OF

EVR UST Certification Course

7/17/2018



07/16/2020



Installer Attestation No.

104775

VR-102

Gerardo Inguanzo Balch Petroleum

EVR UST Certification Course

On: 7/17/2018

Exp Date: 07/16/2020

Completion of this training course does not create a warranty or guaranty by NPW of your installation and/or maintenance of nozzles, vapor recovery systems and EVR PMASE I systems. This training course does not eliminate the need to strictly adhere to manufacturer instructions and procedures when installing and maintaining nozzles, whom recovery systems and EVR PMASE I Systems. All nozzles, vapor recovery systems and EVR PMASE I Systems must be installed and maintained in accordance with manufacturer instructions and procedures. Attestation applies CNLY to tested named individual.

DEPARTMENT.	FUND	DATE	
DEHL HMCD	2314	3/11/1	a
Balch Aervoleum Contracto	Mile ADDRESS 930 AVNCS	AU PO BOX 3/01 itas, CA 95035	130
FOR: Construction Perm	It Application	\$	
Site Lumilar LL		14 692	000
370 W Trimble	Ad.		/
San Jose CA 9	The state of the s	/	
Contractor Balch Perpole	eum / Kelly Skurla		
	Milbitas CA 95035		
CK # 11109		TOTAL AMT. RECEI	VED
······································		\$ 692	55
RECEIVED - COUNTY OF SANTA CLARA			



BALCH PETROLEUM CONTRACTORS AND BUILDERS, INC.

930 AMES AVE., P.O. BOX 361230 MILPITAS, CA 95035-6303 PH. 408-942-8686

SAN JOSE, CA 95113 90-4228/1211

11109

PAY Country of Santa Clara Pept. of Ehv. Health ORDER OF hundred kinety two and Whas

DATE

AMOUNT

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

10 1 1 10 911°

UNDERGROUND STORAGE TANK SYSTEM OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS_{2: 16}

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 Philips Lumileds Lighting Company	FACILITY PHONE (408) 964-5300					
FACILITY SITE ADDRESS 370 W. Trimble Road	San Jose					
REASON FOR SUBMITTING THIS FORM (Check One): Change of Design	ated Operator					
PRIMARY DESIGNATED UST OPERATOR FOR THIS FACI	LITV					
DESIGNATED OPERATOR NAME: Elmer Mortera	RELATION TO UST FACILITY (Check One)					
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee					
DESIGNATED OPERATION BUONE (100) 0.10 0.000	xt. Service Technician M Third-Party					
INTERNATIONAL CODE COUNCIL CERTIFICATION NO. 5248052-U						
ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FA	CILITY(Optional)					
DESIGNATED OPERATOR NAME: Ryan Lipert	RELATION TO UST FACILITY (Check One)					
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee					
DESIGNATED OPERATOR PHONE: (408) 942-8686 es	xt. Service Technician Maintenant					
NTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5295268-U	C EXPIRATION DATE: 10/17/2014					
ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FA	CILITY (Optional)					
DESIGNATED OPERATOR NAME: Rolando Urbina	RELATION TO UST FACILITY (Check One)					
BUSINESS NAME (If different from above) Balch Petroleum	Owner Operator Employee					
DESIGNATED OPERATOR PHONE: (408) 942-8686 es	xt. Service Technician M Third-Part					
NTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 8009631-U	C EXPIRATION DATE: 10/24/2014					
ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FA	CILITY (Optional)					
DESIGNATED OPERATOR NAME: Robert Henninger	RELATION TO UST FACILITY (Check One)					
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee					
DESIGNATED OPERATOR PHONE: (408) 942-8686 es	xt. Service Technician Maintenant					
NTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5252265-U	C EXPIRATION DATE: 2/25/2014					
Operator(s). The individual(s) will conduct and document month in accordance with California Code of Regulations, Title 23, Sectin compliance with the requirements (statutes, regulations, and low trank owner name: FANK OWNER NAME: ARRAM FALLIT TANK OWNER SIGNATURE:	thly facility inspections and annual facility employee training tion 2715(c) through (f). Furthermore, I understand and a local ordinances) applicable to underground storage tanks. LIGHTING - JAN JANOWSKI OWNER PHONE: (408) 964-366					
INSTRUC	TIONS					

- 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."
- 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.



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120

For State Use Only

		STEPSTANDARYSTERRENDER BASS ANDERSKANDE AM	manarananan manaran di mempulai di masa-arah		CONTROL OF THE PROPERTY OF THE	ing a vera see the the thirthead a lab to see your				
CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM										
A. I am required to de	monstrate Financial Responsibility in the requirement of the following specific spec	rrence	□ 1	ivision 3, Chapter 18, So million dollars a or million dollars a	nnual aggrega					
B. Philips Lum	iledsLighting Company, LLC		by certifies that it is in lations, Title 23, Div							
The mechanisms	used to demonstrate financial	resnonsihility a	s required by Sec	tion 2807 are as	follows:					
C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation				
40 CFR 280.97 - Insurance	ACE American Insurance Company PO Box 1000 436 Walnut Street Philadelphia, PA 19106	G2467029 6 003	1,000,000/ 1,000,000	8/25/11 - 8/25/12	Yes	Yes				
	ing the State Fund as any part of your you are in compliance and shall remai					s certification also				
										
Philips Lumiled	s Lighting Company, LLC.		370 West Trim Facility Address	ble Road, San J	ose, CA 9513					
Facility Name			Facility Address							
Facility Name	/		Facility Address							
Facility Name			Facility Address							
Facility Name			Facility Address							
Facility Name			Facility Address							
E. Signature of Tank Owner	Operator	Date Now 12	Name and Title of Tank Own Jan Bouten, Cl	ner or Operator hief Financial O	fficer					
Signature of Witness of Notacy	Stal	Date 1/16/12	Name of Witness or Notary	vironmental En						

Submit original to local UST regulatory agency. Keep a copy at each UST facility.



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM							
A. 1 am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:							
	500,000 dollars per occur		_	million dollars a	nnual aggregat	e	
	or I million dollars per occur		ND □ 2	or million dollars a	nnual agoregat	e	
	Z I minion domais per occu		2 ب			. -	
B. Philips I umi	iledsLighting Company, LLC		y certifies that it is in				
(Name of tank Owner or	Operator)	· Kegu	lations, Title 23, Divi	ision 3, Chapter 18, A	Article 3, Section 2	2807.	
	used to demonstrate financial r						
C. Mechanism	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation	
Туре	ACE American Insurance	Number	Amount	Period	Action	Compensation	
40 CFR	Company	G0.457000		0.00			
280.97 -	PO Box 1000	G2467029 6 004	1,000,000/ 1,000,000	8/25/12 - 8/25/13	Yes [*]	Yes	
Insurance	436 Walnut Street	0 004	1,000,000	0/23/13			
	Philadelphia, PA 19106	ļ					
,							
			İ				
certifies that	ing the State Fund as any part of your or you are in compliance and shall remain					s certification also	
D. Facility Name			Facility Address				
Philips Lumiled Facility Name	ls Lighting Company, LLC.		370 West Trim	ible Road, San J	lose, CA 9513	1	
·			1111111, 1111111				
Facility Name			Facility Address				
Facility Name			Facility Address				
Parista Mana							
Facility Name			Facility Address				
Facility Name			Facility Address				
Facility Name			Facility Address				

E. Signature of Tank Own	a or Operator	Date	Name and Title of Tank Own	•	á		
11/1-	xal	4/4/2013		nvironmental E	ngineer		
Signature of Witness or Nota	7-17>	Date	Name of Witness or Notary	D 111.1 A	5.5		
no 2 / ha fee 4/4/13			Eric Dugdale, Facilities Operations Manager				

(Instructions on Next Page)

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

FAO 252744 NO PLOT PLAN.

A. General Information

Site Address: 930 Ames Ave, Milpitas, CA

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.

Facilty Name: Lumileds Lighting			Bldg. No.:	
Site Address: 350 W. Trimble Road			City: San Jose, CA	Zip: 95131
Facility Contact Person: Clair LeHere			Contact Phone No.: (408	3) 230-1380
Make/Model of Monitoring System: Gill	barco EMC		Date of Testing/Service:	3/19/2012
B. Inventory of Equipment Te	ested/Certifie	ed		
Check the appropriate boxes to indicate s	specific equipment	inspected/serviced:		
Tank ID: Tank 1 - Diesel			Tank ID:	
☐ In Tank Guaging Probe.	Model:		☐ In Tank Guaging Probe.	Model:
✓ Annular Space Sensor.	Model:	0794390-409	Annular Space Sensor.	` Model:
☑ Piping Sump / Trench Sensor(s).		AO-02592000010	Piping Sump / Trench Sensor(s	i). 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 Sens	or. Model:
Other (specify equipment type and	model in Section	E on Page 2).	41 <u></u>	and model in Section E on Page 2).
Tank ID:			Tank ID:	
☐ In Tank Guaging Probe.	Model:		☐ In Tank Guaging Probe.	Model:
Annular Space Sensor.	Model:		Annular Space Sensor.	Model:
Piping Sump / Trench Sensor(s).	Model:	8.5	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 Sens	or. 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.	Model:		Dispenser Containment Sensor	. Model:
Shear Valve(s).			☐ Shear Valve(s).	
Dispenser Containment Float(s) and	l Chain(s).	1	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:			Dispenser ID:	
Dispenser Containment Sensor.	Model:		Dispenser Containment Sensor	, Model:
Shear Valve(s).			Shear Valve(s).	
Dispenser Containment Float(s) and	l Chain(s).	-	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:			Dispenser ID:	
Dispenser Containment Sensor.	Model:		Dispenser Containment Sensor	. Model:
Shear Valve(s).			Shear Valve(s).	
Dispenser Containment Float(s) and	l Chain(s).		Dispenser Containment Float(s	and Chain(s).
*If the facility contains more tanks or dis	spensers, copy th	is form. Include info	rmation for every tank and dispense	er at the facility.
C. Certification - I certify that the	oguinment ider	stified in this docu	mont was inspected/serviced in a	coordance with the manufacturers'
				rify that this information is correct and
				reports, I have also attached a copy of
the report; (check all that apply):			System set-up 🔽 Alarm I	Jirton, Bonort
		Ľ	⊒ System Set-up V Alarm r	listory Report
Technician Name: Elmer P. Mo	ortera		Signature:	
Certification No.: A28170			Liscense No.: 396575 A / B	/ C-10 / HAZ
Testing Company Name: Balch	Detroloum		Phone No.: 40	•
Tesung Company Name. Dalon	i i cu dicultii		FIIONE NO 40	U-342-0000

Date of Testing/Service: 3/19/2012

Monitoring System Certification

D. Results of Testing/Servicing Software Version Installed: 123.01 Complete the following checklist: ✓ Yes No* Is the audible alarm operational? ✓ Yes Is the visual alarm operational? **V** Yes Were all sensors visually inspected, fuctionally tested, and confirmed operational? □ No* Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not inter ☐ No* ✓ Yes with their proper operation? 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 monitorin ☐ No* Yes system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? ☑ N/A (Check all that apply) ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Yes; No. Did you confirm positive shut-down due to leakand sensor failure/disconnection? □ No* ✓ N/A Yes For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfil prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating propelly? If so, at what percent of tank capacity does the alarm trigger? 90% ☐ Yes* **☑** No Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list manufacturer name and model for all replacement parts in Section E, below. Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) **☑**No ☐ Yes* If Yes, describe in Section E. Product; Water. ✓ Yes ☐ No* Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable ✓ Yes Is all monitoring equipment operational per manufacturer's specifications? 'In Section E below, descirbe how and when these deficiencies were or will be corrected. E. Comments: Note: UST system used for a stand by generator.

Monitor	ing Syste	em Certification						
F. In-Ta	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 sec	tion must	t be completed if in-tank gauging equipment is used to perform leak detection monitoring.						
Complet	e the follo	owing 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*		Nas 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 Secti	on H, belo	ow, describe how and when these deficiencies were or will be corrected.						
G. Line	Leak Det	tectors (LLD):						
Complet	e the follo	owing checklist:						
Yes		For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance the certification.	hat					
	∐ N/A	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	UNo*	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* □ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fatest?	ails					
Yes	□ No* □ N/A	For electronis LLDs, have all accessbiele wiring connections been visually inspected?						
Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?						
*In Section	on H, belo	bw, describe how and when these deficiencies were or will be corrected.						
H. Comi	ments:							
1.3		tem used for a stand by generator.						
			-					
								



Spill Containment Testing

1. FACILITY INFORMATION

Date of 3/19/2012	
Phone: (408) 230-1380	
Greg Breshears	
_	Phone: (408) 230-1380

2. TESTING CONTRACTOR INFORMATION

	Test: SLB Licensed Contractor	□ SWRCB Licensed Tank Tester					
	SLB Licensed Contractor	CWDCD Licensed Tenls Tester					
License Type: A/		□ SWACE Licensed Talk Tester					
- A	B / C-10 / HAZ	License Number: 396575					
Manufacturer Training							
Manufacturer		Component(s)	Date Training Expires				
Ronan	Hydrostatic Sump Tester		NA				
Caldwell Hyd		rostatic Sump Tester	NA				

3. SUMMARY OF TEST RESULTS

5. SCHEMIC OF TEST RESULTS									
Component	Pass	Fail		Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								
									. 🗆
									. 🗆

Notes:		
Testing water is recycled.		

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: 3/19/2012





4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With	Spill/Overfill Co	ontainment Boxes	; <u> </u>					
Spill/Overfill Containment Bo	Spill/Overfill Containment Boxes are Present, but were Not Tested							
Test Method Developed By:	□ Spill B	Bucket Manufactu	rer X Indu	stry Standard	□ Professional	Engineer		
	□ Other	(Specify)			****			
Test Method Used:	☐ Pressu	re	□ Vacu	ium	X Hydrostatic			
	☐ Other					-		
Test Equipment Used: Ronan	/Caldwell Hydros				solution: 0.0000			
	Box#	Box #	Box #	Box #	Box#	Box #		
Bucket Diameter:	~12"	DOX#	DOX#	DOX #	DOX #	DOX#		
Bucket Diameter. Bucket Depth:	~12"							
Wait time between applying	~18							
pressure/vacuum/water and	10 min							
starting test:								
Test Start Time:	9:30 am							
Initial Reading (R _I):	1 st Line							
Test End Time:	. 10:00 am							
Final Reading (R _F):	1 st Line							
Test Duration:	30 min.							
Change in Reading (R _F -R _I):	0							
Pass/Fail Threshold or Criteria:		PASS = No L	oss or Loss of 0	.0020" or less i	n 30 minutes			
Test Result:	XPass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail		
Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)								
Note:	Caldwell sun	np tester used f	for hydrostatic	testing of spill	l bucket.			
-								

**************************************	<u></u>							
	AND LANGUAGE AND							

***************************************						······		

PIV & Street Valve Monthly Check

Date: 4/18/12 | Checked by: CL

	Open	Closed	Locked
PIV 1			
PIV 2	سسسس		<u> </u>
PIV 3	1		
PIV 4			
PIV 5			
PIV 6	4		
PIV tank drain			
PIV 8	سسسنة		
PIV 11	حــــــ		
PIV 12	ت ــــــــــــــــــــــــــــــــــــ	_	<u> </u>
PIV 13			
PIV 14		-	<u> </u>
PIV 15			<u> </u>
PIV 16)		L
PIV 17		i	4
PIV 18			نس
PIV 19	4		<u></u>
PIV 20			
Street Valve	مسسم		ر ا
Check Valves			

Door Loc.	0	Clear	path (Y/N)
1BM8		(X)	N	
1BQ5		(Y)	N	
1BS5		(V)	N	
11C7		(Y)	N	
11C5		(4)	N	
11T2		Q	N	
01M10		02	N	
01L7		CV/	N	
01C8		W	N	
01D3		Ϋ́	N)	
01G2		(1)	N	
01M3		(1)	N	
01M5		(1)	N	
Fuel Containme	ent	Clea	n (Y/N)
		(V)	N	



Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Philips Lumileds Lighting Company		Date of 3/19/2014	
Facility Address:	350 W. Trimble Road, San Jose, CA 951	31		
Facility Contact:	Clair LeHere	Phone:	e: (925) 980-8453	
Date Local Agency Wa	as Notified of Testing:	27/2014	4	
Name of Local Agency Inspector (if present during testing):				

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.				
Technician Condu	Technician Conducting Test: Elmer P. Mortera					
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester				
License Type:	A / B / C-10 / HAZ	License Number: 396575				
Manufacturer Training						
Manufactur	er	Component(s)	Date Training Expires			
Ronan	Hyd	rostatic Sump Tester	NA			
Caldwell	Hyd	rostatic Sump Tester	NA			

3. SUMMARY OF TEST RESULTS

5. SUMMART OF TEST RESULTS										
Component	Pass	Fail		Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made	
Diesel Fill Bucket	X									

Notes:						
Testing water is recycled.						
	•	•	•	•	•	

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: 3/19/2014



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With	-								
Spill/Overfill Containment Boxes are Present, but were Not Tested									
Test Method Developed By:	•	ucket Manufactu	rer X Indus	stry Standard	☐ Professional	Engineer			
	□ Other (
Test Method Used:	☐ Pressur		□ Vacu	um	X Hydrostatic				
	☐ Other (<u> </u>					
Test Equipment Used: Ronan/	Caldwell Hydros	tatic Sump Tester	r	Equipment Re	solution: 0.0000				
	Box #	Box #	Box #	Box #	Box #	Box #			
Bucket Diameter:	~12"								
Bucket Depth:	~18"								
Wait time between applying pressure/vacuum/water and starting test:	+/- 10 Min								
Test Start Time:	9:30 am								
Initial Reading (R _I):	1 st Line								
Test End Time:	10:00 am								
Final Reading (R _F):	1 st Line								
Test Duration:	30 min.								
Change in Reading (R _F -R _I):	0								
Pass/Fail Threshold or Criteria:		PASS = No L	loss or Loss of 0	0.0020" or less i	n 30 minutes				
Test Result:	X Pass 🗆 Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail			
Comments – (include infor									
Note:	Caldwell sun	np tester used t	for hydrostatic	testing of spil	l bucket.				

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 Drdg. No.: Facility Name Philips Lumileds Lighting Company City: San Jose Site Address: **370 W. Trimble Road** Zip: **95131** Contact Phone No.: (408) 435-4316 Facility Contact Person: Make/Model of Monitoring System: **Veeder-Root TLS-350**Date of Testing/Servicing: **3/18/2015 B.** Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced: Tank ID: T1: Diesel Tank ID: ☐ In-Tank Gauging Probe. ☐ In-Tank Gauging Probe. Model: Annular Space or Vault Sensor. Model: **0794380-407** Annular Space or Vault Sensor. Piping Sump / Trench Sensor(s). Model: 0794380-208 ☐ Piping Sump / Trench Sensor(s). Model: Fill Sump Sensor(s). Model: Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. ☐ Mechanical Line Leak Detector. Model: Model: Model: ☐ Electronic Line Leak Detector. ☐ Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: ☐ Tank Overfill / High-Level Sensor. 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. In-Tank Gauging Probe. Annular Space or Vault Sensor. Annular Space or Vault Sensor. Model: Model: ☐ Piping Sump / Trench Sensor(s). ☐ Piping Sump / Trench Sensor(s). 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 System set-up Alarm history report reports, I have also attached a copy of the report; (check all that apply): Technician Name (print): Robert Henninger Signature: License. No.: **396757** Certification No.: **A25027** Testing Company Name: Balch Petroleum Phone No.: (408) 942-8686 Testing Company Address: 930 Ames Avenue, Milpitas, CA 95035 Date of Testing/Servicing: "3/18/2015

Page 1 of 4

D. Results of Testing/Servicing

Software	Version Ins	talled: 123.01
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? (<i>Check all that apply</i>) \square Sump/Trench Sensors; \square Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? \square Yes; \square 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?
		ts: UST system used for a stand by generator.

F. In-	Fank Ga	uging / 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 see	This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.							
Complet	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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.						
G. Lin	e Leak D	Detectors (LLD): © Check this box if LLDs are not installed.						
Complet	te the follow	wing checklist:						
☐ Yes	□ No* □ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: 3 g.p.h.; 0.1 g.p.h; 0.2 g.p.h.						
☐ Yes	□ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?						
☐ Yes	□ No*	Was the testing apparatus properly calibrated?						
☐ Yes	□ No*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?						
	□ N/A							
☐ 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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.						
H. Cor	nments:	Suction system.						

Page 3 of 4

MONITORING SYSTEM CERTIFICATION

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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.

A. General Information

Facility Name: Lumileds LLC	Bldg. No.:				
Site Address: 370 W. Trimble Road	City: San Jose Zip: 95131				
Facility Contact Person: Clair LeHere	Contact Phone No.: (925) 980-8453				
Make/Model of Monitoring System: Veeder-Root TLS-350	Date of Testing/Servicing: 2/17/2016				
B. Inventory of Equipment Tested/Certified					
Check the appropriate boxes to indicate specific equipment inspected/serv	viced:				
Tank ID: T1: Diesel	Tank ID:				
☐ In-Tank Gauging Probe. Model:	In-Tank Gauging Probe. Model:				
Annular Space or Vault Sensor. Model: 0794380-407	Annular Space or Vault Sensor. Model:				
Piping Sump / Trench Sensor(s). Model: 0794380-208	Piping Sump / Trench Sensor(s). Model:				
Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). 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 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:					
Fill Sump Sensor(s). Model:	Fill Sump Sensor(s). 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).				
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. Inc	clude information for every tank and dispenser at the facility.				
manufacturers' guidelines. Attached to this Certification is	fied in this document was inspected/serviced in accordance with the s information (e.g. manufacturers' checklists) necessary to verify that this of monitoring equipment. For any equipment capable of generating such that apply):				
Technician Name (print): Robert Henninger	Signature: Role Her				
Certification No.: A25027	License. No.: 396757				
Testing Company Name: Balch Petroleum	Phone No.: (408) 942-8686				
Testing Company Address: 930 Ames Avenue, Milpitas, C	CA 95035 Date of Testing/Servicing: 2/17/2016				
<u> </u>					

Page 1 of 4

D. Results of Testing/Servicing

Software	Version Ins	talled: 123.01
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? (<i>Check all that apply</i>) \square Sump/Trench Sensors; \square Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? \square Yes; \square 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?
		ts: UST system used for a stand by generator.

F. In-	Fank Ga	uging / 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 see	This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.							
Complet	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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.						
G. Lin	e Leak D	Detectors (LLD): © Check this box if LLDs are not installed.						
Complet	te the follow	wing checklist:						
☐ Yes	□ No* □ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: 3 g.p.h.; 0.1 g.p.h; 0.2 g.p.h.						
☐ Yes	□ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?						
☐ Yes	□ No*	Was the testing apparatus properly calibrated?						
☐ Yes	□ No*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?						
	□ N/A							
☐ 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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.						
H. Cor	nments:	Suction system.						

Page 3 of 4



Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC		Date of 2/17/2016			
Facility Address:	370 W. Trimble Road, San Jose, CA 9513	1				
Facility Contact:	Clair LeHere	Phon	ne: (925) 980-8453			
Date Local Agency Was Notified of Testing: 1/26/2016						
Name of Local Agency Inspector (if present during testing):						

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.				
Technician Conducting Test: Robert Henninger						
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester				
License Type:	A / B / C-10 / HAZ	License Number: 396575				
Manufacturer Training						
Manufactur	rer	Component(s)	Date Training Expires			
Ronan	Hyd	rostatic Sump Tester	NA			
Caldwell	Hyd	rostatic Sump Tester	NA			

3. SUMMARY OF TEST RESULTS

5. SUMMART OF TEST RESULTS										
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made	
Diesel Fill Bucket	X									

Notes:		
Testing water is recycled.		

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: 2/17/2016



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped with	Spill/Overfill Con	ntainment Boxes				
Spill/Overfill Containment Bo	exes Are Present,	but were Not Tes	sted 🗆			
Test Method Developed by:	☐ Spill Bucket Manufacturer X Industry Standard ☐ Professional Engineer					Engineer
	☐ Other ((Specify)				
Test Method Used:	☐ Pressur	re	□ Vacu	um	X Hydrostatic	
	☐ Other ((Specify)				
Test Equipment Used: Ronan/	Caldwell Hydros	tatic Sump Tester	r	Equipment Re	solution: 0.0000	
	Box # 87 Fill	D //	D //	D //	T	T
		Box #	Box #	Box #		
Bucket Diameter:	12"					
Bucket Depth:	20"					
Wait time between applying pressure/vacuum/water and starting test:	+/- 30 min					
Test Start Time:	9:30 am					
Initial Reading (R _I):	1 ST Line					
Test End Time:	10:00 am					
Final Reading (R _F):	1 ST Line					
Test Duration:	30 Minutes					
Change in Reading (R _F -R _I):	No Loss					
Pass/Fail Threshold or Criteria:		PASS = No 1	Loss or Loss of 0.	0020" or less in	n 12 minutes	
Test Result:	X Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
1 est Result.	24 1 433 🗆 1 411					
Comments – (include infor	mation on repair	s made prior to to	esting, and recom	mended follow-u	p for failed tests)	
	1	1	<i>G</i> ,	J 1		
-						

MONITORING SYSTEM CERTIFICATION

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A. General Information

Facility Name: Lumileds LLC	Bldg. No.:
Site Address: 370 W. Trimble Road	City: San Jose Zip: 95131
Facility Contact Person: Eric Dugdale	Contact Phone No.: (408) 964-2537
Make/Model of Monitoring System: Veeder-Root TLS-350	Date of Testing/Servicing: 2/17/2017
B. Inventory of Equipment Tested/Certified	
Check the appropriate boxes to indicate specific equipment inspected/serv	riced:
Tank ID: T1: Diesel	Tank ID:
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
Annular Space or Vault Sensor. Model: 0794380-407	Annular Space or Vault Sensor. Model:
☐ Piping Sump / Trench Sensor(s). Model: 0794380-208	Piping Sump / Trench Sensor(s). Model:
Fill Sump Sensor(s). Model:	<u> </u>
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:	□ · · · · · · · · · · · · · · · · · ·
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. Inclu	ude information for every tank and dispenser at the facility.
C. Certification - I certify that the equipment identified in the	his document was inspected/serviced in accordance with the manufacturers
	.g. manufacturers' checklists) necessary to verify that this information i
correct and a Plot Plan showing the layout of monitoring equi	ipment. 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): Robert Henninger	Signature: Pluttle
Certification No.: A25027	License. No.: 396575
Testing Company Name: Balch Petroleum	Phone No.: (408) 942-8686
Testing Company Address: 930 Ames Avenue, Milpitas, Ca	A 95035 Date of Testing/Servicing: 2/17/2017
5 1 7 <u></u>	

Page 1 of 4

D. Results of Testing/Servicing

Software '	Version Ins	talled: 123.01
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) \(\supposition \text{Sump/Trench Sensors; } \supposition \text{Dispenser Containment Sensors.} \) Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \(\supposition \text{Yes; } \supposition \text{No.} \)
☐ 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?
		ts: UST system used for a stand by generator.

F. In-T	Tank Ga		gauging is used only for inventory control. ank gauging or SIR equipment is installed.				
This sec	This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.						
Complet	e the follov	owing 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 residual	due 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 checkle	ist completed?				
* In Sect	ion H, belo	elow, describe how and when these deficiencies were or will be corre	ected.				
G. Lin	e Leak D	Detectors (LLD): ⊠ Check this box if LLDs are not installed	l.				
Complet	e the follov	owing checklist:					
☐ Yes	□ No* □ N/A	For equipment start-up or annual equipment certification, was a l					
☐ Yes	□ No*	Were all LLDs confirmed operational and accurate within regulatory	requirements?				
☐ Yes	□ No*	Was the testing apparatus properly calibrated?					
☐ Yes	□ No* □ N/A	1	s a leak?				
☐ Yes	□ No* □ N/A		LD detects a leak?				
☐ Yes	□ No* □ N/A		portion of the monitoring system is disabled				
☐ Yes	□ No* □ N/A	7	ortion of the monitoring system malfunctions				
☐ Yes	□ No* □ N/A	,	ually inspected?				
☐ Yes	□ No*	Were all items on the equipment manufacturer's maintenance checkle	ist completed?				
		elow, describe how and when these deficiencies were or will be correct. Suction system.	ected.				

Page 3 of 4



Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC		Date of	2/17/2017
Facility Address:	370 W. Trimble Road, San Jose, CA 951	31		
Facility Contact:	Eric Dugdale	Phone:	(408) 964	1-2537
Date Local Agency Wa	8/2017			
Name of Local Agency				

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.				
Technician Conducting Test: Robert Henninger						
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester				
License Type:	A / B / C-10 / HAZ	License Number: 396575				
		Manufacturer Training				
Manufactur	er	Component(s)	Date Training Expires			
Ronan	Hyd	rostatic Sump Tester	NA			
Caldwell Hyd:		rostatic Sump Tester	NA			

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								

Notes:		
Testing water is recycled.		

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: 2/17/2017



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped with Spill/Overfill Containment Boxes	
Spill/Overfill Containment Boxes Are Present, but were Not Tested	
Test Method Developed by: ☐ Spill Bucket Manufacturer X Industry Standard ☐ Professional Expressional Expression Expressi	ngineer
\Box Other (Specify)	
Test Method Used: Pressure Vacuum X Hydrostatic	
□ Other (<i>Specify</i>)	
Test Equipment Used: Ronan/Caldwell Hydrostatic Sump Tester Equipment Resolution: 0.0000	
D #07 F!H D # D #	
Box # 87 Fill Box # Box # Box #	
Bucket Diameter: 12"	
Bucket Depth: 20"	
Wait time between applying pressure/vacuum/water and starting test:	
Test Start Time: 9:00 am	
Initial Reading (R _I): 1 ST Line	
Test End Time: 9:30 am	
Final Reading (R _F): 1 ST Line	
Test Duration: 30 Minutes	
Change in Reading (R _F -R _I): No Loss	
Pass/Fail Threshold or Criteria: PASS = No Loss of 0.0020" or less in 12 minutes	
	☐ Pass ☐ Fail
1 to serve the server of the s	
Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)	

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: Lumileds LLC	Bldg. No.:			
Site Address: 370 W. Trimble Road	City: San Jose Zip: 95131			
Facility Contact Person: Eric Dugdale	Contact Phone No.: (408) 964-2537			
Make/Model of Monitoring System: Veeder-Root TLS-350	Date of Testing/Servicing: 2/16/2018			
B. Inventory of Equipment Tested/Certified	Date of Testing Servicing. 2110/2010			
Check the appropriate boxes to indicate specific equipment inspected/serviced	:			
Tank ID: T1: Diesel	Tank ID:			
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:			
Annular Space or Vault Sensor. Model: 0794380-407	Annular Space or Vault Sensor. Model:			
☐ Piping Sump / Trench Sensor(s). Model: 0794380-208	☐ 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 Leels Detector Models	Electronic Line Leels 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: Electronic Line Leak Detector. Model:				
	<u> </u>			
☐ 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).			
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.			
manufacturers' guidelines. Attached to this Certification is inf	in this document was inspected/serviced in accordance with the formation (e.g. manufacturers' checklists) necessary to verify that this nonitoring equipment. For any equipment capable of generating such apply): System set-up Alarm history report			
Technician Name (print): Robert Henninger	Signature: Role Her			
Certification No.: A25027	License. No.: 396575			
Testing Company Name: Balch Petroleum	Phone No.: (408) 942-8686			
Testing Company Address: 930 Ames Avenue, San Jose, CA	<u></u>			
	East of found por fining.			

Page 1 of 4

D. Results of Testing/Servicing

Software	Software Version Installed: 123.01					
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? (<i>Check all that apply</i>) \square Sump/Trench Sensors; \square Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? \square Yes; \square 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?				
		ts: UST system used for a stand by generator.				

F. In-	Fank Ga	uging / 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 see	This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.						
Complet	e the follo	wing 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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.					
G. Lin	e Leak D	Detectors (LLD): © Check this box if LLDs are not installed.					
Complet	te the follow	wing checklist:					
☐ Yes	□ No* □ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: 3 g.p.h.; 0.1 g.p.h; 0.2 g.p.h.					
☐ Yes	□ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?					
☐ Yes	□ No*	Was the testing apparatus properly calibrated?					
☐ Yes	□ No*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?					
	□ N/A						
☐ 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 Sect	tion H, bel	ow, describe how and when these deficiencies were or will be corrected.					
H. Cor	nments:	Suction system.					

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Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC	Date of	2/16/2018		
Facility Address:	370 W. Trimble Road, San Jose, CA 95131				
Facility Contact:	Eric Dugdale	Phone:	(408) 964-2537		
Date Local Agency Was Notified of Testing: 1/26/2018					
Name of Local Agency Inspector (if present during testing):					

2. TESTING CONTRACTOR INFORMATION

Company Name: Balch Petroleum Contractors & Builders, Inc.					
Technician Conducting Test: Robert Henninger					
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester			
License Type:	A / B / C-10 / HAZ	License Number: 396575			
Manufacturer Training					
Manufacturer		Component(s)	Date Training Expires		
Ronan	Hyd	rostatic Sump Tester	NA		
Caldwell Hyd		rdrostatic Sump Tester NA			
	-				

3. SUMMARY OF TEST RESULTS

5. SUMMART OF TEST RESULTS									
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								

	 <u>'</u>	!		Į.
Notes:				
Testing water is recycled.				

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: 2/16/2018



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped with	Spill/Overfill Cor	ntainment Boxes				
Spill/Overfill Containment Boxes Are Present, but were Not Tested						
Test Method Developed by:	☐ Spill Bucket Manufacturer X Industry Standard ☐ Professional Engineer					Engineer
	☐ Other ((Specify)				
Test Method Used:	☐ Pressur	re	□ Vacu	ium	X Hydrostatic	
	☐ Other ((Specify)				
Test Equipment Used: Ronan/	Caldwell Hydros	tatic Sump Tester	r	Equipment Re	solution: 0.0000	
	D # 05 E21	D //	D #	- D #	1	l
	Box # 87 Fill	Box #	Box #	Box #	1	
Bucket Diameter:	12"					
Bucket Depth:	20"					
Wait time between applying pressure/vacuum/water and starting test:	+/- 30 min					
Test Start Time:	9:00 am					
Initial Reading (R _I):	1 ST Line					
Test End Time:	9:30 am					
Final Reading (R _F):	1 ST Line					
Test Duration:	30 Minutes					
Change in Reading (R _F -R _I):	No Loss					
Pass/Fail Threshold or Criteria:		PASS = No l	Loss or Loss of 0.	.0020" or less in	12 minutes	
Test Result:	X Pass 🗆 Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail
Comments – (include infor	mation on repair	s made prior to to	esting, and recom	mended follow-u	p for failed tests)	

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 1 of 6)

This form must be used to document testing and servicing of underground storage tank (UST) monitoring equipment. • opy of this form must be provided to the UST ok er or operator. The ok er or operator must submit a copy of this form to the local agency regulating the USTs within 30 days of the date of the monitoring sycem certification.

	#w & CILITY INFORM	I TIOŸ					
CERS ID: 10132666			Date o	of Monitoring System		ation	
D : 10				2/28/20)19		
Business Name (Same as Facility Name or DBA-L Lumileds	Doing Business As)			" uilding #			
Business Site Address		City		 	ZIP Code		
370 W. Trimble Road		San Jose	e		5131		
	OUND STORAGE TANK SERVIO						
Name of Company Performing the Certification	OND OTORAGE TARK GERVI	DE TEOTIMO		ne #			
Balch Petroleum				(408) 94	2-8686	3	
Mailing Address				(100)01			
930 Ames Ave., Milpitas, CA 9503	35						
Name of UST Service Technician Performing the I		Certification)					
Robert Henninger	(
Contractor / Tank Tester License #	ICC Certification #		ICC Cer	rtification Expiration	n Dat€		
396575	5252265-UT			7/13/2			
Monitoring System Training and KOtifications (Lis	t all applicable certifications.)				Expira	tion Da	ıt€
Veeder-Root TLS-3XX Technician					4/15		
#	###w RESULTS OF TESTING	/ SERVICIN	IG				
Indicate and attach the following reports	•	•	•		Υ	N	٧
	JP 🔀	Alarm Hist	ory Rep	ort		14	,
Was any, onitoring equipment replaced1 (If "Yes," identify the specific devices replaced and	d list the manufacturer and model for all I	replacement pa	rts in sect	tion IV below.)		×	
Was damage, debris, or liquid found inside a (If "Yes," describe what was found in section IV be		?				\times	
Is all monitoring equipment operational per n (If "No," describe why in section IV below.)	nanufacturer's specifications?				X		
<u> </u>	#7w COMMENTS	3					
If directed to use this section, describe how and w	then the issues were or will be corrected.						
7.1. OEDTIELO 1.710	NI DV HOT OFDINOT TEOLIS "	/#N 00ND:	IOTINIO	TIME TEATER	^		
	ON BY UST SERVICE TECHN#9					n 0/n -	lo cf
I hereby, ertify that the equipment ident Regulations, Title 23, Divrcon 3, Chapter this certification is information (e.g., man to verif3 that this information and the site	16, Section 2638 and all informati ufacturers' checklists, - onitoring	on contained g €3€.e- set	l , erein -up,) laı	is true and accເ rm,istory repoເ	ırate	.) che	o. be

CERS = California Environmental Reporting System, ID = Identivi⊗tion, ICC = International Code Kouncil, Y = Yes, N = No, NA = Not Applica t€ UN-107 ktk .unidocs.org

UST Service Technician Signature

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

INVENTORY OF EQUIPMENT CERTIFIED A separate Monitoring System Certification Form must be prepared for each monitoring system control panel. Model of Monitoring System Control Panel Make of Monitoring System Control Panel Software Version Installed Veeder-Root TLS-350 133.06 Check the appropriate boxes to indicate specific equipment inspected/serviced. Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? T1: Diesel (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ▼ Annular Space or Vault Sensor 0794380-407 ☐ Annular Space or Vault Sensor ☐ VPH Sensor ☐ VPH Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) **Fill Piping Fill Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) **Vent Pipina Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) Sump Sensor 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ☐ Annular Space or Vault Sensor ☐ Annular Space or Vault Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Fill Piping Fill Piping ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vent Piping **Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump)

MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)						
Monitoring Devr. e Used Devrce Model #	Monitoring Devr. e Used Devrce Model #					
VENT / TR ∀ S#TION SUMP ID:	VENT / TR ∀S#TION SUMP ID:					
☐ Sump Sensor	☐ Sump Sensor					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID:					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID?					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID?	UDC ID?					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID:					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
	nitored by this monitoring system control panel. If the monitoring system					
control panel monitors more components than this form accommodate VII. %OM	es, additional copies of these pages may be attached. MENTS					
Use this section to provide additional comments about the inventory						
036 and 366aon to provide additional confinents about the inventory	ν οι αιο σγαιριποτιί σσταποα.					

MONITORING SYSTEM CERTIFI% TION FORM (() ge Bo* 6+ 7###W MONITORING SYSTEM ND PROGRAMMING This section must be completed if a monitoring panel is used to perform leak detection monitoring. Ν ٧ Are the visual and audible alarms operational? X Were all sensors visually wispected for kinks and reaks in the cables and for residual uildup to ensure that floats move GrEQ, X functionally tested, and confirmed operational? Were all sensors installed at KG Est point of secondary containment and positioned so that other equipment Gill not interfere Gith X their proper operation? Was monitoring system set-up reviewed to ensure proper settings? X Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational? X Does the floG of fuel stop at the dispenser if a leak is detected in the under-dispenser containment? X Does the turbine automatically s%ut doGn Withe piping secondary containment, nitoring system Qails to operate or wis electrically |X|disconnected? Does the turbine automatically shut doGn if the piping secondary containment monitoring system detects a leak? X Which sensors initiate positive shut doGn? (Check all that apply.) Sump Under-Dispenser Containment If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational? X For any answer of "N" above, describe in Section IX how and when these deficiencies were or will be corrected. #Cw **COMMENTS** Suction system. Cw #V-TAV! GAKGING TESTING Check this box if tank gauging is used only for inventory control. (Do not complete this section.) Υ N ٧ Check this box if **NO** tank gauging equipment is installed. (Do not complete this section.) This section must be completed if in-tank gauging is used to perform leak detection monitoring. Has all input Gwing een inspected for kinks and reaks in the cables and for proper entry and termination, including testing &r ground faults? Were all in-tank gauging probes visually inspected for damage and residue uildup to ensure that floats move freely, functionally tested, and confirmed operational? Was accuracy of system's product level readings tested? Was accuracy of system's Gater level readings tested? Were all probes reinstalled properly? Were all items on the equipment manufacturer's maintenance checklist completed? For any answer of "N" above, describe in Section XI how and when these deficiencies were or will be corrected. C#w **COMMENTS**

MONITORING SYSTEM CERTIFI% TION FORM '(age 5 of 6)											
C##w LINE LEAK DETECTOR TESTING											
Check this box if line leak detectors (LLD) are NOT wistalled. (Do not complete this section.) This section must be completed if LLDs are installed.							٧				
	ated to verify ++D performance?						+_	_	_	$^{+}$	_
	pply.) Simulated leak rate verified: 3 GPH 0.1 GP.				0.2 GP.]			
	pparatus properly calibrated1				0.2 01 .		\vdash	1	П		\Box
	enerator tank systems, does the LLD create an audŵle and visual alarm Ghen a leak is	de	tected?				╁╞	İΤ	Ħ	T	Ħ
	LDs, does the LLD restrict the floG through the pipe when a leak is detected?						╅	İΤ	Ħ		Ħ
	Ds, does the turbine automatically shut off G%en a leak is detected?							İΤ			П
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system is disc	able	d or disco	nn	ected?						
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system malfu	ıncti	ons or fail	s a	test?]			
For electronic LL	Ds, have all accessible wiring connections been visually inspected for kinks and breaks	?									
Were all items or	the equipment manufacturer's maintenance checklist completed?] [
	nfirmed operational within regulatory requirements?]			
For any answe	er of "N" above, describe in Section XIII how and when these issues wer	e o	r will be	со	rrected	1.					
	C###w COMMENTS										
Generator sys	tem.										ļ
	C#7w 7 CUUM / PRESSURE / HYDROSTATIC MONITORING	EG	UIPME	NT	TEST	IN	G				
	this box if VPH monitoring is NOT used. (Do not complete this section.) nust be completed if VPH monitoring is used to perform leak detection n	non	itoring.								
	ark all that applyQ		<u> </u>								
		Se	nsor Func	tior	nalitv	Inte	erstitia	al Co	mmı	ınic	cation
Sensor ID	Component(S) Monitored By This Sensor		Tes		,				est		
			Pass		Fail		Pa	SS] F	ail
			Pass		Fail	_[Pa	SS] F	ail
			Pass		Fail		Pa	SS		F	ail
			Pass		Fail	_[Pa	SS		F	ail
		<u> </u>	Pass	\underline{L}	Fail	Ļ	Pa	SS	<u></u>	F	ail
		Ļ	Pass	Ļ	Fail	ㅗ	_ Pa	SS	<u> </u>	F	ail
		<u> </u>	Pass	느	Fail	누	_ Pa		┝	=	ail
		누	Pass	늗	Fail	늗	_ Pa		<u> </u>	=	ail
		누	Pass	누	Fail	누	Pa		ᅷ	=	ail
		누	Pass	늗	Fail	늗	_ Pa		- -	=	ail
		┢	Pass	늗	Fail	늗	_ Pa		ᅷ	=	ail
* G Gas interstit	ial communication verified? Simulated Leak at Far Ends of the Interstitial Space		Pass	누	Fail Visual	_L	Pa				ail
. G Gas interest	Other (Describe the method in section XV below.)			F	Gauge		pecu	OH			
Was the vacuum		o (D	escribe th	e r			ection	XVI	belov	v.)	
	er of "Fail" above, describe in Section XV how and when these issues we									/	
	C7w COMMENTS										

REVIEWED

By Rob Ward at 9:56 am, Mar 30, 2020

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 1 of 6)

This form must be used to document testing and servicing of underground storage tank (UST) monitoring equipment. opy of this form must be provided to the UST ok er or operator. The ok er or operator must submit a copy of this form to the local agency regulating the USTs within 30 days of the date of the monitoring syc.em certification.

<u> </u>	#w & CILITY INFORM	TΙΟΥ					
CERS ID: 10132666			Date	of Monitoring System		ation	
Dusiness Name (Same as Facility Name of DDA)	Doing Business Asl			2/14/202	20		
Business Name (Same as Facility Name or DBA-Lumileds	Doing Business As)						
Business Site Address		City			P Code 5131		
370 W. Trimble Road	NUMB OTODAOE TANK OFFINIO	San Jose) 3		
##w UNDERGRO Name of Company Performing the Certification	OUND STORAGE TANK SERVICE	E TECHNIC		one #			
Balch Petroleum			FII	(408) 942	2-868	3	
Mailing Address			•				
930 Ames Ave., Milpitas, CA 9503							
Name of UST Service Technician Performing the	KOrtification (Print as shown on the ICC Co	ertification)					
Robert Henninger							
Contractor / Tank Tester License #	ICC Certification #		ICC Ce	ertification Expiration			
396575	5248052-UT			1/25/2			
Monitoring System Training and KOtifications (Lis					Expira		
Veeder-Root TLS-3XX Technician	n A28170				5/24	/202	U
#	###w RESULTS OF TESTING /	SERVICIN	G				
Indicate and attach the following reports	if the monitoring equipment is capa	able of gene	rating	either.	Υ	l N	٧
	JP X	Alarm Histo	ory Rep	port	Ť	N	V
Was any, onitoring equipment replaced1 (If "Yes," identify the specific devices replaced and	d list the manufacturer and model for all re	placement par	ts in sec	ction IV below.)		×	
Was damage, debris, or liquid found inside a (If "Yes," describe what was found in section IV be						X	
Is all monitoring equipment operational per n (If "No," describe why in section IV below.)	nanufacturer's specifications?				X		
	#7w COMMENTS				•		
If directed to use this section, describe how and w	then the issues were or will be corrected.						
7ŵ CERTIFICATIO	ON BY UST SERVICE TECHN#%	#N CONDU	CTING	3 THIS TESTING			
I hereby, ertify that the equipment ident						a ‰d	e of
Regulations, Title 23, Divrcon 3, Chapter this certification is information (e.g., man	16, Section 2638 and all information	n contained	, erein	is true and accur	ate.	.) che	o. be

UST Service Technician Signature

to verif3 that this information and the site plan shok ing the layout of UST system is complete and accurate.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

INVENTORY OF EQUIPMENT CERTIFIED A separate Monitoring System Certification Form must be prepared for each monitoring system control panel. Model of Monitoring System Control Panel Make of Monitoring System Control Panel Software Version Installed Veeder-Root TLS-350 133.06 Check the appropriate boxes to indicate specific equipment inspected/serviced. Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? T1: Diesel (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ▼ Annular Space or Vault Sensor 0794380-407 ☐ Annular Space or Vault Sensor ☐ VPH Sensor ☐ VPH Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) **Fill Piping Fill Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) **Vent Pipina Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) Sump Sensor 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ☐ Annular Space or Vault Sensor ☐ Annular Space or Vault Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Fill Piping Fill Piping ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vent Piping **Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump)

MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)						
Monitoring Devr. e Used Devrce Model #	Monitoring Devr. e Used Devrce Model #					
VENT / TR ∀ S#TION SUMP ID:	VENT / TR ∀S#TION SUMP ID:					
☐ Sump Sensor	☐ Sump Sensor					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID:					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID?					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID?	UDC ID?					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
UDC ID:	UDC ID:					
☐ Electronic Sensor	☐ Electronic Sensor					
☐ Mechanical Device	☐ Mechanical Device					
☐ VPH Sensor	☐ VPH Sensor					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:					
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)					
	nitored by this monitoring system control panel. If the monitoring system					
control panel monitors more components than this form accommodate VII. %OM	es, additional copies of these pages may be attached. MENTS					
Use this section to provide additional comments about the inventory						
036 and 366aon to provide additional confinents about the inventory	ν οι αιο σγαιριποτιί σσταποα.					

MONITORING SYSTEM CERTIFI% TION FORM (() ge Bo* 6+ 7###W MONITORING SYSTEM ND PROGRAMMING This section must be completed if a monitoring panel is used to perform leak detection monitoring. Ν ٧ Are the visual and audible alarms operational? X Were all sensors visually wispected for kinks and reaks in the cables and for residual uildup to ensure that floats move GrEQ, X functionally tested, and confirmed operational? Were all sensors installed at KG Est point of secondary containment and positioned so that other equipment Gill not interfere Gith X their proper operation? Was monitoring system set-up reviewed to ensure proper settings? X Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational? X Does the floG of fuel stop at the dispenser if a leak is detected in the under-dispenser containment? X Does the turbine automatically s%ut doGn Withe piping secondary containment, nitoring system Qails to operate or wis electrically |X|disconnected? Does the turbine automatically shut doGn if the piping secondary containment monitoring system detects a leak? X Which sensors initiate positive shut doGn? (Check all that apply.) Sump Under-Dispenser Containment If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational? X For any answer of "N" above, describe in Section IX how and when these deficiencies were or will be corrected. #Cw **COMMENTS** Suction system. Cw **#**V-TAY! GAKGING TESTING Check this box if tank gauging is used only for inventory control. (Do not complete this section.) Υ N ٧ Check this box if **NO** tank gauging equipment is installed. (Do not complete this section.) This section must be completed if in-tank gauging is used to perform leak detection monitoring. Has all input Gwing een inspected for kinks and reaks in the cables and for proper entry and termination, including testing &r ground faults? Were all in-tank gauging probes visually inspected for damage and residue uildup to ensure that floats move freely, functionally tested, and confirmed operational? Was accuracy of system's product level readings tested? Was accuracy of system's Gater level readings tested? Were all probes reinstalled properly? Were all items on the equipment manufacturer's maintenance checklist completed? For any answer of "N" above, describe in Section XI how and when these deficiencies were or will be corrected. C#w **COMMENTS**

	MONITORING SYSTEM CERTIFI% TION FORM	'(;	age 5 of 6)							
	C##w LINE LEAK DETECTOR TESTING	}									
	x if line leak detectors (LLD) are NOT wastalled. (Do not complete this section.)						Υ		N	٧	
	ated to verify ++D performance?							Η.			_
	pply.) Simulated leak rate verified: 3 GPH 0.1 GP.		1	\neg	0.2 GP.]
	pparatus properly calibrated1				0.2 01 .					Г	T
	enerator tank systems, does the LLD create an audŵle and visual alarm Ghen a leak is	de	tected?				Ħ	Ti	Ħ	İΤ	ī
	LDs, does the LLD restrict the floG through the pipe when a leak is detected?						一	Τi	Ħ	ΙĒ	ī
	Ds, does the turbine automatically shut off G%en a leak is detected?										Ī
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system is disc	able	d or disco	nne	ected?						Ī
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system malfu	ncti	ons or fails	s a	test?						
For electronic LL	Ds, have all accessible wiring connections been visually inspected for kinks and breaks	?									
Were all items or	the equipment manufacturer's maintenance checklist completed?										
	nfirmed operational within regulatory requirements?										
For any answe	er of "N" above, describe in Section XIII how and when these issues wer	e o	r will be	СО	rrected	1					
	C###w COMMENTS										
Generator sys	Generator system.										
	C#7w 7 CUUM / PRESSURE / HYDROSTATIC MONITORING	EG	UIPME	NT	TEST	IN	G				
	this box if VPH monitoring is NOT used. (Do not complete this section.) nust be completed if VPH monitoring is used to perform leak detection n	non	itorina.								
	ark all that applyQ Vacuum Pressure Hydrostatic										
0	Output (VO) Mariland B. This Output	Se	nsor Func	tior	nality	Inte	erstitia	l Cor	nmu	nicat	ion
Sensor ID	Component(S) Monitored By This Sensor		Test		,			Те			
			Pass		Fail		Pas	ss		Fai	1
			Pass] Fail	_[Pas	ss] Fai	l
			Pass		Fail		Pas	SS		Fai	1
			Pass		Fail	_[Pas	ss		Fai	1
		Ļ	Pass	\underline{L}	Fail	<u> </u>	Pas	SS	<u> </u>	Fai	
		Ļ	Pass	L	Fail	ㅗ	Pas	SS	ᆜ	Fai	
		누	Pass	느	Fail	늗	Pas		누	Fai	
		누	Pass	느	Fail	늗	_ Pas		누	Fai	
		누	Pass	닏	Fail	누	_ Pas		누	Fai	
		누	Pass	늗	Fail	늗	_ Pas		누	Fai	
		늗	Pass	늗	Fail	늗	Pas		누	Fai	
* G Gas interstit	ial communication verified? Simulated Leak at Far Ends of the Interstitial Space		Pass	누	Fail Visual	ا	_ Pas] Fai	
. G Gas interest	Other (Describe the method in section XV below.)			F	Gauge		pecuc	ווע			
Was the vacuum		o (D	escribe th	e r			ection	XV b	elow	.)	
	er of "Fail" above, describe in Section XV how and when these issues we									-/	
	C7w COMMENTS										

SYSTEM SETUP

FEB 14, 2020 8:38 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE'
ENGLISH
SYSTEM DATE TIME FORMAT
MON DD YYYY HH:MM:SS XM

LUMILED 350 W'TRIMBLE RD. SAN JOSE.CA. 95131

SHIFT TIME 1 : DISABLE SHIFT TIME 2 : DISABLED SHIFT TIME 3 : DISABLED SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN DISABLED TANK ANN TST NEEDED WRN DISABLED

LINE RE-ENABLE METHOD PASS LINE TEST

LINE PER TST NEEDED WRN DISABLED L'INE ANN TST NEEDED WRN DISABLED

PRINT TO VOLUMES ENABLED

TEMP COMPENSATION 60.0 WALUE (DEG F): 60 STICK HEIGHT OFFSET DISABLED DAYLIGHT SAVING TIME ENABLED START DATE MAR WEEK 2 SUN "START TIME 2:00 AM END DATE SUN NOV WEEK 1 END TIME 21.00 AM

SYSTEM SECURITY CODE : 000000

CUSTOM ALARM LABELS DISABLED IN-TANK SETUP

T 1:DIESEL
PRODUCT CODE : 1
THERMAL COEFF :.000470
TANK DIAMETER : 92.00
TANK PROFILE : 1 PT
FULL VOL : 12000

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 12000 OVERFILL LIMIT : 90%

: 10800 HIGH PRODUCT : 95% : 11400 DELIVERY LIMIT : 10% : 1200

LOW PRODUCT : 1000 LEAK ALARM LIMIT: 99 SUDDEN LOSS LIMIT: 99 TANK TILT : 0.00 PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS T#: NONE

LINE MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%

LEAK MIN ANNUAL : 0%

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

THE TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN PUMP THRESHOLD : 10.00% COMMUNICATIONS SETUP

PORT SETTINGS:

NONE FOUND

RS-232 END OF MESSAGE

LEAK TEST METHOD

TEST ON DATE : ALL TANK JAN 1. 1996 START TIME : DISABLED

START TIME : DISABLED TEST RATE : 0.20 GAL/HR DURATION : 2 HOURS

TST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT NORMAL

LIQUID SENSOR SETUP

L 1:ANNULAR TRI-STATE (SINGLE FLOAT) CATEGORY : ANNULAR SPACE

L 2:PIPING SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : PIPING SUMP

OUTPUT RELAY SETUP

R 1:ALARM TYPE: STANDARD NORMALLY OPEN

IN-TANK ALARMS

T 1:LEAK ALARM T 1:HIGH WATER ALARM T 1:0VERFILL ALARM

T 1:LOW PRODUCT ALARM

T 1:PROBE OUT T 1:HIGH WATER WARNING

T 1:DELIVERY NEEDED

LIQUID SENSOR ALMS

L 1:FUEL ALARM

L 2:FUEL ALARM

L 1:SENSOR OUT ALARM L 2:SENSOR OUT ALARM

L 1:SHORT ALARM L 2:SHORT ALARM

ALARM HISTORY REPORT

---- SENSOR ALARM --L 1:ANNULAR ANNULAR SPACE FUEL ALARM FEB 28, 2019 2:03 PM

FUEL ALARM FEB 28, 2019 2:03 PM

FUEL ALARM FEB 28, 2019 2:02 PM

* * * * * END * * * * *

RECONCILIATION SETUP

AUTOMATIC DAILY CLOSING TIME: 2:00 AM

PERIODIC RECONCILIATION MODE: MONTHLY

TEMP COMPENSATION STANDARD

BUS SLOT FUEL METER TANK TANK MAP EMPTY

ALARM HISTORY REPORT

---- SENSOR ALARM ----L 2:PIPING SUMP PIPING SUMP FUEL ALARM FEB 28, 2019 9:44 AM

FUEL ALARM FEB 16, 2018 9:28 AM

FUEL ALARM FEB 16, 2018 9:27 AM

* * * * * END * * * * *

From: Ward, Robin
To: Etulle, Karl

Cc: <u>Joanna Chavez; Cole, Mitchell</u>

Subject: RE: Lumileds Monitoring System Certification Reports

Date: Friday, March 27, 2020 10:54:00 AM

Hello Joanna,

I will file the Monitoring System Certification Reports for Lumileds but the report but please not that it is NOT complete.

As I have stated before, technicians must submit the printouts or other data from monitoring systems with each report.

This will ultimately result in a violation for your facilities if this practice continues and is not modified.

When it is possible to safely to do so, please forward a completed report with the required results. If that is not currently possible, please set a calendar reminder for this to be completed in the following months.

Thank you for your time. Regards,

Thank you.

From: Joanna Chavez < joanna@balchpetroleum.com>

Sent: Wednesday, March 18, 2020 7:30 AM

To: USTinspector <<u>USTinspector@deh.sccgov.org</u>>; Cole, Mitchell <<u>mitchell.cole@lumileds.com</u>>

Subject: [EXTERNAL] Lumileds Monitoring System Certification Reports

Hi,

Please see attached Lumileds MSC report.

Thank you.

Joanna Chavez



Service Administrator

Phone: (408) 942-8686 ext: 104

USTinspector

From: Joanna Chavez <joanna@balchpetroleum.com>

Sent: Wednesday, March 18, 2020 7:30 AM

To: USTinspector; Cole, Mitchell

Subject: [EXTERNAL] Lumileds Monitoring System Certification Reports

Attachments: Lumileds.MSC.20.pdf; Lumileds.SB.20.pdf

Categories: Test Reports to be Filed

Hi,

Please see attached Lumileds MSC report.

Thank you.

Joanna Chavez



Service Administrator

Phone: (408) 942-8686 ext: 104

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 1 of 6)

This form must be used to document testing and servicing of underground storage tank (UST) monitoring equipment. ..., opy of this form must be provided to the UST ok ner or operator. The ok er or operator must submit a copy of this form to the loca4 agency regulating the USTs within 30 days of the date of the monitoring syce.em certification.

	#w & CILITY INFO	RM TION						
CERS ID: 10132666			Date o	f Monitoring Systen		ition		
D : N (0				2/14/20	120			
Business Name (Same as Facility Name or DBA-L Lumileds	Joing Business As)			" uilding #				
Business Site Address		City		7	IP Code			
370 W. Trimble Road		San Jos	e		5131			
	UND STORAGE TANK SER							
Name of Company Performing the Certification				ne #				
Balch Petroleum				(408) 94	2-8686	3		
Mailing Address				(/				
930 Ames Ave., Milpitas, CA 9503	35							
Name of UST Service Technician Performing the		CC Certification)						
Robert Henninger	·	,						
Contractor / Tank Tester License #	ICC Certification #		ICC Cer	tification Expiration	Dat€			
396575	5248052-UT			1/25/2	2022			
Monitoring System Training and KOtifications (List	t all applicable certifications.)				Expirat	ion Da	t€	
Veeder-Root TLS-3XX Technician	n A28170				5/24	/202	0	
-	###w RESULTS OF TESTII							
Indicate and attach the following reports		-	_		Υ	N	٧	
Monitoring System Set-u	ıp		ory Rep	ort				
Was any, onitoring equipment replaced? (If "Yes," identify the specific devices replaced and			rts in sect	ion IV below.)		X		
Was damage, debris, or liquid found inside a (If "Yes," describe what was found in section IV be		ms?				X		
Is all monitoring equipment operational per n (If "No," describe why in section IV below.)	nanufacturer's specifications?				X			
	#7w COMMEN	ITS						
If directed to use this section, describe how and w	hen the issues were or will be correc	ted.						
7w CERTIFI% TIO	N BY UST SERVICE TECHN	1#0/ #NI CONDI	ICTING	TUIC TECTING	2			
						Cod	e of	
Regulations, Title 23, Divrcon 3, Chapter this certification is information (e.g., man	hereby, ertify that the equipment identified in this document k) € inspected/servrced in accordance k rth California Code of Regulations, Title 23, Divr€on 3, Chapter 16, Section 2638 and all information contained herein is true and accurate. ttached .o chis certification is information (e.g., manufacturers' checklists, monitoring €3€.em set-up, alarm, istory report, etc.) neces€)ry to verif3 that this information and the site plan shok ing the layout of UST system is complete and accurate.							

CERS = California Environmental Reporting System, ID = Identination, ICC = International Code Kouncil, Y = Yes, N = No, NA = Not Applica RC UN-107 kkk .unidocs.org

Flank at

UST Service Technician Signature

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

INVENTORY OF EQUIPMENT CERTIFIED A separate Monitoring System Certification Form must be prepared for each monitoring system control panel. Make of Monitoring System Control Panel Model of Monitoring System Control Panel Software Version Installed Veeder-Root TLS-350 133.06 Check the appropriate boxes to indicate specific equipment inspected/serviced. Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? T1: Diesel (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ▼ Annular Space or Vault Sensor 0794380-407 ☐ Annular Space or Vault Sensor ☐ VPH Sensor ☐ VPH Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) **Fill Piping Fill Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vent Pipina **Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) Sump Sensor 0794380-208 ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Monitoring Devr. e Used Devrce Model # Monitoring Devr. e Used Devrce Model # TA∀! #D? TAY! #D? (By tank number, stored product, etc.) (By tank number, stored product, etc.) ☐ In-Tank Gauging (SW Tank) ☐ In-Tank Gauging (SW Tank) ☐ Annular Space or Vault Sensor ☐ Annular Space or Vault Sensor **Product Piping Product Piping** ☐ Mechanical LLD ☐ Mechanical LLD ☐ Electronic LLD ☐ Electronic LLD ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor □ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Fill Piping Fill Piping ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vent Piping **Vent Piping** ☐ VPH Sensor (Piping) ☐ VPH Sensor (Piping) ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump) Vapor Recover3 Piping Vapor Recover3 Piping ☐ Sump Sensor ☐ Sump Sensor ☐ VPH Sensor (Sump) ☐ VPH Sensor (Sump)

MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)							
Monitoring Devr. e Used Devrce Model #	Monitoring Devr. e Used Devrce Model #						
VENT / TR ∀ S#TION SUMP ID:	VENT / TR ∀ S#ION SUMP ID:						
☐ Sump Sensor	☐ Sump Sensor						
☐ VPH Sensor	☐ VPH Sensor						
UDC ID:	UDC ID:						
☐ Electronic Sensor	☐ Electronic Sensor						
☐ Mechanical Device	☐ Mechanical Device						
☐ VPH Sensor	☐ VPH Sensor						
UDC ID:	UDC ID?						
☐ Electronic Sensor	☐ Electronic Sensor						
☐ Mechanical Device	☐ Mechanical Device						
☐ VPH Sensor	☐ VPH Sensor						
UDC ID?	UDC ID?						
☐ Electronic Sensor	☐ Electronic Sensor						
☐ Mechanical Device	☐ Mechanical Device						
☐ VPH Sensor	☐ VPH Sensor						
UDC ID:	UDC ID:						
☐ Electronic Sensor	☐ Electronic Sensor						
☐ Mechanical Device	☐ Mechanical Device						
☐ VPH Sensor	☐ VPH Sensor						
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:						
☐ Other (Specify in section VII.)	Other (Specify in section VII.)						
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:						
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)						
Other Monitored Co-2 onent ID:	Other Monitored Co-2 onent ID:						
☐ Other (Specify in section VII.)	☐ Other (Specify in section VII.)						
	nitored by this monitoring system control panel. If the monitoring system						
control panel monitors more components than this form accommodate VII. COM	s, additional copies of these pages may be attached. MENTS						
Use this section to provide additional comments about the inventory							
- 036 and 366001 to provide additional confinents about the inventory	от ть едиртын остиней.						

MONITORING SYSTEM CERTIFI% TION FORM 'Page 4 of 6) 7###W MONITORING SYSTEM AND PROGRAMMING This section must be completed if a monitoring panel is used to perform leak detection monitoring. Ν ٧ Are the visual and audible alarms operational? X Were all sensors visually wispected for kinks and reaks in the cables and for residual uildup to ensure that floats move GrEQ, X functionally tested, and confirmed operational? Were all sensors installed at KF Est point of secondary containment and positioned so that other equipment Fill not interfere Fith X their proper operation? Was monitoring system set-up reviewed to ensure proper settings? X Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational? X Does the floF of fuel stop at the dispenser if a leak is detected in the under-dispenser containment? X Does the turbine automatically s%ut doFn with epiping secondary containment, nitoring system @ils to operate or is electrically |X|disconnected? Does the turbine automatically shut doFn if the piping secondary containment monitoring system detects a leak? X Which sensors initiate positive shut doFn? (Check all that apply.) Sump Under-Dispenser Containment If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational? X For any answer of "N" above, describe in Section IX how and when these deficiencies were or will be corrected. #Cw **COMMENTS** Suction system. **IN-TANK GAUGING TESTING** Cw Check this box if tank gauging is used only for inventory control. (Do not complete this section.) Υ N ٧ Check this box if **NO** tank gauging equipment is installed. (Do not complete this section.) This section must be completed if in-tank gauging is used to perform leak detection monitoring. Has all input Fwing een inspected for kinks and reaks in the cables and for proper entry and termination, including testing for ground faults? Were all in-tank gauging probes visually wispected for damage and residue uildup to ensure that floats move freely, functionally tested, and confirmed operational? Was accuracy of system's product level readings tested? Was accuracy of system's Fater level readings tested? Were all probes reinstalled properly? Were all items on the equipment manufacturer's maintenance checklist completed? For any answer of "N" above, describe in Section XI how and when these deficiencies were or will be corrected. C#w **COMMENTS**

	MONITORING SYSTEM CERTIFI% TION FORM	'(;	age 5 of 6)							
	C##w LINE LEAK DETECTOR TESTING	}									
	x if line leak detectors (LLD) are NOT wastalled. (Do not complete this section.)						Υ		N		٧
	ated to verify ++D performance?						+	_		$^{+}$	
	pply.) Simulated leak rate verified: 3 GPH 0.1 GP.				0.2 GP.		L]			
	pparatus properly calibrated1				0.2 0		\vdash \vdash	1	П		П
	enerator tank systems, does the LLD create an audŵle and visual alarm Fhen a leak is	de	tected?				TF	ÍΤ	Ħ	T	Ħ
	LDs, does the LLD restrict the floF through the pipe when a leak is detected?						T	ÍΤ	Ħ		Ħ
For electronic LL	Ds, does the turbine automatically shut off F en a leak is detected?							ĪT			
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system is disc	able	d or disco	nn	ected?			Ī			
For electronic LL	Ds, does the turbine automatically shut off if any portion of the monitoring system malfu	ıncti	ons or fail	s a	test?					Ī	
For electronic LL	Ds, have all accessible wiring connections been visually inspected for kinks and breaks	?									
Were all items or	the equipment manufacturer's maintenance checklist completed?										
Were all LLDs co	nfirmed operational within regulatory requirements?]			
For any answe	er of "N" above, describe in Section XIII how and when these issues were	e o	r will be	со	rrected	<i>I.</i>					
	C###w COMMENTS										
Generator sys	Generator system.										
	C#7w 7 CUUM / PRESSURE / HYDROSTATIC MONITORING	EG	UIPME	NT	TEST	'IN	G				
	this box if VPH monitoring is NOT used. (Do not complete this section.) nust be completed if VPH monitoring is used to perform leak detection m	non	itoring.								
	ark all that apply Vacuum Pressure Hydrostatic					_					
Sensor ID	Component(S) Monitored By This Sensor	Se	nsor Func	tior	nality	Inte	erstiti	al Co	ommı	unio	cation
Selisol ID	Component(3) Monitored by This Sensor		Tes	t				T	est		
			Pass		Fail		Pa	SS		F	ail
		<u> </u>	Pass	<u>_</u>	Fail	Ļ	<u>Pa</u>	SS	<u> </u>	_ F	ail
		<u> </u>	Pass	<u> </u>	Fail	느	<u> </u> Pa		<u> </u>	=	ail
		누	Pass	<u> </u>	Fail	누	<u> </u>		L	=	ail
		누	Pass	누	Fail	누	Pa		<u> </u>	╤	ail
		┾	Pass	늗	Fail	늗	Pa ¬ _		<u> </u>	=	ail
		┢	Pass	늗	Fail	누	Pa		<u> </u>	=	ail
		┾	Pass	늗	Fail Fail	늗	_ Pa ☐ Pa		-	=	ail
		┢	Pass Pass	$\frac{L}{L}$	Fail	누	Pa ☐ Pa			=	ail ail
		┢	Pass	누	Fail	누	<u>⊒ Fa</u> ∃Pa		╌╞	=	ail
		┢	Pass	누	Fail	누	a Pa			=	ail
. F Fas interstit	ial communication verified? Simulated Leak at Far Ends of the Interstitial Space		j i 455	〒	Visual	Ins				<u> </u>	un
	Other (Describe the method in section XV below.)			Ē	Gauge		P				
Was the vacuum	or pressure restored to operating levels in all interstitial spaces? Yes	o (D	escribe th	e r	eason in	se	ction	XV I	belov	v.)	
For any answe	er of "Fail" above, describe in Section XV how and when these issues we	ere	or will b	e c	orrect	ed.					
	C7w COMMENTS										

	SPILL CON	UNDERGROUND S TAINER TESTING			(Page 1 of	1)		
Type of Action	☐ Installatio	on Test	☐ Repair	Test		≭ 12 Mo	onth Test	-
71		I. FACILITY				<u> </u>		
CERS ID					Date of S	Spill Container	Test	
101	132666					2/14/	2020	
Business Name (Same	as Facility Name or DBA-Doi	ing Business As)						
Lumiled								
Business Site Address				City			ZIP Code	
370 W. Trimble				San Jos	se		95131	
		ND STORAGE TANK					N	
Name of UST Service T Elmer Mortera	echnician Performing the Tes	st (Print as shown on the I	CC Certificati	ion.)	P	hone # (408)	942-8686	
Contractor / Tank Teste		CC Certification #	-0 I I T		ICC Cert	ification Expira		
	3575	524805				1/25/	/2022	
Spill Container Testing Caldwell Sump Tes	Training and Certifications <i>(Li</i> ter	ist applicable certifications	:.)					
	III.	SPILL CONTAINER	TESTING	INFORM	ATION			
Test Method Used:	☐ Manufacturer Guidelines	s (Specify):						
	☑ Industry Code or Engine	eering Standard (Specify):	RP1200					
	☐ Engineered Method (Sp	ecify):						
Attach the testing p	rocedures and all docur	mentation required to	determine	the results	5.	# of Attache	ed Pages	
TANK ID: (By tank num	ber, stored product, etc.)	T1 Diesel						
Spill Container Manufac		OPW						
Method of Cathodic Pro	otection:	▼ Non-Metallic	☐ Non-Me	tallic	☐ Non-N	Metallic	☐ Non-Metallic	
		☐ Isolation	☐ Isolation	1	☐ Isolati	ion	☐ Isolation	
		Other (Specify in V.)	Other (S	Specify in V.)	☐ Other	(Specify in V.)	Other (Specify	in V.)
Inside Diameter of Spill	Container: (Inches)	12"						
Depth of Spill Container	: (Inches)	17"						
	have a 5 gallon capacity?	x Yes □ No	Yes	☐ No	☐ Yes	☐ No] No
Method to Keep Spill Co	ontainer Empty:	☑ Drain Valve	☐ Drain Va		☐ Drain		☐ Drain Valve	
		Onsite Pump	Onsite F	'	Onsite		Onsite Pump	
	N/	Other (Specify in V.)		Specify in V.)	<u> </u>	(Specify in V.)	Other (Specify	in V.)
Caill Contains an Toot Doo	IV.	SUMMARY OF			1	□ F-3		E-il
Spill Container Test Res	SUITS:	➤ Pass ☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass ☐	Fail
Any items marked "Fo	ail" above must be explair		MMENTS additional o	comments i	may also i	be provided h	nere.	
Performed 1 hour la	ake test with inspector o	on site. Pass						
	OFFITIE A TIGHT	DV 1107 055 "05 =		NI CONT	LICTURE	TINO TEC	TIMO.	
	t the spill containers we		nce with C	alifornia C				on 3,
Chapter 16, Section UST Service Technician	2637.1 and all the inform		in is accur	ate.				
	Som	martin						

If the facility has more components than this form accommodates, additional copies of this page may be attached.

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK MONITORING PLAN – (Page 1 of 2)

MONTORING PLAN	— (Pa	ge 1 (of 2)	TO THE MESSAGE PROPERTY.	watersteep	# \$560,410-E4600D	THEODINA P	erreninizadi.	*xx+1+15120m	264025621CD0	20200074	Ch-\$1210127-0116
TYPE OF ACTION	N												490-1.
PLAN TYPE I. MONITORING IS IDENTICAL FOR ALL USTs AT THIS F	ACILIT	Υ.					•						490-2.
(Check one item only) 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYS	TEM(S):	:											
I. FACILITY INFOR	MAT	TON	. , :					5. 1. 5.					<u> </u>
FACILITY ID # (Agency Use Only)	4 3		0	0	0	Т	2	5	2	7	4	4	1.
	4 3		U	U	U		2	5			4	4	
BUSINESS NAME (Same as Facility Name or DBA) Philips Lumileds Ligh	ting (Com	pan	ıy									3.
BUSINESS SITE ADDRESS 370 W. Trimble Rd	103	CIT	`Y			(Sar	ı Jo	se				104.
II. EQUIPMENT TESTING AND PRE	VENT	TVE	M	AIN	TEN	$\overline{\mathbf{A}}$	NC	E					V. Table
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, pro													
by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such						ed p	ersor	nnel. [:	23 CCI	R §263	2, 2634		, 2641] 490-3a.
MONITORING EQUIPMENT IS SERVICED 1. ANNUALLY		99. O		R (Sp	ecify):								490-3a. 490-3b.
III. MONITORING LO	<u>DCAT</u>	CION	S		1								
் 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN $ □ $ 2. SITE PL	OT PLA	N/MAP	PRE	VIOU	SLY S	UBI	MITT	ΓED	[23 C	CCR §2	632, 26	34]	490-4.
IV. TANK MONITORING IS PERFORMED US	NCT	HIE.	ro I	T.C	WI	NG	· M	ET	HO	M	• 1	1	ck all
☑ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTIT	5 at 10												<i>apply)</i> 490-5.
WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLEL	, _	c. PR	FSSI	IR 17.E	ED.		П	d II	NDF	R V	CUU	IM	490-6.
PANEL MANUFACTURER: Gilbarco	· _	490-7.			#: EN	ЛC	ш	u . O.	. 100.	10 11	1000		490-8.
LEAK SENSOR MANUFACTURER: Veeder-Root		490-9.			#(S):		390	-409					490-10.
☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE V	WALL TA	ANK(S)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	отинивани		······································	490-11.
PANEL MANUFACTURER:		490-12.		DEL :	-								490-13.
IN-TANK PROBE MANUFACTURER:		490-14.	MO	DEL :	#(S):			**					490-15.
LEAK TEST FREQUENCY: a. CONTINUOUS	b. □	DAILY/						c. W	EEK	LY			490-16.
d. MONTHLY	☐ e. C	THER	(Spec	ify):								490	0-17.
PROGRAMMED TESTS: a. 0.1 g.p.h. b. 0.2 g.p.h.	□ c. C												490-18. 0-19.
☐ 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646.1]	antanananananananananananananananananan			••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	booting the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			490-20.
☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TES	TING PE	ERIOD:		a. 36	HOUR	S		b. 60	HO	URS	***************************************		490-21. 0-22.
5. TANK INTEGRITY TESTING PER [23 CCR §2643.1]	***************************************								***************************************	***************************************	***************************************		490-23.
TEST FREQUENCY: a. ANNUALLY b. BIENNIALLY	□ c. C	THER	(Spec	ify):								490	490-24.)-25,
99. OTHER (Specify):													490-26.)-27.
V. PIPE MONITORING IS PERFORMED USIN	NG TE	TE F	\mathbf{OL}	LO	WIN	\mathbf{G}	MI	стн	ΙΟΙ)(S			ck all
	<u> </u>				وا عدد كيرسيّ			<u> </u>					<i>pply)</i> 490-28.
[23 CCR SECONDARY CONTAINMENT IS: M a DRY H & LIQUID ET LET	_	c. PR				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	d. UI					490-29.
PANEL MANUFACTURER: Gilbarco		490-30.			#: EN	IC.	_	u . 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 11	.000		490~31.
LEAK SENSOR MANUFACTURER: Gilbarco		490-32.			/(S):		259	9200	กกา	in.	·		490-33.
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHU	JTDOW	٧.	1410	DDD .	, (0).] b. N	'	490-34.
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS A			MP S	SHUT	DOW	V.] b. N		490-35.
☐ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORM							STR		**********				490-36.
PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636]		-											400.20
MLLD MANUFACTURER(S):		490-37.	***************************************	DEL#								····	490-38.
3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS						2636]							490-39.
ELLD MANUFACTURER(S):		190-40.		DEL#									490-41.
PROGRAMMED IN LINE LEAK TEST: a. MINIMUM MON			. L	b.]	MININ	IUM	[AN]			- · _			490-42.
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SH		N.									b. N	10	490-43.
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTD	OWN.	••••••				*************		Ц 2	ı. YE	s L	b. N	1 0	490-44. 490-45.
4. PIPE INTEGRITY TESTING.		,		(0									490-43. 490-46.
TEST FREQUENCY: a. ANNUALLY b. EVERY 3 YEAR	<u>s</u> Ц	c. OT	HER	(Spec	ify)				**********		onnannaon.	490	90-47. 490-48.
	. 🖂	م م	TAC	דודיון	V a. m.	CIT	TIN 47	evon	TEN 4 4	יייומר	مداعة ٧		490-49.
	d for monitor	C. MIN										5)(3)	
6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)]		***************************************											490-50,
$\ \square$ 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CH	APTER ϵ	5.7 IS C	ONN	ECTE	D TO	THE	TA	NK S	YSTI	EM.			490-51.
99. OTHER (Specify)												490	490-52. -53.

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

MONITORING PLAN - (Page 2 of 2)

VI. UNDER DISPENSER CONTAINMENT	(UDC) MONITORING (Check a that apply
UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)	
☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBL	the contract of the contract o
□ 4. NO DISPENSERS □ 99. OTHER (Specify)	490-54b
LEAK MONITOR MANUFACTURER:	490-55. MODEL #: 490-56
LEAK SENSOR MANUFACTURER:	490-57. MODEL #(S): 490-58
DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL AL	
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN.	a. YES b. NO 490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTON	TATIC POMP SHUTDOWN a. TES U. NO
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.	
UDC CONSTRUCTION IS: If DOUBLE WALL: IF DOUBLE WALL:	☐ 2. DOUBLE WALL 490-648
	□ b. PRESSURE □ c. VACUUM
A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDI	
VII. PERIODIC SYSTEM T	The same of the sa
☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RI <u>LEAK DETECTION (ELD)</u> MUST BE PERFORMED. PERIODIC ELD IS PERFORMED BE	
□ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.	490-66
□ 3. SPILL BUCKETS ARE TESTED ANNUALLY.	490-67
VIII. RECORD KEEPI	$\chi_{\mathbf{G}}$
The following monitoring/maintenance records are kept for this facility:	490-68
	GRITY TESTING RESULTS
	GING RESULTS (and supporting documentation records) N PROTECTION 60-DAY LOGS
☐ I. THE TESTING TESTING WITH SUPPORTING AND CALIBRATION RECORDS	TROTEOTION OF BITT EOOD
IX. TRAINING	
☐ Personnel with UST monitoring responsibilities are familiar with all of the following documents	relevant to their job duties: 490-69a
REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)	490-69b
OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)	490-690
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS	490-69d
I ☒ CALIFORNIA UNDERGROUND STORAGE TANK LAW I ☒ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HAN	490-69e DROOK FOR TANK OWNERS - MANUAL AND 490-69f
STATISTICAL INVENTORY RECONCILIATION"	
SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS	., 490-69g 490-69h
OTHER (Specify):	490-69i
This facility has a "Designated UST Operator" who has passed the California UST System Operator (ICC). The "Designated UST Operator" will train facility employees in the proper operation and	ator Exam administered by the International Code Council 490-70
days of hire. This training will include, but is not limited to, the following:	i manitenance of the OST systems annually, and within 30
> Operation of the UST systems in a manner consistent with the facility's best management prac	tices.
 The facility employee's role with regard to the monitoring equipment as specified in this UST The facility employee's role with regard to spills and overfills as specified in the facility's UST 	Monitoring Plan,
> Name(s) of contact person(s) for emergencies and monitoring alarms.	Response Fian.
X. COMMENTS/ADDITIONAL IN	FORMATION
Provide additional comments here or indicate how many pages with additional information on specific	
XI. PERSONNEL RESPONSI	
The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring act	
by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all moni	toring records are maintained properly.
THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING	
	ations Manager 490-73.
	rical Technician 490-75.
The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a reconditions that need follow-up action.	eport to the owner/operator, and inform the owner/operator of any
XII. OWNER/OPERATOR SIG	NATURE
CERTIFICATION: I certify that the information provided herein is true and accura	
APPLICANT SIGNATURE	DATE: 490-77.
"lattle" Sort	=117/12
REPRESENTING: 1. Tank Owner/Operator 2. Facility Owner/Operator 3. Authorized Representative of Owner 490-76. APPLICANT NAME (print): 490-78.	APPLICANT TITLE: 490-79.
APPLICANT NAME (print): Matthew East	Chief Financial Officer

(Agency Use Only) This plan has been reviewed and: Approved Approved With Conditions Disapproved	
 Local Agency Signature: CREE BUSHEAU March Date: 6-4-2012	
Comments or Special Conditions: AMMINI WITH CONSULTANT MARKETO SYSTEM SWIT FLAM.	

REVIEWED

UNDERGROUND STOR By Rob Ward at 4:24 pm, Feb 19, 2020 RFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM & arge For 1 Type of Action ☐ Installation Inspection ☐ Repair Inspection **☒** 36 Month Inspection \$ # CILITY INFORM ~\$ N CERS ID Date of Overfill Prevention Equipment Inspection 2/28/2019 Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds Business Site Address 7IP Code Citv 370 W. Trimble Road San Jose 95131 \$\$ UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.) Robert Henninger (408) 942-8686 Contractor / Tank Tester License # ICC Certification # ICC Certification Expiration DatC 396575 5252265-UT 7/13/2019 Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.) OPW - 100465 - 04/11/19 OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION Manufacturer Guidelines (Specify)1 OPW Inspection Method Used: ☐ Industry Code or Engineering Standard (Specify)1 ☐ Engineered Method (Specify)1 # of Attached Pages Attach the inspection procedures and all documentation required to determine the results. N! \$ 0(By tank number, stored product, etc.) T1: Diesel What is the tank inside diameter? (Inches) 96" Is the fill piping secondarily contained? ☐ Y€s × No ☐ Y€s П No ☐ Y€s ☐ No ☐ Y€s ☐ No Is the vent piping secondarily contained? ☐ Y€s × No ☐ Y€s ☐ No ☐ Y€s ☐ No ☐ Y€s ☐ No (verfill Prevention Equipment Manufacturer(s) OPW What is the overfill prevention equipment responsE Shuts Off Flow ☐ Shuts Off Flo8 ☐ Shuts Off Flo8 ☐ Shuts Off Flo8 8' en activated? ☐ Restricts Flow ☐ Restricts Flow ☐ Restricts Flow ☐ Restricts Flow (Check all that apply.) ☐ A/V Alarm ☐ A/V Alarm ☐ A/V Alarm ☐ A/V Alarm Are flo8 restrictors installed on vent piping? ☐ No ∏ Y€s □ Y€s □ Y€s ☐ Y€s ☐ No × No □ No At 8 hat level in the tank is the overfill prevention sQ 86 5/8" to activate? (Inches from bottom of tank.) What is the percent capacity of t' e tank at 8 hich the 98% overfill prevention equipment activates? Is the overfill prevention in proper operating condition ∏ Y€s □ Y€s □ Y€s □ Y€s to respond 8'en the substance reaches the ➤ No (Specify in V.) ☐ No (Specify in V.) ☐ No (Specify in V.) ☐ No (Specify in V.) appropriate level? \$" **SUMMARY OF INSPECTION RESULTS** ☐ Pass □ Pass □ Pass □ Pass Overfill Prevention Inspection Results × Fail ☐ Fail ☐ Fail ☐ Fail),((**NTS** Any items marked "Fail" must be explained in this section. Any additional comments may also be provided here. Drop tube does not shut off at the required 95%. Drop tube needs to be replaced. Inspector Ana Bui witnessed this testing. See NOI dated 2/28/19. Installation of a new flapper was conducted on 4/23/19 (see FA0252744_UST_CONST_SR0859876_2019-03-12). See NOI dated 2/19/20 for more details. CERTIFI) TION BY UST SERVICE TECHNIC\$ N CONDUCTING THIS INSPECTION I hereby certify that the overfill prevention equipment was inspected in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637.2 and all the information contained herein is accurate. UST Service Technician Signature lutt

If the facility has more components than this form accommodates, additional copies of this page may be attached.

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400 www.EHinfo.org/hazmat

Underground Storage Tank Permit to Operate



Permit Number: 252744-397897 Effective Date: **Expiration Date:**

July 1, 2012 June 30, 2017 Facility ID Number: 43-000-252744

Facility Name: Site Address:

PHILIPS LUMILEDS LIGHTING CO. BLDG. 90 370 W. TRIMBLE RD., SAN JOSE, CA 95131 PHILIPS LUMILEDS LIGHTING CO., LLC

Tank Operator:

Tank Owner:

PHILIPS LUMILEDS LIGHTING CO., LLC

Permit Holder:

PHILIPS LUMILEDS LIGHTING CO., LLC (Tank Owner)

370 W. TRIMBLE RD. SAN JOSE, CA 95131

The following underground storage tanks are covered by this permit:

Tank Identification Number 43-000-252744-368423

Capacity (gal.)

Tank Contents

Permittee's Tank ID TANK 1 - DIESEL

Permit Conditions

- In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6.7 and 6.75; and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18.
- In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a UST Response Plan approved by the County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division (HMCD).
- The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved
- The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator.
- The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site. Monitoring system certification testing shall be scheduled to occur during HMCD's annual UST compliance inspection.
- The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system.
- Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed.
- The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%.
- Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site.
- Violation of any of the above conditions may be cause for revocation of this UST permit to operate.

Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
Hazardous Materials Program
1555 Berger Drive, Suite 300
San Jose, California 95112-2716
(408)918-3400; Fax (408)280-6479
www.EHinfo.org/hazmat



August 20, 2012

MITCH COLE PHILIPS LUMILEDS LIGHTING CO., LLC 370 W. TRIMBLE RD. SAN JOSE, CA 95131

Re: Permit No. 252744-397897, Underground Storage Tank Permit to Operate.

Dear MITCH COLE:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, PHILIPS LUMILEDS LIGHTING CO. BLDG. 90, located at 370 W. TRIMBLE RD., SAN JOSE, CA. The UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears

Senior Hazardous Materials Specialist Hazardous Materials Compliance Division

Form Letter 20PA - 12/15/10

Board of Supervisors: Mike Wasserman, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss County Executive: Jeffrey V. Smith

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program 1555 Berger Drive, Suite 300 San Jose, CA 95112-2716

(408) 918-3400 www.EHinfo.org/hazmat

Underground Storage Tank Permit to Operate

Permit Number: 252744-397897

Effective Date: 11/1/2017 Expiration Date: 6/30/2022

Facility ID:

FA0252744

CERS ID:

10132666

Facility Name: Lumileds LLC

Site Address: 370 W. Trimble Rd. Bldg. 90, San Jose, CA 95131

Tank Owner: Lumileds, LLC Tank Operator: Lumileds, LLC

Permit Holder: Lumileds, LLC (Tank Operator)

370 W. Trimble Rd. San Jose, CA 95131

The following underground storage tanks are covered by this permit:

Tank Identification Number

Capacity (gal.)

Tank Contents

TA0368423

12,000

Diesel

Permittee's Tank ID

Tank 1: Diesel

Permit Conditions

- In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6.7 and 6.75; and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18.
- In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a UST Response Plan approved by the County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division (HMCD).
- 3. The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST Monitoring Site Plan approved by HMCD.
- The permittee shall notify, and receive approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator.
- The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site. The permittee shall ensure that monitoring system certification testing is scheduled to occur during HMCD's annual UST compliance inspection.
- The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system.
- Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed.
- The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%.
- Copies of this permit and the approved UST Monitoring Plan, Site Plan, and Response Plan shall be readily accessible at the tank site.
- 10. Violation of any of the above conditions may be cause for revocation of this UST permit to operate.

Consumer and Environmental Protection Agency Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program 1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408)918-3400: Fax (408)280-6479



November 16, 2017

www.EHinfo.org/hazmat

Mitch Cole Lumileds, LLC 370 W. Trimble Rd. San Jose, CA 95131

Re: Permit No. 252744-397897, Underground Storage Tank Permit to Operate.

Dear Mitch Cole:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, Lumileds LLC, located at 370 W. Trimble Rd. Bldg. 90, San Jose, CA. The UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears

Senior Hazardous Materials Specialist Hazardous Materials Compliance Division

Form Letter 24C - 01/07/15

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian County Executive: Jeffrey V. Smith

	this principles were an appeared with the company of the second of the control of	e tago como metro a unhacio pena del Carlono Solo Ferre de la Zaminha de la Caminha de la Cal		den moderno
,		STORAGE TANK		
	RESPONSE P	LAN – PAGE		Marie Mil
TYPE OF ACTION	2. CHANGE OF INFO	RMATION		R01.
일 발발 한 왕 교육 교육 학교 발전하고 보면 그는 다. () 발 교육 문화하셨습니다. 변경 환경 보는 () () () ()	I. FACILITY I	NFORMATION		
FACILITY ID# (Agency Use Only)		43 -	000-252744	1.
BUSINESS NAME (Same as FACILITY NAME)				3.
Philips Lumileds Lighting Comp	any, LLC.			101
BUSINESS SITE ADDRESS		103.	DOSHADOS SITE CITT	104.
370 West Trimble Road	COMPROLAR		San Jose	
·	CONTROL AN	, "		:-1-
for their intended use, will be managed as hazardous Absorbent material will be used to contain and clear effective or which is no longer intended for use will be it is non-hazardous. Used absorbent material, reusa appropriately. Facility personnel will determine whether any water hazardous material. If the water is contaminated, it §66262.11 finds that it is non-hazardous. If the water necessarily display rainbow colors. Water (hazardous) We will review secondary containment systems for positive to damage from 3. Hazardous material in contact with secondary con 3. Hazardous material, other than the product/was released product/waste, and the added material or III. SPILL PERIODIC MAINTENANCE: Spill control and clean equipment is inspected at least monthly, and after each user.	ped or otherwise removed 0 calendar days, or sooner waste. an up manageable spills of the managed as hazardous with the managed as hazardous will be managed as hazardous will be managed as hazardous will be managed as hazardous from secondary will be managed as hazardous from secondary the managed as hazardous from secondary the managed as non-hazardous from secondary the managed as petroleum sheen (secondary) the secondary the managed as not compatible any equipment used to remove the stored in the primary of the resulting material from secondary the managed as no control of the primary of the managed as no control of the primary of the secondary the managed as no control of the primary	within a time consistent if required by the local ago of hazardous materials. A waste unless a waste detended in a properly labeled at a containment systems, ardous waste unless a haze (i.e., rainbow colors), it is sumps, spill containers, etc of the following condition the with the material used for or clean up hazardous containment system, is placed a combination is not contained to the containment system, is placed a combination is not contained to the containment system is placed a combination is not contained to the containment system is placed a combination is not contain the containment system is placed a combination is not contained to the containment system is placed as needed. Defective equals the containment system is listed in the containment system is listed in the containment system is listed in the containment system.	with the ability of the secondary containment system gency. Recovered hazardous materials, unless still suite absorbent material which has become too saturated to mination in accordance with 22 CCR §66262.11 finds and sealed container. Waste material shall be disposed or from clean-up activity, has been in contact with ardous waste determination in accordance with 22 Ccontaminated. A thick floating petroleum layer may will not be disposed to storm water systems. In soccur: or secondary containment; and inside secondary containment; and inside secondary containment to treat or neutral compatible with secondary containment. QUIPMENT In the facility's Hazardous Materials Business Plan. To impment is repaired or replaced as necessary.	ove 1 to able be that d of any CCR not
EQUIPMENT NOT PERMANENTLY ON-SITE, BU EQUIPMENT	T AVAILABLE FOR US LOCATION	SE IF NEEDED: (Comple	AVAILABILITY	
R10.		R		R30.
R11.		R	21.	R31.
R12.		R	22.	R32.
R13.		R	23.	R33.
R14.		R	24. I	R34.
R15.		R	25.	R35.
	IV. RESPONSI	BLE PERSONS		
THE FOLLOWING PERSON(S) IS/ARE RESPONSI				
NAME .	R40.	TITLE	I	R50.
Dan Janowski NAME	R41.	TITLE Facilities	Manager	R51.
Joyce Gee		Security	Manager/Safety Engineer	
NAME Mitch Cole	R42.	TITLE	nental Engineer	R52.
NAME	R43.	TITLE		R53.
	V. MONITORIN			
IF MONITORING INDICATES A POSSIBLE UNAUTH 1. ADDITIONAL SYSTEM TESTING OR DATA COLLECT 199. OTHER (Specify):	IORIZEU RELEASE, STI TION 12. INSPECTIO	EPS TO VERIFY THE RE N BY QUALIFIED PERSON	S 3. RECALIBRATION OF EQUIPMENT	R60. R61.

UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

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 California Emergency Management Agency at (800) 852-7550.

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;
- ightharpoonup 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 (or off-site at a readily available location, if approved by the local agency) 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/OPER	ATOR SIGNATURE
CERTIFICATION: I certify that the information provided herein is true and a	ccurate to the best of my knowledge.
OWNER/OPERATOR SIGNATURE	DATE R70.
dunit Homas	3/19/2012
OWNER/OPERATOR NAME (print)	OWNER/OPERATOR TITLE R72.
Sunil Thomas	San Jose Site General Manager
(Agency Use Only) This plan has been reviewed and:	Approved With Conditions Disapproved
Local Agency Signature RES BUSINEARS JAM	Date: 4-23-2012

* SU Signa V CHAGA!



Secondary Containment & Overfill Containment Testing Report Form

1. FACILITY INFORMATION

Facility Name: Philips Lumileds Lighting Compa	any Date of 4/04/2013
Facility Address: 350 W. Trimble Road,	San Jose, CA 95131
Facility Contact: Clair LeHere	Phone: (408) 435-4316
Date Local Agency Was Notified of Testing:	3/26/2013
Name of Local Agency Inspector (if present du	ring testing): Richard Owens

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.	
Technician Condu	acting Test: Robert Henninge	er	
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	A / B / C-10 / HAZ	License Number: 396575	
		Manufacturer Training	
Manufactur	rer	Component(s)	Date Training Expires
Ronan	Hydrostati	c Precision Test Equipment	NA
Caldwell	Hyd	rostatic Sump Tester	NA
		·	

3. SUMMARY OF TEST RESULTS

or permitted legit respective										
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made	
Tank Annular	Х									
Piping Sump	Х									
Fuel Oil Supply Line	Х									
Fuel Oil Return Line	Х			Х						
Diesel Fill Bucket	Х									
-										
					_					

Notes:			
Water is recycled.			

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: 4/04/2013



4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer X Industry Standard ☐ Professional Engineer ☐ Other (Specify)									
Test Method Used:	☐ Pressure ☐ Other (Specify)	X Vacuum	☐ Hydrostat	ic						
Test Equipment Used:	= caner (speedy)		Equipment Resolution	ı:						
	Tank # Diesel	Tank #	Tank #	Tank #						
Is Tank Exempt From Testing? ¹	☐ Yes X No	□ Yes □ No		☐ Yes ☐ No						
Tank Capacity:	12K									
Tank Material:	Fiberglass									
Tank Manufacturer:	Owens Corning									
Product Stored:	Diesel									
Wait time between applying pressure/vacuum/water and starting test:	30 Min									
Test Start Time:	11:00 am									
Initial Reading (R _I):	8" of VA									
Test End Time:	12:00 pm									
Final Reading (R _F):	8" of VA									
Test Duration:	1 hr									
Change in Reading (R _F -R _I):	0									
Pass/Fail Threshold or Criteria:		One hour	, no loss							
Test Result:	X Pass Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail						
Was sensor removed for testing?	X Yes □No □NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	□Yes □No □NA						
Was sensor properly replaced and verified functional after testing?	X Yes □ No □ NA	□ Yes □ No □ NA	□Yes □No □NA							
Comments – (include informatio	n on repairs made prior	to testing, and recommen	nded follow-up for failed	d 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)}





5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Ma☐ Other (Spe	X Industry Standard □ Professional Engineer							
Test Method Used:	X Pressure		□ Vacıııım	☐ Vacuum ☐ Hydrostatic					
rest Wellow Obed.	☐ Other (Spe	ecify)	- vacaam	,					
Test Equipment Used:				Equipment Resolution:					
	Run # FOS	Run # FOR	Rui	n #	Ru	n #	Ru	n #	
Piping Material:	Fiberglass	Fiberglass							
Piping Manufacturer:	Ameron	Ameron							
Piping Diameter:	3"	3"							
Length of Piping Run:	~100'	~100'							
Product Stored:	Diesel	Diesel							
Method and location of piping-run isolation:	Test Bell	Test Bell							
Wait time between applying pressure/vacuum/water and starting test:	15 Min	15 Min 15 Min							
Test Start Time:	11:00 am	10:00 am							
Initial Reading (R _I):	3 PSI	3 PSI							
Test End Time:	12:00 pm	11:00 am							
Final Reading (R _F):	3 PSI	3 PSI							
Test Duration:	1 hr	1 hr							
Change in Reading (R _F -R _I):	0	0							
Pass/Fail Threshold or Criteria:		l	One hour	, no loss			,I		
Test Result:	X Pass □ Fail	X Pass □ Fa	il 🗆 Pass	☐ Fail	□ Pass	☐ Fail	□ Pass	☐ Fail	
Comments – (include inform	nation on repairs ma	de prior to testing	g, and recomn	nended fo	llow-up for	failed tes	ets)		
*** FOR not tested due to 3x2 t	est bell completely cr	acked apart. UPD	ATE - FOR 3	x2 Test B	ell Replace	d and rete	ested on 4/2	26/13.	





6. PIPING SUMP TESTING

Test Method Developed By:	□ Sump Manufacturer X Industry Standard □ Professional Engineer								
	☐ Other (Specify)								
Test Method Used:	□ Pressure	□ Vacuum	X Hydros	tatic					
	☐ Other (Specify)		T						
Test Equipment Used: Caldwell Sum	p Tester	Equipment Resolution: 0.0000"							
	Sump # 1	Sump #	Sump#	Sump #					
Sump Diameter:	36"								
Sump Depth:	34"								
Sump Material:	Fiberglass								
Height from Tank Top to Top of Highest Piping Penetration:	9"								
Height from Tank Top to Lowest Electrical Penetration:	12"								
Condition of sump prior to testing:	Clean & Dry								
Portion of Sump Tested ¹	~14"								
Does turbine shut down when sump sensor detects liquid (both product and water)?*	□Yes □No XNA	□Yes □No □NA	X Yes □No □NA	X Yes □No □NA					
Turbine shutdown response time	NA								
Is system programmed for fail-safe shutdown?*	□Yes □No XNA	□Yes □No □NA	X Yes □No □NA	X Yes □No □NA					
Was fail-safe verified to be operational?*	□Yes □No XNA	□Yes □No □NA	X Yes □ No □ NA	X Yes □ No □ NA					
Wait time between applying pressure/vacuum/water and starting test:	15 min								
Test Start Time:	11:00 am								
Initial Reading (R _I):	1 st Line								
Test End Time:	11:30 am								
Final Reading (R _F):	1 st Line								
Test Duration:	30 Minutes								
Change in Reading (R _F -R _I):	No Change								
Pass/Fail Threshold or Criteria:		PASS = 1	No Change						
Test Result:	X Pass Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail					
Was sensor removed for testing?	X Yes □ No □ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	□ Yes □ No □ NA					
Was sensor properly replaced and verified functional after testing?	X Yes □No □NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA					
Comments – (include information	ı on repairs made prior to	o testing, and recomme	nded follow-up for failed	d tests)					
Caldwell sump tester used for hydros	tatic testing.								
	_								

 $^{^{1}}$ 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. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes

Spill/Overfill Containment Bo	xes are Present, bu	it were Not Tested						
Test Method Developed By:	□ Spill Bu	cket Manufacturer	X Indu	stry Standard	☐ Professional E	Ingineer		
	\Box Other (S)	pecify)						
Test Method Used:	□ Pressure		□ Vacu	ıum	X Hydrostatic			
	\Box Other (S)				•			
Test Equipment Used: Caldwo		pecify		Fauinment R	esolution: 0.0000"			
Test Equipment Osed. Caldwo	- Sump rester			Equipment R	esolution. 0.0000			
	Box # Diesel	Box #	Box #	Box #	Box #	Box #		
Bucket Diameter:	12"							
Bucket Depth:	20"							
Wait time between applying pressure/vacuum/water and starting test:	30 min							
Test Start Time:	9:30 am							
Initial Reading (R _I):	1 st Line							
Test End Time:	10:00 am							
Final Reading (R _F):	1 st Line							
Test Duration:	30 minutes							
Change in Reading (R _F -R _I):	No Loss							
Pass/Fail Threshold or Criteria:	•		PASS =	No Loss				
Test Result:	PASS							
Comments – (include infor			ng, and recom	mended follow-ı	up for failed tests)			



Facility Name:

Ronan

Caldwell

Lumileds LLC

Secondary Containment & Overfill Containment Testing Report Form

Date of

2/17/2016

NA

NA

1. FACILITY INFORMATION

Facility Address:	370 W. Trimble Road								
Facility Contact:	Clair LeHere		Phone:	(925) 980-8453					
Date Local Agency V	Vas Notified of Testing: 1/26/	2016							
Name of Local Agen	cy Inspector (if present during	testing):							
2. TESTING CONTRACTOR INFORMATION									
Company Name:	Balch Petroleum Contract	tors & Builders, Inc.							
Technician Conduction	ng Test: Robert Henninger	-							
Credentials: X	CSLB Licensed Contractor	□ SWRCB	Licensed Tank Tes	ster					
License Type:	A / B / C-10 / HAZ	License Number:	396575						
Manuscatuman		Manufacturer Tr	aining	Dete Tariaire Families					
Manufacturer		Component(s)		Date Training Expires					

3. SUMMARY OF TEST RESULTS

Hydrostatic Precision Test Equipment

Hydrostatic Sump Tester

5. SUMMARI OF TEST RESULTS												
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made			
Tank Annular	Х											
Piping Sump	X											
Fuel Oil Supply Line	X											
Fuel Oil Return Line	Х											

Notes:			
Water is recycled.			

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: 2/17/2016



4. TANK ANNULAR TESTING

Test Method Developed by:	☐ Tank Manufacturer X Industry Standard ☐ Professional Engineer ☐ Other (<i>Specify</i>)									
Test Method Used:	□ Pressure	X Vacuum	☐ Hydrostat	ic						
	\Box Other (Specify)									
Test Equipment Used:	-		Equipment Resolution	1:						
	Tank # Diesel	Tank#	Tank #	Tank#						
Is Tank Exempt from Testing? ¹	□ Yes X No	\square Yes \square No		□ Yes □ No						
Tank Capacity:	12K									
Tank Material:	Fiberglass									
Tank Manufacturer:	Owens Corning									
Product Stored:	Diesel									
Wait time between applying pressure/vacuum/water and starting test:	30 Min									
Test Start Time:	11:00 am									
Initial Reading (R _I):	8" of VAC									
Test End Time:	12:00 pm									
Final Reading (R _F):	8" of VAC									
Test Duration:	1 hr									
Change in Reading (R _F -R _I):	0									
Pass/Fail Threshold or Criteria:		One hour	, no loss							
Test Result:	X Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail						
Was sensor removed for testing?	X Yes □ No □ NA	□ Yes □ No □ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA						
Was sensor properly replaced and verified functional after testing?	X Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	☐ Yes ☐ No ☐ NA						
Comments – (include information	on on repairs made prior i	to testing, and recommen	nded follow-up for failed	d 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)}



5. SECONDARY PIPE TESTING

Test Method Developed by:	☐ Piping Manufacturer			y	X Industry Standard Professional Engineer						
	□ Othe	er (Sp	ecify)								
Test Method Used:	X Pres	sure			Vacuum		□ H;	ydrostatic			
	□ Othe	er (Sp	ecify)								
Test Equipment Used:					Equipment Resolution:						
	Run # FO	S	Run #	FOR	Run #		Run #		Run #		
Piping Material:	Fiberglass	3	Fiberg	lass							
Piping Manufacturer:	Ameron		Ame	ron							
Piping Diameter:	3"		3'	,							
Length of Piping Run:	~100'		~10	0'							
Product Stored:	Diesel		Dies	sel							
Method and location of piping-run isolation:	Test Bell		Test	Bell							
Wait time between applying pressure/vacuum/water and starting test:	15 Min		15 Min								
Test Start Time:	10:30 am		11:30	am							
Initial Reading (R _I):	3 PSI		3 P	SI							
Test End Time:	11:30 am		12:30	pm							
Final Reading (R _F):	3 PSI		3 PSI								
Test Duration:	1 hr		1 h	ır							
Change in Reading (R _F -R _I):	0		0								
Pass/Fail Threshold or Criteria:					One hour	r, no loss					
Test Result:	X Pass □ l	Fail	X Pass	□ Fail	□ Pass	□ Fail	□ Pass	□ Fail	□ Pass	□ Fail	
Comments – (include inform	nation on repai	irs ma	ıde prior to	testing, c	ınd recomn	nended fo	llow-up for	· failed tes	sts)		





6. PIPING SUMP TESTING

□ Sump Manufacturer X Industry Standard □ Professional Engineer □ Other (Specify)							
□ Pressure	□ Vacuum	X Hydros	tatic				
\Box Other (Specify)							
np Tester	Equipment Resolution: 0.0000"						
Sump # 1	Sump #	Sump #	Sump #				
36"							
34"							
Fiberglass							
9"							
12"							
Clean & Dry							
~14"							
□Yes □No XNA	□Yes □No □NA	X Yes □No □NA	X Yes □No □NA				
NA							
□ Yes □ No X NA	□Yes □No □NA	X Yes □No □NA	X Yes □No □NA				
□Yes □No XNA	□Yes □No □NA	X Yes □ No □ NA	X Yes □ No □ NA				
15 min							
11:00 am							
1 st Line							
11:30 am							
1 st Line							
30 Minutes							
No Change							
	PASS = 1	No Change					
X Pass 🗆 Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail				
X Yes □ No □ NA	\square Yes \square No \square NA	□ Yes □ No □ NA	\square Yes \square No \square NA				
X Yes □ No □ NA	□ Yes □ No □ NA	□Yes □No □NA	□ Yes □ No □ NA				
n on repairs made prior t	o testing, and recomme	nded follow-up for failed	d tests)				
tatic testing.							
	□ Other (Specify) □ Pressure □ Other (Specify) □ Tester Sump # 1 36" 34" Fiberglass 9" 12" Clean & Dry ~14" □ Yes □ No X NA □ Yes □ No □ NA □ Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA □ X Yes □ No □ NA	Other (Specify)	Other (Specify)				

 $^{^1}$ 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)

REVIEWED

20

UNDERGROUND STORAGE TANK By Rob Ward at 2:58 pm, Feb 14, 20 SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)							
Type of Action	☐ Repair ⁻	Γest ☐ Six M	onth Test	36 Month Test			
I. FACILITY INFORMATION							
CERS ID	Date of Secondary Containment Test 2/28/2019						
Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds							
Business Site Address 370 Trimble Road		City San Jo	se	ZIP Code 95131			
II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION							
Name of UST Service Technician Performing the Test (Print as shown on the ICC Certification) Phone #							
Elmer Mortera	100 0 - 15 5 4		(408) 942-8686				
Contractor / Tank Tester License # 396575	ICC Certification # 52480	152-UT	ICC Certification Expiration Date 12/30/2019				
	Y OF SECONDARY			,,=0.0			
TANK ID: (By tank number, stored product, etc.)	A T1 Diesel	В	С	D			
Tank Containment				_			
Tightness Test Result	□Pass ≭ Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Product Piping Containment							
Tightness Test Result	≭ Pass ≭ Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Remote Fill Piping Containment							
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Vent Piping Containment							
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Vapor Recovery Piping Containment							
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Communication Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Turbine / Product Piping Sump							
Tightness Test Result	▼ Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
Fill Riser Sump							
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
VENT / TRANSITION SUMP ID:	а	b	С	d			
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
UDC ID:	1	2	3	4			
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
UDC ID:	5	6	7	8			
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
UDC ID:	9	10	11	12			
Tightness Test Result	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA	□Pass □Fail □NA			
All items marked "Fail" or "NA" must be explained in their respective "COMMENTS" section.							
IV. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING I hereby certify that the secondary containment was tested in accordance with California Code of Regulations. Title 23, Division.							
I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, Title 23, Division							

3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6)

V. TANK SECONDARY CONTAINMENT INFORMATION							
Manufacturer Identify Tank ID from Section III for each Manufacturer							
Fiberglass Tan	K	Α×	B 📗	C 🗌	D 📗		
		A □B	□с	D			
Test Method Used:	☐ Manufacturer Guideline	s (Specify):					
		ooring Standard (Specify):	DD 1000				
	Industry Code of Engine	eering Standard (Specify).	RP1200				
	☐ Engineered Method (Sp.	pecify):					
					# of Attached Dagge		
Attach the testing	# of Attached Pages						
Tank Containment Tes	sting Training and Certification	ons (List applicable certific	ations.)		Expiration Date		
		VI. C	OMMENTS				
Provide any additional	comments here.	(0.01111m) m-a-abi	able to rull: 40" ·		o only oblata multimati		
1 ank annular vacu	ium test falled due to v	acuum macnine not a	able to pull 10" vacu to refest appular soc	ium, machine wa ace	s only able to pull up to		
o vacuum. viim	stuffi at affolfier date w	itti dilletetit macilile	to retest annular spe	acc.			
	\/II	LICT DIDING CONTA	INIMENIT TECTINO	INFORMATION			
NA 6 1	VII. PROD	UCT PIPING CONTA					
Manufacturer AO Smith - FOS	2		ction III for each Manufac				
		AX	B <u> </u>	C	D <u></u>		
AO Smith - FOI		A 🙀	B 🗵	C 🗆	D □		
Test Method Used:	☐ Manufacturer Guideline	s (Specify):					
	▼ Industry Code or Engine	eering Standard (Specify):	DD4000				
	M industry Code or Engine	eering Standard (Specify).	RP1200				
	☐ Engineered Method (Sp	pecify):					
Attach the testing	procedures and all doc	umentation required t	o determine the resul	lts.	# of Attached Pages		
Product Piping Containment Testing Training and Certifications (List applicable certifications.)					Expiration Date		
Interstitial Communica							
VIII. COMMENTS							
Provide any additional comments here.							
Tested FOR secon	ndary line at 5 psi with	no loss in pressure to	or 1 hour. PASS				
FOS secondary line FÁILED, unable to hold 5 psi for 1 hour.							

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6) IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer В СГ DΓ Α Α вΓ С Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: X. **COMMENTS** Provide any additional comments here. XI. **VENT PIPING CONTAINMENT TESTING INFORMATION** Identify Tank ID from Section III for each Manufacturer Manufacturer Α вГ C ВΓ СГ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XII. **COMMENTS** Provide any additional comments here.

ID = Identification UN-054

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6) XIII VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer Α вΓ СГ DΓ Α ВΓ СГ DΓ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XIV. **COMMENTS** Provide any additional comments here. XV. TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION Manufacturer Identify Tank ID from Section III for each Manufacturer Fiberglass Sump С $A \times$ В DΓ В С Test Method Used: ☐ Manufacturer Guidelines (Specify): ☑ Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** 12/31/2019 Caldwell Sump Tester XVI. **COMMENTS** Provide any additional comments here. Hydrostatic test to pipe sump 2 inches above product penetration for 30 mins with no loss. Pass.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6)

	XVII. FILL RISER SUMP TESTING INFORMATION								
Manufacturer		Identify Tank ID from Section III for each Manufacturer							
		A A	+	B	1	C	_	D D	╡──
Test Method Used:									
	☐ Industry Code or Engineering Standard (Specify):								
☐ Engineered Method (Specify):									
Attach the testing	procedures and all doc	cumentation	required	to determine	the resu	ılts.	3	# of Attached Pa	ages
Fill Riser Sump Testing Training and Certifications (List applicable certifications.)					Expiration	Date			
			XVIII. C	OMMENTS					
Manufacture	XIX. VE			SUMP TEST					
Manufacturer		a [Transitio	on Sump ID from	n Section	c	Turacturer	d [1
		a		b [<u> </u>	c		d C	<u> </u>
Test Method Used:	☐ Manufacturer Guideline	es (Specify):							
	☐ Industry Code or Engin		rd (Specify	/):					
	☐ Engineered Method (Sp	pecify):							
Attach the testing	Attach the testing procedures and all documentation required to determine the results.					,	# of Attached Pages		
Vent / Transition Sump Testing Training and Certifications (List applicable certifications.)					Expiration Date				
		}	XX. C	COMMENTS					
Provide any additional	l comments here.								

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)

	XXI. UNDE	R-DISP	ENS	ER CON	TAIN	MENT:	TEST	ING INFO	ORMA	TION			
Manufacturer(s)			JDC ID	from Sect	ion III		Manufa					ı	
		1	<u> </u>	2		3		4		5		6	
		7		8		9		10		11		12	
		1		2		3		4		5		6	
		7		8		9		10		11		12	
Test Method Used:	☐ Manufacturer Guideline	s (Specify):										
☐ Industry Code or Engineering Standard (Specify):													
	☐ Engineered Method (Sp	pecify):											
Attach the testing	procedures and all doc	umentat	ion re	quired to	dete	rmine tl	ne res	sults.			# of Attac	hed Page	es
UDC Testing Training	and Certifications (List appli	icable cert	ification	ns.)							Expi	ration Da	ıte
													$\overline{}$
Provide any additional			ХХ	(II. CO	MME	NTS							

If the facility has more components than this form accommodates, additional copies of these pages may be attached.

USTinspector

From: Joanna Chavez <joanna@balchpetroleum.com>

Sent: Tuesday, November 12, 2019 12:08 PM

To: USTinspector

Subject: [EXTERNAL] Lumileds LLC SB989 Report

Attachments: Lumileds.989.repair.19 Report.pdf

Categories: Test Reports to be Filed

Hi,

Please see attached report.

Thank you,

Joanna Chavez



Service Administrator

Phone: (408) 942-8686 ext: 104

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)

I. FACILITY INFORMATION CERS ID Date of Secondary Containment Test 11/7/2019 Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds Business Site Address 270 Trimble Road II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION									
Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds Business Site Address 370 Trimble Road City San Jose UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION									
Lumileds Business Site Address 370 Trimble Road II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION									
370 Trimble Road San Jose 95131 II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION									
Name of UST Service Technician Performing the Test (Print as shown on the ICC Certification) Phone # (408) 942-8686									
Contractor / Tank Tester License # ICC Certification # ICC Certification Expiration Date 5248052-UT 12/30/2019									
III. SUMMARY OF SECONDARY CONTAINMENT TESTING RESULTS									
TANK ID: (By tank number, stored product, etc.) A T1 Diesel B C D									
Tank Containment									
Tightness Test Result									
Product Piping Containment									
Tightness Test Result ■Pass □Fail □NA □Pass □Fail □NA □Pass □Fail □NA □Pass □Fail □NA									
Communication Test Result									
Remote Fill Piping Containment									
Tightness Test Result									
Communication Test Result									
Vent Piping Containment									
Tightness Test Result									
Communication Test Result									
Vapor Recovery Piping Containment									
Tightness Test Result									
Communication Test Result									
Turbine / Product Piping Sump									
Tightness Test Result									
Fill Riser Sump									
Tightness Test Result									
VENT / TRANSITION SUMP ID: a b c d									
Tightness Test Result									
UDC ID: 1 2 3 4									
Tightness Test Result									
UDC ID: 5 6 7 8									
Tightness Test Result									
UDC ID: 9 10 11 12									
Tightness Test Result									
All items marked "Fail" or "NA" must be explained in their respective "COMMENTS" section.									
IV. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING Learney contify that the secondary containment was tested in accordance with California Code of Regulations, Title 23, Division									
I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637 and all the information contained herein is accurate.									
UST Service Technician Signature									

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6)

	V. TA	NK SECO	NDAF	RY CONTAINME	ENT INF	ORMATIO	N	
Manufacturer		Identify Tanl	k ID fro	m Section III for eac	h Manufa	cturer		
Fiberglass Tanl	(Α [×	В		С		D 🗌
•		Α	В		С		D	
Test Method Used:	☐ Manufacturer Guidelines	(Specify):						
		, (Gp00y).						
	☒ Industry Code or Engine	ering Standa	rd (Sne	ecify): DD4000				
	M industry code or Engine	ering Standa	iu (Spe	RP1200				
	☐ Engineered Method (Spe	o o if the						
	☐ Engineered Method (Spe	ecny).						
								# of Attached Pages
Attach the testing	procedures and all docu	ımentation	requi	red to determine	the resu	ılts.		
Tank Containment Tes	sting Training and Certificatio	ne (List annli	cable c	ertifications)				Expiration Date
Tank Containment Tex	sting Training and Certification	ilis (List appli	cabic c	Crancations.)				Expiration Bate
				COMMENTO				
5			VI.	COMMENTS				
Provide any additional	comments here.							
	VII. PRODU	ICT DIDIN	G CO	NTAINMENT TE	ESTING	INFORMA	TION	
Manufactures	VII. FRODE						IION	
Manufacturer AO Smith - FOS	_			m Section III for eac	n Manuia 1			
		A	<u> 꼭</u>	B		C	<u> </u>	D <u></u>
AO Smith - FO	₹	Α[BX		С		D □
Test Method Used:	☐ Manufacturer Guidelines	(Specify):						
	▼ Industry Code or Engine	ering Standa	rd (Spe	ecify): PD1200				
		· ·		" IXF 1200				
	☐ Engineered Method (Spe	ecify):						
								# of Attached Pages
Attach the testing	procedures and all docu	ımentation	requi	red to determine	the resu	ılts.		" " " " "
Product Piping Contain	nment Testing Training and C	Certifications	(List ap	plicable certification	s.)			Expiration Date
								-
Interstitial Communica	tion Verification Method Used	d:						
		,	VIII.	COMMENTS				
		'	VIII.	COMMENTS				
Provide any additional	<i>comments here.</i> condary lines leaks were	e done by	Lumil	ods				
Penair to FOS tes	t bell located in Gen Ro	om done	by Ra	cus. Ich Detroleum				
Repair to 1 00 tes	t bell located in Gen No	Join, done	ру Ба	iich r eu oleum				
FOS secondary lin	e was tested at 5 psi fo	or 1 hour	Pass					
. 22 2000 Many III								

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6) IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer В СГ DΓ Α Α вΓ С Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: X. **COMMENTS** Provide any additional comments here. XI. **VENT PIPING CONTAINMENT TESTING INFORMATION** Identify Tank ID from Section III for each Manufacturer Manufacturer Α вГ C ВΓ СГ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XII. **COMMENTS** Provide any additional comments here.

ID = Identification UN-054

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6) XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer Α вΓ СГ DΓ Α вГ СГ DΓ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XIV. **COMMENTS** Provide any additional comments here. XV. **TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION** Identify Tank ID from Section III for each Manufacturer Manufacturer Fiberglass Sump $A \times$ С В DΓ В C Test Method Used: ☐ Manufacturer Guidelines (Specify): ☑ Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** 12/31/2019 Caldwell Sump Tester XVI. **COMMENTS** Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6)

	XVII.			IP TESTING I				
Manufacturer			ID from S	Section III for each	n Manufac			
		A _	1	В	1	C	╅——	D 📗
Test Method Used:	Manufacturar Cuidalina	A _		В		C [D 🗌
rest Method Osca.	☐ Manufacturer Guideline	s (Specity):						
	☐ Industry Code or Engine	eering Standard	(Specif	y):				
	☐ Engineered Method (Sp	pecify):						
							- #	of Attached Pages
Attach the testing	procedures and all doc	umentation r	equired	d to determine	the resul	lts.	"	or / maoriou r agos
Fill Disor Sump Tostin	g Training and Certifications	(l ist applicable	certifica	ations)				Expiration Date
Till Niser Sump Testin	g Training and Certifications	(List applicable	Certinice	auoris.)				Expiration Date
							\bot	
		X	VIII. (COMMENTS				
Provide any additional	comments here.							
	XIX. VE			SUMP TESTI				
Manufacturer			Transit	ion Sump ID from	<u>n Section I</u> I		ufacturer	
		a a □		b		c c	+ +	d d
Test Method Used:	☐ Manufacturer Guideline	_		.				. и
	Manufacturer Guideline	з (орссну).						
	☐ Industry Code or Engine	eering Standard	(Specify	y):				
	☐ Engineered Method (Sp.	pecify):						
								of Attached Pages
Attach the testing	procedures and all doc	umentation r	equired	d to determine	the resul	lts.		arrana ragas
Vent / Transition Sum	o Testing Training and Certif	fications (List ar	nlicable	certifications)				Expiration Date
Vent / Transition Cam	7 resumg framming and serim	100110110 (2701 0)	рисавіс	Corumoutorio.)				Expiration Bate
			-					
5 11 122		X	X. (COMMENTS				
Provide any additional	comments nere.							

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)

	XXI. UNDE	R-DISP	ENS	ER CON	TAIN	MENT:	TEST	ING INFO	ORMA	TION			
Manufacturer(s)			JDC ID	from Sect	ion III		Manufa					ı	
		1	<u> </u>	2		3		4		5		6	
		7		8		9		10		11		12	
		1		2		3		4		5		6	
		7		8		9		10		11		12	
Test Method Used:	☐ Manufacturer Guideline	s (Specify):										
☐ Industry Code or Engineering Standard (Specify):													
	☐ Engineered Method (Sp	pecify):											
Attach the testing	procedures and all doc	umentat	ion re	quired to	dete	rmine tl	ne res	sults.			# of Attac	hed Page	es
UDC Testing Training	and Certifications (List appli	icable cert	ification	ns.)							Expi	ration Da	ıte
													$\overline{}$
Provide any additional			ХХ	(II. CO	MME	NTS							

If the facility has more components than this form accommodates, additional copies of these pages may be attached.

REVIEWED

By Rob Ward at 3:07 pm, Feb 14, 2020

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)

Type of Action	Test	⋉ Repai	r Test	☐ Six M	onth Tes	t 🗆	36 Month Tes	t
	l.	FACILI	TY INFOR	MATION				
CERS ID					Date of	Secondary Cont 11/7/	tainment Test /2019	
Business Name (Same as Facility Name or Lumileds	DBA-Doing Busi	ness As)						
Business Site Address 370 Trimble Road				City San Jo	se		ZIP Cod 9513	
II. UNDERG	ROUND STO	ORAGE TA	NK SERVI	ICE TECH	NICIAN	INFORMATION	NC	
Name of UST Service Technician Performin Elmer Mortera	g the Test <i>(Print</i>	as shown on t	he ICC Certif	fication)		Phone # (408	3) 942-868	36
Contractor / Tank Tester License # 396575	ICC Cer	rtification #	052-UT		ICC Ce	ertification Expirat	ion Date 0/2019	
III. SUN	MARY OF S			INMENT T	ESTING			
TANK ID: (By tank number, stored product,	T/	1 Diese			С		D	
Tank Containment								
Tightness Test Result	≭Pass	Fail □NA	□Pass [□Pass	Fail □NA	□Pass □F	ail □NA
Product Piping Containment								
Tightness Test Result	≭Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	ail □NA
Communication Test Result	□Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	□Fail □NA	□Pass □F	ail □NA
Remote Fill Piping Containment								
Tightness Test Result	□Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	ail □NA
Communication Test Result	□Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	ail □NA
Vent Piping Containment								
Tightness Test Result	□Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	□Fail □NA	□Pass □F	ail □NA
Communication Test Result	□Pass	□Fail □NA	. □Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	ail □NA
Vapor Recovery Piping Containment								
Tightness Test Result	□Pass	□Fail □NA	. □Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	[:] ail □NA
Communication Test Result	□Pass	□Fail □NA	. □Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	[:] ail □NA
Turbine / Product Piping Sump								
Tightness Test Result	□Pass	□Fail □NA	Pass_[□Fail □NA	□Pass	Fail □NA	□Pass □F	[:] ail □NA
Fill Riser Sump								
Tightness Test Result	□Pass	□Fail □NA	Pass_[□Fail □NA	□Pass	Fail □NA	□Pass □F	[:] ail □NA
VENT / TRANSITION SUMP ID:	а		b		С		d	
Tightness Test Result	□Pass	□Fail □NA	. □Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	[:] ail □NA
UDC ID:	1		2		3		4	
Tightness Test Result	□Pass	□Fail □NA	□Pass [□Fail □NA	□Pass	Fail □NA	□Pass □F	ail □NA
UDC ID:	5		6		7		8	
Tightness Test Result								
UDC ID: 9 10 11 12								
Tightness Test Result								
All items marked "Fail" or "NA" must be	explained in the	eir respective	"COMMENT	'S" section.			1	
IV. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING								
I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637 and all the information contained herein is accurate.								
UST Service Technician Signature	Ph	<u> </u>						

CERS = California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, NA = Not Applicable, UDC = Under-Dispenser Containment

UNDERGROUND STORAGE TANK	
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6	3)

٧.

TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer			from Section III for e	<u>ach Manufac</u>		_	_		
Fiberglass Tanl	Κ	$\mathbf{A} \times$	B		C [D[
· ·		A B		С	Ī	D			
Test Method Used:	Manufacturer Guideline				<u> </u>			_	
	▼ Industry Code or Engine	eering Standard (S	Specify): RP1200						
	☐ Engineered Method (Specify):								
Attach the testing procedures and all documentation required to determine the results. # of Attached Pages									
Tank Containment Tes	sting Training and Certification	ons (List applicable	e certifications.)				Expiration	Date	
Provide any additional	comments here.	VI.	COMMENTS	<u> </u>					
	ar_at 10 inch vacuum fo	or 1 hour with n	no loss on April 1	1, 2019.					
	See corre	spondence	e records for	r Jan 16	6. 2020 fd	or stat	ements h)V	
		•	g highlighted		•	. J.a.	.cciito k	7	
	VII. PROD		ONTAINMENT			ION			
Manufacturer		Identify Tank ID f	from Section III for e	ach Manufac	turer				
AO Smith - FOS	S	$A \times$	В		C	1	D		
AO Smith - FOR		AX	В	Ħ	C	1	D	-	
Test Method Used:									
rest Method Osed.	Manufacturer Guideline								
	☑ Industry Code or Engine	eering Standard (S	Specify): RP1200)					
	☐ Engineered Method (Sp	pecify):							
Attach the testing	procedures and all doc	umentation req	uired to determin	e the resu	lts.		# of Attached P	ages	
Product Piping Contain	nment Testing Training and	Certifications (List	applicable certification	ons.)			Expiration	Date	
Interstitial Communica	tion Verification Method Use	ed:							
Provide any additional	Comments here	VIII.	COMMENTS	3					
Repair to FOS sec	condary lines leaks wer t bell located in Gen Ro	<mark>re done by Lum</mark> oom, done by E	<mark>nileds.</mark> Balch Petroleum						
FOS secondary lin	ne was tested at 5 psi f	or 1 hour. Pas	s						

ID = Identification UN-054

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6) IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer В СГ DΓ Α Α вΓ С Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: X. **COMMENTS** Provide any additional comments here. XI. **VENT PIPING CONTAINMENT TESTING INFORMATION** Identify Tank ID from Section III for each Manufacturer Manufacturer Α вГ C ВΓ СГ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vent Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XII. **COMMENTS** Provide any additional comments here.

ID = Identification UN-054

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6) XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION Identify Tank ID from Section III for each Manufacturer Manufacturer Α вΓ СГ DΓ Α вГ СГ DΓ Test Method Used: ☐ Manufacturer Guidelines (Specify): ☐ Industry Code or Engineering Standard (Specify): ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.) **Expiration Date** Interstitial Communication Verification Method Used: XIV. **COMMENTS** Provide any additional comments here. XV. **TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION** Identify Tank ID from Section III for each Manufacturer Manufacturer Fiberglass Sump $A \times$ С В DΓ В C Test Method Used: ☐ Manufacturer Guidelines (Specify): ☑ Industry Code or Engineering Standard (Specify): RP1200 ☐ Engineered Method (Specify): # of Attached Pages Attach the testing procedures and all documentation required to determine the results. Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.) **Expiration Date** 12/31/2019 Caldwell Sump Tester XVI. **COMMENTS** Provide any additional comments here.

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6)

	XVII. FILL RISER SUMP TESTING INFORMATION								
Manufacturer			k ID from S	Section III for eac	ch Manufac		_		_
		A [_	В		C		D [_
Toot Mothed Head		A _		B_		C [D [
Test Method Used:	Manufacturer Guideline	es (Specify):							
	☐ Industry Code or Engin	eering Standa	ard (Specify	/):					
		· · · ·							
	☐ Engineered Method (S)	ресіту):							
Attach the testing	procedures and all doc	cumentation	required	I to determine	the resu	Its.	#	# of Attached F	Pages
Fill Riser Sump Testir	ng Training and Certifications	s (List applical	ble certifica	ntions.)				Expiration	Date
			XVIII. (COMMENTS			1		
Provide any additiona	l comments here.								
	XIX. VE	NT / TRAN	ISITION	SUMP TEST	ING INF	ORMATION			
Manufacturer	711711			ion Sump ID fro					
		a		b [С		d [
		а		b [С		d	
Test Method Used:	☐ Manufacturer Guideline	es (Specify):			_		_	-	
	☐ Industry Code or Engin	neering Standa	ard (Specify	/):					
	☐ Engineered Method (S)	pecify):							
							1	U - C A W - 1 - 1 -	
Attach the testing	procedures and all doc	cumentation	required	l to determine	the resu	lts.	7	# of Attached F	'ages
Vent / Transition Sum	p Testing Training and Certi	fications (List	applicable	certifications.)				Expiration	Date
			VV (COMMENTS					
Dravida any additiona	J. sammanta hara		XX. (COMMENTS					
Provide any additiona	ii comments nere.								

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)

	XXI. UNDE	R-DISP	ENS	ER CON	TAIN	MENT:	TEST	ING INFO	ORMA	TION			
Manufacturer(s)			JDC ID	from Sect	ion III		Manufa					ı	
		1	<u> </u>	2		3		4		5		6	
		7		8		9		10		11		12	
		1		2		3		4		5		6	
		7		8		9		10		11		12	
Test Method Used:	☐ Manufacturer Guideline	s (Specify):										
☐ Industry Code or Engineering Standard (Specify):													
	☐ Engineered Method (Sp	pecify):											
Attach the testing	procedures and all doc	umentat	ion re	quired to	dete	rmine tl	ne res	sults.			# of Attac	hed Page	es
UDC Testing Training	and Certifications (List appli	icable cert	ification	ns.)							Expi	ration Da	ıte
													$\overline{}$
Provide any additional			ХХ	(II. CO	MME	NTS							

If the facility has more components than this form accommodates, additional copies of these pages may be attached.



Spill Containment Testing

1. FACILITY INFORMATION

Facility Name: """"""""Rj krkr u'Nwo krgf u'Nki j skpi 'Eqo r cp{	Date of 3/18/2015
Facility Address: 370 W. Trimble Road, San Jose, CA 95131	
Facility Contact: Clair LeHere	Phone: (925) 980-8453
Date Local Agency Was Notified of Testing: 3/2/2015	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:	Company Name: Balch Petroleum Contractors & Builders, Inc.								
Technician Conducting Test: Robert Henninger									
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester							
License Type:	A / B / C-10 / HAZ	License Number: 396575							
Manufacturer Training									
Manufactur	er	Component(s)	Date Training Expires						
Ronan	Hyd	rostatic Sump Tester	NA						
Caldwell	Hyd	rostatic Sump Tester	NA						

3. SUMMARY OF TEST RESULTS

	~ ~ ~ .				IKESCEIS				
Component	Pass	Fail	Not Tested	Repairs Made	Component		Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								

•					
Notes:					
Testing water is recycled.					

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: 3/18/2015



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With	Spill/Overfill Co	ontainment Boxes	. .							
Spill/Overfill Containment Bo	oxes are Present, b	out were Not Test	ted 🗆							
Test Method Developed By:	Test Method Developed By: □ Spill Bucket Manufacturer X Industry Standard □ Professional Engineer □ Other (Specify)									
Test Method Used:	☐ Pressur		□ Vacu	ıum	X Hydrostatic					
□ Other (Specify)										
Test Equipment Used: Ronan	Caldwell Hydros	Caldwell Hydrostatic Sump Tester Equipment Resolution: 0.0000								
	-									
	Box # 87 Fill	Box #	Box #	Box #						
Bucket Diameter:	12"									
Bucket Depth:	20"									
Wait time between applying pressure/vacuum/water and starting test:	+/- 30 min									
Test Start Time:	9:15 am									
Initial Reading (R _I):	1 ST Line									
Test End Time:	10:15 am									
Final Reading (R _F):	1 ST Line									
Test Duration:	30 Minutes									
Change in Reading (R _F -R _I):	No Loss									
Pass/Fail Threshold or Criteria:		PASS = No Loss or Loss of 0.0020" or less in 12 minutes								
Test Result:	X Pass 🗆 Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail				
Comments – (include info	rmation on repair.	s made prior to to	esting, and recom	nmended follow-u	o for failed tests)					



Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC	Date of	2/16/2018			
Facility Address:	370 W. Trimble Road, San Jose, CA 95131					
Facility Contact:	Eric Dugdale	Phone:	(408) 964-2537			
Date Local Agency Was Notified of Testing: 1/26/2018						
Name of Local Agency Inspector (if present during testing):						

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.						
Technician Conducting Test: Robert Henninger								
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester						
License Type:	A / B / C-10 / HAZ	License Number: 396575						
Manufacturer Training								
Manufactur	er	Component(s)	Date Training Expires					
Ronan	Hyd	rostatic Sump Tester	NA					
Caldwell	Hyd	rostatic Sump Tester	NA					
			<u> </u>					

3. SUMMARY OF TEST RESULTS

	0. 501	A11A1.			I RESULTS	_			
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								

lotes:			
esting water is recycled.			
,			

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: 2/16/2018



4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped with	Spill/Overfill Cor	ntainment Boxes								
Spill/Overfill Containment Boxes Are Present, but were Not Tested										
Test Method Developed by:	□ Spill B	ucket Manufactu	rer X Indu	stry Standard	☐ Professional	Engineer				
	☐ Other (□ Other (Specify)								
Test Method Used:	☐ Pressur	☐ Pressure ☐ Vacuum X Hydrostatic								
□ Other (Specify)										
Test Equipment Used: Ronan/	Caldwell Hydros	Ildwell Hydrostatic Sump Tester Equipment Resolution: 0.0000								
	D # 05 E21	D //	D #	- D #	1	<u> </u>				
	Box # 87 Fill	Box #	Box #	Box #	1					
Bucket Diameter:	12"									
Bucket Depth:	20"									
Wait time between applying pressure/vacuum/water and starting test:	+/- 30 min									
Test Start Time:	9:00 am									
Initial Reading (R _I):	1 ST Line									
Test End Time:	9:30 am									
Final Reading (R _F):	1 ST Line									
Test Duration:	30 Minutes									
Change in Reading (R _F -R _I):	No Loss									
Pass/Fail Threshold or Criteria:		PASS = No Loss or Loss of 0.0020" or less in 12 minutes								
Test Result:	X Pass 🗆 Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail				
Comments – (include infor	mation on repair	s made prior to to	esting, and recom	mended follow-u	p for failed tests)					

SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1* Type of Action ☐ Installation Test ☐ Repair Test X 12 Month Test FACILITY INFORM N CERS ID 10132666 Date of Spill Container Test 2/28/2019 Business Name (Same as Facility Name or DBA-Doing Business As) Lumileds Business Site Address ZIP Code Citv 370 W. Trimble Road San Jose 95131 UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION Name of UST Service Technician Performing the Test (Print as shown on the ICC Certification.) Phone # Robert Henninger (408) 942-8686 Contractor / Tank Tester License # ICC Certification Expiration Dat€ ICC Certification # 5252265-UT 7/13/2019 396575 Spill Container Testing Training and Certifications (List applicable certifications.) OPW 100465 04/11/19 ***** SPILL CONTAINER TESTING INFORMATION Test Method Used: ☐ Manufacturer Guidelines (Specify)-☑ Industry Code or Engineering Standard (Specify)- RP1200 ☐ Engineered Method (Specify)-# of Attached Pages Attach the testing procedures and all documentation required to determine the results. ° N ". (By tank number, stored product, etc.) Diesel **OPW** Spill Container Manufacturer: Method of Cat\$ dic Protection: ■ Non-Metallic ☐ Non-Metallic ☐ Non-Metallic ☐ Non-Metallic ☐ Isolation ☐ Isolation ☐ Isolation ☐ Isolation Other (Specify in V.) Other (Specify in V.) Other (Specify in V.) Other (Specify in V.) 12" Inside Diameter of Spill Container: (Inches) Depth of Spill Container: (Inches) 20" Does the spill container have a 5 gallon capacity2 × YEs ☐ No ☐ Y€s ☐ No ☐ Y€s ☐ No ☐ Y€s ☐ No Method to Keep Spill Container Empty-■ Drain Valve ☐ Drain Valve ☐ Drain Valve ☐ Drain Valve ☐ Onsite Pump ☐ Onsite Pump Onsite Pump ☐ Onsite Pump Other (Specify in V.) Other (Specify in V.) Other (Specify in V.) Other (Specify in V.) SUMMARY OF TESTING RESULTS ☐ Pass × Pass ☐ Pass ☐ Pass ☐ Fail Spill Container Test Results: ☐ Fail ☐ Fail ☐ Fail \$"&&^ NTS Any items marked "Fail" above must be explained in this section. Any additional comments may also be provided here. 1 Hour Lake test was performed. \$ ERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING I hereby certif2 that the spill containers were tested in accordance with \$(5 prina Code of Regulations, ° 35 23, * vision 86 Chapter 16. Section 2637.1 and all the information contained herein is accurate. UST Service Technician Signature Rolett

UNDERGROUND STORAGE TANK

If the facility has more components than this form accommodates, additional copies of this page may be attached.

UNIFIED PROGRAM CONSOLIDATED FORMRA COUNTY FACILITY INFORMATION FILUS ENV. HEALTH

BUSINESS OWNER/OPERATOR IDENTIFICATION ZUIZ FEB 21 PH 2: 19

I INDIVITU	EIC + TIO	N.T.			Page of				
I. IDENTII			TDATE 100.	L ENTRA LA CONTRA 10].					
(Agency Use Only)		BEGINNING		ENDING DATE	101.				
		<u>01/01/201:</u>		12/31/2012	<u> </u>				
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3. BUSINES		102.				
Philips Lumileds Lighting Company LLC			(408) 96	4-5300					
BUSINESS SITE ADDRESS					103.				
370 West Trimble Road			. =						
CITY	10)4. CA	ZIP CODE		105.				
San Jose		CA	95131						
DUN & BRADSTREET 106. SIC CODE (4 digit #)									
12-499-8217			3674						
COUNTY					108 .				
Santa Clara									
BUSINESS OPERATOR NAME		109.	BUSINESS OPE	RATOR PHONE	110.				
Philips Lumileds Lighting Company LLC			(408) 964-530	00					
II. BUSINE	SS OWNI	ER							
OWNER NAME		111.	OWNER PHONE	3	112.				
Philips Lumileds Lighting Company LLC			(408) 964-530	00					
OWNER MAILING ADDRESS					113.				
370 West Trimble Road									
CITY	114,	STATE	l 15.	ZIP CODE	116.				
San Jose		CA		95131					
III. ENVIRONME	NTAL CO	NTACT							
CONTACT NAME 117. CONTACT PHONE 118.									
Mitch Cole			408-964-2562						
CONTACT MAILING ADDRESS				***	119.				
370 West Trimble Road									
CITY	120.	STATE	121.	ZIP CODE	122.				
San Jose		CA		95131					
-PRIMARY- IV. EMERGENO	CY CONT	ACTS	<u></u>	-SECONDARY	/ <u>-</u>				
NAME 123.	NAME				128.				
Mitch Cole	Dan Jano	uralei							
TITLE 124.	TITLE	WSMI			129.				
Environmental Engineer	Facilities	Manager							
BUSINESS PHONE 125.	BUSINESS				130.				
408-964-2562	408-964-								
24-HOUR PHONE* 126.	24-HOUR I				131.				
408-964-5300	408-964-								
PAGER # . 127.	PAGER #	3300		<u>.</u>	132.				
408-592-3222	n/a				122.				
ADDITIONAL LOCALLY COLLECTED INFORMATION:	n/a								
			DI 31 4	00 064 5300	133.				
Property Owner: Philips Lumileds Lighting Company LLC			Phone No.: 4	08-964-5300					
Billing Address: 370 West Trimble Road, San Jose, California 95	131								
Certification: Based on my inquiry of those individuals responsible for obtaining the	he informatio	n, I certify u	nder penalty of law	that I have persona	lly examined and				
am familiar with the information submitted and believe the information is true, accur-	ate, and com	plete.		_					
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCU	MEN'T PREPARER	135.				
	10 Te	62012	Mitch Cole						
NAME OF SIGNER (print) 136.	TITLE OF		1		137.				
Jan Bouten	Chief F	inancial O	fficer						
* See Instructions on next page.									

PHILIPS LUMILEDS

Mitch Cole

Environmental Engineer

Tel: +1 408 964 2562 Mob: +1 408 592 3222 Fax: +1 408 964 6358 mitchell.cole@philips.com www.philipslumileds.com 370 West Trimble Road San Jose, CA 95131 USA

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

		Page 1 of							
I. FACILITY IDENTIFICATION									
FACILITY ID#		PA ID # (Hazardous Waste Only) 2. CAR 000 085 081							
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.									
Philips Lumileds Lighting Company									
II. ACTIVITIES DE	CLARATION								
NOTE: If you check YES to any part of this list,									
please submit the Business Owner/Operator Identification page (OES Form 2730).									
Does your facility If Yes, please complete these pages of the UPCF A. HAZARDOUS MATERIALS									
									
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	⊠YES □ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)							
emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? B. UNDERGROUND STORAGE TANKS (USTs)	<u>.</u>	UST FACILITY (Formerly SWRCB Form A)							
Own or operate underground storage tanks?	☐ YES ☐ NO 5.	LIGHT WAS THE							
2. Intend to upgrade existing or install new USTs?	☐YES ☑ NO 6								
3. Need to report closing a UST?	YES NO 7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)							
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)									
Own or operate ASTs above these thresholds:	_	No Form with the cure							
any tank capacity is greater than 660 gallons, or	.□YES ⊠ NO 8.	NO FORM REQUIRED TO CUPAs							
the total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE									
Generate hazardous waste?	⊠ YES □ NO 2.	EPA ID NUMBER – provide at the top of this page							
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 	☐ YES ⊠ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)							
3. Treat hazardous waste on site?	▼YES □ NO 11	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)							
4. Treatment subject to financial assurance requirements (for Permit by	¥YES □ NO 12	ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DISC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL							
Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site?		REMOTE WASTE / CONSOLIDATION							
· ·	YES NO 13	SITE ANNUAL NOTIFICATION (Formerly DISC Form 1196)							
6. 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 CERTIFICATION (Formerly DISC Form 1249)							
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	omnation by your CUPA or	local agency.)							
	•								

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

											Pa	age _	_ of
I. FACILITY IDENTIFICATION													
BUSINESS NAME (Same as FACILITY NAME of	Don't Bring Business 1(3)	FACII	JTY ID#							İ			1.
Philips Lumileds Lighting, Compar	ny LLC												
II. STATUS													
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all the	hat app	ly)										601.
a. Amended	a. Facility Permit			☐ d.	Varian	ce							
☐ b. Initial	b. Interim Status			☐ e.	Conser	ıt Agr	reement						
☑ c. Renewal (PBR Only)	c. Standardized Permit			<u>.</u>	<u>.</u>								
	III. NUMBER				•								
(Indicate the number of units you operate in each tier. Attach one unit notification page for each unit except CE-CL) A * Conditionally Exempt - Small Quantity Treatment (CESQT) (May not function under any other tier.)													
A ` Conditionally Exempt – Sn	nall Quantity Treatment (CESQT)) (May	not function (ınder any e	ther tier	:.)							GA72.
B Conditionally Exempt Spe	cified Wastestream (CESW)												
C Conditionally Authorized (CA)												
D. 2 Permit by Rule (PBR)		•											
E Conditionally Exempt – Li	mited (CEL)												
F Conditionally Exempt Con	nmercial Laundry (CE-CL) (No	unit pa	ge is required	for laundri	es.)								٠.
G. 2 TOTAL UNITS (Must equ	al the number of unit notification	pages	attached plus	the number	of CE-	CL un	nits.)						
IV. CERTIFICATION AND SIGNATURE													
10 tel 2012							itutes and nt and all aluate the						
	V. ATTACHM	IENT	S (Check i	f attached	d)								
ALL tiers except CE-CL (Laundries) must s			PBR ONLY		·								
1. One unit specific notification page at	nd one treatment process page per	unit	🗌 l. Tank					•					
2. Plot Plan (or other grid/map)			2. Notif		-								
PP P G . 0.184			3. Notification of property owner, if different from business owner										
PBR & CA ONLY:													
☐ Self Certified (< \$10,000) 🖾 (
2. Prior Enforcement History, if applica	ble												

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification ☒	c. Annual Certification Page 1 of 4								
I. FACILITY I	DENTIFICATION								
(Put an asterisk in the left margin next to the amended information) BUSINESS NAME (Same as FACILITY NAME or DBA – Daing Business As) 3.									
Philips Lumileds Lighting Company									
FACILITY ID#	FACILITY EPA ID# CAR 000 058 081								
TYPE OF OPERATION □ a. PBR-FTU □ b. CA □ c. Other:									
	CLOSURE COSTS								
NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.									
ESTIMATED CLOSURE	COSTS: \$ 173,963								
T. MAN. P.	IAL ASSURANCE REQUIREMENTS								
l am not required to provide a mechanism because:									
	703.								
a. I certify that my closure cost estimate is less than or equal to \$10,000, or									
	704.								
b. Specify other reasons:									
705.									
c. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization)									
IV. CLOSURE FINANCIAL ASSURANCE MECHANISM 706.									
I am required to provide a mechanism and it is attached to this page.	MECHANISM ID NUMBER(S):								
EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27	700								
MECHANISM TYPE	isurance g. Multiple Financial Mechanisms								
·	test and Corporate Guarantee								
	710								
Bank of America	JRUANIZATION .								
	711.								
ADDRESS One Fleet Way	713.								
CITY Scranton	STATE PA ZIP CODE 185()7-1999								
V. OWNER OR OPER	ATOR CERTIFICATION								
SIGNER OF THIS CERTIFICATION a. Owner									
that qualified personnel properly gather and evaluate the information submittee	ed under my direction or supervision in accordance with a system designed to assure. Based on my inquiry of the person or persons who manage the system, or those								
significant penalties for submitting false information, including the possibility of									
SIGNATURE OF OWNER/OPERATOR	-DATE 7- Sel -2017								
The state of the s	They con								
NAME OF OWNER/OPERATOR (Print)	718. TITLE OF OWNER/OPERATOR								
Mr. Jan Bouten	Chief Financial Officer								

Instructions for Completing the Certification Of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (Formerly DTSC Form 1232)

This form must be completed by the owner or operator of a Fixed Treatment Unit (FTU) operating under Permit by Rule (PBR), or a hazardous waste generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, this certification and your financial assurance mechanism may be submitted without another Notification. Refer to 22 CCR §67450.13 for financial assurance requirements.

PBR and CA operations must provide evidence of financial assurance to cover closure costs. However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000. You must complete this form even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See H&SC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

- FACILITY ID NUMBER This number is for agency use only. Leave this space hlank. 1.
- 2. EPA ID NUMBER - Enter the EPA ID Number for the facility.
- BUSINESS NAME Enter the complete Facility Name. 3.
- 700. CERTIFICATION STATUS - Check the appropriate hox to identify the type of certification.
- 701. TYPE OF OPERATION - Check the type of operation. If type of operation is not listed, check "Other" and indicate type in the space provided.
- ESTIMATED CLOSURE COSTS Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. The following is a model closure cost estimate (NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calcular year, you qualify for an exemption. If eligible for this exemption, enter "EXEMPT" on the form in place of a dollar amount):

AC	<u>TIVITY</u>	COST	
a.	Removal, treatment (on-site or off-site), or disposal of waste inventories	\$	
b.	Removal and disposal of soil	\$	
¢.	Decontamination of equipment and structure	\$	
d.	Demolition and removal of containment system components or structure	\$	
e.	Transportation	\$	
ſ.	Sampling and analysis of waste, soil, equipment, and structure	\$	
g.	Certification or other demonstration of closure ("clean" closure or specified level of decontamination)	\$	
h.	Other expenses (specify)	\$	
í.	Less Assets (salvage value of waste, equipment or property)	\$	
	TOTAL COST OF CLOSURE	\$	

- 703. EXEMPTION FROM FINANCIAL ASSURANCE Check this box to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.
- EXEMPTION FROM FINANCIAL ASSURANCE OTHER Check to claim "Other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
- EXEMPTION FROM FINANCIAL ASSURANCE <30 DAYS PER YEAR Check to claim the exemption from financial assurance requirements if owner or operator under PBR only and operating no more than thirty days in any calendar year.
- 706 REQUIREMENT FOR FINANCIAL ASSURANCE - Check to indicate that the financial assurance mechanism is attached.
- 707. DATE OF CLOSURE ASSURANCE MECHANISM - Enter the effective date of the financial assurance mechanism.
- MECHANISM ID NUMBER If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number). 708.
- 709. CLOSURE ASSURANCE MECHANISM - Check to indicate the type of financial mechanism used to provide the closure cost assurance. Eligible types are:
 - a. A closure trust fund, as provided in 22 CCR §66265.143(a) [NOTE: You must also complete DTSC Form 1154];
 - A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b) [NOTE: You must also complete either DTSC Form 1155 or 1156 with DTSC Form 1154];
 - c. A closure letter of credit, as described in 22 CCR §66265.143(c) [NOTE: Also complete DTSC Form 1157];
 - d. Closure insurance, as described in 22 CCR §66265.143(d) [NOTE: Also complete DTSC Form 1158];
 - A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e) [NOTE: Also complete either DTSC Form 1159 or 1173];
 - An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c); f.
 - Use of multiple financial mechanisms for closure costs, as described in 22 CCR §66265.143(g);
 - h. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code;
 - A savings account, as described in section 4-104(a) of the Uniform Commercial Code.

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from your Certified Unified Program Agency (CUPA) or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

- FINANCIAL INSTITUTION OR SURETY NAME -
- 712.
- FINANCIAL INSTITUTION OR SURETY ZIP CODE -
- For items 710-714, enter the name and address of the financial institution, insurance company, FINANCIAL INSTITUTION OR SURETY ADDRESS surety company, or other appropriate organization used to establish the closure financial FINANCIAL INSTITUTION OR SURETY CITY assurance. Indicate your company if you are using a corporate guarantee and financial test. 713. FINANCIAL INSTITUTION OR SURETY STATE
- SIGNER OF CERTIFICATION Check the appropriate box to indicate whether the person certifying is the owner or the operator of the facility. SIGNATURE - The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. Certification must be completed as specified in Title 22, CCR, section 66270.11. The title should indicate that an appropriate authorized person is signing for the company. In most companies, this is not the environmental compliance or technical staff. Original signatures are required on all documents submitted.
- DATE CERTIFIED Enter the date that the document was signed
- OWNER/ OPERATOR NAME Enter the full printed name of the person signing the page.
- 718. OWNER/ OPERATOR TITLE Enter the title of the person signing the page.



Date 4/3/09	. ,	**
Number of pages not including cover sheet	2	

TO: WILVLE LUSSIER
ATTN: CC:
Phone Fax Phone 478 - 856 - 3596

FROM: STANDBY
CUSTOMER
SERVICE
SCRANTON

Malistop PA6-580-02-30
Phone 800.370.7519 OPTION 1
Fax Phone 800.755.8743

REMARKS:	Urgent	☐ Reply ASAP	Please Comment
		 	
			•
	1		
			•

The Information contained in this FAX message is intended only for the confidential use of the designated recipient named above. This message may contain contractual and proprietary information and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you received this fax in an area accessible to unauthorized individuals, please notify us immediately by telephone with an alternate fax location. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.

Bank of America _____

BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: MARCH 30, 2009

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68026017

APPLICANT REFERENCE NUMBER: PNAS8

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

BENEFICIARY
COUNTY OF SANTA CLARA DEPARTMENT OF
ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS COMPLIANCE
DIVISION

APPLICANT
PHILIPS LUMILEDS LIGHTING COMPANY
LLC
370 WEST TRIMBLE RD
SAN JOSE, CA 95131

1555 BERGER DRIVE, SUITE 300 SAN JOSE, CA 95112-2716

TRUCMA

NOT EXCEEDING USD 175,000.00

NOT EXCEEDING ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION

APRIL 1, 2010 AT OUR COUNTERS

DEAR SIR OR MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68026017 IN YOUR FAVOR AT THE REQUEST AND FOR THE ACCOUNT OF PHILIPS LUMILEDS LIGHTING COMPANY LLC, FOR THE PHILIPS LUMILEDS LIGHTING COMPANY FACILITY LOCATED AT 370 WEST TRIMBLE ROAD, SAN JOSE, CA 95131, UP TO THE AGGREGATE AMOUNT OF ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100 U.S. DOLLARS (\$175,000.00) AVAILABLE UPON PRESENTATION OF:

- 1. YOUR SIGHT DRAFT BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 68026017, AND
- 2. YOUR SIGNED STATEMENT READING AS FOLLOWS:
 "I CERTIFY THAT THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO
 REGULATIONS ISSUED UNDER AUTHORITY OF THE CALIFORNIA HAZARDOUS
 WASTE CONTROL LAW."

WE ARE INFORMED THAT AN OWNER OR OPERATOR WHO USES A LETTER OF CREDIT TO SATISFY THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8, AND CHAPTER 45, ARTICLE 1, SHALL ALSO ESTABLISH A STANDBY TRUST



BANK OF AMERICA - CONFIDENTIAL

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68026017

AGREEMENT.

EACH DRAFT SHALL BE MARKED: "DRAWN UNDER BANK OF AMERICA, N.A. STANDBY LETTER OF CREDIT NO. 68026017 DATED MARCH 27, 2009".

EACH DRAFT SHALL ALSO BE ACCOMPANIED BY THE ORIGINAL OF THIS LETTER OF CREDIT UPON WHICH WE MAY ENDORSE OUR PAYMENT.

THIS LETTER OF CREDIT IS EFFECTIVE AS OF APRIL 1, 2009 AND SHALL EXPIRE ON APRIL 1, 2010, BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF ONE YEAR ON APRIL 1, 2010 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE, WE NOTIFY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY BY CERTIFIED MAIL THAT WE HAVE DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY, AS SHOWN ON THE SIGNED RETURN RECEIPTS.

WHENEVER THIS LETTER OF CREDIT IS DRAWN ON UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US, AND WE SHALL DEPOSIT THE AMOUNT OF THE DRAFT DIRECTLY INTO THE STANDBY TRUST FUND OF PHILIPS LUMILEDS LIGHTING COMPANY IN ACCORDANCE WITH YOUR INSTRUCTIONS.

WE CERTIFY THAT THE WORDING OF THIS LETTER OF CREDIT IS IDENTICAL TO THE WORDING SPECIFIED IN CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 66264.151, SUBSECTION (D) AND IS BEING EXECUTED IN ACCORDANCE WITH THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8 AND SECTION 67450.13 ON THE DATE SHOWN BELOW.

THIS CREDIT IS SUBJECT TO THE MOST RECENT EDITION OF THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS, PUBLISHED AND COPYRIGHTED BY THE INTERNATIONAL CHAMBER OF COMMERCE PARIS, FRANCE, PUBLICATION 600 (2007 REVISION).

BANK OF AMERICA, N.A.

AUTHORIZAD SIGNATURE

JOHN YZĚÍK, AVP MARCH 30, 2009

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

I EDENIC	OLETO A TROOP	· · · · ·			Page of		
FACILITY ID#	I. IDENTIFICATION TY ID #						
(Agency Use Only)	1 1 1	ENDING DATE	101.				
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		<u>/01/201</u>		12/31/2012	102.		
<u>-</u>			000,111	ESS PHONE	102.		
Philips Lumileds Lighting Company LLC BUSINESS SITE ADDRESS	-		(408) 9	064-5300			
					103.		
370 West Trimble Road	104.		Tam cont				
	104.	CA	ZIP CODE		105.		
San Jose DUN & BRADSTREET			95131		107.		
on control (digital)							
12-499-8217 · · · · · · · · · · · · · · · · · · ·			3674				
					108.		
Santa Clara BUSINESS OPERATOR NAME	·	109.	I prignized on	EB - (COB BUICE)			
		109.		ERATOR PHONE	110.		
Philips Lumileds Lighting Company LLC	T00 0375		(408) 964-53	300			
OWNER NAME	ESS OWNER	111.	OWNER PHON	II	112.		
Philips Lumileds Lighting Company LLC		111.	1		112.		
OWNER MAILING ADDRESS			(408) 964-53	300			
370 West Trimble Road					113.		
CITY	114.	STATE	115:	ZIP CODE			
San Jose	1	CA	113.	1	116.		
III. ENVIRONM				95131			
CONTACT NAME		17.	CONTACT PHO	ONE	118.		
Mitch Cole			408-964-256		110.		
CONTACT MAILING ADDRESS			1408-904-230	· <u>·</u>	119.		
370 West Trimble Road					••••		
CITY	120.	TATE	121.	ZIP CODE	122.		
San Jose		CA		95131			
				·			
		C15		-SECONDARY			
THE STATE OF THE S	NAME				128.		
Mitch Cole TITLE	Dan Janows	K1					
					129.		
Environmental Engineer BUSINESS PHONE	Facilities M BUSINESS PF		· · · · · · · · · · · · · · · · · · ·		130.		
408-964-2562					130.		
24-HOUR PHONE* 126	408-964-26 24-HOUR PHO				(2)		
408-964-5300	408-964-53				131.		
PAGER # 127.	PAGER #			· · · · · · · · · · · · · · · · · · ·	132.		
408-592-3222	n/a				1.74.		
ADDITIONAL LOCALLY COLLECTED INFORMATION:			· · · · · · · · · · · · · · · · · · ·		133.		
Property Owner: Philips Lumileds Lighting Company LLC			Phone No :	408-964-5300	133.		
			i none ivo	400-304-3300			
Billing Address: 370 West Trimble Road, San Jose, California	95131						
,	•						
Certification: Based on my inquiry of those individuals responsible for obtaining	the information,	certify u	nder penalty of la	w that I have personal	ly examined and		
am familiar with the information submitted and believe the information is true, accurate, and complete.							
SIGNATURE OF OWNER OPERATOR OF DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOC	UMENT PREPARER	135.		
J. J. J. J. J. J. J. J. J. J. J. J. J. J	10 Tel.		Mitch Cole	<u>}</u>			
NAME OF SHANER (FAIR)	TITLE OF SIG				137.		
Jan Boyfen	Chief Fina	incial O	fficer				
* See Instructions on next page.				· · · · · · · · · · · · · · · · · · ·			

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

				Page 1 of
I. FACILITY IDEN	TIFICA	TION		
FACILITY ID#		1.		ID # (Hazardous Waste Only) 2. R 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)				3.
Philips Lumileds Lighting Company				
II. ACTIVITIES DE				
NOTE: If you check YES	to any p	art of th	his lis	t,
please submit the Business Owner/Operator	Identifi			
Does your facility A. HAZARDOUS MATERIALS		If Yes, p	olease c	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	s □ NO	4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)			<u>-</u>	UST FACILITY (Formerly SWRCB Form A)
1. Own or operate underground storage tanks?	☑ YES	_	5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	YES	⊠ NO	6.	UST FACILITY
3. Need to report closing a UST?	☐ YES	⊠ NO	7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (clusure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:				
any tank capacity is greater than 660 gallons, or	YES	⊠ NO	8.	NO FORM REQUIRED TO CUPAS
the total capacity for the facility is greater than 1,320 gallons?				
D. HAZARDOUS WASTE 1. Generate hazardous waste?	⊠ YES	□ NO	9.	EPA ID NUMBER – provide at the top of this
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	☐ YES	⊠ NO	10	PAGE RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES			ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	⊠ YES	□ NO.	12.	ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES	⊠ NO	13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES	⊠ NO	14.	DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	formation by	your CUPA	or local	agency.)
				}
•				

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

										•		Pag	е	_ of
I. FACILITY IDENTIFICATION														
BUSINESS NAME (Same as FACILITY NAME of		FACI	LITY ID#											ī.
Philips Lumileds Lighting, Compa				<u> </u>				L	_]		<u>i</u>			
NOTIVICA MANAGEMENT			TATUS											
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all	that app	oly)		1 17									601.
b. Initial	b. Interim Status			_	l. Vari Cons	ance sent Ag	теете	ın t						
C. Renewal (PBR Only)	c. Standardized Permit					SCIIC 71E	31001110	.111						
	III. NUMBER	OF U	INITS AT FA	CIL	ITY		-				_			
(Indicate the	number of units you operate in each	tier. At	tach one unit notific	ation pa	age for e	ach uni	t excep	CE-C	CL)					
A Conditionally Exempt – Si	mall Quantity Treatment (CESQ)	l') (May	not function und	er any	other t	ier.)								602.
B Conditionally Exempt Spo	ecified Wastestream (CESW)													
C Conditionally Authorized ((CA)													
D. 2 Permit by Rule (PBR)														
E Conditionally Exempt – Li	mited (CEL)													
F Conditionally Exempt Con	nimercial Laundry (CE-CL) (No	unit pa	ge is required for	laundi	rics.)									
G. 2 TOTAL UNITS (Must equ	al the number of unit notification	n pages	attached plus the	numbe	er of CI	E-CL u	nits.)							
	IV. CERTIFIC	ATIO	N AND SIGN	NATU	URE									
economically practicable and that I have se future threat to human health and the enviro <u>Tiered Permitting Certification</u> - I certify regulations for the indicated permitting tier	Waste Minimization - I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Tiered Permitting Certification - I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all													
attachments were prepared under my direct information submitted. Based on my inquinformation is, to the best of my knowledge I am aware that there are substantial perfaltic	ion or supervision in accordance uiry of the person or persons v and belief, true, accurate, and co	with a who ma mplete.	system designed mage the system	to assi , or th	ure that ose dir	t qualif rectly r	Red pe respons	rsonr sibl e	iel pr for :	roperi gathe	ly gat ring 1	her and	i eva	luate the
SIGNATURE OF OWNER/OPERATOR	as 101 submitteling laise informatio	DAT	Ε				isonme	ent to	r kno	owing	y viola	tions.		603.
			10 Feb	20	12	>								
NAME OF OWNER/OPERATOR	604.	·TITI.	E OF OWNER/C											605.
Jan Bouten		Chie	ef Financial O	fficer										
REQUEST FOR SHORTENED REVIEW P	PERIOD (CE and CA only)	□ <i>'</i>	Yes 🛛 No											
State Reason for Request:														
	Ti (TT) OIT		0.401				<u>.</u>							
	V. ATTACHM	1ENT	· · · · · · · · · · · · · · · · · · ·	tache	d) 									,
ALL tiers except CE-CL (Laundries) must s			PBR ONLY											
 □ 1. One unit specific notification page and one treatment process page per unit □ 2. Plot Plan (or other grid/map) □ 2. Notification of local agency or agencies 														
2. The Hall (of other growing)			3. Notificat				_		nt fe	m h	icín	ė au		
PBR & CA ONLY:			ع. Nonneau	.on or	hiobeit	y owiic		11616	m m	JII DL	isines	s owne	:1.	
	y DTSC form 1232)													
☐ Self Certified (< \$10,000) ☐ Other mechanism														
2. Prior Enforcement History, if applica	ble													

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408) 918-3400 www.EHinfo.org

romania 🕻 Circulation de la constitución de la Reconstitución de la Rec



April 10, 2012

MITCH COLE
PHILIPS LUMILEDS LIGHTING
COMPANY
370 WEST TRIMBLE ROAD
SAN JOSE CA 95131

EPA I.D.: CAR000058081 Initial Authorization: 3/22/2000

Renewal Date: April 10, 2012

Dear Onsite Treatment Facility:

The County of Santa Clara Hazardous Materials Compliance Division (HMCD) has received and reviewed your facility's PBR Renewal Notification to ensure it is administratively complete. It has not been reviewed for technical adequacy. The technical review will be conducted during a facility inspection by this office. A copy of the Hazardous Waste Tiered Permit Audit Checklist-Permit By Rule can be found on website www.EHinfo.org.

The treatment unit (s) listed below is / are hereby authorized pursuant to Title 22 of the California Code of Regulations (CCR). Your authorization continues until you notify this office that you have stopped treating wastes and have fully closed the unit(s) pursuant to all applicable closure requirements of CCR Title 22 and your closure plan.

Ms. Violeta Mislang with the state Department of Toxic Substances Control (DTSC) can be contacted at (714) 484-5387 for questions concerning the Phase I Environmental Assessment/Corrective Action Program. If you have any questions regarding this letter please contact me at (408) 918-1985 or c-mail: ruben.williams@deh.sccgov.org.

Sincerely,

Ruben Williams, CHMM, REA

Pulan Williams

Senior Hazardous Materials Specialist

Hazardous Materials Compliance Division

Units authorized to operate at this location:

UNDER PERMIT BY RULE: NS-1, MPU-1

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification 🖂	700.
	c. Annual Certification Page 1 of 4 DENTIFICATION
(Put an asterisk in the left inc	gin next to the amended information)
BUSINESS NAME (Same 25 FACILITY NAME or DBA - Doing Business As)	3.
Philips Lumileds Lighting Company	
FACILITY ID#	FACILITY EPA ID# CAR 000 058 081
TYPE OF OPERATION 🛛 a. PBR-FTU 🔲 b. CA	c. Other; 701.
II. ESTIMATEI	CLOSURE COSTS
NOTE: In addition to the dollar figure below, a written estimate of closure costs	ust be attached when you submit this section of this page.
ESTIMATED CLOSURE	COSTS: \$ 173,963
	IAL ASSURANCE REQUIREMENTS
Low not required to accord to the control of the co	
I am not required to provide a mechanism because:	
a. I certify that my closure cost estimate is less than or equal to \$10,000, or	. 703.
b. Specify other reasons:	704.
C. As a PBR owner or operator, I have not operated more than thirty days in	a calendar year. (Does not apply to Conditional Authorization) 705.
IV. CLOSURE FINANCIA	ASSURANCE MECHANISM
☐ I am required to provide a mechanism and it is attached to this page.	706. MECHANISM ID NUMBER(\$):
EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27.	$\frac{09 - 4/1/13}{1}$ 68026017
MECHANISM TYPE	surance g. Multiple Financial Mechanisms
(Check one item only) 🔲 b. Surety Bond 🔲 c. Financial	est and Corporate Guarantee h. Certificate of Deposit
🛛 c. Closure Letter of Credit 💢 🔲 f. Alternativ	Mechanism
FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER	PRGANIZATION 710.
Bank of America	
ADDRESS One Fleet Way	711.
712.	713. 714.
CITY Scranton	STATE PA ZIP CODE 18507-1999
V. OWNER OR OPER	TOR CERTIFICATION
SIGNER OF THIS CERTIFICATION 🔲 a. Owner	□ b. Operator ☐ Description ☐ D
I certify under penalty of law that this document and all attachments were prepar	d under my direction or supervision in accordance with a system designed to assure Based on my inquiry of the person or persons who manage the system, or those
 directly responsible for gathering the information, the information is, to the best 	of my knowledge and belief, true, accurate and complete. I am aware that there are
significant penalties for submitting false information, including the possibility of	717
SIGNATURE OF OWNER/OPERATOR	-DATE 7- Tel-201?
1 5	, 👣
NAME OF CHART ATOR (Print)	718.
NAME OF OWNER/OPERATOR (Print)	TITLE OF OWNER/OPERATOR
Mr. Jan Bouten	Chief Financial Officer

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: San Jose Fire Dept.
Agency Mailing Address: 170 West San Carlos St.
San Jose, CA 95113
Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:
Facility Name: Philips Cumileds Lighting Company Facility Street Address: 370 West Trimble Rd City: San Jase
Facility Street Address: 370 West Trimble Rd City: San Jose
Date of Current HMBP: $3/1/20/0$
I certify that: (Check the appropriate box.)
I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less. Or Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.
OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.
Name of Owner/Operator (Print): DAN JANOWSK Title: FACILITIES MGR Phone: 408-964-3665 Signature: Date: 3-5-10
Phone: 408-964-3665 Signature:
By checking the upper box on this form, you are certifying that
 The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and

• The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and

The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the

There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

Hazardous Materials Inventory; and

County of Santa Clara

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400 www.EHinfo.org/hazmat

Underground Storage Tank Permit to Operate



Permit Number: Effective Date:

252744-397897 July 1, 2012 June 30, 2017

Expiration Date: June 30, 2017 Facility ID Number: 43-000-252744

Facility Name:

PHILIPS LUMILEDS LIGHTING CO. BLDG. 90

Site Address:

370 W. TRIMBLE RD., SAN JOSE, CA 95131

Tank Owner: Tank Operator:

PHILIPS LUMILEDS LIGHTING CO., LLC PHILIPS LUMILEDS LIGHTING CO., LLC

Permit Holder:

PHILIPS LUMILEDS LIGHTING CO., LLC (Tank Owner)

370 W. TRIMBLE RD. SAN JOSE, CA 95131

The following underground storage tanks are covered by this permit:

Tank Identification Number

Capacity (gal.)

Tank Contents

Permittee's Tank ID

43-000-252744-368423

12,000 DIESEL FUI

Permit Conditions

- 1. In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6.7 and 6.75; and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18.
- 2. In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a UST Response Plan approved by the County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division (HMCD).
- 3. The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved by HMCD.
- 4. The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator.
- 5. The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site. Monitoring system certification testing shall be scheduled to occur during HMCD's annual UST compliance inspection.
- 6. The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system.
- 7. Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed.
- 8. The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%.
- 9. Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site.
- 10. Violation of any of the above conditions may be cause for revocation of this UST permit to operate.

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County of Santa Clara

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program 1555 Berger Drive, Suite 300 San Jose, California 95112-2716 (408)918-3400; Fax (408)280-6479 www.EHinfo.org/hazmat



August 20, 2012

MITCH COLE PHILIPS LUMILEDS LIGHTING CO., LLC 370 W. TRIMBLE RD. SAN JOSE, CA 95131

Re: Permit No. 252744-397897, Underground Storage Tank Permit to Operate.

Dear MITCH COLE:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, PHILIPS LUMILEDS LIGHTING CO. BLDG. 90, located at 370 W. TRIMBLE RD., SAN JOSE, CA. The UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears

Senior Hazardous Materials Specialist Hazardous Materials Compliance Division

Form Letter 20PA - 12/15/10

Board of Supervisors: Mike Wasserman, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss County Executive: Jeffrey V. Sm

LUMILED 350 W.TRIMBLE RD. SAN, JOSE.CA. 95191, MAR 18. 2015 9:02 AM SYSTEM STATUS (REPORT) ALL FUNCTIONS NORMAL INVENTORY REPORT T I DI VOLUME ULLAGE i DI ESÉL 2133 GAŪS 9867 GAŪS 8667 GAŪS TC VOLUME ULLAGE= GALS 2126 HEIGHT WATER WATER NCHES! 21.51 ΙNO Ξ. 0 GALS 0 00 INCHE 67-5 DEG F VÕL TEMP ¥¥ * XIEND XIXXXXX × SYSTEM SETUP MAR 118 2015 9:102 AM (SYSTEM; UNITS) ی.∪ی SYSTEM LANGUAGE ENGLISH ENGLISH SYSTEM DATE TIME FORMAT MON DD YYYY HH:MM SS XM CUMILED 1950 W.TRIMBLE RD. SAN JOSE CA. 95191 SHIFT TIME SHIFT TIME SHIFT TIME SHIFT TIME DISABLED DISABLED DISABLED 40 2 4 DISABLED TANK PER TST, NEEDED WRN DISABLED TANK ANN TST NEEDED WRN DISABLED LINE RESENABLE METHOD' PASS LINE TEST L'INE PER TST NEEDED WRN DISABLED L'INE (ANN TST NEEDED WRN DISABLED PRINT TO VOLUMES! ENABLED! TEMP. COMPENSATION

VAEUE (DEG F): 60

STICK HEIGHT OFFSET

DISABLED.

DAYLIGHT SAVING TIME
ENABLED.

START DATE
MAR. WEEK 2 SUN
START TIME

2:00 AM
END DATE .2.00 AN END DATE NOV WEEK () END DIME SUN SYSTEM SECURITY CODE : 000000 CUSTOM ALARM LABELS DISABLED

COMMUNICATIONS SETUP PORT SETTINGS: NONE FOUND: ;RS+232 END¹OF; MESSAGE (DÍSABLÆD) IN∹TANK SETUP T' 1: D'ESEL PRODUCT CODE THERMAL COEFF TANK DIAMETER TANK PROFILE 1 000470 92.00 1 PT TER FULL VOL 12000 4.0 IN. FLOAT SIZE: WATER WARNING : 2.0 3.0 1,2000 90% MAX OR LABEL'VOI OVERFILL LIMIT 1,0800 95% HIĞH PRODUCT 11400 DELIVERY, LIMIT 1'0%' 1200 LOW PRODUCT LEAK ALARM LIMIT SUDDEN LOSS LIMIT TANK TILT, PROBE OFFSET 1000 .99 .99 0.00 0.00 SIPHON MANIFOLDED TANKS T#:: NONE LINE MANIFOLDED TANKS: T#: NONE 0% LEAK MIN PERIODIC Ũ LEAK MIN ANNUAL : 0% n PERIODIC TEST TYPE STÄNDÄRD <u>jannual</u> Test Fail. Alarm Disabled PERÍODIC TEST FATL ALARM DISÁBLED GROSS TEST FAIL ALARM DISABLED ANN TEST AVERAGING? OFF TANK TEST NOTIFY. OFF TNK TST SIPHON BREAKTOFF DELIVERY DELAY 5 MIN RUMP THRESHOLD 2 10-00% LEAK TEST METHOD TEST ON DATE JAN 1, 1996 START TIME: TEST RATE: : : ALL TANK 6 : DISABLED :0:20 GAL/ :2' HOURS ∠ĤR DURATION 'TST EARLY STOP: DISABLED LEAK TEST REPORT FORMAT NORMAL

L diannular Tri-state (Single Float) Category : Annular Space L Ž:PÎPÎNG SUMÊ TRI≒STATE (SINGLE FLOAT) ÇATEGORY : PIRING SUMP γŊ OUTRUT' RELAY' SETUR I:ALARM YPE: STANDARD ORMALLY OPEN NORMÁL

LIQUID SENSOR SETUP

IN-TANK ALARMS
T LEAK ALARM
T MI-HIGH WATER ALARM
T MI-HIGH WATER ALARM
T MI-LOW PRODUCT ALARM
T MI-PROBE OUT
T MI-HIGH WATER WARNING
T MI-DELIVERY NEEDED

LIQUID SENSOR ALMS L 1. FUEL ALARM L 2. FUEL ALARM L 1. SENSOR OUT ALARM L 2. SENSOR OUT ALARM L 1. SHORT ALARM L 2. SHORT ALARM

RECONCILIATION SETUP AUTOMATIC DATES 'DATEY CEOSING TEMP: COMPENSATION; BUS SLOT FUEL METER TANK-MAP EMPTY

PERIODIC RECONCILITATION MODE: TANK SOFTWARE REVISION LEVEL, VERSION 123,01 SOFTWARE# 346123-100-6 CREATED - 02.06/21.13.00 NO SOFTWARE MODULE' SYSTEM FEATURES: PERIODIC IN-TANK TES ANNUAL IN-TANK TESTS TESTS

ALARM HISTORY REPORT

FRANCE (SYSTEM (ALARM) ΑM

PRINTER ERROR: APR 30 (2013) 1 BATTERY 18 OFF ΑM [996 JAN 1. 8:00 AM

ALARM, HISTORY REPORT, INETANK ALARM Ţ ĮįĎĮĖSĘĽ LOW (RRODUCT ALAR) MAY 19, 2013 (6: 6 .54; AM. PROBE OUT SEP 29, 2009 10:13 AM DEC 15, 2004 10:06 AM DELIVERY NEEDED MAY 19, 2013 2 APR 2012 4 2:00 4:26 高級逐落 ENDIX ALARM HISTORY REPORT SENSOR ALARM L 1: ANNULAR ANNULAR SPACE FUEL ALARM FUEL AL 9:39 AM 2014 FUEL ALARM APR 4. 2013 M2:25 PM APR. FUEL ALARM 4. 12013: 12:25 PM ¥ END *: ALARM HISTORY REPORT SENSOR ALLARM L 2:PIRING SUMP PIPING SUMP RUEL ALARM MAR: 19: 2014 9:40 9:40 AM FUEL ÁLARM APR 4, 2013 9:02 AM

FUEL JALARM MAR 1190 2012 .8:06: AM

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION 1. NEW PERMIT 5. CHANGE OF INFO (Check one item only) 2. DENIEWAL DEDAME 1. TEMPORARY FA	
3. KENEWAL PERMIT 0. TEMPORARI PAR	
l	NFORMATION
TOTAL NUMBER OF USTs AT FACILITY FACILITY ID # (Agency Use Only)	
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) Philips Lumileds Lighting Company	3.
BUSINESS SITE ADDRESS	103. CITY 104.
370 West Trimble Road	San Jose
FACILITY TYPE ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DE ☐ 3. FARM ☐ 4. PROCESSOR ☒ 6. OTHER	STRIBUTION Is the facility located on Indian Reservation or Trust lands? 1. Yes 2. No
II. PROPERTY OW	NER INFORMATION
PROPERTY OWNER NAME	407. PHONE 408.
370 West Trimble Road Corporation	(408) 964-5300
MAILING ADDRESS	409.
1251 Avenue of the Americas 20 th Floor	
CITY 410.	STATE 411. ZIP CODE 412.
New York	NY 10020
	TOR INFORMATION
TANK OPERATOR NAME	428-1. PHONE 428-2.
Philips Lumileds Lighting Company MAILING ADDRESS	(408) 964-5300
	428-3.
370 West Trimble Road	STATE 428-5. ZIP CODE 428-6.
San Jose	CA 95131
	R INFORMATION
TANK OWNER NAME	414. PHONE 415.
Philips Lumileds Lighting Company	(408) 964-5300
MAILING ADDRESS	416.
370 West Trimble Road	
City San Jose	STATE 418. ZIP CODE 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 419. QUANTIFICATION 41
	COUNTY AGENCY NON-GOVERNMENT 6. STATE AGENCY 420.
V. BOARD OF EQUALIZATION UST	STORAGE FEÉ ACCOUNT NUMBER
TY (TK) HQ 44-	the State Board of Equalization, Fuel Tax Division, if there are questions. 421.
VI. PERMIT HOLD	ER INFORMATION
	FACILITY OWNER 423. TANK OWNER 5. FACILITY OPERATOR
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agen	
·	NT SIGNATURE
CERTIFICATION: I certify that the information provided herein is t	true, accurate, and in full compliance with legal requirements. DATE / 424. PHONE 425.
ATTECANT SIGNATURE	16 April 2012 (408) 964-2886
APPLICANT NAME (print) 426.	APPLICANT TITLE 427
Jan Bouten /	Chief Financial Officer

UPCF UST-A Rev. (12/2007) - 1/2

Class

www.unidocs.org



Clair Lehere – Owner 542 Bernal Ave. Livernote, CA 94551 925.230.9290 • clair@infraredlabs.com

Thermographic Imaging Solutions • Commercia/Residential/Industrial www.infraredlabs.com

FIED PROGRAM CONSOLIDATED FOR UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION - TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, comple	
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT☐ 6. TEMPORARY UST CLOSURE☐ 7. UST PERMANENT CLOSU	☐ 5. CHANGE OF INFORMATION IRE ON SITE ☐ 8. UST REMOVAL
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSU DATE UST PERMANENTLY CLOSED: 430a.	DATE EXISTING UST DISCOVERED: 430b.
L FACILITY I	
FACILITY ID # (Agency Use Only)	6
•	
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) Philips Lumileds Lighting Company, LLC.	3.
BUSINESS SITE ADDRESS 103.	CITY 104.
370 West Trimble Road	San Jose
II. TANK DE	I
TANK ID# 432 TANK MANUFACTURER	433. TANK CONFIGURATION: THIS TANK IS 434.
Tank I - Diesel	, I, A STAND-ALONE TANK Complete one page for each
DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALLON	2. ONE IN A COMPARTMENTED UNIT compartment in the unit. S 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.
10/1/1991 12,000	1
III. TANK USE A	ND CONTENUS
TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FUE	
	ASTE (Includes Used Oil) S. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MID	☐ 99. OTHER (Specify): 439a. GRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440.
☒ 3, DIE\$EL ☐ 5, JET F	JEL 6. AVIATION GAS
□ 8. PETROLEUM BLEND FUEL □ 9. OTHE NON-PETROLEUM: □ 7. USED OIL □ 10. ETH	KTE-ROBBOH (Specify).
☐ 11. OTHER NON-PETROLEUM (Specify):	440b.
IV. TANK CO	NSTRUCTION
	□ 95. UNKNOWN 443.
	☐ 6. INTERNAL BLADDER 444. ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a
SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS	☐ 6, EXTERIOR MEMBRANE LINER ☐ 7, JACKETED 445.
	□ 99. OTHER (Specify): 445a. LL FLOAT □ 3. FILL TUBE SHUT-OFF VALVE 452.
	IPTION FROM OVERFILL PREVENTION EQUIPMENT
PARTER PRODUCT/WASTER	IPING CONSTRUCTION
PIPING CONSTRUCTION ☐ 1. SINGLE WALL ☑ 2. DOUBLE WALL	□ 99. OTHER 460.
PIPING CONSTRUCTION ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY	□ 99. OTHER 460. ■ 3. CONVENTIONAL SUCTION □ 4. SAFE SUCTION [23 CCK §2636(2)(3)] 458.
PIPING CONSTRUCTION ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY	99. OTHER 460. 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.
PIPING CONSTRUCTION □ 1. SINGLE WALL ☑ 2. DOUBLE WALL SYSTEM TYPE □ 1. PRESSURE □ 2. GRAVITY PRIMARY CONTAINMENT □ 1. STEEL ☑ 4. FIBERGLASS □ 90. NONE □ 95. UNKNOWN SECONDARY CONTAINMENT □ 1. STEEL ☑ 4. FIBERGLASS	99. OTHER
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UNIFIED PROGRAM CONSOLIDATED FORM **FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION**

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FACILITY ID#	IFICATIO		DATE 100.	61181112	····
(Agency Use Only)	1	BEGINNING	JUNIE	CNDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	_1	01/01/201		12/31/2012	
¥			!	ESS PHONE	102.
Philips Lumileds Lighting Company LLC BUSINESS SITE ADDRESS			(408)	964-5300	103
					103.
370 West Trimble Road		04.	710 0005		
		CA	ZIP CODE		105
San Jose DUN & BRADSTREET		106.	95131	11 113	
		100.	SIC CODE (4	digit #)	107.
12-499-8217 COUNTY			3674		
· · · ·					108.
Santa Clara BUSINESS OPERATOR NAME		109.	I pueniree e	CDA TOD DUOVE	
		109,		PERATOR PHONE	110.
Philips Lumileds Lighting Company LLC	B00 0445		(408) 964-5	300	
OWNER NAME	ESS OWNI	E R	CHAIR BUG		
		(1).	OWNER PHO		112.
Philips Lumileds Lighting Company LLC OWNER MAILING ADDRESS			(408) 964-5	300	
					113.
370 West Trimble Road	114.	000 + 700	115:		
	,	STATE	113.	ZIP CODE	116.
San Jose		CA		95131	
III. ENVIRONM	ENTAL CO	DNTACT 117.	CONTACT PE	Ove	118,
		117,	l .		110.
Mitch Cole CONTACT MAILING ADDRESS			408-964-25	02	119.
370 West Trimble Road					117,
CITY	120.	STATE	121.	ZIP CODE	122.
San Jose	,	CA	121.	1	122.
			 -	95131	
-PRIMARY- IV. EMERGEN	CY CONT	TACTS		-SECONDARY	_
NAME 123.	NAME				128.
Mitch Colé	1				
Witten Cole	Dan Jano	wski			
TITLE 124.	Dan Jano	wski			129.
TITLE 124. Environmental Engineer	TITLE Facilities	Manager			129.
TITLE 124.	TITLE	Manager			129.
TITLE 124. Environmental Engineer	TITLE Facilities	Manager PHONE			
TITLE 124. Environmental Engineer BUSINESS PHONE 125.	Facilities BUSINESS	Manager PHONE 2665			
TITLE 124. Environmental Engineer BUSINESS PHONE 125. 408-964-2562	TITLE Facilities BUSINESS 408-964-	Manager PHONE 2665 PHONE*			130.
TITLE 124 Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126	Facilities BUSINESS 408-964- 24-HOUR	Manager PHONE 2665 PHONE*			130.
TITLE 124 Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127. 408-592-3222	Facilities BUSINESS 408-964- 24-HOUR I 408-964-	Manager PHONE 2665 PHONE*			130.
TITLE 124. Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127.	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER #	Manager PHONE 2665 PHONE*			130.
TITLE 124. Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127. 408-592-3222	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER #	Manager PHONE 2665 PHONE*		408-964-5300	130. 131.
TITLE 124 Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LL.C	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a	Manager PHONE 2665 PHONE*		408-964-5300	130. 131.
TITLE 124 Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION:	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a	Manager PHONE 2665 PHONE*		408-964-5300	130. 131.
TITLE 124 Environmental Engineer BUSINESS PHONE 125. 408-964-2562 24-HOUR PHONE* 126 408-964-5300 PAGER # 127. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LL.C	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a	Manager PHONE 2665 PHONE*		408-964-5300	130. 131.
TITLE Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LL.C Billing Address: 370 West Trimble Road, San Jose, California 9	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a	Manager PHONE 2665 PHONE* 5300	Phone No.:		130. 131. 132
Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LL.C Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a	Manager PHONE 2665 PHONE* 5300	Phone No.:		130. 131. 132
Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and believe the information is true, accurately	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a the informatio irate, and com	Manager PHONE 2665 PHONE* 5300	Phone No.:	w that I have personal	130. 131. 132 133.
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TITLE Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and believe the information is true, accurately according to the second structure of Owner Operator of Designation Representative	TITLE Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a 5131 the informationate, and complete and complete in the information in the i	Manager PHONE 2665 PHONE* 5300 on, I certify upplete.	Phone No.:	w that I have personal	130. 131. 132 133. 14 examined and
TITLE Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and before the information is true, accurate to the informat	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a 5131 the informationate, and comparate, and comparate, and comparate for the	Manager PHONE 2665 PHONE* 5300 on, I certify unplete.	Phone No.: nder penalty, of k NAME OF DOO Mitch Col.	w that I have personal	130. 131. 132 133.
Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and believe the information is true, account of the second of	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a 5131 the informationate, and comparate, and comparate, and comparate for the	Manager PHONE 2665 PHONE* 5300 on, I certify upplete.	Phone No.: nder penalty, of k NAME OF DOO Mitch Col.	w that I have personal	130. 131. 132 133. 14 examined and
Environmental Engineer BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-5300 PAGER # 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 9 Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and befleve the information is true, accurate to the state of	Facilities BUSINESS 408-964- 24-HOUR I 408-964- PAGER # n/a 5131 the informationate, and comparate, and comparate, and comparate for the	Manager PHONE 2665 PHONE* 5300 on, I certify unplete.	Phone No.: nder penalty, of k NAME OF DOO Mitch Col.	w that I have personal	130. 131. 132 133. 14 examined and

UNIFIED PROGRAM CONSOLIDATED FORM **FACILITY INFORMATION**

BUSINESS ACTIVITIES

		Page 1 of			
I. FACILITY IDENTIFICATION					
FACILITY ID#		D # (Hazardous Waste Only) 2 000 085 081			
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.					
Philips Lumileds Lighting Company, LLC.					
II. ACTIVITIES DE	CLARATION				
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).					
Does your facility		omplete these pages of the UPCF			
A. HAZARDOUS MATERIALS	II Tes, please et	Implete tilese pages of the orer			
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 NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)			
B. UNDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A)			
1. Own or operate underground storage tanks?	YES NO 5.	UST TANK (one page per tank) (Formerly Form B)			
2. Intend to upgrade existing or install new USTs?	YES NO 6.	UST FACILITY			
3. Need to report closing a UST?	☐ YES ☑ NO 7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)			
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:					
any tank capacity is greater than 660 gallons, or	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAs			
the total capacity for the facility is greater than 1,320 gallons?					
D. HAZARDOUS WASTE					
Generate hazardous waste?	⊠ YES □ NO 9.	EPA ID NUMBER – provide at the top of this page			
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	YES NO 10	RECYCLABLE MATERIALS REPORT (one			
3. Treat hazardous waste on site?		per recycler) ONSITE HAZARDOUS WASTE			
•	▼YES □ NO 11.	TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)			
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	✓ YES □ NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)			
Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)			
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☑ NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
F. LOCAL REQUIREMENTS (You may also be required to provide additional in	r formation by your CUPA or local	agency.)			

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OBTOLANZ FORM!

UNDERGROUND STORAGE	
MONITORING PLAN –	
TYPE OF ACTION	490-1.
PLAN TYPE I. MONITORING IS IDENTICAL FOR ALL USTS AT THIS FAC	CILITY. 490-2.
(Check one item only) 🔲 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTE	M(S):
H. FACILITY INFORM	IATION
FACILITY ID # (Agency Use Only)	13 000 252744
BUSINESS NAME (Same as Facility Name or DBA) Philips Lumileds Lightin	ng Company
BUSINESS SITE ADDRESS 370 West Trimble Road	CITY San Jose
II. EQUIPMENT TESTING AND PREVI	ENTIME MAINTENANCE TO THE TENT
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes	s, line leak detectors, etc.) must be performed at the frequency specified
by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such wor	400.2=
_	• 🔲 99. OTHER (Specify): 490-3b.
#III. MONITORING LOC	420.7
□ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN □ 2. SITE PLOT □ 2. SITE PLOT □ 3. SITE PLOT □ 3. SITE PLOT □ 3. SITE PLOT □ 4.	PLAN/MAPPREVIOUSEY SUBMITTED [23 CCR §2632, 2634]
. IV. TANK MONITORING IS PERFORMED USIN	
☑ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL WITH AUDIBLE AND VISUAL ALARMS, 123 CCR §2632, 2634)	L) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) 490-5.
SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLED	☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6.
PANEL MANUFACTURER: Gilbarco EMC	490-7. MODEL #: EMC 490-8.
LEAK SENSOR MANUFACTURER: Gilbarco Value 1995	490-9. MODEL#(S): ЕМС "7/4/3/9" - 4/09 490-10.
2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WA	400.10
PANEL MANUFACTURER: IN-TANK PROBE MANUFACTURER:	490-12. MODEL #: 490-13: 490-14. MODEL #(S): 490-15.
	b. DAILY/NIGHTLY C. WEEKLY 490-16.
· =	e. OTHER (Specify):
PROGRAMMED TESTS: a. 0.1 g.p.h. b. 0.2 g.p.h.] c. OTHER (Specify): 490-18. 490-19.
3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646.1]	. 490-20,
2078 III 100 100 100 100 100 100 100 100 100	NG PERIOD: 1 2 36 HOURS 5 60 HOURS 490-21. 490-23.
5. TANK INTEGRITY TESTING PER [23 CCR §2643.1]	
TEST FREQUENCY: a. ANNUALLY . b. BIENNIALLY [] 99. OTHER (Specify):	c. OTHER (Specify): 490-25.
V. PIPE MONITORING IS PERFORMED USING	490-27.
I. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDAR	\$30.000 (Miles 2004) (Miles 200
[2] CCR SECONDARY CONTAINMENT IS TO DRY TO K HOURD BILLED	c. PRESSURIZED d. UNDER VACUUM 490-29.
PANEL MANUFACTURER:	490-30. MODEL#: EMC 490-31.
LEAK SENSOR MANUFACTURER: (ALSASCO)	490-32. MODEL #(S): 1/10 25 9 20 000 10 490-33.
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.c., TURBINE) SHUTI	75 ·
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUT	
2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636]	5 3.0 g.p.n, LEAK TESTS AND RESTRICTS OR SHUTS OFF
MLLD MANUFACTURER(S):	490-37. MODEL #(S): 490-38.
3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0	100.41
ELLD MANUFACTURER(S):	490-40. MODEL#(S): 490-41. 490-41. 490-42.
PROGRAMMED IN LINE LEAK TEST: a. MINIMUM MONTI ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUT	TIE 1 0.2 g.p.ii.
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDON	. DOWN,
4. PIPE INTEGRITY TESTING.	490-45.
TEST FREQUENCY: a. ANNUALLY b. EVERY 3 YEARS	C. OTHER (Specify) 490-46.
5. VISUAL PIPE MONITORING.	490-48
FREQUENCY: a. DAILY b. WEEKLY * Allowed for	C. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49. r monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)
4. 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(8)(3)]	490-50.
7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAP	
99. OTHER (Specify)	490-52. 490-53.

UPCF UST-D (12/2007) - 1/4

FIED PROGRAM CONSOLIDATED FOR UNDERGROUND STORAGE TANK MONITORING PLAN – (Page 2 of 2)

WEUNDERDISPENSER CONTAINMENT (UDC) MONITORING (Check all that apply)
UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)	
☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY	_
□ 4. NO DISPENSERS □ 99. OTHER (Specify)	490-54b.
LEAR MONTOR MANUFACTURER.	490-55. MODEL #: 490-56.
LEAK SENSOR MANUFACTURER.	490-58. MODEL #(S):490-58.
DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALA	
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN.	☐ a, YES ☐ b. NO 490-60.
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOM	
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.	☐ a. YES ☐, b. NO 490-62.
	2. DOUBLE WALL
IF DOUBLE WALL: UDC INTERSTITIAL SPACE IS MONITORED BY: □ a. LIQUID □	b. PRESSURE c. VACUUM
A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIB	
VII. PERIODIC SYSTEM TE	STING
☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RE	
LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EN	VERY 36 MONTHS AS REQUIRED. [23 CCR §2644.1] 490-66.
□ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.	490-67.
□ 3. SPILL BUCKETS ARE TESTED ANNUALLY.	•
The following monitoring/maintenance records are kept for this facility:	VG 等時点 禁止 1
	GRITY TESTING RESULTS
	ING RESULTS (and supporting documentation records)
☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION ☐ h. EOUIPMENT MAINTENANCE AND CALIBRATION RECORDS	PROTECTION 60-DAY LOGS
IX. TRAINING	
Personnel with UST monitoring responsibilities are familiar with all of the following documents ro	clevant to their job duties: 490-69a.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY() (Check all that apply) THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)	490-69b.
OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)	490-69c.
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS	490-69d.
□ CALIFORNIA UNDERGROUND STORAGE TANK LAW □ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HAND	.490-69e DBOOK FOR TANK OWNERS - MANUAL AND 490-69f.
STATISTICAL INVENTORY RECONCILIATION"	
SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"	
OTHER (Specify):	490-69h. 490-69i.
☐ This facility has a "Designated UST Operator" who has passed the California UST System Operat	
(ICC). The "Designated UST Operator" will train facility employees in the proper operation and days of hire. This training will include, but is not limited to, the following:	maintenance of the UST systems annually, and within 30
> Operation of the UST systems in a manner consistent with the facility's best management practi	ices.
> The facility employee's role with regard to the monitoring equipment as specified in this UST N	Monitoring Plan.
 The facility employee's role with regard to spills and overfills as specified in the facility's UST Name(s) of contact person(s) for emergencies and monitoring alarms. 	Response Plan.
	PODMATION
Provide additional comments here or indicate how many pages with additional information on specific	
- Provide additional comments here of indicate now many pages with additional information of specific	
XI. PERSONNEL RESPONSIB	BUITIES A CONTRACTOR OF THE CO
The UST Owner/Operator is responsible for ensuring that; 1.) the daily/routine UST monitoring active by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monit	
THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING A	AND AND AND AND AND AND AND AND AND AND
	ations Manager 490-73.
	rical Technician 490-75.
The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a rep	
conditions that need follow-up action. XII.: OWNER/OPERATOR SIG	MOTIDE
CERTIFICATION: I certify that the information provided herein is true and accurat	- Control - Cont
APPLICANT SIGNATURE	DATE: 490-77.
A	16 April 2012
REPRESENTING: 1. Tank Owner/Operator/ 22 Facility Owner/Operator 3. Authorized Representative of Owner 490-76.	/ '
APPLICANT NAME (print): 490-78.	APPLICANT TITLE: 490-79.
/ Jan Bouten	Chief Financial Officer

1	(Agency Use Only)	This plan has been reviewed and:	☐ Approved ☐ Appro	ved With Conditions Disapprove	 d
	Local Agency Signature:	Com Reprise		Date: 4-23-2012	
1	Comments or Special Co	4	IN & MISSIMS. NO	_ ^	
	Comments or Special Co	namons: //www.myw.j www.	HA P MANGGIANT, IN	7 (10) 111/14	

UPCF UST Monitoring Plan - Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. 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 your local agency may require you to obtain approval <u>prior</u> to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-54a, MONITORING OF THE UNDER DISPENSER CONTAINMENT Indicate the method used for UDC monitoring,
- 490-54b, 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.
- 490-55. PANEL MANUFACTURER Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay 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 relay box is installed) leave this space blank.
- 490-57. LEAK SENSOR MANUFACTURER Enter the name of the manufacturer of the sensor(s).
- 490-58. MODEL #(S) Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
- 490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No.
- 490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN Indicate Yes or No.
- 490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN Indicate Yes or No.
- 490-62: UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER -- Indicate Yes or No.
- 490-63. UDC CONSTRUCTION Indicate if the construction of the UDC is single-walled, or double-walled.
- 490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING Indicate what is used to monitor the interstitial space.
- 490-64b, LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS Indicate Yes or No.
- 490-65. VII-1 ELD TESTING Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) 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).
- 490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS Check the box if you have secondary containment that requires testing.
- 490-67. SPILL BUCKET TESTING Check the box if you have spill buckets.
- 490-68. VIII RECORDKEEPING Indicate which monitoring and equipment maintenance records are maintained for this facility.
- 490-69a. IX TRAINING STATEMENT Check the box to verify that the statement is true.
 - 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 <u>must</u> be kept at the facility.
- 490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.
- 490-69c, OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
- 490-69d. CA UST REGULATIONS Indicate that this is kept as a reference document.
- 490-69e. CA UST LAW Indicate that this is kept as a reference document.
- 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.
- 490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.
- 490-69h, OTHER Indicate that other reference documents are kept.
- 490-69i. SPECIFY If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
- 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.
- 490-73. TITLE Enter the title of the person.
- 490-74. NAME Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this 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.
- 490-76. REPRESENTING Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
- 490-77. DATE Enter the date the plan was signed.
- 490-78. APPLICANT NAME Print or type the name of the person signing the plan.
- 490-79. APPLICANT TITLE Enter the title of the person signing the plan.



State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807: 500,000 dollars per occurrence | 1 million dollars annual aggregate AND OF or☐ 1 million dollars per occurrence 2 million dollars annual aggregate hereby certifies that it is in compliance with the requirements of California Code of B. Philips LumiledsLighting Company, LLC. Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807. (Name of tank Owner or Operator) The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows: Name and Address of Issuer Third Party C. Mechanism Mechanism Coverage Coverage Corrective Period Number Type Amount Action Compensation **ACE American Insurance** 40 CFR Company G2467029 1,000,000/ 8/25/11 -280.97 -PO Box 1000 Yes Yes 6 003 1,000,000 8/25/12 Insurance 436 Walnut Street Philadelphia, PA 19106 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 remain in compliance with all conditions for participation in the Fund. Philips Lumileds Lighting Company, LLC. 370 West Trimble Road, San Jose, CA 95131 Facility Name Facility Name Facility Address Facility Name Facility Address Facility Name Facility Address

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page) www.unidocs.org

UN-049 - 1/2

Facility Name

Facility Name

Facility Address

Facility Address

Name and Title of Tank Owner or Operator

Name of Witness or Notary

Jan Bouten, Chief Financial Officer

Mitch Cole, Environmental Engineer

UNDERGROUND STORAGE TANK (RESPONSE PLAN – PAGE 1

	RESPONSE P	LAN –	PAG	E 1					(C	one fo	rm pe	er facility)
TYPE OF ACTION	2. CHANGE OF INFO	RMATION	-									R01.
	I. FACILITY I	NFORM	1ATIC	N				-				
FACILITY ID # (Agency Use Only)		1	43	<u> </u>	0	0	<u> </u>	5	2	フ	4	4
BUSINESS NAME (Same as FACILITY NAMF)			• 1 1	<u> </u>	1	<u> </u>		<u> </u>	1			3.
Philips Lumileds Lighting Comp	any, LLC.											
BUSINESS SITE ADDRESS			10			ESS SIT						104.
370 West Trimble Road		-				Jose						
	L CONTROL AN											
This plan addresses unauthorized releases from UST sy Business Plan (HMBP). If safe to do so, facility personnel will take immedia remaining hazardous material from the UST system. Any release to secondary containment will be pump contain the hazardous material, but not greater than 3 for their intended use, will be managed as hazardous. Absorbent material will be used to contain and clease effective or which is no longer intended for use will be it is non-hazardous. Used absorbent material, reusa appropriately. Facility personnel will determine whether any water hazardous material. If the water is contaminated, it \$66262.11 finds that it is non-hazardous. If the water necessarily display rainbow colors. Water (hazardous) We will review secondary containment systems for performing the secondary containment is prone to damage from 3. Hazardous material, other than the product/wass released product/waste, and the added material or HIL SPILL PERIODIC MAINTENANCE: Spill control and clean equipment is inspected at least monthly, and after each use EQUIPMENT NOT PERMANENTLY ON-SITE, BU	ped or otherwise removed 0 calendar days, or sooner waste. an up manageable spills of the managed as hazardous will be managed as hazardous will be managed as hazardous will be managed as hazardous) from secondar will be managed as hazardous or has a petroleum sheen (as or non-hazardous) from secondary capital ment is not compatible any equipment used to renote steep to the stored in the primary or resulting material from secondary capital ma	stop any releated within a tire if required by the following the followi	materials. a waste deerly labele ent system unless a v colors), containers, wing condi- augmental use up hazar system, in attorial is no IN-UP	Absorterminad and set of the control	pump the result in the result	material in accord contain clean-up aste det nated. A he dispe ary contai collecte de secor with ser MEN' lity's Ha repaired	of the schazardon which dance wer. Was activity crimination thick for section activity activity of the condary	and, i according to the second	ary coraterials ecome CCR aterial been accord g petro water s ry cont ment t ainmen	ntainmes, unless too \$662t shall in cooddance too oldance too tree too tree to too tree to the tree to the tree to the tree to the tree to the tree tree tree tree tree tree tree	safel ment sess sti satura 52.11 be di intact with layer as.	ly remove system to ill suitable ated to be finds that isposed of with any 1 22 CCR r may not neutralize
EQUIPMENT	LOCATION	E II : NEILD	III. (CO	inpiere o		AILABI		•				
R10,				R20,								R30.
R11.				R21.								R31.
R12.				R22.								RJ2.
· R13.		•		R23.					-			R33.
R14.				R24.								R34.
R.15.				R25.	_							R35.
	IV. RESPONSI	BLE PE	ERSON	 70								-
THE FOLLOWING PERSON(S) IS/ARE RESPONSI					RYI	INDER	THIS	RESP	ONSE	E PLA	N:	-
NAME .	R40.	TITLE										R50,
Dan Janowski NAME	R41,	TITLE	Faciliti	ies Ma	ana	ger						R51,
Joyce Gee		IIILE	Securi	ty Ma	nag	er/Sa	fety E	ngi	neer			Ю1.
NAME Mitch Colo	R42.	TITLE										R52.
Mitch Cole NAME	R43.	TITLE	Enviro	nmen	itai	Engin	еег					R53.
\mathbf{v}	. MONITORIN	G INDI	CATC	RS								
IF MONITORING INDICATES A POSSIBLE UNAUTH 1. ADDITIONAL SYSTEM TESTING OR DATA COLLECT 99. OTHER (Specify):	HORIZED RELEASE, STI TION 12. INSPECTIO	EPS TO VER ON BY QUALI	RIFY THE	RELEA SONS		WILL B						R60. R61.

UN-022B @ WSV



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 California Emergency Management Agency at (800) 852-7550.

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 (or off-site at a readily available location, if approved by the local agency) 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/OPER	RATOR SIGNATURE
CERTIFICATION: I certify that the information provided herein is true and	accurate to the best of my knowledge.
OWNER/OPERATOR SIGNATURE OWNER/OPERATOR SIGNATURE 3/19/2012	
OWNER/OPERATOR NAME (print) - R71. Sunil Thomas	OWNER/OPERATOR TITLE San Jose Site General Manager
(Agency Use Only) This plan has been reviewed and: Approved With Conditions Disapproved Local Agency Signature: RES BUSINESS. Date: 4-23-2012	

* SEE SEGMA V CHANGES

FAO 252744 NO PLOT PLAN.

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	
Facilty Name: Lumileds Lighting	Bldg. No.:
Site Address: 350 W. Trimble Road	City: San Jose, CA Zip: 95131
Facility Contact Person: Clair LeHere	Contact Phone No.: (408) 230-1380
Make/Model of Monitoring System: Gilbarco EMC	Date of Testing/Service: 3/19/2012
B. Inventory of Equipment Tested/Certified	
Check the appropriate boxes to indicate specific equipment inspected/ser	viced:
Tank ID: Tank 1 - Diesel	Tank ID:
In Tank Guaging Probe. Model:	☐ In Tank Guaging Probe. Model:
Annular Space Sensor. Model: 0794390-409	Annular Space Sensor. Model:
Piping Sump / Trench Sensor(s). Model: PAO-025920000	010 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).
Tank ID:	Tank ID:
☐ In Tank Guaging Probe. Model:	☐ In Tank Guaging Probe. Model:
Annular Space Sensor. Model:	Annular Space 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).	——————————————————————————————————————
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor. Model:	☐ Dispenser Containment Sensor, 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. Model:	Dispenser Containment Sensor. Model:
Shear Valve(s).	Shear Valve(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chaip(s).
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor. Model:	Dispenser Containment Sensor. 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:	
	document was inspected/serviced in accordance with the manufacturers'
	nufacturers' checklists) necessary to verify that this information is correct an
	y equipment capable of generating such reports, I have also attached a copy
the report; (check all that apply):	✓ System set-up ✓ Alarm History Report
,	En la companya di la
Technician Name: Elmer P. Mortera	Signature:
Certification No.: A28170	Liscense No.: 396575 A / B/ C-10 / HAZ
Testing Company Name: Balch Petroleum	Phone No.: 408-942-8686
Site Address: 930 Ames Ave, Milpitas, CA	Date of Testing/Service: 3/19/2012
ORC Addition, One Arrive Ave. Milipides, OA	Date of resulting/octation, of to/2012

CANSY

Monitoring System Certification

D. Results of Testing/Servicing Software Version Installed: 123.01 Complete the following checklist: ✓ Yes No* Is the audible alarm operational? ✓ Yes □ No* Is the visual alarm operational? ✓ Yes No* Were all sensors visually inspected, fuctionally tested, and confirmed operational? Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not inter ✓ Yes □ No* with their proper operation? ✓ Yes If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational? ¬ No∗ N/A For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitorin ¬No∗ ☐ Yes system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down ☑ N/A (Check all that apply) ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Yes; No. Did you confirm positive shut-down due to leaksand sensor failure/disconnection? □ No* ☑ N/A Yes For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfil 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? 90% ☐ Yes* ☑ No Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list manufacturer name and model for all replacement parts in Section E, below. Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) ☐ Yes* **V** No If Yes, describe in Section E. ☐ Product; Water. Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable ✓ Yes □ No* ✓ Yes Is all monitoring equipment operational per manufacturer's specifications? *In Section E below, descirbe how and when these deficiencies were or will be corrected. E. Comments: Note: UST system used for a stand by generator.

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.
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 Section H, below, describe how and when these deficiencies were or will be corrected. G. Line Leak Detectors (LLD): Check this box if LLDs are not installed. Complete the following checklist:
Yes No* For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance@fleck 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 N/A test?
Yes No* For electronis LLDs, have all accessbiele wiring connections been visually inspected?
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.
H. Comments:
UST system used for a stand by generator.

,



Spill Containment Testing

1. FACILITY INFORMATION

7		
Facility Name:	Lumileds	Date of 3/19/2012
Facility Address:	350 W. Trimble San Jose, CA.	
Facility Contact:	Clair LeHere	Phone: (408) 230-1380
Date Local Agency \	Vas Notified of Testing: 3/16/12	· · · · · · · · · · · · · · · · · · ·
Name of Local Agen	cy Inspector (if present during testing):	Greg Breshears

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contrac	tors & Builders, Inc.	
Technician Cond	ucting Test:		
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	A/B/C-10/HAZ	License Number: 396575	
	<u></u>	Manufacturer Training	
Manufactu	rer	Component(s)	Date Training Expires
Ronan	Hyd	rostatic Sump Tester	NA
Caldwell	Hyd	rostatic Sump Tester	NA
,			
		, ·	

3. SUMMARY OF TEST RESULTS

	J. BUI	TIAT	IX I O	I ILS	IESI KESULIS								
Component	Pass	Fail		Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made				
Diesel Fill Bucket	X		Ċ										
							0						
									0				
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Notes:	
Testing water is recycled.	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>

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: 3/19/2012





4. SPILL/OVERFILL CONTAINMENT BOXES

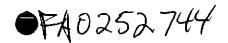
- III	***************************************		-	LIUAES		
Facility is Not Equipped With						
Spill/Overfill Containment Bo				****	·	
Test Method Developed By:	-	Bucket Manufactu	ırer X Indu	stry Standard	☐ Professional	Engineer
	□ Other					
Test Method Used:	□ Pressu		□ Vacu	ıum	X Hydrostatic	
	Other					
Test Equipment Used: Ronan.	/Caldwell Hydros	static Sump Teste	r	Equipment Re	solution: 0.0000	
	Box #	Box #	Box #	Box #	Box #	Box #
Bucket Diameter:	~12"					
Bucket Depth:	~18"					
Wait time between applying pressure/vacuum/water and starting test:	10 min			-		
Test Start Time:	9:30 am					
Initial Reading (R _I):	1 st Line					
Test End Time:	, 10:00 am					
Final Reading (R _F):	1 st Line					
Test Duration:	30 min.					
Change in Reading (R _F -R _I):	0					
Pass/Fail Threshold or Criteria:		PASS = No I	Loss or Loss of 0	0.0020" or less i	n 30 minutes	
Test Result:	XPass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	🛘 Pass 🗀 Fail	☐ Pass ☐ Fail
Comments — (include infor			esting, and recom for hydrostatic			
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				··		

PIV & Street Valve Monthly Check

Date: 4/18/12 Checked by: CL

	Open	Closed	Locked
PIV 1			
PIV 2			-
PIV 3	سسنا	-	
PIV 4		-	<u> </u>
PIV 5			
PIV 6			فسست
PIV tank drain			
PIV 8	سسسة		
PIV 11			
PIV 12			
PIV 13			المست
PIV 14	4	-	
PIV 15	4	_	
PIV 16)		
PIV 17		<u> </u>	
PIV 18	-		
PIV 19	4		
PIV 20	j		<u></u>
Street Valve	Comment.		
Check Valves			

Door Loc.	· (Clear path (Y/N)
1BM8	0	Q N	onice Adams of Sa
1BQ5		(Y) N	Valenta astro
1BS5		(<u>Y</u>) N	
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11C5	EVEN.	Ϋ́N	THE RESERVE
11T2	CONTRACTOR OF	(Y/N	14 14 15 TO THE
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01L7	对型外型 列的	\bigcirc N	LEWY!
01C8		⟨Ŷ N	
01D3	42.28	Y(N)	
01G2		(Ý) N	
01M3	1	Ø∕N	Carrie Cons.
01M5		(Y) N	C's YS USE
Fuel Containme	ent	Clean (Y/N)
		(Y) N	o



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 PHONE
Lumileds Lighting	(408) 435-4316
FACILITY SITE ADDRESS	CITY
370 W. Trimble	San Jose
REASON FOR SUBMITTING THIS FORM (Check One): Change of Designated C	Operator Update of ICC Certification Expiration Date(s)
PRINTED HOT ONED ATOD FOR THE PACH ITS	,
PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY DESIGNATED OPERATOR NAME: Elmer Mortera	RELATION TO UST FACILITY (Check One)
	Owner Operator Employee
BUSINESS NAME (If different from above): Balch Petroleum	Service Technician
DESIGNATED OPERATOR PHONE: (408) 942-8686 ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5248052-UC	EXPIRATION DATE: 5/3/2013
ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACIL	
DESIGNATED OPERATOR NAME: Ryan Lipert	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee Service Technician Third-Party
DESIGNATED OPERATOR PHONE: (408) 942-8686 ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5295268-UC	EXPIRATION DATE: 10/17/2014
ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACIL	
DESIGNATED OPERATOR NAME: Rolando Urbina	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee
DESIGNATED OPERATOR PHONE: (408) 942-8686 ext.	Service Technician
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 8009631-UC	EXPIRATION DATE: 10/24/2014
ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACIL	
DESIGNATED OPERATOR NAME: Robert Henninger	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): Balch Petroleum	Owner Operator Employee
DESIGNATED OPERATOR PHONE: (408) 942-8686 ext.	Service Technician A Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5252265-UC	EXPIRATION DATE: 2/25/2014
I certify that, for the facility indicated at the top of this page, the Operator(s). The individual(s) will conduct and document monthly in accordance with California Code of Regulations, Title 23, Section in compliance with the requirements (statutes, regulations, and local TANK OWNER NAME: Witch Cole TANK OWNER TITLE: Environmental Eng.	facility inspections and annual facility employee training 2715(c) through (f). Furthermore, I understand and am
TANK OWNER SIGNATURE: 222	DATE: 4/4/13
INSTRUCTIO	
111011101110	

- 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. Unidoes member agency jurisdictions and contact information are listed on-line at: www.unidoes.org/members/whoregulateswhat.html. Contact information for other local agencies within California is available at: www.swreb.ca.gov/cwphome/ust/contacts/does/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.

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

	HANGE OF INF				5E					FACI ERMI		CLO	OSUF	ŧΕ		400.
THE PROTECTION OF THE PROPERTY	ACILITY	e e e	erc. Jeg	- property	100/100 /1 00	entiring:	7. 11C	THE STATE OF THE S			i i			A. A		L ias
	FACILITY ID#	1.5.2 (1955)	102	EC12.7%.96		726	7	1 1 5 - 2					eren er			4 1 12 5 1 1 3
	(Agency Use On		4	3		0	0	0		2	5	2	7	4	4	
BUSINESS NAME (Same as Facility Name or DBA – Doing Bus	iness As)															3.
Philips Lumileds Lighting Company BUSINESS SITE ADDRESS					1	.03.	CIT	Y								104.
370 West Trimble Road							Sa	n J	ose	!	٠					
FACILITY TYPE 1. MOTOR VEHICLE FUELING 3. FARM 4. PROCESSOR	☐ 2. FUEL D in 6. OTHER		UTIC	NC	4	103.				cated c				ration	or	405.
→ · · · · · · · · · · · · · · · · · · ·	ERTYON	NER	$\langle \Pi \rangle$	NFO	RM	IAT	10	N .	. 4					eleji ME		
PROPERTY OWNER NAME						407.	PHC									408.
370 West Trimble Road Corporation							(40	08)	964	-530	00			-		100
MAILING ADDRESS		•														409.
1251 Avenue of the Americas 20 th Floor	410.	STAT	E			411.	ZIP	COD	ıE.	•						412.
New York		NY						020		•						
CONTRACTOR OF THE PROPERTY OF	K ÖPEŔA	TÖR	IN	FΟ	RM	AT	ioi	Ň.		fig.	1013				171	ksti
TANK OPERATOR NAME	tiet wythadtwwards, y dag slâter (C.) -	:: (3 m	142 1 441	is iz êra#i. ¶êr	42	28-1.	PHC	NE	ini disensi	serepto.	O_Exergi	arregary a	en er er in	Selection (1995)	4.j972444	428-2.
Philips Lumileds Lighting Company		•					(40	(80	964	-530	00	•				
MAILING ADDRESS																428-3.
370 West Trimble Road	428-4,	STAT	E		42	28-5.	ZIP	COD	·Ε							428-6.
San Jose		CA						13								
TV CA	NK OWNI	PRES (4068)	IFG	ìΩΛ	ЛАТ	rio.	100000000		100		N.	A CO	Hijr	Twin!		
TANK OWNER NAME	Marie Constitution of the		100 A	经证明	A	414.	PHO	NF			100		8 d.	H.		415.
Philips Lumileds Lighting Company									964	-530	00					
MAILING ADDRESS						ı										416.
370 West Trimble Road	417	CTAT	77			418	710	COD								110
San Jose	417.	CA	r.			418.		COD 131								419.
OWNER TYPE: 4. LOCAL AGENCY/DISTRICT	5	. COUN	TY A	AGEN	1CY	'			☐ 6.	STAT	E AC	jEN(CY			420.
☐ 7. FEDERAL AGENCY	⊠ 8	. NON-0	COV	ERNI	MENT	•										
V. BOARD OF EQUALIZA	TION US?	STO) R ⁄	AG	E FI	EÉ 7	1 C	E0	UN	INI	J M I	BĖ.	Ř:			
TY (TK) HQ 44- 0 4 9 1 9 3	Call	the Stat	е Во	ard of	f Equa	lizatio	n, Fı	iel Ta	x Div	ision, i	f ther	e are	ques	tions.		421.
VI. PERN	AIT HOLI	ER I	ÑF	OR	EMA	TIO	NC		1		la i i i Griski				.	
Issue permit and send legal notifications and mailings to:		. FACIL . TANK			VER					TANK FACII				OR	•	423.
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Require	d for Public Age	ncies On	dy)													406.
VII.	APPLICA	NT'S	[G]	ŇÄ	rur	Œ		h	History East			to gui			i de la constanta	沙陸草
CERTIFICATION: I certify that the information prov	manager over the Color form of the comment	true, a	ceur	والوادودا براواه	m i jakopaj ĝink jiu	a to profession of the	445349000	ው ንያያረብ ያይ.				equ	irem	ents.	~ (1-c/1966)	1 6025474
APPLICANT SIGNATURE		DAT	E <	- ۱	۰, ا			4		рном (40 8)		- 64	288	36		425.
APPLICANT NAME (print)	426.				TITLE	/ d-				\	, 5					427
Matthew East		Ch	ief	Fin	anc	ial (Offic	cer								



FIED PROGRAM CONSOLIDATED FOR UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION - TANK INFORMATION (One form per UST)

	r a UST closure or removal, complete only this section		430.
│ □ 1, NEW PERMIT │ □ 6. TEMPORARY UST CLOSURE		5. CHANGE OF INFORMATION 8. UST REMOVAL	
DATE UST PERMANENTLY CLOSED:		NG UST DISCOVERED:	430b.
	I FACILITY INFORMAT	TONI	
FACILITY ID # (Agency Use Only)	the contract of the contract o	Larran II	A 8000100
	4 3	3 Test 0 0 0 Est 2 5 2 7 4	4
BUSINESS NAME (Same as Facility Name or L			3,
Philips Lumileds Lighting Comp BUSINESS SITE ADDRESS	oany, LLC.		104
370 West Trimble Road	San Jose		
	TANK DESCRIPTION		Post Contract
TANK ID# 432.	TANK MANUFACTURER 433.	TANK CONFIGURATION: THIS TANK IS	434
Tank 1 - Diesel	Owens Corning	l —	one page for each
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLONS 436.	2. ONE IN A COMPARTMENTED UNIT compartme NUMBER OF COMPARTMENTS IN THE UNIT	nt in the unit.
10/1/1991	12,000	1	,5,.
HARRIES DESCRIBATE DE EN	HI. TANK USE AND CONT	ENTS - COLLEGE FARMEN	es asistaria S
TANK USE 1a, MOTOR VEHICLE FUELIN	1994 Williams United State Co. 1. 47 45 7 1 8, 4155 1146 115 115 115	☐ 1c. AVIATION FUELING	は30年2年3日本語 439.
3. CHEMICAL PRODUCT STO	DRAGE 4. HAZARDOUS WASTE (Includes Used		
6. OTHER GENERATOR FUEL		99. OTHER (Specify):	439a. 440.
CONTENTS PETROLEUM: 1a. REGU 3. DIESEI	ILAR UNLEADED ' 1c. MIDGRADE UNLEADE	Ď □ 1b. PREMIUM UNLEADED □ 6. AVIATION GAS	, 440.
	LEUM BLEND FUEL 9. OTHER PETROLEUM (S	pecify):	440a
NON-PETROLEUM: ☐ 7. USED (☐ 11. OTHE	OIL 10. ETHANOL IR NON-PETROLEUM (Specify):	440Ь.	
	ANK CONSTRUCT	ION	
TYPE OF TANK	E WALL 🛛 2. DOUBLE WALL 🔲 95. UNKNOWN		443.
PRIMARY CONTAINMENT 1. STEEL	□ 6. INTERNAL F	BLADDER	. 444.
<u></u>	+ INTERNAL LINING 95. UNKNOWN	D 33. Ottak (openy).	444a.
SECONDARY CONTAINMENT 1. STEEL 90. NONE		MEMBRANE LINER 7. JACKETED (city):	445a.
	LE & VISUAL ALARMS 🔲 2. BALL FLOAT	☑ 3. FILL TUBE SHUT-OFF VALVE	452.
	MEETS REQUIREMENTS FOR EXEMPTION FROM OV	ERFILL PREVENTION EQUIPMENT .	
	PARTICE WILLIAM CONTROL OF CONTRO	NICHTON TI CHOOL CONT.	
	RODUCT//WASTE/PIPINGEO	NSTRUCTION : Struction	
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Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Philips Lumileds Lighting Company.	Facility ID #:
Facility Address: 370 West Trimble Road	Reason for Submitting this Form (Check One)
San Jose, CA 95131	■ Change of Designated Operator
Facility Phone #: 408-964-5300	■ Update Certificate Expiration Date
Designated UST Operator(s) for t	<u>his Facility</u>
PRIMARY	•
Designated Operator's Name: Elmer Mortera	Relation to UST Facility (Check One)
Business Name (If different from above): Balch Petroleum Contractors & Builders Inc.	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #: (408) 942-8686	☐ Service Technician ■ Third-Party
International Code Council Certification #:5248052-UC	Expiration Date: 5/03//2013
ALTERNATE 1 (Optional)	
Designated Operator's Name: Ryan Lipert	Relation to UST Facility (Check One)
Business Name (If different from above): Balch Petroleum Contractors & Builders Inc.	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #:	☐ Service Technician ■ Third-Party
International Code Council Certification #: 5295268-UC	Expiration Date: 10/22/2012
ALTERNATE 2 (Optional)	
Designated Operator's Name: Rolando Urbina	Relation to UST Facility (Check One)
Business Name (If different from above): Balch Petroleum Contractors & Builders Inc.	☐ Owner ☐ Operator ☐ Employee
Designated Operator's Phone #:	☐ Service Technician ■ Third-Party
International Code Council Certification #: 8009631-UC	Expiration Date: 10/29/2012
I certify that, for the facility indicated at the top of this page, serve as Designated UST Operator(s). The individual(s) will facility inspections and annual facility employee training, in Regulations, title 23, section 2715(c) - (f). Furthermore, I understand and am in compliance with the regulations, and local ordinances) applicable to underground NAME OF TANK OWNER (Please Print): Mitch Cole	conduct and document monthly accordance with California Code of accordance with California Code of accordance requirements (statutes,
SIGNATURE OF TANK OWNER:	

NOTE: 1) SUBMIT THIS COMPLETED FORM TO THE LOCAL AGENCY (NOT THE STATE WATER RESOURCES CONTROL BOARD) BY JANUARY 1, 2005. THE LOCAL AGENCY LIST IS AVAILABLE AT: www.waterboards.ca.gov/ust/contacts/cupa_agys.html.

2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

UNDERGROUND STOR	RAGE	E TA	NK			-	•							
MONITORING PLAN		ago	e 1 (ot 2))									490-1.
TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION		14												490-1.
PLAN TYPE 1. MONITORING IS IDENTICAL FOR ALL USTS AT THIS F (Check are item subs) 2. THIS PLAN COVERS ONLY THE FOLLOWING LIST SYS														+3U=2.
(Check one item only) 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYS		<u>` </u>									•		—	
I. FACILITY INFO	KM/	4 T I	<u>UN</u>				_	_						1
FACILITY ID # (Agency Use Only)	4	3	_	0	0	0	-	2	5	2	7	4	4	l.
BUSINESS NAME (Same as Facility Name or DBA) Philips Lumileds Ligh	ıting	g Co	oml	pan	ıy									3.
BUSINESS SITE ADDRESS 370 W. Trimble Rd		103.	CIT	Ϋ́				Sa	ın J	Jose			-	104.
II. EQUIPMENT TESTING AND PRE	VE	NTI	VE	MA	<u>4</u> 1	NT	EN	4NO	$\overline{ ext{CE}}$					
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, proby the equipment manufacturers' instructions, or annually, whichever is more frequent. Such	obes, l	line le	ak de	tectors	rs, e	tc.) r	nust b	e peri	forme				2638,	, 2641]
MONITORING EQUIPMENT IS SERVICED 1. ANNUALLY			99. O	THEF	R (S	Speci	fy):							490-3a. 490-3b.
III. MONITORING L	$\overline{\mathbf{OC}}$	<u>ATI</u>	ON	$\overline{\mathbf{S}}$	_								_	
☑ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN ☐ 2. SITE PL	LOT P	LAN	/MAP	PRE	VIC)USL	Y SU	ВМГ	LLED	[23	CCR §	2632, 263		490-4.
IV. TANK MONITORING IS PERFORMED US	ING	T	HE I	FOI	LL	.Ο\	VIN	IG I	ME'	THO	DD(×1		ck all apply)
☑ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTIT WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634]	TIAL)	SPAC	CE(S)	OR S	SEC	CONL	OAR Y	CON	\TAI\	VMEN	√ VE VÆ			490-5.
SECONDARY CONTAINMENT IS: 🔲 a. DRY 🔲 b. LIQUID FILLEI	D	_	c. PR				_	_	☐ d.	UNDI	ER V	ACUU.	М.	490-6,
PANEL MANUFACTURER: Gilbarco			90-7. 90-9.				EM			n.c			_	490-8, 490-10
LEAK SENSOR MANUFACTURER: Veeder-Root	11/4 * *							9439	0-40	υ <u>9</u>				490-10. 490-11 ·
2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR <u>SINGLE</u> Y PANEL MANUFACTURER:	<u>wall</u>		<u>NK(S)</u> 0-12.). [23 CI MOI										490-11. · 490-13.
PANEL MANUFACTURER:			0-14.			レ#; L#(S	a- 						_	490-15,
LEAK TEST FREQUENCY: a. CONTINUOUS		 b. DA	AILY/			•	·/· —	٦] c.	WEE	ζLY			490-16.
d. MONTHLY			HER										490	0-17,
PROGRAMMED TESTS: a. 0.1 g.p.h. b. 0.2 g.p.h.			HER											490-18. 0-19.
3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646 I]							Martin .							490-20,
4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TES	STINC	3 PER	HOD:		a. 3	36 H(OURS] Ь.	60 HC	URS		490	490-21. 0-22.
5. TANK INTEGRITY TESTING PER [23 CCR §2643.1]			was at the city.						_/======					490-23.
TEST FREQUENCY: a. ANNUALLY b. BIENNIALLY		c. OT	HER	(Spec	cify):		·					490	490-24.)-25.
99. OTHER (Specify):												.,	490	490-26. 3-27.
V. PIPE MONITORING IS PERFORMED USIN	NG	TH	EF		L(<u> </u>	IN(<u>G M</u>	ET	HO	D(S		at a	ck all pply)
☐ I. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECOND							[AUI	_				ARMS	S. '	490-28.
[23 CCR SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLED	D		c. PR					_	☐ d.	UNDI	ER V	ACUUI	I V I	490-29. 400-31
PANEL MANUFACTURER: Gilbarco		_	0-30, 0-32				EM:			100	<u></u>	,		490-31. 490-33.
LEAK SENSOR MANUFACTURER: Gilbarco	I Inco	_	0-32.	MO	DE.	L#(S	(): <u>P</u>	AU2		0000		7	_	490-33. 490-34.
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHI				ISAN O	Str	prese	ነውጥ							490-34. 490-35.
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS A 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFOR PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636]						_						☑ b. N JTS OF		490-35. 490-36.
MLLD MANUFACTURER(S):	-	494	0•37.	MOI	DE	L#(S	<u>):</u> _	-	-					490-38.
☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS	S 3.0 g			TES	STS	, [23 C	CR§26	36]						490-39.
ELLD MANUFACTURER(S):		_	0-40.			L#(S	´ 							490-41.
PROGRAMMED IN LINE LEAK TEST: a. MINIMUM MOI				ı. [ا ت	b. Ml	NIMU	UM A	_	AL 0.		_		490-42.
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SH			l <u>.</u>] b. N		490-43. 490-44.
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTE	DOM	٧,								ја, Y	ES [] b. N	0	490-44. 490-45.
4. PIPE INTEGRITY TESTING.	pe	Г	, ^-	Line	(C	.e-'-	a							490-46.
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEAR 5. VISUAL PIPE MONITORING.	1/2		c. OT	TIER	(SI	ecity	<u>)</u>						490	0-47. 490-48.
FREQUENCY: a. DAILY b. WEEKLY *Allower	ed for me											RATED ¹ 25281.5(b	* ·	490-49.
6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)]														490-50.
7 NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CH	TADTI	□D 6 °	7 19 0	ONINI	ibc.	TED	$T \cap T$	тан	ANK	CVCT	TEM			490-51,

UPCF UST-D (12/2007) - 1/3

99. OTHER (Specify)

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490-52. 490-53.

FIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK MONITORING PLAN – (Page 2 of 2)

VI: UNDER DISPENSER CONTAINMENT	UDC) MONITORI	ŊĠĘĿŊ	in trader was (C	heck all at apply)
UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)					
☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY	Y	3. ELECTRONIC	STAND-AL	ONE	490-54a.
☑ 4. NO DISPENSERS ☐ 99. OTHER (Specify)					490-54Ь,
LEAK MONITOR MANUFACTURER:	490-5 5,	MODEL #:			490-56.
	490-57.	MODEL #(S):			490-58.
DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALA	RMS		a. YES	b. NO	490-59.
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN.	-		a. YES	□ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOM	ATIC P	UMP SHUTDOWN,	a. YES	D. NO	490-61.
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.			🔲 a. YES	☐ b. NO	490-62.
UDC CONSTRUCTION IS: 1, SINGLE WALL] 2. DO	OUBLE WALL			490-63.
IF DOUBLE WALL:	7 t pp	FOOTIDE			490-64a
UDC INTERSTITIAL SPACE IS MONITORED BY: A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIB	_	RESSURE Divisitati alabasi	C. VACU		490-64b.
VII. PERIODIC SYSTEM TE					
I. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RE					490-65
LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED E					1,0-03.
☑ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.					490-66.
☑ 3. SPILL BUCKETS ARE TESTED ANNUALLY.	· · · · · ·			•	490-67.
Terry 42 Cord KEEPIN	√G 🕌	and the second s	villa e		#(%)
The following monitoring/maintenance records are kept for this facility:					490-68.
		FESTING RESULTS ESULTS (and supportin	a documentati	ion records)	
		ECTION 60-DAY LOG		ion iccords)	
☑ b FOUIPMENT MAINTENANCE AND CALIBRATION RECORDS		* •			
IX: TRAINING		1945 - 1945 - 19 4			
Personnel with UST monitoring responsibilities are familiar with all of the following documents re	elevant t	to their job duties:			490-69a
REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)					490-69Ь.
☐ THIS ONDERGROUND STORAGE TANK MONITORING FLAN (Required) ☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)					490-696. 490-69c.
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS					490-69d.
 □ CALIFORNIA UNDERGROUND STORAGE TANK LAW □ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANI 	MOOR	EOD TANK OWNI	EDC MAN	IIIAI AND	490-69¢. 490-69f.
STATISTICAL INVENTORY RECONCILIATION"	AOOGC:	. FOR TAINE OWN	EKS - MAN	OAL AND	470-071.
☑ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"	,				490-69g.
OTHER (Specify):					490-69h. 490-69i.
This facility has a "Designated UST Operator" who has passed the California UST System Operator					
(ICC). The "Designated UST Operator" will train facility employees in the proper operation and days of hire. This training will include, but is not limited to, the following:	mainten	nance of the UST syster	ns annually, ar	nd within 30	
 Operation of the UST systems in a manner consistent with the facility's best management pract 	ices.				
> The facility employee's role with regard to the monitoring equipment as specified in this UST M	Monitori				
 The facility employee's role with regard to spills and overfills as specified in the facility's UST Name(s) of contact person(s) for emergencies and monitoring alarms. 	Respon	ise Plan.			
	non.	VENTONIZA SE	-90° 1.50 150 160 160 16	v video (10 milioso (10)	
X COMMENTS/ADDITIONAL IN			Spile publisher in	****	490-71
Provide additional comments here or indicate how many pages with additional information on specific	monito	ring procedures are atta	iched to this p	lan.	490-71.
XI. PERSONNEL RESPONSI	311/11	CIES		Telephone	
The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activ	vities an	d maintenance of UST		n equipment	covered
by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monit THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING A					
		•	MNCE.		490-73,
NAME: Eric Dugdale NAME: Clair LeHere NAME: 490-72. TITLE: Opera					— _{490-75.}
The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a re			inform the ov	wner/operato	or of any
conditions that need follow-up action.				Marian mariant mariant	
XII. OWNER/OPERATOR SIG			# # T7 S		h a Marchard.
CERTIFICATION: I certify that the information provided herein is true and accurat			dge.		490-77.
APPLICANT SIGNATURE	DATE	s.			-13U~11.
REPRESENTING: 1. Tank Owner/Operator 2. Facility Owner/Operator 3. Authorized Representative of Owner 490-76.	<u> </u>	5/17/12			
APPLICANT NAME (print):	APPL	ICANT TITLE:			490-79.
Matthew East		Chief Financ	ial Offic	er	

7

(Agency Use Only)	This plan has been reviewed and:	☐ Approved	Approved With Conditions	☐ Disapproved
Local Agency Signature:	CREE RUSHEM	111/2/	Date: 6-4	4-2017_
Comments or Special Co	1000-00	CAME OTHE MAN	\$ 70 SYPTEM PLAT PL	m
Comments of Special Co	110tholis. 7711107 - 120 10777		4 14 1-14-1 4 1 1 4 1	



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120

For S	tate U	se Onl

CERTIFICATION OF FINANCIAL RESPONSIBILITY

	FOR UNDERGROUN	DSTOKAGET	ANNS CONTAIN	ING PETRULE	UIVI	
A. I am required to de	monstrate Financial Responsibility in the requ	aired amounts as spec	fied in CCR, Title 23 Di	vision 3, Chapter 18. S	ection 2807:	
7	500,000 dollars per occur			million dollars a		e
	or		ND	or	φε σ -	
	1 million dollars per occu			million dollars a	innual angrenat	e
	v v i inition donars per occu		□ +			
		hareh	y certifies that it is in	compliance with th	e requirements of t	California Code of
B. Philips Lum	iledsLighting Company, LLC	Regu	lations, Title 23, Divi			
(Name of tank Owner or			,		,	
The mechanisms	used to demonstrate financial r		required by Sect	tion 2807 are as	follows:	
C. Mechanism	Name and Address of Issuer	Mechanism	Coverage	Coverage	Corrective-	Third Party
Typě		Number	Amount	Period	Actión	Compensation
	ACE American Insurance	Ţ				
40 CFR	Company		1000000	Diam'i a		
280.97 -	PO Box 1000	G2467029	1,000,000/	8/25/12 -	Yes	Yes
Insurance	436 Walnut Street	6 004	1,000,000	8/25/13		
iiisa, anec	Philadelphia, PA 19106		·		,	
	z macipiia, 171 17400		· ·	, , , , , , , , , , , , , , , , , , ,		
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		<u> </u>		•	<u> </u>	
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				ر کیں		
Note: If you are us	sing the State Fund as any part of your	demonstration of f	nancial responsibility	, your execution and	d submission of thi	s certification also
	t you are in compliance and shall remain	n in compliance w		participation in the	rund,	
D. Facility Name			Facility Address			
	ls Lighting Company, LLC.		370 West Trim	ible Road, San	Jose, CA 9513	1
Facility Name			Facility Address			,
						<u>• </u>
Facility Name	4.000		Facility Address			
					•	
Facility Name	· · · · · · · · · · · · · · · · · · ·		Facility Address	·		· · · · · · · · · · · · · · · · · · ·
,						
Facility Name			Facility Address	; **		
racinty Name			. Wenty random			
		~				
Facility Name			Facility Address			
	•					
Facility Name			Facility Address			•
]			
E. Signature of Tank Own	ner or Operator	Date	Name and Title of Tank Own	net or Operator		
nA			· · · · · · · · · · · · · · · · · · ·	nvironmental E	nginoo-	
11/1/2	rect	4/4/2013			ngmeer	
Signature of Witness or Nota		Date	Name of Witness or Notary			
120 1/1	The little of	4/4/13	Eric Dugdale,	Facilities Oper	ations Manage	er -

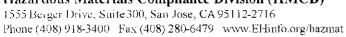
(Instructions on Next Page)

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)





OFFICIAL NOTICE OF INSPECTION

		01110111211011132 01 11101 2311	<u> </u>
Facility	y ID:	FA0252744	Inspection Date: 03/19/2014
	y Name:	PHILIPS LUMILEDS LIGHTING CO	
Site Ad	idress:	370 W TRIMBLE RD 90, SAN JOSE, CA 95131	
	nerator "		□ RCRA LQG
Conse	nt to Insp	pect Granted By: CLAIR LE HERE, ELECTRICIAN	☐ Pictures Taken
			☐ Samples Taken
Sumn	nary of	Violations & Notice to Comply	•
		97897 - UNDERGROUND STORAGE TANK - 2399	
		e: ROUTINE INSPECTION-COMPLETED	
VC	Class	Violation	Corrective Actions Taken
	<u> </u>	No violations were observed during this inspection.	
Comr	nonts: O	N SITE WITH ROBERT HENNINGER AN ICC TECHNICIAN WITH BALCH PE	TROLEUM TO OVERSEE THE ANNUAL
		CERTIFICATION. THE FOLLOWING CERTIFICATION WERE VERIFIED TO E	
		IAN 8-15-15	
1		OT 11-4-15	
-CALI	DWELL		
THE	-011014	INC COMPONENTS WERE TESTED AND DASSED.	
		ING COMPONENTS WERE TESTED AND PASSED: IC SPILL BUCKET TEST WAS CONDUCTED WITH A 30 MINUTE CALDWELI	1
		SENSORS-TRIGGERED AN AUDIBLE/VISUAL ALARM	L,
		rrect any violation designated as a Class I or Class II violation. Correct all	other violations no later than
		ess otherwise noted by the inspector.	other violations no later than
		•	
Using t	he space	provided, write a brief description of the actions taken by the facility to correct ea	ach violation. Attach additional pages if
more s	pace is ne	eeded. Within 5 days of achieving compliance or within 35 days of the inspection	n date, whichever comes first, sign the
certifica	ation state	ement below and return a copy of this report to HMCD. Time granted for correcti	ion of violations does not preclude any
		ion by HMCD or other agencies. This facility may be subject to reinspection at a	ny time. [Authority: HSC 25185(c),
20107.0	B, 25404.1	1.2(c)]	
			(D-1)
		V/	in popularia.
		Les .	70
Rece	eived By:		0265 - SOCORRO GUZMAN
		ELECTRICIAN CA US'	T Inspector #5266664, Exp. 08/26/2015
Certi	fication	of Compliance	
I certi	ify under	penalty of perjury that this facility has complied with directives specified i	n this Notice to Comply.
		,	• • •
Signa	iture of ∩	wner/Operator	Date
- igine		terrors a barratear	Date
Printe	ed Name	of Owner/Operator	Title

Title

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

Site Address:	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	Inspection Date: 3/19/2012
HW Generator Consent to ins	Type: pect Granted By: CLAIR LE HERE, ELECTRICIAN	☐ RCRA LQG ☐ Pictures Taken ☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

VC	Class	Violation	Corrective Actions Taken
U015	М	UST MONITORING PLAN The facility failed to submit or keep current a UST Monitoring Plan. Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641(h)]	UST monitoring Plan completed & Attacked
U020	M	UST RESPONSE PLAN The facility failed to submit or keep current a UST Response Plan. IF YOU DECIDE TO INCLUDE THIS IN YOUR CONSOLIDATED FACILITY CONTINGENCY PLAN, ENSURE THAT ALL INFORMATION REQUIRED BY TITLE 23 SECTION 2832(d)(2) IS ADDRESSED. Submit to HMCD a UST Response Plan. You may use the form available at www.EHinfo.org/hazmat (UN-022B) or another format, as long as it contains equivalent content. Keep a copy of the current plan on-site. [23 CCR 2632(d)(2), 2641(h)]	UST Response Plan completed & Attached
U025	11	UST FINANCIAL RESPONSIBILITY Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodity injury and property damage caused by a release. FACILITY HAS NO UST CERTIFICATION OF FINANCIAL RESPONSIBILITY ON FILE. Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)]	UST Certification completed & affached
U210	M	TESTING OF MONITORING EQUIPMENT UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. ANNUAL MONITORING SYSTEM CERTIFICATION TESTING WAS DUE AST MONTH. ENSURE THAT TESTING IS PERFORMED IN FEBRUARY OF EACH YEAR. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	Annual monitoring system certification completed tattached



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OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO

Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Inspection Date: 3/19/2012

VC	Class	Violation	Corrective Actions Taken
U520	11	EXEMPTION CONDITIONS: EGTS UNBURIED PIPING	UST piping containmen
		UST operator failed to visually inspect and/or record inspections of the unburied fuel piping for an emergency generator tank system (EGTS) each time the tank system was operated, but no less often than monthly, as required to exempt the piping from California UST regulations. A FORM YOU CAN USE TO DOCUMENT VISUAL INSPECTIONS OF PIPING IS AVAILABLE AT WWW.EHINFO.ORG/HAZMAT. Immediately begin performing and documenting visual inspections of the piping. Keep inspection records available for at least three years. [HSC 25283.5(b)(3)]	added to monthly PIV inspection log Sheet. Attached
U999	M	OTHER UST VIOLATION See inspector's comments below for details. HSC 25286(a) - FACILITY DOES NOT HAVE CURRENT UST PERMIT APPLICATION FORMS ON FILE. SUBMIT THE FOLLOWING COMPLETED UNIFIED PROGRAM CONSOLIDATED FORM (UPCF) FORMS WITHIN 30 DAYS: UNDERGROUND STORAGE TANK (UST) PERMIT APPLICATION FACILITY INFORMATION, UST TANK INFORMATION, BUSINESS ACTIVITIES PAGE, AND BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE.	UST Application completed & attached

Comments: ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN ELMER MORTERA OF BALCH PETROLEUM AND FUNCTIONED PROPERLY, MR. MORTERA HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 1/12/2014) AND VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 8/29/2013). UST FILL SPILL BUCKET WAS HYDROSTATICALLY TESTED USING THE CALDWELL ACCELERATED TEST METHOD AND PASSED.

SUBMIT A COPY OF THE COMPLETED MONITORING SYSTEM CERTIFICATION FORM AND SPILL BUCKET TEST REPORT COVERING TODAY'S TESTING WITHIN 30 DAYS.

NOTES:

- 1. DESIGNATED UST OPERATOR MONTHLY INSPECTION AND FACILITY EMPLOYEE TRAINING RECORDS ARE IN ORDER.
- 2. NEXT ROUND OF UST SECONDARY CONTAINMENT TESTING IS DUE IN FEBRUARY OF NEXT YEAR.
- 3. OWENS-CORNING TANK HAS DOUBLE WALL AMERON DUALOY FRP PRODUCT PIPING. UNDERGROUND VENT PIPING IS DIRECT BURIED.
- 4. 25 GALLON EBW 705 SPILL BUCKET AND OPW MECHANICAL OVERFILL PREVENTION VALVE ARE INSTALLED AT TANK FILL. SPILL BUCKET IS DIRECT BURIED.
- 5. MONITORING BELOW-GRADE SYSTEM COMPONENTS IS PROVIDED BY A GILBARCO EMC CONSOLE CONNECTED TO A VEEDER-ROOT MODEL 794390-409 TANK ANNULAR SENSOR AND GILBARCO MODEL PA02592000010 SENSOR IN THE TANK TOP PIPING SUMP. ABOVEGROUND FUEL PIPING RUNNING TO THE 3 GENERATOR DAYS TANKS IS MOSTLY SECONDARILY CONTAINED, BUT HAS SOME SINGLE-WALL PORTIONS.
- 6. FINANCIAL RESPONSIBILITY IS PROVIDED BY AN INSURANCE POLICY WRITTEN BY ACE AMERICAN INSURANCE COMPANY. POLICY PERIOD IS 8/25/2011 8/25/2012. COVERAGE IS FOR \$1,000,000 ANNUAL AGGREGATE AND \$1,000,000 PER OCCURRENCE.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>04/18/2012</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: CLAIR LE HERE

Inspected By: GREG BRESHEARS - EE0004686

CA UST Inspector #5266658, Exp. 08/24/2013

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD BLDG 90
SAN JOSE, CA 95131

Certification of Compliance

I certify under penalty of partury that this facility has compiled with directives specified in this Notice to Comply.

4/15-13

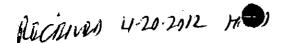
Date

Title

Envir

Mitch Cole
Printed Name of Owner/Operator

Signature of Owner/Operator/





Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

April 19, 2012

Mr Greg Breshears California UST Inspector Department of Environmental Health Hazardous Materials Compliance Division County of Santa Clara 1555 Berger Drive Suite 300 San Jose, CA 95112

Subject: Corrective Action from Inspection on 3/19/2012

Mr Breshears:

In response to the noted deficiencies during the recent Underground Storage Tank inspection, we have completed the corrective actions.

Attached herein, please find the following:

County Official Notice of Inspection

UPCF hwf2730 form:

Business Owner/Operator Identification

UPCF hwactiv form:

Business Activities

UN-022B form:

UST Response Plan

UN-049 form:

Certification of Financial Responsibility

UPCF UST-A form:

Operating Permit Application – Facility Information

UPCF UST-B form:

Operating Permit Application – Tank Information

UPCF UST-D form:

UST Monitoring Plan

- Monitoring system certification and spill bucket test report.
- Copy of inspection log for UST aboveground piping

The application to the California Board of Equalization was submitted on 4/17/12. At this time, we do not have an active account number.

In addition to submitting the specified documentation, we have also entered the monitoring certification process into the electronic facilities preventive maintenance program to assure appropriate timing.

Please let me know if you have any questions. I can be reached by email at mitchell.cole@philips.com or at (408)964-2562.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

PHILIPS

Tel. +1 408 964 2562 Fax: +1 408 964 5358 mitchell.cole@philips.com www.philipslumileds.com www.luxeon.com

MARTINE PLAN NOT APPRICE PROCES
NERO UT BOLD

MICH UTCF O/O & BA FAM:

UMILEDS

LIGHT FROM SILICON VALLEY

County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/bazmat



OFFICIAL NOTICE OF INSPECTION

Facility ID:	FA0252744	Inspection Date: 4/4/2013
Facility Name: Site Address:	PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90	·
	SAN JOSE, CA 95131	
HW Generator	Type:	☐ RCRA LQG
Consent to Ins	spect Granted By: MITCH COLE, ENVIRORMENTAL ENGINEER	☐ Pictures Taken
		□ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U025	С	UST FINANCIAL RESPONSIBILITY	
		Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. Certification of Financial Responsibility was submitted but insurance mechanism expired last August. A new insurance policy was obtained which expires in August of this year but Certification of Financial Responsibility was not submitted to our agency. Mechanism was reviewed and Certification was received on this date, (violation corrected. No further action required.) Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ansure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Sciencial Responsibility Guide are available at www EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)]	
003 0	C	UST owner failed to submit to HMCD the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements and identifying all Designated UST Operators (DUSTO) for this facility. DUSTO Notification form was not submitted to our agency last year when the Designated Operator expiration date changed. Notification form was received during the inspection. (Violation Corrected, No further action is required.) Within 30 days, submit to HMCD a UST System Owner Statement of Designated UST Operator and Understanding of and Compliance With UST Requirements form. The form (UN-082) is available at www.EHinfo.org/hazmat. Notify HMCD within 30 days of future DUSTO changes. Each DUSTO must be certified by the international Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(a)]	





Facility ID: FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO **Site Address:** 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Inspection Date: 4/4/2013

νc	Class	Violation	Corrective Actions Taken
U034	М	DUSTO MONTHLY INSPECTIONS UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records. Alarm history reports are not being attached to the monthly DO reports. Ensure that these reports are attached on the monthly reports. Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month. Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form. The form (UN-057) is available at www.EHinfo.org/hazmat. Keep on-site a copy of DUSTO inspection records and required attachments for the previous 12 months. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(c)&(e)]	
U210	II	TESTING OF MONITORING EQUIPMENT UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. Your annual monitoring certification occurred today but was 2 months late. Ensure that your certification occurs next year in February. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an international Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	
U230		TESTING OF SECONDARY CONTAINMENT The facility failed to perform UST secondary containment testing as required. Your SB-989 testing occurred today but was 2 months late. Ensure that your next testing occurs by February 2016. If proper testing has not yet been completed, make arrangements to have the testing performed or redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed within 6 month of installation and every 36 months thereafter by a licensed tank tester or a UST Service Technician meeting the requirements of 23 CCR 2715(i). See Guidelines for Testing of UST Secondary Containment Systems, available at www.EHinfo.org/hazmat, for further information. [23 CCR 2637]	

Comments: Annual monitoring certification was performed by Robert Henninger of Baich Petroleum. All certifications are current.

Alarm history and system set-up reports were reviewed and returned to the service technician.

Monitoring panel indicated " All Functions Normal" at the beginning and the end of the inspection.

The annular space sensor and piping sump sensor provided audible and visual alarms at the Gilbarco EMC monitoring panel.

The spill bucket passed its annual lake test using the Caldwell accelerated test method.

A mechanical overfill prevention device was observed in the drop tube.

Piping sump was dry and sump sensor was at the low point.

The following paperwork was reviewed and was proper:

Operating Permit Application (facility and tank forms)

UST Monitoring Plan

UST Response Plan

Annual DUSTO employee training records for training that occurred on 9/20/12.

Monthly inspections of emergency generator aboveground piping attached to the UST system

Financial Responsibility Insurance mechanism.

Send a copy of the monitoring certification to our office within 30 days.



Facility ID: FA0252744 Inspection Date: 4/4/2013

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399
Inspection Type: UST SECONDARY CONTAINMENT TESTING

VC	Class	Violation	Corrective Actions Taken
U232		SECONDARY CONTAINMENT TESTING PERFORM STANDARDS	
		Secondary containment testing failed to demonstrate that each component performed at least as well as it did upon installation. The secondary return piping was given a visual fail because the test boot fitting was deteriorated and could not be tested on this date. Repair the boot and contact our office to witness the re-test of your piping. Have the testing redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed in accordance with manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, systems must be tested using an applicable method specified in an industry code or engineering standard. If there are no such guidelines, codes, or standards, a test method approved by a state-registered professional engineer must be used. See Guidelines for Testing of UST Secondary Containment Systems (UN-050), available at www.EHinfo.org/hazmat, for further information. [23 CCR 2637(o)]	

Comments: SB-989 Secondary Containment Testing was performed by Robert Henninger of Salch Petroleum. All certifications are current.

The following secondary containment components were tosted:

12,000 gallon diesel tank annular space was tested at 8 inches vacuum for one hour. Test result = pass

Piping sump was take tested for 30 minutes using the Caldwell accelerated test method. Portion of the sump tested was at a level above the highest piping penetration. Test result = pass.

The secondary supply piping was tested at 3.5 psi for one hour. Test result = pass.

Send a copy of the secondary containment testing report to our office within 30 days.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>05/04/2013</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [4-stherity: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: ERIC DUGDALE

Inspected By: RICHARO OVENS: £80004656 CA UST inspector #5266770, Exp. 08/25/2013

Certification of Compliance

T certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator

Printed Name of Owner/Operator

Title



Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

May 24, 2012

Mr Greg Breshears California UST Inspector Department of Environmental Health Hazardous Materials Compliance Division County of Santa Clara 1555 Berger Drive Suite 300 San Jose, CA 95112

Subject: Corrective Action from Inspection on 3/19/2012

Mr Breshears:

In response to the noted deficiencies during the recent Underground Storage Tank inspection, we have completed the corrective actions.

Attached herein, please find the following:

UPCF UST-A form:

Operating Permit Application – Facility Information

UPCF UST-B form:

Operating Permit Application - Tank Information

UPCF UST-D form:

UST Monitoring Plan & Plot Plan

The application to the California Board of Equalization was submitted again under the land owner company on 5/4/12. It was delivered, but the BOE Special Taxes guy - Marcos Rodriguez, has yet to receive it form their internal mail delivery. At this time, we do not have an active account number.

Please let me know if you have any questions. I can be reached by email at mitchell.cole@philips.com or at (408)964-2562.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

Reviewed By

CACE BUSINESS ARTHURDS & OHNOW! OBJANTA TO PAGES NOT SUBMITTED W. CAT FORMS. STILL MAD LAT BODE FORM #.



Tel. +1 408 964 2562 Fax: +1 408 964 5358 mitchell.cole@philips.com www.philipslumileds.com www.luxeon.com

UMILEDS

LIGHT FROM SILICON VALLEY



County of Santa Clara

Department of Environmental Health

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716 Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



OFFICIAL NOTICE OF INSPECTION

	FA0252744 PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	. •	•	,	Inspection Date: 3/19/2012
HW Generato Consent to In	r Type: spect Granted By: CLAIR LE HERE, ELECTRICIAN .				☐ RCRA LQG ☐ Pictures Taken ☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0397897 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U015	м	UST MONITORING PLAN	. :
		The facility failed to submit or keep current a UST Monitoring Plan. Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641(h)]	
U020	М	UST RESPONSE PLAN	
		The facility failed to submit or keep current a UST Response Plan. IF YOU DECIDE TO INCLUDE THIS IN YOUR CONSOLIDATED FACILITY CONTINGENCY PLAN, ENSURE THAT ALL INFORMATION REQUIRED BY TITLE 23 SECTION 2632(d)(2) IS ADDRESSED. Submit to HMCD a UST Response Plan. You may use the form available at www.EHinfo.org/hazmat (UN-022B) or another format, as long as it contains equivalent content. Keep a copy of the current plan on-site. [23 CCR 2632(d)(2), 2641(h)]	
U025	13	UST FINANCIAL RESPONSIBILITY	•
,		Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. FACILITY HAS NO UST CERTIFICATION OF FINANCIAL RESPONSIBILITY ON FILE. Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat. [HSC 25292.2(a); 23 CCR 2806(a)]	
U210	M	TESTING OF MONITORING EQUIPMENT	
		UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration. ANNUAL MONITORING SYSTEM CERTIFICATION TESTING WAS DUE AST MONTH. ENSURE THAT TESTING IS PERFORMED IN FEBRUARY OF EACH YEAR. Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, tine leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	

OFFICIAL NOTICE OF INSPECTION

Facility ID:

FA0252744

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90

SAN JOSE, CA 95131

Inspection Date: 3/19/2012

VC	Class	Violation	Corrective Actions Taken
U520	IJ	EXEMPTION CONDITIONS: EGTS UNBURIED PIPING	
		UST operator failed to visually inspect and/or record inspections of the unburied fuel piping for an emergency generator tank system (EGTS) each time the tank system was operated, but no less often than monthly, as required to exempt the piping from California UST regulations. A FORM YOU CAN USE TO DOCUMENT VISUAL INSPECTIONS OF PIPING IS	
		AVAILABLE AT WWW.EHINFO.ORG/HAZMAT. Immediately begin performing and documenting visual inspections of the piping. Keep inspection records available for at least three years. [HSC 25283.5(b)(3)]	
U999	M	OTHER UST VIOLATION	
. →	-	See inspector's comments below for details. HSC 25286(a) - FACILITY DOES NOT HAVE CURRENT UST PERMIT APPLICATION FORMS ON FILE. SUBMIT THE FOLLOWING COMPLETED UNIFIED PROGRAM CONSOLIDATED FORM (UPCF) FORMS WITHIN 30 DAYS. UNDERGROUND STORAGE TANK (UST) PERMIT APPLICATION FACILITY INFORMATION, UST TANK INFORMATION, BUSINESS ACTIVITIES PAGE, AND BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE.	

Comments: ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN ELMER MORTERA OF BALCH PETROLEUM AND FUNCTIONED PROPERLY, MR. MORTERA HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 1/12/2014) AND VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 8/29/2013). UST FILL SPILL BUCKET WAS HYDROSTATICALLY TESTED USING THE CALDWELL ACCELERATED TEST METHOD AND PASSED.

SUBMIT A COPY OF THE COMPLETED MONITORING SYSTEM CERTIFICATION FORM AND SPILL BUCKET TEST REPORT COVERING TODAY'S TESTING WITHIN 30 DAYS.

NOTES

- 1. DESIGNATED UST OPERATOR MONTHLY INSPECTION AND FACILITY EMPLOYEE TRAINING RECORDS ARE IN ORDER.
- 2. NEXT ROUND OF UST SECONDARY CONTAINMENT TESTING IS DUE IN FEBRUARY OF NEXT YEAR.
- 3. OWENS-CORNING TANK HAS DOUBLE WALL AMERON DUALOY FRP PRODUCT PIPING, UNDERGROUND VENT PIPING IS DIRECT BURIED.
- 4. 25 GALLON EBW 705 SPILL BUCKET AND OPW MECHANICAL OVERFILL PREVENTION VALVE ARE INSTALLED AT TANK FILL. SPILL BUCKET IS DIRECT BURIED.
- 5. MONITORING BELOW-GRADE SYSTEM COMPONENTS IS PROVIDED BY A GILBARCO EMC CONSOLE CONNECTED TO A VEEDER-ROOT MODEL 794390-409 TANK ANNULAR SENSOR AND GILBARCO MODEL PA02592000010 SENSOR IN THE TANK TOP PIPING SUMP. ABOVEGROUND FUEL PIPING RUNNING TO THE 3 GENERATOR DAYS TANKS IS MOSTLY SECONDARILY CONTAINED, BUT HAS SOME SINGLE-WALL PORTIONS.
- 6. FINANCIAL RESPONSIBILITY IS PROVIDED BY AN INSURANCE POLICY WRITTEN BY ACE AMERICAN INSURANCE COMPANY. POLICY PERIOD IS 8/25/2011 8/25/2012. COVERAGE IS FOR \$1,000,000 ANNUAL AGGREGATE AND \$1,000,000 PER OCCURRENCE.

immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than <u>04/18/2012</u>, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.1.2(c)]

Received By: GLAIR LE HERE

Inspected By: GREG BRESHEARS - EE0004686

CA UST Inspector #5266658, Exp. 08/24/2013

OFFICIAL NOTICE OF INSPECTION

Facility Name: PHILIPS LUMILEDS LIGHTING CO Site Address: 370 W TRIMBLE RD BLDG 90 SAN JOSE, CA 95131	Inspection Date: 3/19/2012
Certification of Compliance I certify under penalty of perjury that this facility has complied with directive	s specified in this Notice to Comply.
Signature of Owner/Operator	Date
Printed Name of Owner/Operator	Title

Breshears, Greg

From:

Polly Claassen <polly@balchpetroleum.com>

Sent:

Wednesday, February 29, 2012 10:12 AM

To: Cc: Breshears, Gred Wolff, Albert

Subject:

RE: Upcoming MSC test at Lumileds

Follow Up Flag:

Follow up

Flag Status:

Flagged

I have been working with Eric Dugdale and Clair LeHere at Lumileds. Clair's number is (408) 230-1380 and Eric's number is (408) 964-2537.

Polly Claassen Service & Environmental Compliance Manager Balch Petroleum, Inc. 408-942-8686 x104 www.balchpetroleum.com

Please consider the environment before printing this email.

From: Breshears, Greg [mailto:Greq.Breshears@deh.sccgov.org]

Sent: Tuesday, February 28, 2012 1:40 PM

To: Polly Claassen Cc: Wolff, Albert

Subject: FW: Upcoming MSC test at Lumileds

Hi Polly,

I will be there. Can you please provide me the name and phone number for your contact at Lumiled?

Thanks,

Greg Breshears Senior Hazardous Materials Specialist County of Santa Clara Department of Environmental Health Hazardous Materials Compliance Division (HMCD) 1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 Office (408) 918-3400 Direct Line (408) 918-1978 Fax (408) 280-6479 www.EHinfo.org/hazmat

NOTICE: This email message and/or its attachments may contain information that is confidential or restricted. It is intended only for the individuals named as recipients in the message. If you are NOT an authorized recipient, you are prohibited from using, delivering, distributing, printing, copying, or disclosing the message or content to others and must delete the message from your computer. If you have received this message in error, please notify the sender by return email.

From: HMCD-CERS

Sent: Tuesday, February 28, 2012 1:36 PM

To: Breshears, Greg

Subject: FW: Upcoming MSC test at Lumileds

From: Polly Claassen [polly@balchpeti—leum.com]
Sent: Monday, February 27, 2012 10:06 AM.

To: HMCD-CERS

Subject: Upcoming MSC test at Lumileds

Test type: Monitoring system certification

Client: Lumileds Lighting

Location: 370 W. Trimble Road, San Jose, CA 95131

Date: 3/5/12 9:00am

Polly Claassen Service & Environmental Compliance Manager Balch Petroleum, Inc. 408-942-8686 x104 www.balchpetroleum.com

Please consider the environment before printing this email.

MAR. 19, 2012 7:51 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

SYSTEM SETUP

MAR 19/ 2012 7:51 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

LUMILED 350 W.TRIMBLE RD. SAN JOSE.CA. 95131

SHIFT TIME 1 : DISABLED SHIFT TIME 2 : DISABLED SHIFT TIME 3 : DISABLED SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRW DISABLED TANK ANN TST NEEDED WRN DISABLED

LINE RE-ENABLE METHOD PASS LINE TEST

LINE PER TST NEEDED WRN DISABLED LINE ANN TST NEEDED WRN DISABLED

PRINT TO VOLUMES' ENABLED

TEMP COMPENSATION VALUE (DEG F): 6 STICK HEIGHT OFFSET 60.0DISABLED DAYLIGHT SAVING TIME ENABLED START DATE WEEK 1 SUN APR START TIME 2:00 AM END DATE OCT. WEEK 5 SUN END TIME 2:00 AM

IN-TANK SETUP

T 1:DIESEL
PRODUCT CODE : 1
THERMAL COEFF :.000470
TANK DIAMETER : 92.00
TANK PROFILE : 1 PT
FULL VOL : 12000

FLOAT SIZE: 4.0 IN.
WATER WARNING: 2.0
HIGH WATER LIMIT: 3.0
MAX OR LABEL VOL: 12000

OVERFILL LIMIT : 90% : 10800 HIGH PRODUCT : 95% : 11400 DELIVERY LIMIT : 10% : 1200

LOW PRODUCT: 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT: 0.00
PROBE OFFSET: 0.00

SIPHON MANIFOLDED TANKS T#: NONE LINE MANIFOLDED TANKS T#: NONE

LEAK MIN PERIODIC: 0%

LEAK MIN ANNUAL : 0%

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN PUMP THRESHOLD : 10.00%

LIQUID SENSOR SETUP

L 1:ANNULAR/ TRI-STATE (SINGLE FLOAT) CATEGORY : ANNULAR SPACE

L 2:PIPING SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

ALARM HISTORY REPORT

---- SENSOR ALARM -----L 1:ANNULAR ANNULAR SPACE FUEL ALARM FEB 24, 2011 9:28 AM

FUEL ALARM FEB 17, 2010 11:08 AM

FUEL ALARM MAR 2 2009 0:55 AM

ALARM HISTORY REPORT

---- SENSOR ALARM -----L 2:PIPING SUMP PIPING SUMP FUEL ALARM FEB 24. 2011 9:29 AM

FUEL ALARM FEB 17, 2010 11:03 AM

FUEL ALARM MAR 2. 2009 8:59 AM

ALARM HISTORY REPORT

E 3:PIPING SUMP

7 PIPING SUMP

7 SENSOR OUT ALARM

JAN 24. 2008 8:01 AM

SENSOR OUT ALARM NOV 19, 2003 4:00 PM

* * * * * END * * * * *

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	
Facilty Name: Lumileds Lighting	Bldg. No.:
Site Address: 350 W. Trimble Road	City: San Jose, CA Zip: 95131
Facility Contact Person: Eric Dugdale	Contact Phone No.: (408) 964-2537
Make/Model of Monitoring System: Gilbarco EMC	Date of Testing/Service: 2/24/2011
B. Inventory of Equipment Tested/Certified	
Check the appropriate boxes to indicate specific equipment inspected/serviced	
Tank ID: Tank 1 - Diesel	Tank ID:
☐ In Tank Guaging Probe. Model:	☐ In Tank Guaging Probe. Model:
✓ Annular Space Sensor. Model: 794390-407/	Annular Space Sensor. Model:
Piping Sump / Trench Sensor(s). Model:794390-208	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).
Tank ID:	Tank ID:
☐ In Tank Guaging Probe. Model:	☐ In Tank Guaging Probe. Model:
Annular Space Sensor. Model:	Annular Space 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. Model:	Dispenser Containment Sensor. 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. Model:	Dispenser Containment Sensor. Model:
Shear Valve(s).	Shear Valye(s).
Dispenser Containment Float(s) and Chain(s).	Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
☐ Dispenser Containment Sensor. Model:	Dispenser Containment Sensor. 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 in	formation for every tank and dispenser at the facility.
C. Certification - I certify that the equipment identified in this doc guidelines. Attached to this Certification is information (e.g. manufac	current was inspected/serviced in accordance with the manufacturers' cturers' checklists) necessary to verify that this information is correct and supment capable of generating such reports, I have also attached a copy of System set-up
Technician Nama: Elmor D. Mertera	Signature:
Technician Name: Elmer P. Mortera	
Certification No.: A28170	Liscense No.: 396575 A / B/ C-10 / HAZ
Testing Company Name: Balch Petroleum	Phone No.: 408-942-8686

Page 1 of 3

Date of Testing/Service: 2/24/2011

Site Address: 930 Ames Ave, Milpitas, CA

Monitoring System Certification

D. Results of Testing/Servicing							
Software Version Installed: 123.01							
Complete	Complete the following checklist:						
✓ Yes	□ No*	Is the audible alarm operational?					
✓ Yes	☐ No*	Is the visual alarm operational?					
✓ Yes	☐ No*	Were all sensors visually inspected, fuctionally tested, and confirmed operational?					
✓ Yes	□ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not inter with their proper operation?					
✓ Yes	□ No* □ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?					
Yes	□ No* ✓ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) Sump/Trench Sensors; Dispenser Containment Sensors.					
		Did you confirm positive shut-down due to leakand sensor failure/disconnection?					
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 proper if so, at what percent of tank capacity does the alarm trigger? 90%					
☐ Yes*	✓ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list; 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 in Section E,					
✓ 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		ow, descirbe how and when these deficiencies were or will be corrected.					
		Note: UST system used for a stand by generator.					
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Monitoring System Certification					
F. In-Tank Gauging / SIR Equipment					
1. III-Talik Gaag	Check this box if no tank gauging or SIR equipment is installed.				
•	Cutode and power to make 22-3mg at 12m starkman a weeken				
This section must	t be completed if in-tank gauging equipment is used to perform leak detection monitoring.				
Complete the folio					
Yes No*	Has all input wining 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 Section H, belo	ow, describe how and when these deficiencies were or will be corrected.				
G. Line Leak De					
	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance theck all that				
Yes No*	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				
	For mechanical LLDs does the LLD restrict product flow if it detects a leak?				
Yes No*	of incommon case of the case o				
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 fail test?				
Yes No*	For electronis LLDs, have all accessbiele wiring connections been visually inspected?				
Yes No*	Were all items on the equipment manufacturer's maintenance checklist completed?				
*In Section H, belo	ow, describe how and when these deficiencies were or will be corrected.				
UST svs	stem used for a stand by generator.				
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Page 3 of 3

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: Lumileds	/ Bldg. No.:		
Site Address: 370 W. Trimble Road	City: San Jose Zip: 95131		
Facility Contact Person: Dave Maiden	Contact Phone No.: (408) 435-4316		
Make/Model of Monitoring System: Veeder-Root TLS-350	Date of Testing/Servicing: 2/17/2010		
B. Inventory of Equipment Tested/Certified			
Check the appropriate boxes to indicate specific equipment inspected/serviced	<u> </u>		
Tank ID: T1: Diesel	Tank ID:		
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:		
Annular Space or Vault Sensor. Model: 0794380-407	Annular Space or Vault Sensor. Model:		
☑ Piping Sump / Trench Sensor(s). Model: 0794380-208	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).		
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:		
Chang Valva(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.		
•			
guidelines. Attached to this Certification is information (e.g. correct and a Plot Plan showing the layout of monitoring equipm	document was inspected/serviced in accordance with the manufacturers manufacturers' checklists) necessary to verify that this information is nent. For any equipment capable of generating such reports, I have also stem set-up		
Technician Name (print): Robert Henninger	Signature: Realth		
	License. No.: 396757		
Testing Company Name: Balch Petroleum			
Testing Company Address: 930 Ames Ave	Date of Testing/Servicing: 2/17/2010		
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Page 1 of 4

D. Results of Testing/Servicing

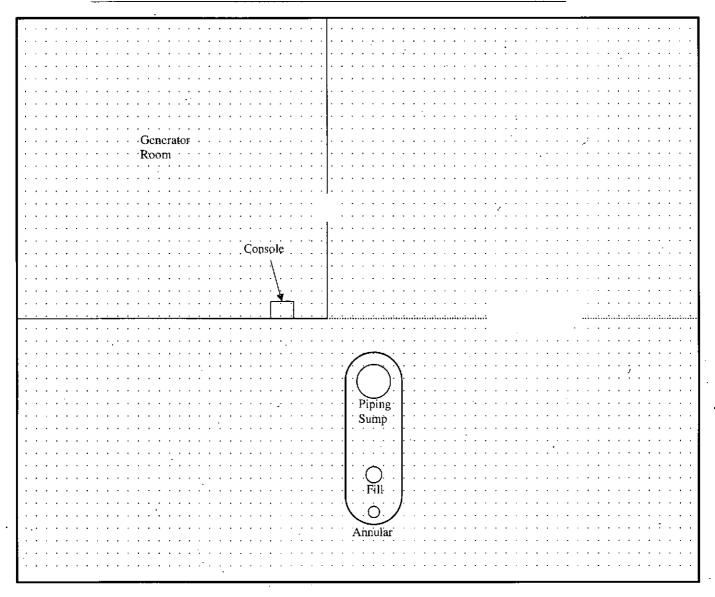
Software Version Installed: 123.01					
Complete the following checklist:					
⊠ Yes	□ No*	Is the audible alarm operational?			
⊠ Yes	□ No*	Is the visual alarm operational?			
	□ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?			
⊠ Yes	□ No*	Were all sensors installed 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) \Bigsup Sump/Trench Sensors; \Bigsup Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \Bigsup Yes; \Bigsup 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?			
		s, describe how and when these deficiencies were or will be corrected. S: UST system used for a stand by generator.			
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F. In-T	Tank Gau	riging / 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 sec	This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.					
Complete	e the follov	ving 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 Sect	ion H, belo	ow, describe how and when these deficiencies were or will be corrected.				
G. Lin	e Leak D	etectors (LLD): Check this box if LLDs are not installed.				
Complet	e the follov	ving 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:				
☐ 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*	For electronic LLDs, have all accessible wiring connections been visually inspected?				
☐ Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?				
,		Suction system.				
	-					

Page 3 of 4

UST Monitoring Site Plan

Site Address: 370 W. Trimble Road San Jose 95131



Date map was drawn: 2/17/2010.

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.

Page 4 of 4



Spill Containment Testing

1. FACILITY INFORMATION

10 THOREST IN TO	
Lumileds	Date of 2/24/2011
350 W. Trimble San Jose, CA.	
Eric Dugdale	Phone: (408) 964-2537
Vas Notified of Testing: 2/22/11	
cy Inspector (if present during testing):	NA
	Lumileds 350 W. Trimble San Jose, CA. Eric Dugdale Vas Notified of Testing: 2/22/11

2. TESTING CONTRACTOR INFORMATION

Company Name:			
Technician Cond	ucting Test: Elmer Mortera		
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	A / B / C-10 / HAZ	License Number: 396575	
		Manufacturer Training	
Manufactu	rer	Component(s)	Date Training Expires
Ronan	Нус	drostatic Sump Tester	NA
	l · Hyo	Irostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Fill Bucket	X								
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Notes:	 <u>-</u>	
Testing water is recycled.		

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: 2/24/2011





4. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With						
Spill/Overfill Containment Bo						
Test Method Developed By:	* .	ucket Manufactur	rer X Indus	stry Standard	☐ Professional	Engineer
	☐ Other (
Test Method Used:	□ Pressui		□ Vacu	um	X Hydrostatic	•
	Other (****	
Test Equipment Used: Ronan.	Caldwell Hydros	tatic Sump Tester		Equipment Re	solution: 0.0000	
	Box # 1	Box #	Box#	Box#	Box #	Box #
Bucket Diameter:	~12"					
Bucket Depth:	~18"					
Wait time between applying pressure/vacuum/water and starting test:	+/- 40 Min					
Test Start Time:	9:30 am				<u> </u>	
Initial Reading (R _I):	1 st Line					
Test End Time:	10:00 am					
Final Reading (R _F):	1 st Line					
Test Duration:	30 min.					
Change in Reading (R _F -R ₁):	0	,				
Pass/Fail Threshold or Criteria:	,	PASS = No L	oss or Loss of 0	.0020" or less i	n 30 minutes	
Test Result:	X Pass □ Fail	□ Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail
Comments – (include info	rmátion on repair	s made prior to te	esting, and recom	mended follow-uj	p for failed tests)	
Note	: Caldwell sun	np tester used	for hydrostatic	testing of spil	l _. bucket.	
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Secondary Containment & Overfill Containment Testing Report Form

rING leum (er Mo d Cont	g: t duri CO Contra	actors &	CTOR Builders,		(408) 4	35-4316 ON				
Testing presen TING leum (er Mo di Cont	t duri CO Contra rtera	NTRA	CTOR Builders,	INFO						
TING Leum (er Mo	t duri CO Contra rtera	NTRA	CTOR Builders,		RMATIC)N				
rING leum (er Mo d Cont	CO Contra	NTRA	CTOR Builders,		RMATIO)N				
leum (er Mo I Cont Z	Contra rtera	actors &	Builders,		RMATIC)N				
er Mo I Cont Z	rtera _.			Inc.						•
l Cont										
<u> </u>	ractor									
,		T !-	SWI	RCB Lice	ensed Tank	Tester				
,		Lice	nse Num	ber: 39	6575					
·		Mar	ufacture	r Traini	ng					
			ponent(s)			I	Date Tra	ining .	Expires	
Ну	drosta	atic Prec	cision Tes	t Equipm	ent ·			NA		
	H	ydrostat	ic Sump	Tester	·			NA		
		•								
SUN	/IMA	RY O	F TES	T RESU	JLTS					
Pass	Fail	Not Tested			Compo	nent	Pass	Fail	Not Tested	Repair Made
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4. TANK ANNULAR TESTING

Test Method Developed By:	Tank Manufacturer X Industry Standard Professional Engineer Other (Specify)						
Test Method Used:	Pressure	X Vacuum	Hydrostatic				
	Other (Specify)	7k v accuum	Tryurostati	`			
Test Equipment Used:	C (~p~~0y)		Equipment Resolution:	Equipment Resolution:			
	Tank # Diesel	Tank#	Tank #	Tank #			
Is Tank Exempt From Testing?	Yes X No	Yes No	Yes No	. Yes No			
Tank Capacity:	12K						
Tank Material:	Fiberglass		5 1				
Tank Manufacturer:	Owens Corning						
Product Stored:	Diesel						
Wait time between applying pressure/vacuum/water and starting test:	30 Min		<i>y</i>				
Test Start Time:	10:00 am	,					
Initial Reading (R _I):	8" of VA						
Test End Time:	11:00 am						
Final Reading (R _F):	8" of VA						
Test Duration:	1 hr						
Change in Reading (R _F -R _I):	0						
Pass/Fail Threshold or Criteria:		One hou	r, no loss				
Test Result:	X Pass Fail	Pass Fail	Pass Fail	Pass Fail			
Was sensor removed for testing?	Yes X No NA	Yes No NA	Yes No NA	Yes No NA			
Was sensor properly replaced and verified functional after testing?	Yes No XNA	Yes No NA	Yes No NA	Yes No NA			
Comments – (include informatio	n on repairs made prior.	to testing, and recomme	nded 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)}





5. SECONDARY PIPE TESTING

Test Method Developed By:			Industry S		Pro	fessional	Engineer	
Test Method Used:	X Pressure Other (Spe		Vacuum	Hydrostatic				
Test Equipment Used:				Equipme	nt Resolutio	on:		
	Run # FOS	Run # FOR	Run	ж .	Run	#	Run	#
Piping Material:	Fiberglass	Fiberglass	1,011					
Piping Manufacturer:	Ameron	Ameron						
Piping Diameter:	3"	3"						
Length of Piping Run:	~100'	~100'			,			
Product Stored:	Diesel	Diesel						
Method and location of piping-run isolation:	Test Bell	Test Bell						
Wait time between applying pressure/vacuum/water and starting test:	15 Min	15 Min					-	
Test Start Time:	9:00 am	9:00 am	-					
Initial Reading (R _I):	3 PSI	3 PSI						
Test End Time:	10:00 am	10:00 am						
Final Reading (R _F):	3 PSI	3 PSI	· ·					
Test Duration:	1 hr	1 hr						_
Change in Reading (R _F -R _I):	0	0						
Pass/Fail Threshold or Criteria:			One hour,	no loss				
Test Result:	X Pass Fail	X Pass Fail	Pass	Fail	Pass	Fail	Pass	Fail
Comments – (include infor	mation on repairs ma	de prior to testing, a	nd recomm	ended foli	low-up for f	ailed tesi	·s)	
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6. PIPING SUMP TESTING

Test Method Developed By:	Sump Manufacturer Other (Specify)	X Industry Sta	ndard Professional Engineer					
Test Method Used:	Pressure	Vacuum	X Hydros	tatic				
	Other (Specify)							
Test Equipment Used: Caldwell Sur	p Tester		Equipment Resolution	: 0.0000"				
	Sump # 1	Sump #	Sump #	Sump#				
Sump Diameter:	36"							
Sump Depth:	34"							
Sump Material:	Fiberglass			,				
Height from Tank Top to Top of Highest Piping Penetration:	9"	,		-				
Height from Tank Top to Lowest Electrical Penetration:	12"		,					
Condition of sump prior to testing:	Clean & Dry							
Portion of Sump Tested ¹	~14"							
Does turbine shut down when sump sensor detects liquid (both product and water)?*	Yes No X NA	Yes No NA	X Yes No NA	X Yes No NA				
Turbine shutdown response time	. NA			·				
Is system programmed for fail-safe shutdown?*	Yes No X NA	Yes No NA	X Yes No NA	X Yes No NA				
Was fail-safe verified to be operational?*	Yes No X NA	Yes No NA	X Yes No NA	X Yes No NA				
Wait time between applying pressure/vacuum/water and starting test:	15 min							
Test Start Time:	r 8:30 am			,				
Initial Reading (R _I):	1 st Line							
Test End Time:	9:30 am							
Final Reading (R _F):	1 st Line							
Test Duration:	1 hour							
Change in Reading (R _F -R ₁):	No Change							
Pass/Fail Threshold or Criteria:		PASS =	No Change					
Test Result:	X Pass Fail	Pass Fail	Pass Fail	Pass Fail				
Was sensor removed for testing?	X Yes No NA	Yes No NA	Yes No NA	Yes No NA				
Was sensor properly replaced and verified functional after testing?	X Yes No NA	Yes No NA	Yes No NA	Yes No NA				
Comments - (include information	on repairs made prior t	testing, and recomme	nded follow-up for failed	l tests)				
Caldwell sump tester used for hydros	tatic testing.	- · · · · · · · ·						

Comments – (include information on repairs ma	de prior to	testing, ar	ia recomm	епаеа јоноч	-up for faitea te	ists)	
Caldwell sump tester used for hydrostatic testing.							•
							
				•			
·							

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. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With	Spill/Overfill Cor	ntainment Boxes					
Spill/Overfill Containment Bo					·		
Test Method Developed By:	Spill Bu	icket Manufacture	er X Indu	stry Standard	Professional	Engineer	
	Other (S	Specify)	٠				
Test Method Used:	Pressure Vacu			uum X Hydrostatic			
	Other (3	Specify)					
Test Equipment Used: Caldwo	ell Sump Tester			Equipment R	esolution: 0.0000)"	
	Box # Diesel	Box #	Box #	Box #	Box #	Box #	
Bucket Diameter:	12"						
Bucket Depth:	20"						
Wait time between applying pressure/vacuum/water and starting test:	30 min		-				
Test Start Time:	12:30 pm			•			
Initial Reading (R _I):	1 st Line	,	·				
Test End Time:	1:00 pm						
Final Reading (R _F):	1 st Line			_			
Test Duration:			30 m	ninutes	<u> </u>		
Change in Reading (R _F -R _I):	No Loss	٠					
Pass/Fail Threshold or Criteria:			PASS :	= No Loss			
Test Result:	PASS						
Comments – (include infor			sting, and recon	nmended follow-	up for failed tests)		
		_	· · · · · · · · · · · · · · · · · · ·	·			
<u> </u>			<u> </u>	·			
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				 -			

HMCD Appli		Coding and			ocument	(CID)
New Facility	<u> </u>	ogram(s)/Permit(s)	Modify Progr	•	☐ Invoice	Adjustment
Facility Name: PHILIPS	S LUMILE	D LIGHTING				16/09
Site Address: 370 W	TRIMBLE	RD	·	Die d	ity: San Jo	se (V)
FACILITY:	Facil	ity ID: 252744		Facility Owner	ID:	5039
Care of: MITCH CO Postal Address (line 1): 3	יט מומר	TUMBLE BY	City Code: 13 - S	San Jose	MIT DATE	. 7/1/09-6/30/
Postal Address (line 1): 5 Postal Address (line 2): 5	I CA	9931		CH	ARGE	
City: (431-7	(001)		State: Zip:	\ 1 /1	Last HMIRRP:	08 - 4,10
Business Code: 01 - Corpo		C	•	4 - HazWaste Oi		
GENERAL HEALTH				W	,". 2209~	2008 d
Designated Employee (Insp			Mai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	loss 10
Set Date of Last Billing as:	·	for		effective	•	1 1720
Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Sta	tus	Permit Type
PR0367934	2208	04 - Active, Exempt fro	0 - No Discount	18 - Billed by San	Jose P-F	Permanent
110 110 2						
Permit is Valid from: SWITCH:		Po	ermit is Valid to:		Other: PE(s)	
Owner	Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
From: To:				,		
ACCOUNTING: Account Status:	Acco	ount ID: AR 125 Set A/R M	ailing Code To:		Bill/Rebill	Now?
Fiscal Adjustment Info	rmation:					
Invoice ID: Reason(s) for Adjustment: (C) Close Account; Dele	heck all that	apply)				
☐ Transfer Payment FROM	Invoice ID	,	ΓΟ Invoice ID			
Other (describe):						
COMMENTS: CHANG	SE PROGI	RAM CODE TO 2	2208. SEE ATT	ACHED LETT	ER.	·
Prepared by: Ric Gatd	ula		Date	: 1/13/2009		1 0 5
Lead/Manager Initials:	_M	Date: $\frac{1/20/0}{2}$	Inpu	t by:	Date://	/22/D9 Rev. 03/13/06

HMCD-027 - 1/1

Philips Lumileds Lighting Company

Mitch Cole

Environmental Engineer

370 West Trimble Road San Jose, CA 95131 USA

Tel: +1 408 964 2562 Mobile: +1 408 592 3222 Fax: +1 408 964 5358 mitchell.cole@philips.com

www.philipslumileds.com

RECEIVED BY: SANTA CLARA COUNTY DEPT. OF ENV. HEALTH

PHILIPS

2008 JAN 12 PM 3: 27

Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

CERTIFIED MAIL ARTICLE NUMBER: 7099 3400 0016 2568 5870

Subject: Hazardous Generator Category

Date: 01/05/2009

1607679744 180758744

Mr. Ric Gatdula Hazardous Materials Specialist County of Santa Clara Department of Environmental Health 1555 Berger Drive, Suite 300 San Jose, CA 95112

Dear Mr. Gatdula,

The purpose of this letter is to notify you of our change in tier relative to hazardous waste generation quantities. We're back below 250 tons for 2008. The total for the year was 234 tons. A printout of the shipments is attached.

So, please make a note of it so when the City of San Jose passes your fees through – it is the correct amount.

If you have any questions, please give me a call.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure



LIGHT FROM SILICON VALLEY

Tel. +1 408 964 2562 Fax: +1 408 964 5358 mitchell.cole@philips.com www.philipslumileds.com www.luxeon.com

·		· · · · · · · · · · · · · · · · · · ·		K		
Service			<u> </u> _			
Date	Service	Manifest	Tons	Gallons	Pounds	Yards
	Solvent	001086806FLE	4.498	1100		
	Qtr Shipment Drums	001831863FLE	0.983		1966	<u> </u>
	Qtr Shipment Pyro	001831862FLE	0.5415		1083	
	Solvent	001087570FLE	4.228			
	Sludge Boxes	001087634FLE	·· 19	1	38000	
	Solvent (BTU 7800)	001087821FLE	4.447	1134		
2/12/08		001087881FLE	4.22			40
	Solvent	001090531FLE	3.93			:
	Solvent (BTU 7100)	001835781FLE	5.196	1325		
3/25/08	Solvent (BTU 7400)	001838891FLE	4.902	1250		
3/26/08	Bin	001838543FLE	3.68			40
4/8/08	Solvent	001831283FLE	4.745	1210	*	
4/14/08	Qtr Shipment Pyro	000537251FLE	0.526		1052	
	Qtr Shipment Drums (just proc 5 to UT)	000537249FLE	0.5095		1019	
	Qtr Shipment Drums	000537252FLE	0.7455	165		<u> </u>
	Sludge Boxes	000537250FLE	14.0935		28187	
4/16/08		000537260FLE	3.28		20107	40
	Solvent	000537377FLE	3.883	990		
· · · · · · · · · · · · · · · · · · ·	Solvent	0009373777 LE	4.339			
	Solvent	001837308FLE	4.596	1172		. 40
5/21/08				11/2	-	40
		001837375FLE	5.05	1100		40
	Solvent	002072898FLE	4.64	1183		
	Solvent	001775265FLE	4.181	1066		- · · · · · -
6/30/08		001775446FLE	3.54			40
	Solvent	001775897FLE	4.902	1250		
	Solvent (BTU 7600)	001773941FLE	3.883	990		
	Sludge Boxes	001776116FLE	19		38000	
	Qtr Shipment Drums (just proc 5 to UT)	001776124FLE	0.6575		1315	
	Asbestos Floor Tile	001776125FLE	0.337		674	
	Qtr Shipment Pyro	001776126FLE	1.6705		3341	
	Qtr shipment Drms	001776127FLE	0.85974	40	1386	
7/17/08	Qtr Lab Pack (AgCN, CrO3)	001773528FLE	0.007		14	
7/29/08	Solvent (BTU 7300)	00177634FLE	4.314	1100		
8/8/08	Bin	001776694FLE	3.6		7200	40
8/12/08	Solvent	001776750FLE	4.314	1100		
	Solvent (BTU 7300)	001776921FLE	4.039		,	
	Solvent	002290227FLE	5.16894			
9/11/08		002290316FLE	3.85	1240		40
9/23/08		002290562FLE	4.82	1229		
	Solvent (BTU 6800)	002291077FLE	4.353	1100		. N AND
	Qtr shipment drm & sludge	002291138FLE	19.30177	55	38145	* 11.50.4
	Qtr Shipment Pyro	002291137FLE	0.6955	33	1391	
	Solvent (BTU 6100)	0022911371 LE	3.428	874	1391	
1,0/2 1/00		002291390FLE	3.420	0/4	·	
	Phosphoric & empty that couldn't make				,	
	it on the qtr shipment	002292875FLE	0.241768	55	25	
	Solvent BTU 4100 emergency pickup w h		4.58535	1100		
	Bin Extra trans for returning pipe.	002222025FLE	4.07			40
	Solvent	002231603FLE	3.689123	885		
12/11/08	Arsenic Debris (drums - qtr)	002227552FLE	0.3385		677	
12/11/08	Landfilled stuff (sludge & Asbestos)	002227572FLE	13.778		27556	
12/11/08		002227551FLE	0.6155		1231	
	Qtr P5 + solvent)	002227548FLE	0.658768	55	859	
12/12/08		002227504FLE	3.06		6120	40
	Solvent (BTU 7400)	002227660FLE	3.962	969	5,20	
		Totals	233.954		111	

New Facility		rogram(s)/Permit(s)		ogram(s)/Permit(s) 🔲 Inv	oice Adjustment
Facility Name: PHILIF Site Address: 370 W		and the second of the second o	CO			·
3.0.00	. TRIMBLI	E RD.			City: San	Jose
FACILITY:	Fac	ility ID: FA025	2744	Facility Own	er ID: OW)153753
Care of:			City Code:			7.007.00
Postal Address (line 1):						
Postal Address (line 2): City:						,
Business Code:	Ducin	ana Trans	State: Zi	p:	Last HMIRR	RP:
		ess Type:		•		
GENERAL HEALTH Designated Employee (Ins	rector).		L PERMIT:			
Set Date of Last Billing as:	•	Mail to: for			,	
Program (PR) or Tank	Program	Current Status	Discount Code	effective		•
(TA) Record ID	Element		Discount Code	Permit S	tatus	Permit Type
PR0367934	2209	$\sqrt{}$				
			 			
						:
Create Special Program/Sur	charge Record	ds:			Other: PE(c)	
Create Special Program/Sur Permit is Valid from: WITCH:	charge Record	·	Permit is Valid to:		Other: PE(s)	
Permit is Valid from:		·		Program ID #		Account ID #
Permit is Valid from: WITCH: Owner 1		. P			Other: PE(s) Permit ID #	Account ID#
Permit is Valid from: WITCH: Owner 1	Name	Owner ID #	Facility ID #			Account ID#
Permit is Valid from: WITCH: Owner Nom: CCOUNTING:	Name	Owner ID #	Facility ID #			
Permit is Valid from: WITCH: Owner Nom: O: CCOUNTING: Execute Status:	Name Accou	Owner ID #	Facility ID #		Permit ID #	
Permit is Valid from: WITCH: Owner I Om: CCOUNTING: Ecount Status: Scal Adjustment Infori	Name Accou	Owner ID # nt ID: \(\sqrt{256} \) Set A/R M	Facility ID #	Program ID #	Permit ID # Bill/Rebil	l Now?
Permit is Valid from: WITCH: Owner Nom: CCOUNTING:	Accountains: Adjusted Am	Owner ID # Int ID: \(\lambda 25	Facility ID # Solution of the solution of the	Program ID#	Permit ID # Bill/Rebil	1 Now?
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Permit is Valid from: WITCH: Owner Prom: CCOUNTING:	Accountaion: Constant Adjusted Amarck all that appears Charge;	Owner ID # Owner ID # Int ID: \(\sum_{256} \) Set A/R M Ount: \(\sum_{919} \) Ownership Change	Facility ID # Facility ID # Ailing Code To: Invoice ID:	Program ID # $ \frac{322}{3933} = 31.5_{1}8 $ R; \square Refund;	Permit ID # Bill/Rebil	1 Now?
Permit is Valid from: WITCH: Owner Nom: CCOUNTING:	Accountaion: Constant Adjusted Amarck all that appears Charge;	Owner ID # Owner ID # Int ID: \(\sum_{256} \) Set A/R M Ount: \(\sum_{919} \) Ownership Change	Facility ID # Facility ID # Ailing Code To: Invoice ID:	Program ID # $ \frac{322}{3933} = 31.5_{1}8 $ R; \square Refund;	Permit ID # Bill/Rebil	1 Now?
Permit is Valid from: WITCH: Owner Mom: O: CCOUNTING: Ccount Status: Scal Adjustment Information of the Close Account; Delete Transfer Payment FROM Information of the Close in the	Accountain Accountain Adjusted America all that appropriate Charge;	Owner ID # Int ID: \(\lambda 25	Facility ID # Facility ID # All Invoice ID:	Program ID # 320	Permit ID # Bill/Rebill sted Amount:	1 Now? 24.00 S. Delinquency;
Permit is Valid from: WITCH: Owner Mom: O: CCOUNTING: count Status: scal Adjustment Information of the Close Account; Delete Transfer Payment FROM Information of the Close in the Close Account; Delete Transfer Payment FROM Information of the Close in the Close in the Close Account; Delete Transfer Payment FROM Information of the Close in the Clo	Accountable Accountable Accountable Accountable Accountable Adjusted American Adjusted American Accountable Accoun	Owner ID # Int ID: \(\lambda 25	Facility ID # Facility ID # AL BILL THIS C	Program ID # Adju 3973 = \$1.5.8 Refund;	Permit ID # Bill/Rebill sted Amount:	1 Now? 24.00 S. Delinquency;
Permit is Valid from: WITCH: Owner Mom: O: CCOUNTING: Ccount Status: Scal Adjustment Information of the Close Account; Delete Transfer Payment FROM Information of the Close in the	Accountain Accountain Accountain Accountain Adjusted American Adjusted American Accountain Adjusted American Accountain A	Owner ID # Int ID: \(\lambda 25	Facility ID # SC ailing Code To: Invoice ID:	Program ID # Adju 3973 = \$1.5.8 Refund;	Permit ID # Bill/Rebill sted Amount:	1 Now? 24.00 S. Delinquency;

SANTA CLARA COUNTY-DEPARTMENT OF ENVIRONMENTAL HEALTH **1555 BERGER DR, SUITE 300** SAN JOSE, CA 95112-2716 408-918-3400





RE: PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD 91BJ SAN JOSE, CA 95131

PHILIPS LUMILEDS LIGHTING CO COLE, MITCH 350 W. TRIMBLE ROAD SAN JOSE, CA 95131



Account Number

Date

AR1256561

8/24/06

Invoice ID

Facility ID

IN0882107

FA0252744

Amount

-\$24.00

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Program/ Element	Description		`				Amount
	Accoun	nt ID: AR1256561	Facility ID:	FA0252	2744			
08/24/06	2209	GENERATES 250 LUMILEDS LIGHTI			PR036793	34		\$ 19,866.00
08/24/06	9935	CREDIT ADJUSTM P/E CHANGED FR			M CHANGE	S		\$ -3,973.00
/ 11/20/06	9999	PAYMENT				•		\$ -15,893.00
11/20/06 ·	9999	P)AYMENT						\$ -24.00
					,	Total for	This Invoice:	\$ -24.00

Account Summary (Including This Invoice):

	1-30 Days	,	31-60 Days	,	61-90 Days	,	91-120 Days	-	121+ Plus	Amount Due
\$	-24.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$ -24.00

payable in the amount listed above. To avoid penalties, PAYMENT MUST BE RECEIVED BEFORE the expiration date of your existing permit or within 30 days from the invoice date.

HMCD Application oding and Computer In Lut Document (CID) (Information in Red Font Requires Data Entry) Modify Program(s)/Permit(s) ☐ Invoice Adjustment Add Program(s)/Permit(s) New Facility Facility Name: PHILIPS LUMILEDS LIGHTING CO City: San Jose 370 W. TRIMBLE RD. Site Address: Facility Owner ID: **OW0153753** Facility ID: FA0252744 **FACILITY:** City Code: Care of: Postal Address (line 1): Postal Address (line 2): Last HMIRRP: Zip: State: City: Business Type: **Business Code:** GENERAL HEALTH PROGRAM & GENERAL PERMIT: Designated Employee (Inspector): Mail to: effective for Set Date of Last Billing as: Permit Status Permit Type Discount Code Current Status Program (PR) or Tank Program (TA) Record ID Element PR0367934 2209 Create Special Program/Surcharge Records: Other: PE(s) Permit is Valid to: Permit is Valid from: **SWITCH:** Account ID# Facility ID# Program ID# Permit ID # Owner ID# Owner Name From: To: 256561 Bill/Rebill Now? Account ID: ACCOUNTING: Set A/R Mailing Code To: Account Status: Fiscal Adjustment Information: ___ Adjusted Amount: 3973 N Invoice ID: 多以入り「 Invoice ID: difference) (9866-3973 = \$ 15,893.W Reason(s) for Adjustment: (Check all that apply) Refer to DOR; Refund; Waive Delinquency; ☐ Close Account; ☐ Delete Charge; ☐ Ownership Change; ☐ Transfer Payment FROM Invoice ID TO Invoice ID

Other (describe): COMMENTS: BILL FOR \$15,893 SUPPLEMENTAL BILL THIS ONE TIME. Increased haz waste permit. mointaining same experation date of 6/30/07 Date: 8/23/2006

Prepared by: Michael Balliet

Lead/Manager Initials:

HMCD-027 - 1/1

Input by:

,	Clerical Req 3t
Sta	ff Name: M. Sumit Date:08 123/04
Ple	ase
	Process attached documents.
X	Make/label/te-label/file folder. A word whate
	Set ENVISION "Last HMIRRP" field as://
X	Return file folder to Staff.
<u></u>	Forward file folder to
	File in "Pending" file.
	File in active inventory file.
	File in closed storage file.
	File in closed generator file.
	Other (describe):
_	* Philips Lumileds Lighting Co. LLC
	in things with a strain of
нм	ICD-071 07/12/0

9 . .



Mitchell Cole <mitchell.cole@philips.com> 07/27/2006 06:10 AM

To michael.balliet@deh.co.santa-clara.ca.us

CC

bcc

Subject Generator Fee

This message has been replied to.

Mike,

Hey - looks like we're going over 250 tons for 2006. How does that change your fee structure... You guys are paid through the city I think...

Mitch Cole, Environmental Engineer

Philips Lumileds Lighting Company Tel 408-964-2562 Fax: 408-964-5358

Mobile: 408-592-3222

mitchell.cole@philips.com www.philipslumileds.com

BILL TO:

Philips Lumileds Lighting Company LLC Attn: Mitch Cole 370 West Trimble Road San Jose, CA 95131

SANTA CLARA COUNTY-DEPARTMENT OF ENVIRONMENTAL HEALTH 1555 BERGER DR, SUITE 300 SAN JOSE, CA 95112-2716 408-918-3400

INVOICE

RE: PHILIPS LUMILEDS LIGHTING CO 370 W TRIMBLE RD 91BJ SAN JOSE, CA 95131

PHILIPS LUMILEDS LIGHTING CO COLE, MITCH 350 W. TRIMBLE ROAD SAN JOSE, CA 95131



Account Number

Date

AR1256561

8/24/06

Invoice ID

Facility ID

IN0882107

FA0252744

Amount

\$ 15,893.00

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Program/ Element	Description			Amount
	Accour	nt ID: AR1256561 Facility ID: FA0252744	•		
08/24/06	2209	GENERATES 250 TO <500 TONS/YR LUMILEDS LIGHTING US LLC-HW PR0367934		\$	19,866.00
08/24/06	9935	CREDIT ADJUSTMENT FOR PROGRAM CHANGES P/E CHANGED FR 2208 TO 2209/DIFF		. \$	-3,973.00
			Total for This Invoice:	\$	15,893.00

Account Summary (Including This Invoice):

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	Amount Due
\$ 16,698.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,698.00

payable in the amount listed above. To avoid penalties, PAYMENT MUST BE RECEIVED BEFORE the expiration date of your existing permit or within 30 days from the invoice date.

HMCD Application Coding and Tracing Form

Facility Site Address: 370 W TRIMBLE RD

HMS STAF							
Business Code: ☐ 02 — Individual; ☐ 03 — Partnership; ☐ 04 — Local Agency; ☐ 05 — County Agency; ☐ 06 — State Agency; ☐ 07 — Federal Agency; ☐ 99 — Unknown City Code:	Create Special Program/Surcharge Records: □ 2399 – Tank Program Record - No Fee □ 2599 – General Storage Program Record - No Fee □ 5001 – State Hazardous Materials Service Fee □ 501# – State UST Service Fee, Tank(s) □ 5801 – State CalARP Service Fee						
$\boxed{ 01 - \text{Palo Alto};} \qquad \boxed{ 02 - \text{Los Altos};} \qquad \boxed{ 03 - \text{Los Altos Hills}}$							
□ 04 − Mountain View; □ 05 − Cupertino; □ 08 − Milpitas; □ 19 − Campbell; □ 10 − Saratoga; □ 11 − Los Gatos; □ 12 − Monte Sereno; □ 19 − Stanford; □ 14 − Morgan Hill; □ 21 − Moffett Field □ 20 − San Martin;	Permit/Invoice Timing: (If needed) Set Discount Code for month discount						
Business Type:	Set "Date of Last Billing" as:						
☐ 03 – HazMat Only; ☐ 08 – Multi-HazMat ☐ 10 – Multi-program	Set "Permit is Valid from" Date as: Set "Permit is Valid to" Date as:						
Designated Employee (Inspector) 1D: 10088	SUPPORT STAFF						
Program Element(s): 2201/2201							
	Owner ID: 0.0000153753						
Permit Status: ☐ 21 – Full, Ongoing Permit; ☐ 14 – Billed by County Fire	Multiple Owner ID:						
☐ 15 – Billed by Mountain View ☐ 16 – Billed by Milpitas ☐ 17 – Billed by Palo Alto ☐ 18 ☐ Billed by San Jose	Multiple Owner ID:						
	Facility ID: FA0252744						
Type of Permit: RE-Remanent Exempt	Program Record ID:						
Current Status:	Program Record ID:						
☐ 01 – Active; ☐ 02 – Inactive; ☐ 04 – Active;	Program Record ID:						
	Permit Record ID:						
Mail Correspondence To: ☐ 01 – Owner;	Permit Record ID:						
(Account Record ID:						
SWITCH							
	lity ID # Program ID # Permit ID # Account ID # 08988 / ARR0367957, ARR0371/042 Permit ID # Account ID #						
Switch EUMILEDS LIGHTING US LLC OW0153753 FA02	52744						
Comments:							
<u>DUMINEDS HAS TAKEN OVER THE PBR TREATMENT SYSTEM</u>	1.						
Sond to City	of S. J. Low William						
- ACTION TO COMP	P.E. 12261						
Prepared by: M.Balliet	Date: 20125 11/02/05						
Lead/Manager Initials: Date: 11/14/05	Input by: 10000 Date: DEC 0 5 2005						

HMCD Data Input Document and Adjustment Form

Effective Date: December 6, 2005

HMCD-107 - 1/1

Current Information:
Owner ID: 0W0153753 Facility ID: 0FA0252744
Program/Tank ID(s): AIEL
Facility Name LUMILEDS LIGHTING US LLC
Site Address: 370 W. TRIMBLE RD. SAN JOSE
Modify Information:
Owner: PHILIPS LUMILEDS LIGHTING COMPANY LLC Phone:
Facility: PHILIPS LUMILEDS LIGHTING COMPANY LLC
☐ Mailing / ☐ Billing Address:
Invoice "Care of" Contact Name: Change Designated Employee (Inspector) ID to:
Set A/R Mailing Code: A – Account Mailing Address F – Facility Mailing Address; O – Owner Mailing Address
Set Program "Mail to" Code to:
☐ Change PE to: ☐ Rebill Now ☐ Do Not Rebill
Set Current Status: \square 01 – Active, billable; \square 02 – Inactive \square 04 – Active, exempt from billing
Set Discount Code: 8880 – One Month Discount; 8881 – Two Month Discount; 8882 – Three Month Discount;
8883 – Four Month Discount; See See Month Discount; See See See Month Discount; See See See Month Discount; See See See See Month Discount; See See See See See See See See See Se
☐ 8886 – Seven Month Discount; ☐ 8887 – Eight Month Discount; ☐ 8888 – Nine Month Discount;
☐ 8889 – Ten Month Discount; ☐ 8890 – Eleven Month Discount.
Set "Date of Last Billing" as: effective
Set "Permit is Valid from" Date as: Set "Permit is Valid to" Date as:
Other (describe):
Fiscal Adjustment Information:
Account ID: Invoice ID: Adjusted Amount: \$
Reason(s) for Adjustment: (Check all that apply)
Close Account; Delete Charge; Ownership Change; Refer to DOR; Refund; Waive Delinquency;
Transfer Payment FROM Invoice ID TO Invoice ID
Other (describe):
Comments:
FACTUTITY/OWNERNAME CHANGE ONLY
Prepared by: M.Balliet Date: December 6, 2005
in Cor
Lead/Manager Initials: Date: 12-69 Input by: 10303 Date: Dat

Rev. 07/01/02

RECEIVED BY:
SANTA CLARA COUNTY
DEPT. OF ENV. HEALTH L U X E € N™

2005 DEC -2 PM 12: 21

CERTIFIED MAIL ARTICLE NUMBER: 7099 3400 0016 2568 6242

December 1, 2005

U.S. EPA Region 9 RCRA Notifications 75 Hawthorne Street San Francisco, CA 94105

Subject: Company Name Change: EPA ID# CAR 000 058 081

Dear Sir:

Enclosed is the Subsequent Notification of Regulated Waste Activity associated with the operations at 370 West Trimble Road, San Jose, California.

Lumileds Lighting US LLC is changing its name to Philips Lumileds Lighting Company LLC. This change is due to the shift of ownership. Previously, Lumileds Lighting U.S. LLC was a joint venture between Agilent Technologies and Philips Lighting. Agilent divested itself from the relationship and sold its portion to Philips Lighting.

Philips is now the complete owner of the company resulting in the name change.

All operations, personnel, PBR waste treatment and generator activities will remain the same

If you have any question, please contact me at 408-435-4205.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

cc: Michael Balliet

CUPA County of Santa Clara 1555 Berger Drive, Suite 300 San Jose, CA 95112-2716



HMCD Data Input Document and Adjustment Form

Effective Date: 1/29/63
Current Information:
Owner ID: Facility ID: 252744
Program/Tank ID(s):
Facility Name: Lumileds Lighting
Site Address: 370 W. Trimble Rd, San Jose
Modify Information:
Owner:Phone:
Facility:
Mailing / Billing Address:
Invoice "Care of" Contact Name: Change Designated Employee (Inspector) ID to:
Set A/R Mailing Code: A - Account Mailing Address F - Facility Mailing Address; O - Owner Mailing Address
Set Program "Mail to" Code to: [] F - Facility Mailing Address; [] O - Owner Mailing Address
Change PE to: Rebill Now Do Not Rebill
Set Current Status: 01 - Active, billable; 02 - Inactive 04 - Active, exempt from billing
Set Discount Code: 8880 - One Month Discount; 8881 - Two Month Discount; 8882 - Three Month Discount;
☐ 8883 - Four Month Discount; ☐ 8884 - Five Month Discount; ☐ 8885 - Six Month Discount;
☐ 8886 - Seven Month Discount; ☐ 8887 - Eight Month Discount; ☐ 8888 - Nine Month Discount;
8889 – Ten Month Discount;
Set "Date of Last Billing" as: effective
Set "Permit is Valid from" Date as: Set "Permit is Valid to" Date as:
Other (describe): Transfer PR 365828 P.E. 5801 & PR 372265 P.E. 235
Other (describe): Transfer. PR 365828 P.E. 5801 & PR 373265 P.E. 235 into FA 252744 from FA 208988
riscal Aujustment information:
Account ID: Invoice ID: Adjusted Amount: \$
Reason(s) for Adjustment: (Check all that apply)
☐ Close Account; ☐ Delete Charge; ☐ Ownership Change; ☐ Refer to DOR; ☐ Refund; ☐ Waive Delinquency;
Transfer Payment FROM Invoice ID TO Invoice ID
Other (describe):
<u>Comments</u> :
Prepared by: Nicole Pullman Date: 1/29/03
Lead/Manager Initials: Date: 1-3(-03 Input by: Date:
HMCD-107 - 1/1

Rev. 07/01/02

	Facility [FA0252744 ²	LUMILEDS LIGHTIN	susu(c)	Z314 N4 A					괴쇠
f	Facility ID FA0252744	Facility Owner ID	XW0153753	LUMILEDS	LIGHTING BV			<u>C</u> o-Ovvner	rs
C	Pross Ref	Property Owner ID	Į.					<u>Em</u> ergenc	.y
	ag a çölümn header herell	San Salita de Salara		TY/ 412 4	1000		generalises		
	Description		Record ID	Facility ID	Program Identifier	State Site ID	Transaction Code	Local Site ID	Co
1	GENERATES 50 TO <250	TONS/YR	PR0367934	FA0252744			N		CO
[[STATE HAZARDOUS MAT	TERIALS SERVICE FEE	PR0367935	FA0252744			N		co
F	PERMIT BY RULE (PBR)		PR0367953	FA0252744			N		co
F	PERMIT BY RULE (PBR)		PR0367954	FA0252744			N		со
(CONDITIONALLY AUTHOR	RIZED (CA)	PR0367955	FA0252744			N		co
			·						
1	Location & Utility/Classi	ilication 4 Onsite Trea	tment Informati	ion (User-Du	efined Fields 🔪 Proc	gams & Complain	its & Tanks & Servi	ice Requests	<u>)</u>

HMCD APPLICATION CODING

<u>STAFF</u>		SUPPORT STAFF
Business Code _	01	Owner ID
Hazardous Categ	gory	Case #
City Code	13	Facility ID
Business Type _	64	Census Tract
Employee ID	4760	Program Record ID
Program Elemen	t (P/E) <u>2208</u>	Permit Record ID
Permit Status	50	Account Record ID
Type of Permit _	P	Invoice Number
Current Status	01	
Mail Correspond	ence To <i>DQ</i>	
•		
Business Code:	•	ual, 03-Partnership, 04-Local Agency, te Agency, 07-Federal Agency, 99-Unknown
Hazard Cat:		ammable Liquids, 4-Flammable Solids, bisons, 7-Radioactive Materials, 8-Corrosives, 9-ORM
City Code:	06-Sunnyvale, 07-Santa Cla 11-Los Gatos, 12-Monte Se	03-Los Altos Hills, 04-Mountain View, 05-Cupertino, ira, 08-Milpitas, 09-Campbell, 10-Saratoga, reno, 13-San Jose, 14-Morgan Hill, 15-Gilroy, at-large, 18-Out-of-County, 19-Stanford, 20-San Martin,
Business Type:	*	-Hazardous Materials, 04-Hazardous Waste Gen, 07-Medical Waste, 08-Multi-Hazardous Materials, rams, 99-Unknown
Permit Status:	02-Inactive permit, 08-Tank	removed, 10-Full permit, 21-Active, 50-New permit
Type of Permit:	P-Permanent, PE-Exempt	
Current Status:	01-Active, 02-Inactive, 03-	Temporarily inactive, 04-Active, exempt from billing -
Mail To:	01-Owner, 02-Facility	

Revised 8/26/97SG



UNDERGROUND STORAGE TANK OPERATING PERMIT

Issued to: (Check One) OWNER OPERATOR SJFD Inspector Randolph Issued Date: 6/10/2007 Expiration Date: 6/10/2012 THIS PERMIT MUST BE KEPT AT THE UST LOCATION AT ALL TIMES AND RENEWED PRIOR TO THE EXPIRATION DATE. THE PERMITTEE MUST NOTIFY THE SAN JOSE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY CHANGES TO THE PERMIT OR SYSTEMS, UNLESS REQUIRED TO OBTAIN APPROVAL BEFORE MAKING THE CHANGES. **Financial** CFO Letter + Active Tanks: 1 State Fund (Recertification required annually) Responsibility: Operator: Philips Lumileds Lighting Owner: (if different) Address: 00350 W TRIMBLE **B90** Address: 350 W TRIMBLE RD. Zip: SAN JOSE, CA 95131-1096 OPERATING CONDITIONS This operating permit is granted subject to the following conditions: o Comply with all applicable State UST requirements contained in the California Code of Regulations, Title 23, Division 3, Chapters 16 &18, the California Health & Safety Code, Division 20, Chapters 6.7 and 6.75, and all applicable local requirements. o Call 911 in the event of an emergency involving the underground tank. Report any unauthorized releases to the environment to the Hazardous Materials Division of the San Jose Fire Department within 24 hours after the release has been detected or should have been detected. o Comply with the approved routine monitoring procedures and emergency response plan which are in the current approved Hazardous Materials Management/Business Plan. o Provide annual maintenance and calibration of monitoring system(s). Maintenance records shall be kept on site or available upon request. Maintain monitoring and maintenance records on site or available for review upon request for 3 years. o Perform SB 989 Secondary containment testing every 36 months. Perform Designated UST Operator Inspections each month. Tank I.D. # 43-060- 402739 - 0000 - 6 Tank Information Date Installed: 10/1/91 Spill Cont. Installed. Tank Leak Detection: Tank Capacity (gallons): 12,000 Overfill Protection Installed Frequency: Continuous Contents: Diesel Monitoring System Gilbarco Method: Interstitial Monitor Construction: **Double Walled** Tank Material: Fiberglass Piping Information System Type: Suction Construction: Double Walled Piping Material: **Fiberglass** Auto Shutdown: yes

Interstitial Monitor yes

Secondary

Monitor System Gilbarco Model

Other 🖟

Freq. Continuous

Leak Detection

Primary

ine Leak Detector N/A

onitor System



February 22, 2008

Philips Lumileds Lighting Company Attn: Mr. Mitch Cole 370 W. Trimble Road San Jose, CA 95131

Re: UST Operating Permit for 350 W. Trimble Road

Dear Mr. Cole:

Enclosed is the operating permit for the underground storage tank (UST) at the above address. Pursuant to Section 25284 of Chapter 6.7 of the California Health & Safety Code, the local agency shall issue an operating permit to the owner or operator of an underground storage tank system. When the operator is not the owner of the tank, the permitee shall ensure that the owner is provided with a copy of the permit.

This permit shall apply to and requires compliance with all applicable state and local UST regulations. A copy of this permit and all conditions and attachments, including monitoring plans, shall be retained at the facility. As a condition of the permit to operate a UST, the permitee shall notify the local agency of any changes in the usage of the UST, including the storage of new hazardous substances, changes in monitoring procedures, and if there has been any unauthorized release from the UST.

Please verify that the information on the permit is correct. There are no additional fees for this permit as this permit fee is already included in the Hazardous Materials Storage Permit issued for this site.

If you have any questions, please contact me at (408) 277-8744.

Respectfully,

Michael Randolph,

Hazardous Materials Inspector San Jose Fire Department

Michael Randolph





PHILIPS

2012 MAR 26 PM 2: 19

Philips Lumileds Lighting Company

370 West Trimble Road San Jose, California 95131

March 22, 2012

Mr. Ric Gatdula
County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division
1555 Berger Drive, Suite 300
San Jose, CA 95112-2716

Mr. Gatdula

This letter is in response to the Official Notice of Inspection from 2/29/12. Specifically: "G112: Observed eye wash station and safety showers in the fab area and service area not inspected on a monthly basis. Implement a monthly inspection. Must be tested and maintained as necessary to assure its proper operation."

The shower/eyewash stations in the fab were inspected on a monthly basis and simply weren't yet completed for the month of February. This is a task which is scheduled to occur near the end of every month as you can see in the inspection tag. 2/29 was the day of the County inspection and the shower/eyewash inspection was conducted that afternoon per the specified process.



The shower/eyewash inspections in the hazardous waste areas were overlooked due to a misunderstanding between Philips and the third party facilities contractor. Because







Date: 3/22/2012

Page 2

that storage area is in the Avago service yard area – their understanding was that this wasn't an area in their scope.

The immediate solution was to inspect the shower/eyewash equipment. This was completed on 3/8/12 once the new tags arrived. The longer term solution was to include these missed shower/eyewash stations into the written inspection program for our facilities contractor. This process specification with maps, locations and identification numbers was completed on 3/19/12.

As a verification process, the hazardous waste container and area weekly inspection form has now specifically included the check of the inspection dates on the emergency equipment located in the area. This includes the shower/eyewash stations, fire extinguishers and fixed extinguishing systems for the storage bunkers. These inspections are conducted by Philips personnel.

Please let me know if you have any questions. I can be reached by email at mitchell.cole@philips.com or at (408) 964-2562.

Sincerely,

Mitch Cole

Environmental Engineer

enclosure

County of Santa Clara Department of Environmental Health

€2044 REV 8/06

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PE	SC	Time
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

OFFICIAL NOTICE OF INSPECTION	N
Facility Name: PHILIPS LUMILED LIGATING	Inspection Date: 2 / 29/2012
Site Address: 370 W. TRIMBLE RD SONJE	Employee No.:
Contact Person(s): Mitch Cole	Samples Taken Photographs Taken
Inspection Type: Hazardous Materials Storage Hazardous Waste Generator HazMat Business Plan Underground Storage Tank A/G Storage Tank (SPCC Plan) Toxic Gas	Hazardous Waste Generator Type: ☐ < 1,000 Kg./mo. ☐ CESQG ☐ Satellite Only ☐ Silver Only ☐ N/A
VIOLATIONS: Codes noted below in the "Violation Codes" column represent specific violations of State law and attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement of the facility may be subject to reinspection at any time. Consent to Inspect Given By:	or local Ordinance. These codes are defined in the at action by this Department or other agencies.
Summary of Violations, Notice to Comply,	Corrective Actions
Codes Observations, and Required Corrective Actions	Taken
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be sie Duiglement a want	21 3/27/17
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Mi Martine observed.	
	25404 1 2(a)(1) of
All violations must be corrected within 30 days of the inspection date unless noted othe California Health and Safety Code (HSC) requires that you write a brief description of the chis facility into compliance and submit it to HMCD within 5 days of achieving compliance whichever comes first. (Note: Detailed instructions on actions you must take are printed on the	corrective actions you have taken to bring or within 35 days of the inspection date,
Received by: Inspected by:	Entered by:
Certification: I certify under penalty of perjury that this facility has complied with directive	
Signature of Owner/Operator: Title: Environme FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.	ental Eng. Date: 3/22/12
HMCD-014 - 1/2 Page 1 of	Rev. 07/26/06

THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or — for those violations which are impossible to correct within 30 days — propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the NOI. Your description of corrective actions taken, along with your signed certification of the NOI and any required supporting documents, will serve as your written response to this Notice to Comply. Your response must be mailed to Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716. The effective date of the certification that any violation has been corrected is the date that it is postmarked.

What Does the Information in Each Column Mean?

Violation Code: Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions: Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

Corrective Actions Taken: This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be returned to HMCD. The pink copy is for your records.

What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why you believe the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this NOI to dispute violations.

What About Photographs or Samples Taken During the Inspection?

If samples were taken, split samples will be given to you upon request. Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

[°] Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.

[°] Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.

[°] Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.

[°] Per HSC §\$25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.

Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

Table 1: Hazardous Waste Tanks

Tank No.	Description	Description Contents Capacity (gal) Tank Material/Shape Installation Date Containment Dimensions NS-1=Acid Rinse Waste Treatment System		Location at Facility	High Level Alarm?			
			NS-1=		ystem		F-2	
		. .		Fiberglass Reinforced			Building 91	
W18a	Corrosive Wastewater	Acid Waste Transfer	508	Plastic (FRP)	1981	9.5' x 19.67' x 1.831'	basement	No
		İ . İ					Building 91	
W18b	Corrosive Wastewater	Acid Waste Transfer	2,159	FRP	1981	9.5' x 19.67' x 1.831'	basement	No
		Acid Waste			1070	l	Service	1
W28	Corrosive Wastewater	Treatment	5,000	FRP/Conical	1978	Note 1	Building 90	No
W20	Marka	Acid Waste	F 000	EDD/Cariaal	1070	Note 1	Service Building 90	No
W29	Wastewater	Treatment	5,000	FRP/Conical	1978	Note 1	Building 90	INO
W30a	Corrosive Wastewater	Acid Waste Transfer	520	Polypropylene/Cylindrical	1977	55' x 13' x 0.5'	basement	No
WSUa	Corrosive Wastewater	Acid Waste Hallstel	320	Polypropylette/Cylindical	13//	33 X 13 X 0.5	Building 90	110
WZOL	Carrosiva Wastowater	A sid Wasta Transfor	1 050	Stool/Dostangular	1977	55' x 13' x 0.5'	1	No
W30b	Corrosive Wastewater	Acid Waste Transfer	1,850	Steel/Rectangular	19//	22 Y 12 Y 02	basement Building 91	INO
W31	Corrosive Wastewater	Acid Waste Transfer	470	FRP/Conical	UNK	15' x 8.5' x 1.831'	basement	No
4421	Corrosive Wastewater	Acid Waste Hallster		drofluoric Acid Waste Treatme		13 X 8.5 X 1.651	Dasement	1 110
	T	1	MPU-1-ITY	I	I System		Building 91	1
	HF Acid Waste Holding						bunker	
W8 a	Tank	HF Acid Waste	520	FRP/Cylindrical	1981	21' x 14.5' x 17'	outdoors	Yes
woa	Talik	TII Acid Waste	320	T RF /Cylindical	1301	21 × 14.5 × 17	Building 91	103
	HF Acid Waste Holding						bunker	
W8b	Tank	HF Acid Waste	6,000	FRP/Cylindrical	1981	21' x 14 .5' x 17'	outdoors	Yes
	Calcium Fluoride	THE PROPERTY OF THE PROPERTY O	0,000	110 /eyimanear	1701	(58.83' x 10.5' x 0.042')	Service	
W9	Sludge's	Sludge Tank	2,600	FRP/Conical	1981	+ (9.42' x 15.3' x 0.42')	Building 90	·No
***	Industrial Sludge with	Studge Fulls	2,000	Tita /conicui	1301	(58.83' x 10.5' x 0.042')	Service	
W10	suspended C aF2	Całcium Fluoride	2600	FRP/Conical	1981	+ (9.42' x 15.3' x 0.42')	Building 90	No
	Industrial Sludge with					(58.83' x 10.5' x 0.042')	Service	ì
W14	suspended CaF2	Calcium Fluoride	5,600	FRP/Conical	1981	+ (9.42' x 15.3' x 0.42')	Building 90	Yes
	<u> </u>	Hydrated Lime Slurry				(58.83' x 10.5' x 0.042')	Service	1
W15	Lime Sludge	Mix	300	FRP/Conical	UNK	+ (9.42' x 15.3' x 0.42')	Building 90	No
	1		·			· · · · · · · · · · · · · · · · · · ·	Building 91	
W24	Slurry Tank	Slurry	100	Polyethylene	UNK	24.7' x 19.7' x 0.5'	Slurry Room	No
		HF Acid Waste				(58.83' x 10.5' x 0.042')	Service	
W26	Decant Tank	Treatment	250	FRP/Conical	1981	+ (9.42' x 15.3' x 0.42')	Building 90	No
	•	•	Sol	ent Waste Accumulation Sys	tem			
	1	Isopropyl			I		Building 91	Т
	Lumileds-Flammable	Dodec ylbenze nes ulfo			1		bunker	1
W2	Liquid	nic acid	200, 1	Steel/Honzontal Cylinder	1991	21' x 17' x 17'	outdoors	Yes
							Building 91	1
	Lumileds-Flammable	Acetone,			1		bunker	1
W3	Liquid	Hydrochloric Acid	200,1	Steel/Honzontal Cylinder	1991	21' x 17' x 17'	outdoors	Yes
							Building 91	
	Lumileds-Flammable	Acetone,		,			basement,	
W6	Liquid	Hydrochloric Acid	150	FRP/Cylinder	1991	9.5' x 5.5' x 0.5'	Room 1 BP8	Yes
							Building 91	
	Lumileds-Flammable	Acetone,					bunker	
W16	Liquid	Hydrochloric Acid	718	Steel/Vertical Cylinder	1989	21' x 17' x 17'	outdoors	Yes

Project Number: 3120100082 - Revision: C

Philips Lumileds Lighting Company, LLC - Hazardous Waste Tank Systems Assessment

Tank No.	Description	Contents	Tank Material/Shane		Installation Date	Secondary Containment Dimensions	Location at Facility	High Level Alarm?
				Avago pH Neutralization				
Avago pH W32 Neutralization		Acidic Wastewater	2482	FRP	No Date (2008)	Note 1	Service Building 90	Yes

NA=Not Applicable UNK=Unknown

Note 1 – Building 90 and the below grade central sump system provide containment for these tanks.

Project Number: 3120100082 - Revision: C Attachment One

Philips Lumileds Lighting Company, LLC - Hydrofluoric Acid Waste Tanks and AWN Transfer Tank Assessment

Table 1: Tanks

Tank No.	Description	Contents	Capacity (gal)	Tank Material - Shape	Installation Date	Secondary Containment Dimensions	Location at . Facility	High Level Alarm ?
W7A	HF Acid Waste Holding Tank	HF Acid Waste	1200	FRP/Cylinder	1978	(54.58' x 13.45') + (44' x 11.3') + (23.74' x 11.7') - 5-1/2" Curb	Building 90 basement	Yes
W7B	HF Acid Waste Holding Tank	HF Acid Waste	1200	FRP/Cylinder	1978	(54.58' x 13.45') + (44' x 11.3') + (23.74' x 11.7') - 5-1/2" Curb	Building 90 basement	Yes
W7C	HF Acid Waste Holding Tank	HF Acid Waste	1200	FRP/Cylinder	1978	(54.58' x 13.45') + (44' x 11.3') + (23.74' x 11.7') - 5-1/2" Curb	Building 90 basement	Yes
W7D	HF Acid Waste Holding Tank	HF Acid Waste	1200	FRP/Cylinder	1978	(54.58' x 13.45') + (44' x 11.3') + (23.74' x 11.7') - 5-1/2" Curb	Building 90 basement	Yes
NS-2	Industrial Wastewater	Acidic Wastewater	4800	FRP/Vertical Cylinder	1978	(54.58' x 13.45') + (44' x 11.3') + (23.74' x 11.7') - 5-1/2" Curb	Building 90 basement	Yes

Note 1 – Building 90 and the below grade central sump system provide containment for these tanks.

Project Number: PRJ3620110059 - Revision: A

County of Santa Clara Department of Environmental Health

€ 2044 REV 8/06

Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300 San Jose, CA 95112-2716 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

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		4	111	200	~ `	- 0			1 - 44-78	# 1 1/m

OFFICIAL NOTICE OF INSPECTION	
Facility Name: PHILIPS LUMIUPO LIGITHUE	Inspection Date: 2/201/2012
	Employee No.:
Contact Person(s): Mitch Cole	Samples Taken Photographs Taken
Inspection Type: Hazardous Materials Storage Hazardous Waste Generator HazMat Business Plan Underground Storage Tank A/G Storage Tank (SPCC Plan) Toxic Gas	Hazardous Waste Generator Type: ☐ < 1,000 Kg./mo. ☐ ≥ 1,000 Kg./mo. ☐ CESQG ☐ Satellite Only ☐ Silver Only ☐ N/A
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Violation Codes Observations, and Required Corrective Actions	Corrective Actions Taken
GIIZ Observed tye wash Station	
and Safety showers in ne	
Fab Arla and Service are	
ust uspected on a month	ly
in this I am the loss and	1
and invained is ne unany	
to assure its proper operation	
PAR isreilin conducted no	
Violatins obsured.	
All violations must be corrected within 30 days of the inspection date unless noted otherw. California Health and Safety Code (HSC) requires that you write a brief description of the corrections facility into compliance and submit it to HMCD within 5 days of achieving compliance, or whichever comes first. (Note: Detailed instructions on actions you must take are printed on the results of the control of the corrections.)	rective actions you have taken to bring within 35 days of the inspection date,
Received by: Mispected by:	Entered by:
Certification: I certify under penalty of perjury that this facility has complied with directives.	specified in this Notice to Comply.
Signature of Owner/Operator: Title:	Date:/
FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY. HMCD-014 - 1/2 Page 1 of	Rev. 07/26/06

THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

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Violation Code: Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions: Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

Corrective Actions Taken: This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be returned to HMCD. The pink copy is for your records.

What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why you believe the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this NOI to dispute violations.

What About Photographs or Samples Taken During the Inspection?

If samples were taken, split samples will be given to you upon request. Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

- ° Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- ° Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- o Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- ° Per HSC §\$25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

I INDAMI	TOATIO	N			Page of
I. IDENTIF			DATE 100.	ENDRIGDITE	101.
FACILITY ID # (Agency Use Only)		BEGINNING	DATE 100.	ENDING DATE	101.
		01/01/2011		12/31/2011	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3 BUSINESS		102.
Philips Lumileds Lighting Company LLC			(408) 96	4-5300	
BUSINESS SITE ADDRESS					103.
370 West Trimble Road				-	
CITY	10)4. CA	ZIP CODE		105.
San Jose		CA	95131		
DUN & BRADSTREET		106.	SIC CODE (4 dig	it #)	107.
12-499-8217			3674		
COUNTY					108.
Santa Clara					
BUSINESS OPERATOR NAME		109.	BUSINESS OPER	RATOR PHONE	110.
Philips Lumileds Lighting Company LLC		į	(408) 964-530	0	
II. BUSINES	S OWNI	ER			
OWNER NAME		111.	OWNER PHONE	,	112.
Philips Lumileds Lighting Company LLC		ŀ	(408) 964-530	0	
OWNER MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·			113.
370 West Trimble Road					
CITY	114.	STATE	115.	ZIP CODE	116.
San Jose		CA		95131	
III. ENVIRONME	NTAL CO				
CONTACT NAME		117.	CONTACT PHO?	NE	118.
Mitch Cole			408-964-2562		
CONTACT MAILING ADDRESS			.00 /01 2002		119.
370 West Trimble Road					
CITY	120.	STATE	121.	ZIP CODE	122.
San Jose		CA	1	95131	
-PRIMARY- IV. EMERGENO	TV CONT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-SECONDARY	7_
NAME 123.	NAME	HCIS		- SECONDAKI	128.
White					
Mitch Cole TITLE	Dan Jano	WSK1		······································	129.
11122	TITLE	3.7			129.
Environmental Engineer BUSINESS PHONE 125.		Manager			130.
BOSINESSTITONE	BUSINESS				130.
408-964-2562	408-964-				121
24-HOUR PHONE* 126.	24-HOUR			•	131.
408-964-5300	408-964-	5300			
PAGER #	PAGER#				132.
408-592-3222	n/a				
ADDITIONAL LOCALLY COLLECTED INFORMATION:					133.
Property Owner: Philips Lumileds Lighting Company LLC			Phone No.: 4	08-964-5300	
Billing Address: 370 West Trimble Road, San Jose, California 95	131				
Certification: Based on my inquiry of those individuals responsible for obtaining the am familiar with the information submitted and believe the information is true, accurately			nder penalty of law	that I have persona	lly examined and
SIGNATURE OF OWNER PERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCU	MENT PREPARER	135.
A LINE TO THE REAL PROPERTY OF THE PARTY OF	ا ين	1,-2011	1		
NAME OF SIGNED (Frint) 136.	7-14	F SIGNER	Mitch Cole		137.
			cc		157.
Jan Bouten/	Chief I	Financial Of	fficer		

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

Page of											f				
	I. FACILI	TY ID	ENTIFICAT	TION											
BUSINESS NAME (Same as FACILITY NAME of	- '	FACII	JTY ID#												1.
Philips Lumileds Lighting, Compa	ny LLC										ļ	oxdot			
		П. SŢ	ATUS												
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all	that app	ly)												601.
a. Amended	a. Facility Permit			□ d.											
☐ b. Initial ☐ c. Renewal (PBR Only)	b. Interim Status c. Standardized Permit			∐ e.	Cons	sent Ag	greeme	nt							
III. NUMBER OF UNITS AT FACILITY (Indicate the number of units you operate in each tier. Attach one unit notification page for each unit except CE-CL)															
(Indicate the number of units you operate in each tier. Attach one unit notification page for each unit except CE-CL) A. Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)											602.				
	cified Wastestream (CESW)			J		,									
C Conditionally Authorized ((CA)														
D. 2 Permit by Rule (PBR)															
E Conditionally Exempt – Li	mited (CEL)														
F Conditionally Exempt Con	nmercial Laundry (CE-CL) (No	o unit pag	ge is required for	r laundri	es.)										
G. 2 TOTAL UNITS (Must equ	al the number of unit notificatio	n pages a	attached plus the	number	of C	E-CL ı	inits.)								
•	IV. CERTIFIC	CATIO	N AND SIG	NATU	RE							•			
Waste Minimization - I certify that I have economically practicable and that I have so future threat to human health and the environment.	elected the practicable method of														
<u>Tiered Permitting Certification</u> - I certify regulations for the indicated permitting tie attachments were prepared under my direct information submitted. Based on my inquinformation is, to the best of my knowledge	r, including generator and second ion or supervision in accordanc uiry of the person or persons	ndary co e with a who ma	ntainment requi	rements.	I ce	rtify u t quali	nder p fied pe	enal ersor	ty o:	f law t proper	hat ti	his do ther a	ocun and e	nent ar evaluat	nd all te the
I am aware that there are substantial penalti	es for submitting false informati	ion, inclu	ding the possibi	lity of fir	nes ar	id impi	risonm	ent	for k	nowin	g vio	ation	s		
SIGNATURE OF OWNER/OPERATOR		DAT	E 4- Je	l . 2	201	//									603.
NAME OF OWNER OPERATOR	604.	TITL	E OF OWNER/	OPERA	TOR										605.
Jan Bouten		Chie	f Financial C	Officer											
REQUEST FOR SHORTENED REVIEW	PERIOD (CE and CA only)	□ ?	es 🛭 No												
State Reason for Request:															
												<u></u>			
	V. ATTACHI	MENT	S (Check if a	ttached	d)										
ALL tiers except CE-CL (Laundries) must s			PBR ONLY												
☐ 1. One unit specific notification page and one treatment process page per unit ☐ ☐ 1. Tank and container certifications, if required															
□ 2. Plot Plan (or other grid/map)			 □ 2. Notification of local agency or agencies □ 3. Notification of property owner, if different from business owner 												
DDD & CA ONI V			3. Notifica	uon ot p	ropei	ty owr	ier, if (11110	rent	irom t	ousine	ss ow	vner		
PBR & CA ONLY: ☑ 1. Closure Financial Assurance (former	ly DTSC form 1222\														
Self Certified (< \$10,000)	• /														
2. Prior Enforcement History, if application															

03-Apr-2009 09:52 AM Ba pf America 570-330-4025



BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: MARCH 30, 2009

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68026017

APPLICANT REFERENCE NUMBER: PNASS

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

BENEFICIARY
COUNTY OF SANTA CLARA DEPARTMENT OF
ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS COMPLIANCE
DIVISION

APPLICANT
PHILIPS LUMILEDS LIGHTING COMPANY
LLC
370 WEST TRIMBLE RD
SAN JOSE, CA 95131

1555 BERGER DRIVE, SUITE 300 SAN JOSE, CA 95112-2716

TRUCOMA

NOT EXCEEDING USD 175,000.00 NOT EXCEEDING ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
APRIL 1, 2010 AT OUR COUNTERS

DEAR SIR OR MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68026017 IN YOUR FAVOR AT THE REQUEST AND FOR THE ACCOUNT OF PHILIPS LUMILEDS LIGHTING COMPANY LLC, FOR THE PHILIPS LUMILEDS LIGHTING COMPANY FACILITY LOCATED AT 370 WEST TRIMBLE ROAD, SAN JOSE, CA 95131, UP TO THE AGGREGATE AMOUNT OF ONE HUNDRED SEVENTY FIVE THOUSAND AND 00/100 U.S. DOLLARS (\$175,000.00) AVAILABLE UPON PRESENTATION OF:

- 1. YOUR SIGHT DRAFT BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 68026017, AND
- 2. YOUR SIGNED STATEMENT READING AS FOLLOWS:
 "I CERTIFY THAT THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO
 REGULATIONS ISSUED UNDER AUTHORITY OF THE CALIFORNIA HAZARDOUS
 WASTE CONTROL LAW."

WE ARE INFORMED THAT AN OWNER OR OPERATOR WHO USES A LETTER OF CREDIT TO SATISFY THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8, AND CHAPTER 45, ARTICLE 1, SHALL ALSO ESTABLISH A STANDBY TRUST



BANK OF AMERICA - CONFIDENTIAL

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68026017

AGREEMENT.

EACH DRAFT SHALL BE MARKED: "DRAWN UNDER BANK OF AMERICA, N.A. STANDBY LETTER OF CREDIT NO. 68026017 DATED MARCH 27, 2009".

EACH DRAFT SHALL ALSO BE ACCOMPANIED BY THE ORIGINAL OF THIS LETTER OF CREDIT UPON WHICH WE MAY ENDORSE OUR PAYMENT.

THIS LETTER OF CREDIT IS EFFECTIVE AS OF APRIL 1, 2009 AND SHALL EXPIRE ON APRIL 1, 2010, BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF ONE YEAR ON APRIL 1, 2010 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE, WE NOTIFY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY BY CERTIFIED MAIL THAT WE HAVE DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND PHILIPS LUMILEDS LIGHTING COMPANY, AS SHOWN ON THE SIGNED RETURN RECEIPTS.

WHENEVER THIS LETTER OF CREDIT IS DRAWN ON UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US, AND WE SHALL DEPOSIT THE AMOUNT OF THE DRAFT DIRECTLY INTO THE STANDBY TRUST FUND OF PHILIPS LUMILEDS LIGHTING COMPANY IN ACCORDANCE WITH YOUR INSTRUCTIONS.

WE CERTIFY THAT THE WORDING OF THIS LETTER OF CREDIT IS IDENTICAL TO THE WORDING SPECIFIED IN CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 66264.151, SUBSECTION (D) AND IS BEING EXECUTED IN ACCORDANCE WITH THE REQUIREMENTS OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 4.5, CHAPTER 15, ARTICLE 8 AND SECTION 67450.13 ON THE DATE SHOWN BELOW.

THIS CREDIT IS SUBJECT TO THE MOST RECENT EDITION OF THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS, PUBLISHED AND COPYRIGHTED BY THE INTERNATIONAL CHAMBER OF COMMERCE PARIS, FRANCE, PUBLICATION 600 (2007 REVISION).

BANK OF AMERICA, N.A.

AUTHORIZAD SIGNATURE JOHN YZEIK, AVP

JOHN YZEIK, AVP MARCH 30, 2009

UNIFIED PROGRAM CONSOLIDATED FORM RECEIVED BY: FACILITY INFORMATION DEPT. OF ENV. HEALTH

BUSINESS ACTIVITIES

FACILITY IDENTIFICATION Learning to the company Learning Company		<u> </u>	FER II DH 2. 20
Philips Lumileds Lighting Company 1. ACTIVITIES DECLARATION NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730). The please submit the Business Owner/Operator Identification page (OES Form 2730). The please submit the Business Owner/Operator Identification page (OES Form 2730).			Page 1 of
PACILITY ID#	I. FACILITY IDENT	TIFICATION	
Philips Lumileds Lighting Company II. ACTIVITIES DECLARATION NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730). Does your facility A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solds, 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 35, 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? B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate and the subject to financial assurance requirements (for Permit by Rale and Conditional Authorization)? C. ABOVE GROUND PETROL EUM STORAGE TANKS (ASTs) Own or operate ACTs above these thresholds: —any tank capacity for the facility is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste on site? D. HAZARDOUS WASTE 1. Generate hazardous waste on site? D. HAZARDOUS WASTE 1. Treat hazardous waste on site? D. HAZARDOUS WASTE 1. Treat hazardous waste on site? D. HAZARDOUS WASTE 1. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? D. Consolidate hazardous waste generated at a remote site? D. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?		1. EPA II	
NOTE: fyou check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).	BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)		3.
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730). Does your facility			
Dease submit the Business Ówner/Operator Identification page (OES Form 2730). Does your facility A. HAZARDOUS MATERIALS 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 thresholds: 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? B. UNDERGROUND STORAGE TANKS (USTS) B. UNDERGROUND STORAGE TANKS (USTS) C. Intend to upgrade existing or install new USTs? District of the proper closing a UST? C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ——any tank capacity is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or ——the total capacity for the facility is greater than 60 gallons, or —			
Does your facility A. HAZARDOUS MATERIALS A. HAZARDOUS MATERIALS A. HAZARDOUS MATERIALS A. HAZARDOUS MATERIALS 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 CTR 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? B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST? C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: —any tank capacity for the facility is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat mazerdous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? If Yes, please complete these pages of the UPCF HAZARDOUS MASTE HAZARDOUS MASTE WST INTROLEUM STORAGE TANKS (USTs) UST TANK (new page per tank) (Formerly Form B) UST TANK (new page per tank) (Formerly Form B) UST TANK (new page per tank) (Formerly Form B) UST TANK (new page per tank) (Formerly Form B) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) UST TANK (new page per tank) WST TANK (new page per tank) UST TANK (v	· ·	
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3. Need to report closing a UST? C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? YES NO 11. Freatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? WYES NO 12. WYES NO 13. WEST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) UST TANK (closure portion - one page per tank) NO FORM REQUIRED TO CUPAS PEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top of this page PAGE NO 10. SEPA ID NUMBER - provide at the top		☐ YES ☐ NO 5.	UST TANK (one page per tank) (Formerly Form B)
Need to report closing a UST? C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 4. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? UST TANK (one per tank) UST TANK (closure portion - one page per tank) NO FORM REQUIRED TO CUPAS NO FORM REQUIRED TO CUPAS NO FORM REQUIRED TO CUPAS NO FORM REQUIRED TO CUPAS PEPA ID NUMBER – provide at the top of this page Per recyclery ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TANK CLOSURE CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1249)	2. Intend to upgrade existing or install new USTs?	□ YES ⊠ NO 6	UST FACILITY
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? YES NO 10. YES NO 11. FPA ID NUMBER − provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT − FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT − UNIT (one page per unit) (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT − UNIT (one page per unit) (Formerly DTSC Form 1232) The standardous waste generated at a remote site? YES NO 13. YES NO 14. PASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION (Formerly DTSC Form 1249) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? A. No FORM REQUIRED TO CUPAS EPA ID NUMBER – provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CRETIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1956) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? EPA ID NUMBER – provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772), ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1932) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)	Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, or	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAs
1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? A recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? B YES NO 10. RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT − FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT − UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and U) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? □ YES □ NO 10. □ NO 11. □ NO 11. □ NO 12. □ NO 12. □ NO 13. □ NO 13. □ YES □ NO 14. □ NO 15. □ NO 15. □ NO 15. □ NO 16. □ Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? □ YES □ NO 14. □ YES □ NO 14. □ YES □ NO 15. □ YES □ NO 16. □ YES □ NO 17. □ NO 17. □ NO 18. □ YES □ NO 18. □ YES □ NO 19. □			EDA IDAHBIDED
materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? YES NO 10. YES NO 10. YES NO 10. YES NO 10. YES NO 10. YES NO 10. YES NO 11. YES NO 11. YES NO 11. YES NO 12. ASURANCE (Formerly DTSC Form 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) TREATMENT – VINIT (one page per unit) (Formerly DTSC Form 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)		☐ YES ☐ NO 9.	
 YES □ NO 11. TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) SUPER □ NO 12. REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249) 	materials (per H&SC §25143.2)?	☐ YES ☒ NO 10.	per recycler)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)	5. Iteat hazardous waste on site:	☐ YES ☐ NO 11.	TREATMENT – FACILITY (Formerly DTSC Forms 1772)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
5. Consolidate hazardous waste generated at a remote site? □ YES □ NO 13. REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)		☐ YES ☐ NO 12.	DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? YES NO 13. SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
hazardous waste and cleaned onsite? CERTIFICATION (Formerly DTSC Form 1249)	-	☐ YES ⊠ NO 13.	SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.) 15.		☐ YES ⊠ NO 14.	
Cross may also be required to provide additional information by your COTA of local agency.)	F LOCAL REQUIREMENTS (Vou may also be required to provide additional in	formation by your CLIPA or local	30ency) 15.
	L. ESCAL REQUIREMENTS (100 may also be required to provide additional in	iormation by your COPA of local i	agency.)
			. ·

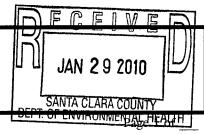
UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION



BUSINESS OWNER/OPERATOR IDENTIFICATION

T TEXAMONE	TCAMTON	1 F	Pa	ge of
I. IDENTIF		100	1	101
FACILITY ID # (Agency Use Only)	1. BEGINNING 01/01/200		ENDING DATE 12/31/2009	101.
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Philips Lumileds Lighting Company LLC		3. BUSINES (408) 90	SS PHONE	102.
BUSINESS SITE ADDRESS		(408) 90	04-0300	103.
				103.
370 West Trimble Road	104.			105.
CITY	CA	ZIP CODE		105.
San Jose DUN & BRADSTREET	106.	95131 SIC CODE (4 di	:~i+ #\	107.
DUN & BRADSTREET	100.	3674	igit#)	107.
COUNTY				108.
Santa Clara	100	I prignings on		110.
BUSINESS OPERATOR NAME	109.	ļ	ERATOR PHONE	110.
Philips Lumileds Lighting Company LLC		(408) 964-53	00	. 72 .
II. BUSINES			<u> </u>	
OWNER NAME	111.	OWNER PHON		112.
Philips Lumileds Lighting Company LLC		(408) 964-53	00	
OWNER MAILING ADDRESS				113.
370 West Trimble Road		116		116
CITY	STATE	115.	ZIP CODE	116.
San Jose	CA		95131	
III. ENVIRONMEN	NTAL CONTACT			110
CONTACT NAME	117.	CONTACT PHO		118.
Mitch Cole		408-964-2562	2	
CONTACT MAILING ADDRESS				119.
370 West Trimble Road	120			
CITY	120. STATE	121.	ZIP CODE	122.
San Jose	CA		95131	
-PRIMARY- IV. EMERGENC			-SECONDARY-	120
	NAME			128.
	Dan Janowski			120
	TITLE			129.
	Facilities Manager BUSINESS PHONE			130.
		•		130.
	408-964-2665 24-HOUR PHONE*			131.
				131.
<u> </u>	408-964-5300 PAGER #	·		132.
· · ·	n/a			1327
ADDITIONAL LOCALLY COLLECTED INFORMATION:	11/4			133.
Property Owner: Philips Lumileds Lighting Company LLC		Phone No.:	408-964-5300	155.
	121			
Billing Address: 370 West Trimble Road, San Jose, California 951	131			
Certification: Based on my inquiry of those individuals responsible for obtaining the am familiar with the information submitted and believe the information is true, accurately		under penalty of la	w that I have personally	examined and
SIGNATUR OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134	NAME OF DOC	UMENT PREPARER	135.
and in	1/26/2010	Mitch Cole	•	
NAME OF SIONER (print) 136.	TITLE OF SIGNER			137.
Dan Janowski	Facilities Manag	er		
* See Instructions on next page	1			

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES



							FACII	TTX	7 1101	וחותי	TOTAL O	PION							
FACILITY ID	#	1 1				I.	FACII	11 X	וָענו	71/17	FICAL		1.	EPA 1	ID # (Hazardous Waste Only) 2.				
I Melbii i ib	"														000 085 081				
BUSINESS NA	AME (Same a	s Facilit	ty Na	ame or D	BA - D	oing I	Business A	As)	I	L					3.				
Philips Lum	nileds Light	ting Ca	omn	nanv															
Timps Lun	incus Ligin	ing Co	omp	arry		Π.	ACTI	VIT	ES 1	DEC	LARA'	TION	J						
<u> </u>				N	OTE:		you ch							is lis	t.				
	plea	se su	bmi												(OES Form 2730).				
		Doe	es yo	our facili							If Yes, please complete these pages of the UPCF								
A. HAZARI	OOUS MAT	ERIAL	<u>.S</u>																
Have on site (for any purpose) hazardous materials at or above 55 gallo for liquids, 500 pounds for solids, or 200 cubic feet for compressed gas (include liquids in ASTs and USTs); or the applicable Federal threshed quantity for an extremely hazardous substance specified in 40 CFR Pa 355, Appendix A or B; or handle radiological materials in quantities which an emergency plan is required pursuant to 10 CFR Parts 30, 40 70?									ses old art for	⊠ YES		NO	4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)					
B. UNDERG	GROUND S'	TORAG	GE 7	TANKS	(USTs	s)					*				UST FACILITY (Formerly SWRCB Form A)				
	or operate u										⊠ YES		NO	5.	UST TANK (one page per tank) (Formerly Form B)				
2. Intend	l to upgrade	existin	g or	install r	new U	STs?					☐ YES	\boxtimes	NO	6.	UST FACILITY				
															UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)				
3. Need	to report clo	osing a	UST	Γ?							☐ YES	\boxtimes	NO	7.	UST TANK (closure portion - one page per tank)				
C. ABOVE	GROUND P	ETRO	LEU	JM STO	RAGE	ETAI	NKS (AS	Ts)											
any	or operate A tank capaci	ity is gr	reate	r than 6	60 gall	lons,					☐ YES		NO	8.	NO FORM REQUIRED TO CUPAS				
	total capacit		he fa	icility is	greate	er than	1,320 j	gallo	ns?										
D. HAZARI	rate hazardo		-02												EPA ID NUMBER – provide at the top of				
										1	⊠ YES		NO	9.	this page				
	tle more that ials (per H&				exclud	led or	exempte	ed re	cyclai		□ YES	\boxtimes	NO	10.	RECYCLABLE MATERIALS REPORT (one per recycler)				
	hazardous v														ONSITE HAZARDOUS WASTE				
4. Treat	ment subject	t to fina	ancia	al assura	ince re	equire	ments (f	or Pe	ermit	hy	YES YES YES				TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A.B.C.D and L) CERTIFICATION OF FINANCIAL				
	and Condition										M ILS	ш	110	12.	ASSURANCE (Formerly DTSC Form 1232)				
5. Conso	olidate hazar	dous w	aste	generat	ed at a	remo	ote site?				☐ YĖS	\boxtimes	NO	13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)				
6. Need to report the closure/removal of a tank that was classified hazardous waste and cleaned onsite?									as	☐ YES	\boxtimes	NO	14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)					
E. LOCAL	REQUIREM	IENTS		(You	may also	be rea	uired to n	rovide	additic	nal info	ormation h	y your	CUP	A or loc	cal agency.)				
				(200)	<u> </u>	_	, <u></u> , P												

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

		Page of								
	I. FACILITY II	DENTIFICATION								
BUSINESS NAME (Same as FACILITY NAME of	r DBA - Doing Business As) 3. FAC	LITY ID#								
Philips Lumileds Lighting, Compa	ny LLC									
	II. S'	TATUS								
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that ap	oly) 601.								
a. Amended	a. Facility Permit	d. Variance								
☐ b. Initial	☐ b. Interim Status	e. Consent Agreement								
☑ c. Renewal (PBR Only)	c. Standardized Permit									
7.1		INITS AT FACILITY								
	e number of units you operate in each tier. A mall Quantity Treatment (CESQT) (Ma	tach one unit notification page for each unit except CE-CL) v not function under any other tier.)								
	ecified Wastestream (CESW)	,,								
C Conditionally Authorized	(CA)									
D. 2 Permit by Rule (PBR)										
E Conditionally Exempt - Li	mited (CEL)									
F Conditionally Exempt Co	mmercial Laundry (CE-CL) (No unit p	age is required for laundries.)								
G. 2 TOTAL UNITS (Must equ	al the number of unit notification page	attached plus the number of CE-CL units.)								
	IV. CERTIFICATIO	ON AND SIGNATURE								
Waste Minimization - I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree 1 have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.										
regulations for the indicated permitting tie attachments were prepared under my direc information submitted. Based on my inc information is, to the best of my knowledge	r, including generator and secondary of tion or supervision in accordance with juiry of the person or persons who n e and belief, true, accurate, and complet									
		uding the possibility of fines and imprisonment for knowing violations. FF 603.								
SIGNATURE OF OWNER/OPERATOR	DA									
NAME OF OWNER/OPERATOR		26/2010 LE OF OWNER/OPERATOR 605.								
Dan Janowski		cilities Manager								
REQUEST FOR SHORTENED REVIEW		Yes No								
State Reason for Request:	TERIOD (CE and CA only)	162 23 140								
State Reason for Request.										
		ΓS (Check if attached)								
ALL tiers except CE-CL (Laundries) must		PBR ONLY								
1. One unit specific notification page a	ind one treatment process page per unit	1. Tank and container certifications, if required								
2. Plot Plan (or other grid/map)		2. Notification of local agency or agencies								
DDD & CA ONLY		3. Notification of property owner, if different from business owner								
PBR & CA ONLY:	-1- DTCC 6 1929)									
1. Closure Financial Assurance (forme										
Self Certified (< \$10,000)	•									
2. Prior Enforcement History, if applic	aoie									

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

DENTIFICATION				_			Page _	of
Mageorgy Mageorgy		TIFICA'						
BUSINESS NAME Sure = FACILITY NAME or DBA - Delog Business AS) BUSINESS PHIONE 192								101.
Philips Lumileds Lighting Company LLC (408) 964-5300 108			01/	01/200				
BUSINESS STE ADDRESS 370 West Trimble Road					BOSITIE.			102.
10					(408) 9	64-5300		
CITY								103.
San Jose	370 West Trimble Road							
San Jose	CITY		104.	CA	ZIP CODE			105.
Santa Clara	San Jose			CA	95131			
Santa Clara 109	DUN & BRADSTREET			106.	SIC CODE (4 d	igit #)		107.
Santa Clara 109					3674			
BUSINESS OPERATOR NAME	COUNTY					'		108.
Philips Lumileds Lighting Company LLC	Santa Clara							
II. BUSINESS OWNER	BUSINESS OPERATOR NAME			109.	BUSINESS OPI	ERATOR PHONE		110.
II. BUSINESS OWNER	Philips Lumileds Lighting Company LLC				(408) 964-53	00		
OWNER NAME 111		ESS OV	VNER		(100)/01/22			
Philips Lumileds Lighting Company LLC		LOS O	VIVIZIO	111.	OWNER PHON	IE.		112.
13 370 West Trimble Road 14 STATE 15 ZIP CODE 116 116 217 218 219								
370 West Trimble Road					(408) 904-33			113.
STATE 115 ZIP CODE 116 SAJ DOSE 116 SAJ DOSE 116 SAJ DOSE 116 SAJ DOSE 116 SAJ DOSE 117 SAJ DOSE 117 SAJ DOSE 118 SAJ DOSE 118 SAJ DOSE 118 SAJ DOSE 118 SAJ DOSE 118 SAJ DOSE 118 SAJ DOSE 119 SAJ DOSE 120 SAJ DOSE 121 SAJ DOSE 122 SAJ DOSE 123 SAJ DOSE 124 SAJ DOSE 125 SAJ DOSE 126 SAJ DOSE 126 SAJ DOSE 127 SAJ DOSE 128 SAJ DOSE 129 SAJ DOSE 129 SAJ DOSE 129 SAJ DOSE 129 SAJ DOSE 129 SAJ DOSE 129 SAJ DOSE 120 SAJ DOSE SAJ DOSE 120 SAJ DOSE 1								
San Jose		11	4. C	TATE	115.	ZID CODE		116
III. ENVIRONMENTAL CONTACT CONTACT NAME Mitch Cole CONTACT MAILING ADDRESS 370 West Trimble Road CITY San Jose -PRIMARY- IV. EMERGENCY CONTACTS -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123. RAME 124. TITLE 129. Environmental Engineer Business Phone 125. Business Phone 126. 24-HOUR PHONE* 127. 408-964-2562 408-964-2500 408-964-5300 PAGER # 128. 408-964-5300 PAGER # 129. ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR R DESIGNATED REPRESENTATIVE DATE 131. CONTACT PHONE 1128. CONTACT PHONE 1218. CONTACT PHONE 122. CONTACT PHONE 122. CONTACT PHONE 123. VARE-OFO CONTACTS CONTACT PHONE 124. CONTACT PHONE 125. CONTACT PHONE 126. 408-964-2562 CA 95131 128. MAME OF DOCUMENT PREPARER 138. NAME OF DOCUMENT PREPARER 139. NAME OF DOCUMENT PREPARER 135.		•	5		110.			110.
117		OON ITE A T				93131		
Mitch Cole		LENIAI			CONTACT DIV	ONE		110
CONTACT MAILING ADDRESS 370 West Trimble Road CITY STATE 120. STATE CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 122. NAME 123. NAME 124. TITLE 124. TITLE 125. Business Phone 126. Business Phone 127. Business Phone 128. Models Facilities Manager BUSINESS PHONE 129. Worldwide Facilities Manager BUSINESS PHONE 129. Worldwide Facilities Manager BUSINESS PHONE 120. Business Phone 121. Under Phone 122. Date of Worldwide Facilities Manager BUSINESS PHONE 130. Under Phone 130. Under Phone 131. Under Phone 132. Under Phone 133. PAGER # 132. Under Phone 134. Under Phone 135. Under Phone No.: 408-964-5300 PAGER # 127. PAGER # 132. Under Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR R DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.			1		1			110.
270 271 272 273 274 274 275					408-964-256	2		110
CITY San Jose 120. STATE 121. ZIP CODE 122. CA 95131 -PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123. NAME Bob Method TITLE 124. TITLE 129. Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 125. BUSINESS PHONE 130. 408-964-2562 408-964-2743 24-HOUR PHONE* 131. 408-964-5300 408-964-5300 PAGER # 127. PAGER # 132. ADDITIONAL LOCALLY COLLECTED INFORMATION: Phone No.: 408-964-5300 Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPER/LOR OF DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.								119.
PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY- NAME 123. NAME 128. Bob Method TITLE 129. Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 128. Hours PHONE* 126. 408-964-2562 408-964-2743 24-HOUR PHONE* 126. 408-964-5300 408-964-5300 PAGER #		10			101			
PRIMARY- NAME Mitch Cole Mitch Cole TITLE Environmental Engineer BUSINESS PHONE 408-964-2562 408-964-2743 24-HOUR PHONE* 408-964-5300 PAGER # 408-964-5300 PAGER # 408-92-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPER/TOR R DESIGNATED REPRESENTATIVE DATE 123. NAME Worldwide Facilities Manager Worldwide Facilities Manager 130. 408-964-2743 408-964-2743 408-964-2562 408-964-5300 PAGER # 131. 132. 133. Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131		12	5		121.			122.
NAME Mitch Cole Mitch Cole Bob Method TITLE 124. TITLE Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 408-964-2562 408-964-2743 24-HOUR PHONE* 408-964-5300 PAGER # 408-964-5300 PAGER # 408-964-5302 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR & BESIGNATED REPRESENTATIVE DATE 128. Bob Method 129. Worldwide Facilities Manager BUSINESS PHONE 408-964-2743 24-HOUR PHONE* 130. 408-964-5300 PAGER # 131. 132. Phone No.: 408-964-5300 Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131	San Jose		- ((A		95131		
Mitch Cole Bob Method TITLE 124. TITLE Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 408-964-2562 24-HOUR PHONE* 408-964-2743 24-HOUR PHONE* 408-964-5300 PAGER # 127. PAGER # 132. n/a ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR & DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.	-PRIMARY- IV. EMERGE	NCY C	ONTA	CTS		-SECONDAR	Y -	,
TITLE 124. TITLE 129. Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 125. BUSINESS PHONE 130. 408-964-2562 408-964-2743 24-HOUR PHONE* 126. 24-HOUR PHONE* 131. 408-964-5300 PAGER # 127. PAGER # 132. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: 133. Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.	NAME 123.	NAM	E					128.
TITLE 124. TITLE 129. Environmental Engineer Worldwide Facilities Manager BUSINESS PHONE 125. BUSINESS PHONE 130. 408-964-2562 408-964-2743 24-HOUR PHONE* 126. 24-HOUR PHONE* 131. 408-964-5300 PAGER # 127. PAGER # 132. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: 133. Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.	Mitch Cole	l l						
Environmental Engineer BUSINESS PHONE 408-964-2562 408-964-2743 24-HOUR PHONE* 408-964-5300 PAGER # 408-964-5300 PAGER # 408-952-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 130. Worldwide Facilities Manager 130. 408-964-2743 408-964-5300 PAGER # 131. 132. Phone No.: 408-964-5300 Phone No.: 408-964-5300 Phone No.: 408-964-5300 SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.				•				129.
BUSINESS PHONE 408-964-2562 408-964-2743 24-HOUR PHONE* 408-964-5300 PAGER # 127. PAGER # 408-962-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OF DESIGNATED REPRESENTATIVE DATE 136. BUSINESS PHONE 408-964-2743 24-HOUR PHONE* 131. 408-964-5300 Phone No.: 408-964-5300 Phone No.: 408-964-5300 Phone No.: 408-964-5300 Phone No.: 408-964-5300 Billing Address: 370 West Trimble Road, San Jose, California 95131				Faciliti	ac Manager			
408-964-2562 24-HOUR PHONE* 408-964-5300 408-964-5300 PAGER # 127. PAGER # 132. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 131. 408-964-2743 24-HOUR PHONE* 132. PAGER # 132. Phone No.: 408-964-5300 133. Property Owner: Philips Lumileds Lighting Company LLC Phone No.: 408-964-5300 PAGER # 134. NAME OF DOCUMENT PREPARER 135.					25 Ivianagei			130.
24-HOUR PHONE* 408-964-5300 PAGER # 127. PAGER # 132. 408-592-3222 ADDITIONAL LOCALLY COLLECTED INFORMATION: Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 131. 24-HOUR PHONE* 408-964-5300 PAGER # 132. Phone No.: 408-964-5300 Phone No.: 408-964-5300 Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.								
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PAGER # 127. PAGER # 132. 408-592-3222		i i						
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Property Owner: Philips Lumileds Lighting Company LLC Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.		n/a						
Billing Address: 370 West Trimble Road, San Jose, California 95131 Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE 134. NAME OF DOCUMENT PREPARER 135.					DI N	100 061 5300		133.
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11/2 11/1	am familiar with the information submitted and believe the information is true,	ccurate, a	nd compl	ete.	ar grammy or hi	Person		una
11/2 11/1	SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DA	re -	134.	NAME OF DOC	UMENT PREPARER		135.
	160 Till				Mitch Cole			-
NAME OF SIGNER (print) / 136. TITLE OF SIGNER 137.	NAME OF SIGNER (print) //				1 MILLON COR	,		137.
Bob Method Worldwide Facilities Manager			_ 0. 01					•
* See Instructions on next page.		13.7	rldwid	e Essil	ities Managar			

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

				Page 1 of
I. FACILITY IDEN	TIFICAT			
FACILITY ID #				D # (Hazardous Waste Only) 2. 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			-	3.
Philips Lumileds Lighting Company				
II. ACTIVITIES DE		******		
NOTE: If you check YES to				
please submit the Business Owner/Operator				
Does your facility A. HAZARDOUS MATERIALS		if Yes, ple	ease co	omplete 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	□ NO	4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)			-	UST FACILITY (Formerly SWRCB Form A)
1. Own or operate underground storage tanks?	⊠ YES	☐ NO	5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES	⊠ NO	6.	UST FACILITY
				UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form
3. Need to report closing a UST?	☐ YES	⊠ NO	7.	UST TANK (closure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons?	☐ YES	⊠ NO	8.	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE				
1. Generate hazardous waste?	⊠ YES	□ NO	9;	EPA ID NUMBER – provide at the top of this page
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 		57 NO		RECYCLABLE MATERIALS REPORT (ORE
3. Treat hazardous waste on site?	YES	⊠ NO	10.	per recycler) ONSITE HAZARDOUS WASTE
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	X YES	□ NO	1i. 12.	TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B.C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?				REMOTE WASTE / CONSOLIDATION
·	YES	⊠ NO	13.	SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. 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 CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	nformation by	your CUPA	or loca	al agency.)

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

												Page	of
	I. FACILIT	TY IDE	NTIFICA	TION	Ī								
BUSINESS NAME (Same as FACILITY NAME of	r DBA - Doing Business As) 3.	FACILIT	ΓY ID#										1.
Philips Lumileds Lighting, Compa	ny LLC												
	Ι	I. STA	TUS										
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all the	hat apply)	apply) . 601.										
a. Amended	a. Facility Permit				i. Var	iance							
☐ b. Initial	☐ b. Interim Status			□ e	e. Con	isent A	.greer	nent					
□ C. Renewal (PBR Only)	c. Standardized Permit												<u> </u>
	III. NUMBER						_		_				
	e number of units you operate in each t			-	_		it exc	ept CI	E-CL)				602
•	nall Quantity Treatment (CESQT) scified Wastestream (CESW)) (Iviay iio	ot function un	idei aliy	Other	tiei.)							
C. Conditionally Authorized													
D. 2 Permit by Rule (PBR)	(671)												
E Conditionally Exempt – Li	mited (CEL)				,								
•	mmercial Laundry (CE-CL) (No	unit page	is required fo	or laund	ries.)								
G. 2 TOTAL UNITS (Must equ	al the number of unit notification	pages atta	ached plus th	e numb	er of C	E-CL	units.	.)					
IV. CERTIFICATION AND SIGNATURE													
Waste Minimization - I certify that I have economically practicable and that I have so future threat to human health and the environce of the environce of the indicated permitting the attachments were prepared under my direct information submitted. Based on my indinformation is, to the best of my knowledge	that the unit or units described r, including generator and second ion or supervision in accordance uiry of the person or persons w and belief, true, accurate, and con	in these of dary conta with a sy who mana mplete.	documents mainment requirestem designe ge the system	disposa neet the irement ed to ass m, or th	eligib es. I c sure th	ently a vility a ertify u at qual irectly	nd op under lified resp	perati pena perso onsib	me want of the second of the s	which quiren f law prope r gath	miniminents of that this gath ering the	f states docuer and	e statutes and iment and all I evaluate the
I am aware that there are substantial penalti	es for submitting false information		ng the possib	ility of	fines a	nd imp	rison	ment	for k	nowin	g violat	tions.	602
SIGNATURE OF OWNER/OPERATOR		DATE											603.
NAME OF OWNER/OPERATOR		3/27/0	0F OWNER	/ODED	A TOD								605.
/	604.												003.
Bob Method / REQUEST FOR SHORTENED REVIEW I	PERIOD (CE and CA only)	World ☐ Yes	l Wide Fac s ⊠ No	inties	Man	ager							
State Reason for Request:	ERIOD (CE and CA only)	☐ 1 CS	s 🖂 140										
1	•												
	V. ATTACHM			attache	ed) 								
ALL tiers except CE-CL (Laundries) must s		l _	PBR ONLY										
1. One unit specific notification page a	nd one treatment process page per		📘 1. Tanka							d			
2. Plot Plan (or other grid/map)		1	2. Notific										
	•	[3. Notific	ation of	f prope	erty ow	mer, i	f diff	erent	from 1	ousines	s own	er
PBR & CA ONLY:													
☐ Self Certified (< \$10,000) ☐ (
2. Prior Enforcement History, if application	able	١.											

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

BUSINESS ACTIVITIES

2009 APR -7 PM 1:53

			Page 1 of
I. FACILITY IDENT	FIFICATION		
FACILITY ID #	1.		D # (Hazardous Waste Only) 2. 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)	-	· ·	3.
Philips Lumileds Lighting Company 370 Framble	L	SJ	
II. ACTIVITIES DE	•		
NOTE: If you check YES to	· -		· .
please submit the Business Owner/Operator		1 0 '	
Does your facility A. HAZARDOUS MATERIALS	II res,	please co	emplete 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 □ no	O 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)			UST FACILITY (Formerly SWRCB Form A)
1. Own or operate underground storage tanks?	⊠ YES □ N	O 5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES 🖾 N	O 6.	UST FACILITY
		i	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	☐ YES 🖾 N	O 7.	UST TANK (closure portion – one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)			
Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, or			NO FORM REQUIRED TO CUPAs
the total capacity for the facility is greater than 1,320 gallons?	☐ YES 🖾 N	O 8.	NO FORM REQUIRED TO COFAS
D. HAZARDOUS WASTE			-
1. Generate hazardous waste?	⊠ YES □ N	O 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable			RECYCLABLE MATERIALS REPORT (one
materials (per H&SC §25143.2)? 3. Treat hazardous waste on site?	YES NO	O 10.	per recycler) ONSITE HAZARDOUS WASTE
 Treat nazardous waste on site. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 	YES □ NoYES □ No	O 11.	TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A.B.C.D and L.) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES 🖾 N	O 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ⊠ No	O 14.	DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	iformation by your CU	UPA or loca	il agency.)
	•		

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

											Page		of
	I. FACILIT	Y ID	ENTIFICAT	ION									
BUSINESS NAME (Same as FACILITY NAME o	Danie Doing Basiness (15)	FACIL	JTY ID#										1.
Philips Lumileds Lighting, Compa	ny LLC									L_			
	I	I. ST	ATUS										
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all t	hat app	ly)				_						601.
a. Amended	a. Facility Permit			☐ d.	Varia	nce							
□ b. Initial	b. Interim Status			☐ e.	Conse	ent Ag r	eement						
☑ c. Renewal (PBR Only)	c. Standardized Permit												
	III. NUMBER	OF U	NITS AT FA	CILI	ГΥ								_
	number of units you operate in each t						except C	E-CL)					602.
A Conditionally Exempt – Sr	nall Quantity Treatment (CESQT) (May	not function unde	er any o	ther ti	er.)							002.
B Conditionally Exempt Spe	cified Wastestream (CESW)												·
C Conditionally Authorized (CA)												
D. 2 Permit by Rule (PBR)													
E Conditionally Exempt – Li	mited (CEL)												
F Conditionally Exempt Cor	mmercial Laundry (CE-CL) (No	unit pag	ge is required for	laundrie	es.)								
G. 2 TOTAL UNITS (Must equ	al the number of unit notification	pages a	attached plus the	number	of CE	-CL ur	its.)						
	IV. CERTIFICATION AND SIGNATURE												
Waste Minimization - I certify that I have economically practicable and that I have se future threat to human health and the environment of the indicated permitting the attachments were prepared under my direct information submitted. Based on my inquinformation is, to the best of my knowledge. I am aware that there are substantial penaltic SIGNATURE OF OWNER/OPERATOR NAME OF OWNER/OPERATOR Bob Method REQUEST FOR SHORTENED REVIEW F. State Reason for Request:	that the unit or units described r, including generator and second ion or supervision in accordance uiry of the person or persons w and belief, true, accurate, and cones for submitting false information 604.	in these dary co with a who man implete. n, inclu DAT 3/28	ent, storage, or die documents mee ntainment require system designed nage the system, ding the possibility E/08 E OF OWNER/O	et the elements. to assure or tho	ligibil I cer re that se dir	ity and tify and tify un qualifi ectly re	operat der pen led pers esponsit	o me wh ing requ alty of l onnel pr ole for g	iremen aw tha operly satherir	nimiz its of t this gath ng th	f states docuer and	e pres statu iment l evali	tes and and all
V. ATTACHMENTS (Check if attached)													
ALL tiers except CE-CL (Laundries) must s			PBR ONLY ·										
	nd one treatment process page per	unit	1. Tank and					-					
			2. Notificat										
	•		3. Notificat	ion of p	ropert	y owne	r, if dif	ferent fro	om bus	iness	owne	er	
PBR & CA ONLY:				•									
			2										
☐ Self Certified (< \$10,000) ☐ C	Other mechanism		•	•									
2. Prior Enforcement History, if applica	ble			-			:						

UPCF hwf1772f (1/99) - 1/2

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT PAGE

	(one page and attachments per unit)															
		,											Page _	of		
FACIL	.ITY ID#								BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)							
											Philips Lumileds Lightin	g Comp	any			
								I. TF	REA'	TM	ENT UNIT			,		
UNIT	ID#					606	UNIT TYPE	E/TIER		607	NUMBER OF TANKS	608	NUMBER OF CONTAINERS/	609		
							_						TREATMENT AREAS	5		
NS-1							a CE	-			5					
							☐ b CE	SW						•		
UNIT I	NAME				,	610	□ c CA				MONTHLY TREATMENT. VOLUME	611	UNIT OF MEASURE	612		
Neutr	alization Sy	stem	ı 1								4,500,000	•				
	<i>,</i>						☑ d PBR gallons/month						☐ a Pounds 🛛 b Gallons			
											(150,000 gallons/day)					
							☐ e CEl	_								
SPECI	FIC WASTE T	TYPE	TREAT	ED (nar	rrative	:)								613		
Inorga	anic acid or	alka	line wa	astewa	ıters,	inclu	uding hyd	rofluo	ric a	cid						
											ď.					
											,					
													,			
TREA	TMENT PROC	CESS	DESCR	IPTION	l (narr	ative)					•			614		
										d su	lfuric acid in a two stage	continuo	ous flow treatment system,			
additi	onal tanks a	ire fo	r wast	ewater	r tran	ısfer	to treatme	nt sys	tem							
												•				
(NOTE	: for each trea	tment	unit, co	mplete	and at	tach t	he appropria	te Wast	e And	Trea	atment Process Combinations pa	age)	. = .			
				II. B	ASI	s Fo	R NOT N	EED	ING	FE	DERAL PERMIT (Check	c all that a	oply)			
														(1.5		
⊠ a.	The treated w			azardous	s wast	e und	er federal lav	v L	_] f.		atment in an accumulation tank of the state			615		
_	(California-on	•	-) kg/month.	· · · · · · · · · · · · · · · · · · ·				
⊠ b.	Treated in wa								☐ g.	Dan	wolchle meterials are realismed	to recover	silver or other precious metals.			
	agency or und					/ 1 VV)/	sewering		_ g.	RCC	yelable materials are reclaimed	to recover	silver of other precious metals.			
NZI .								_	٦.	г		4				
⊠ c.	Treatment in	eieme	ntary ne	utranza	inon u	inits.		L	n.	Em	pty container rinsing and/or trea	itment.	•			
	T		11 1 .	1.	_4	4 C = 11	••	_	٦.	Odle.	(
☐ d.	Treatment in	a tota	ny encid	sea trea	ıtmen	t tacii	ity.		1.	Otne	er (specify below)					
☐ e.	Federal cond															
	(generated 10 hazardous wa					lons, c	or less of									
	nazardous w	usto III	a caron		····											
				Ш.	RES	SIDU	ALS MA	NAG.	EMI	ENT	C DESCRIPTION (Check	all that ap	ply)			
Γ ΖΙ .	Di di					. DC	TUI	R	esidu	al haz	zardous waste hauled offsite by	a registere	ed hauler.	616		
⊠ a.	Discharge no	n-naza	ardous a	queous	waste	to PC	or sewe	r.								
□ b.	Discharge nor	n-haza	rdous a	queous v	waste	under	a NPDES] d.	Off	site recycling					
	permit.			-] e.	The	rmal treatment					
□ c.	Dispose of no	on-haz	ardous s	solid wa	iste re:	sidues	at an offsite	. [] f.	Disp	posal to land					
	location.							Ε] g.	Fur	ther treatment					
									_ ~	Oth	er method of disposal (describe	below)	•			
								_								
SECO	NDARY CON	TAINI	MENT I	NSTAL	LATI	ON E	ATE (1f req	uired)					;	617		



HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT PAGE

(one page and attachments per unit)											
!							Page _	_ of			
FACILITY ID#				i	BUSINESS NAME (Same as FACILI	TY NAM	E or DBA – Doing Business As)	3			
					Philips Lumileds Lighting	Comp	any				
			I.	TREATM	ENT UNIT						
UNIT ID#		606	UNIT TYPE/TI	ER 607	NUMBER OF TANKS	608	NUMBER OF CONTAINERS/	609			
A ATOLI 1						TREATMENT AREAS					
MPU-1			a CESQT		9						
LINUT NIANG		610	☐ b CESW		MONTHLY TREATMENT	UNIT OF MEASURE	612				
UNIT NAME		010	☐ c CA		VOLUME	611	ONIT OF MEASURE				
Metals Precipitation	on Unit		⊠ d PBR		300,000 gallons/month		☐ a Pounds ☒ b Gallons				
			_		(10,000 gallons/day)						
			☐ e CEL								
SPECIFIC WASTE T	VDE TDEATED (no	errotiva)	1	-				613			
			roonia and flu	rida calta							
Aqueous wastes with metals, specifically arsenic and fluoride salts											
TREATMENT PROC	ESS DESCRIPTION	V (narrative	:)					614			
					ddition of sodium bisulfite a						
	ipitate and clear	water by	gravity settlir	ng and filra	tion. Sludge is collected from	m the	filter press and disposed of				
offsite.											
							•				
(NOTE: for each treat	ment unit, complete	and attach	the appropriate W	aste And Tre	atment Process Combinations page	e)					
	II. 1	BASIS F	OR NOT NEI	EDING FE	DERAL PERMIT (Check a	ll that a	pply)	ļ			
a. The treated wa (California-onl		us waste un	der federal law	1000	atment in an accumulation tank or 0 kg/month generators and 180 or 2	contain 270 day	er within 90 days for over s for generators of 100 to	615			
,	ite water treatment i	inite (tanke)	and discharged	1000	0 kg/month.						
to a publicly o	when treatment wor or an NPDES permit	ks (POTW		☐ g. Re	cyclable materials are reclaimed to	recove	r silver or other precious metals.				
☑ c. Treatment in e	elementary neutraliz	ation units.		☐ h. Em	npty container rinsing and/or treatn	nent.					
			· · ·		((6.1.1.)						
☐ d. Treatment in a	a totally enclosed tre	eatment fac	ılıty.	1. Oth	er (specify below)	•					
(generated 100	tionally exempt sma) kg, approximately ste in a calendar mo	27 gallons,									
	III.	RESID	UALS MANA	GEMENT	Γ DESCRIPTION (Check all	that ap	ply)				
Residual hazardous waste hauled offsite by a registered hauler. A Discharge non-hazardous aqueous waste to POTW or sewer.											
_	•				0.1.1						
b. Discharge non permit.	-hazardous aqueous	waste unde	er a NPDES		fsite recycling						
•			00.1	=	ermal treatment						
c. Dispose of not location.	n-hazardous solid w	aste residue	es at an offsite		posal to land rther treatment						
ioeution.				•	tiner treatment her method of disposal (describe be	elow)					
				☐ II. Oti	noi memod of disposar (describe of						
SECONDARY CONT	AINMENT INSTA	LLATION	DATE (If require	d)		•		617			
• • -			` '-								

UNIFIED PROGRAM CONSOLIDATED FORM **FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFIC**

- 1	THE REAL PROPERTY.	P				Contraction of	Special car in Australia	·
			\sim	·		D		
			6			\mathbb{W}	凸	
		A	4417			*****		
A	ЛЮ		1AY	U.	17	וחחי	7 :	

	DYCATTYON	SANTA (I ARA Page Arryof						
I. IDENTI	FICATION 1. BEGINNING DATE	DEPT. OF ENVIRONMENTAL HEALTH						
FACILITY ID # (Agency Use Only)								
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	01/01/2007	12/31/2007 BUSINESS PHONE 102.						
Philips Lumileds Lighting Company LLC		408) 964-5300						
BUSINESS SITE ADDRESS		103.						
370 West Trimble Road								
CITY	104. ZIP CO	DE 105.						
San Jose	CA 95131							
DUN & BRADSTREET	106. SIC CO	DE (4 digit #)						
	3674							
COUNTY		108.						
Santa Clara		·						
BUSINESS OPERATOR NAME		ESS OPERATOR PHONE 110.						
Philips Lumileds Lighting Company LLC		964-5300						
II. BUSINE								
OWNER NAME		R PHONE 112.						
Philips Lumileds Lighting Company LLC	(408)	964-5300						
OWNER MAILING ADDRESS		113.						
370 West Trimble Road	114. STATE	115. ZIP CODE 116.						
CITY	CA	95131						
San Jose III. ENVIRONME		93131						
CONTACT NAME		ACT PHONE 118.						
Mitch Cole		64-2562						
CONTACT MAILING ADDRESS	1400-70	119.						
370 West Trimble Road								
CITY	120. STATE	121. ZIP CODE 122.						
San Jose	CA	95131						
	CY CONTACTS	-SECONDARY-						
NAME 123.	NAME	128.						
Mitch Cole	Bob Method							
TITLE 124.	TITLE	129.						
Environmental Engineer	Worldwide Facilities Mana	ger						
BUSINESS PHONE 125.	BUSINESS PHONE	130.						
408-964-2562	408-964-2743							
24-HOUR PHONE* 126.	24-HOUR PHONE*	. 131.						
408-964-5300	408-964-5300							
PAGER # 127.	PAGER#	132.						
408-592-3222	n/a							
ADDITIONAL LOCALLY COLLECTED INFORMATION:		133.						
Property Owner: Philips Lumileds Lighting Company LLC	Phon	e No.: 408-964-5300						
Billing Address: 370 West Trimble Road								
č								
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and								
am familiar with the information submitted and believe the information is true, accurate, and complete.								
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134. NAME	OF DOCUMENT PREPARER 135.						
Welst Ham	3/30/2007 Mitc	h Cole						
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.						
Bob Method	Worldwide Facilities Mar	nager						
* See Instructions on next page.								

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

		Page 1 of
I. FACILITY IDEN	FIFICATION	
FACILITY ID#	1. EPA I	D # (Hazardous Waste Only) 2. 000 085 081
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)		3.
Philips Lumileds Lighting Company		
II. ACTIVITIES DE		
NOTE: If you check YES to please submit the Business Owner/Operator		
Does your facility		omplete these pages of the UPCF
A. HAZARDOUS MATERIALS		
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 □ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A)
1. Own or operate underground storage tanks?	☐ YES ☐ NO 5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6.	UST FACILITY
3. Need to report closing a UST?	☐ YES ☒ NO 7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, or	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAS
the total capacity for the facility is greater than 1,320 gallons?		1.0.000000
D. HAZARDOUS WASTE		EDA ID NI DADED
Generate hazardous waste?	☐ YES ☐ NO 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	YES NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	YES NO 11.	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	✓ YES □ NO 12.	Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT — UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	YES NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14.	DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional in	formation by your CUPA or local	agency) 15.
Learning may be required to provide administration	The state of the s	

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

											F	Page .	of
I. FACILITY IDENTIFICATION													
BUSINESS NAME (Same as FACILITY NAME O	1	FACILI	TY ID#										1.
Philips Lumileds Lighting, Compa									<u></u>			<u> </u>	
		I. STA											
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all t	hat apply	')	_									601.
a. Amended	a. Facility Permit			_	Varia								
☐ b. Initial ☐ c. Renewal (PBR Only)	□ b. Interim Status □ c. Standardized Permit			<u> </u>	Conse	nt Ag	reemer	nt					
C. Renewal (FBR Only)	III. NUMBER	OF UN	HTS AT FA	ACILI'	ΓV								
(Indicate th	e number of units you operate in each					ch uni	t except	CE-CL	.)				
A Conditionally Exempt – S	mall Quantity Treatment (CESQT) (May no	ot function und	der any o	ther tie	er.)							602.
B Conditionally Exempt Sp	ecified Wastestream (CESW)												
C Conditionally Authorized	(CA)												
D. 2 Permit by Rule (PBR)													
E Conditionally Exempt – L	imited (CEL)												
F Conditionally Exempt Co	mmercial Laundry (CE-CL) (No	unit page	e is required fo	r laundri	es.)								
G. 2 TOTAL UNITS (Must equ	ual the number of unit notification	pages att	tached plus the	e number	of CE	-CL i	ınits.)						
	IV. CERTIFICA	ATION	AND SIG	NATU	RE								
Waste Minimization - I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
<u>Tiered Permitting Certification</u> - I certify regulations for the indicated permitting tie attachments were prepared under my direc information submitted. Based on my in information is, to the best of my knowledge	er, including generator and secon- tion or supervision in accordance quiry of the person or persons v	dary cont with a sy who mana	tainment requi ystem designe	irements. d to assu	I cer re that	tify u quali	nder pe	nalty rsonne	of lav	w tha perly	t this o	docun	nent and all evaluate the
I am aware that there are substantial penalt	ies for submitting false informatio	n, includi	ing the possibi	ility of fir	nes and	d impi	risonme	ent for	know	ving v	violatic	ns.	
SIGNATURE OF OWNER OPERATOR		DATE											603.
Hole Home		3/30/0											
NAME OF OWNER/OPERATOR	604.		OF OWNER										605.
Bob Method			d Wide Fac	ilities N	/Ianas	ger							
REQUEST FOR SHORTENED REVIEW	PERIOD (CE and CA only)	☐ Ye	es 🛚 No										
State Reason for Request:													
	V. ATTACHM	ATNITE	(Charle if		1)					*-			
ALL CE CL (I L L)			· · · · · · · · · · · · · · · · · · ·	attachec	1)								
ALL tiers except CE-CL (Laundries) must I. One unit specific notification page a			PBR ONLY ☐ 1. Tank at	nd aantai	ner ce	d ifico	tions it	Fragui	rad				
2. Plot Plan (or other grid/map)	ind one treatment process page pe		2. Notific						icu				
			3. Notific				_		t from	m hue	inecc /	Jumer	
PBR & CA ONLY:			J. Nounc	anon or p	лорен	y owi	101, 11 U	arielel.	1101	iii ous	,,,,c ₂₂ (JWHEI	
☐ I. Closure Financial Assurance (forme	rly DTSC form 1232)												
Self Certified (< \$10,000)													
2. Prior Enforcement History, if applic													



PERMIT BY RULE (PBR) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(One page per treatment unit. Check all that apply)

	606.	-		1.			
	ID# NS-1	Facility ID# CAR 000 0		31		Page	of
1. Ao □ a.	queous wastes containing hexavalent chromium may Reduction of hexavalent chromium to trivalent chromoton both pH and addition of the reducing agent are autor	mium with sodium bisulfite, sodium		ulfite, sodium thiosu	ulfate, ferrous sulfate, ferrous sulfid	le or sulfur dioxid	630. de provided
2. A6	Precipitation or crystallization. Phase separation by filtration, centrifugation or grav		☐ g. ☐ h. ☐ i. ☐ j.	Plating the metal or Electrodialysis Electrowinning or e			tions.
	Adsorption. Distillation.	rity settling, but excluding super critic	al fluid	extraction.		·	Method
	Physical processes which change only the physical p Drying to remove water.	itious types of reactions. properties of the waste such as grinding	ıg, shre		, , , , , , , , , , , , , , , , , , , ,	!) and/or fluorid	e salts may
5. Al a. 🗆 b.	um, gypsum, lime, sulfur or phosphate sludges may Chemical stabilization using silicates and/or cementi Drying to remove water.		logies: □ c.	Phase separation by	y filtration, centrifugation or gravit	y settling.	
	Drying to remove water. Phase separation by filtration, centrifugation or grav	itious types of reactions.		or special waste clas	ssification in Section 66261.122 n	nay be treated b	y the
			□ c.		y filtration, centrifugation or gravit	•	ing
	organic acid or alkaline wastes may be treated by the pH adjustment or neutralization.	ne following technology:	_				
			_	Magnetic separation		y the following	
10. Us a. b. c. d. e.	Separation based on differences in physical properties	rity settling, but excluding super critic es such as size, magnetism or density	cal fluid	extraction.	e following technologies:		
sp an ap	ontainers of 110 gallons or less capacity which are no ecified in Title 40 of the Code of Federal Regulation dd which are not excluded from regulation may be tr pplicable requirements. Rinsing with a suitable liquid capable of dissolving of Physical processes such as crushing, shredding, grin is first rinsed and the rinseate is removed from the co	is, section 261.7 or inner liners remreated by the following technologies or removing the hazardous constituer ding or puncturing, that change only	oved fr providents which	om empty container led the treated cont h the container held.	rs that once held hazardous wast ainers and rinseate are managed	e or hazardous i l in compliance v	material with
12. M □ a.	ulti-component resins may be treated by the following Mixing the resin components in accordance with the						
	waste stream technology combination certified by the rmit by Rule. Certified Technology Number:	-			nd Safety Code as appropriate for	r authorization (ınder

UNIFIED PROGRAM CONSOLIDATED FORM **ONSITE TIERED PERMITTING**

PERMIT BY RULE (PBR) PAGE WASTE AND TREATMENT PROCESS COMBINATIONS

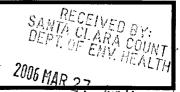
(One page per treatment unit. Check all that apply)

	606.			1.	
	ID# MPU-1	Facility ID# CAR 000 0		31	Page of
1. Aq	queous wastes containing hexavalent chromium may Reduction of hexavalent chromium to trivalent chro both pH and addition of the reducing agent are autor	mium with sodium bisulfite, sodium i	s: netabis	ulfite, sodium thiosul	630. Ifate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided
⊠ a.	queous wastes containing metals listed in Title 22, C pH adjustment or neutralization. Precipitation or crystallization. Phase separation by filtration, centrifugation or grav Ion exchange. Reverse osmosis. Metallic replacement.	rity settling.	□ g.	Plating the metal or Electrodialysis Electrowinning or e Chemical stabilizati	ato an electrode.
	40 may be treated by the following technologies:: Phase separation by filtration, centrifugation or grav	rity settling, but excluding super critic	al fluid	extraction.	atment is conducted in an enclosed system.
	treated by the following technologies: Chemical stabilization using silicates and/or cement	itious types of reactions. properties of the waste such as grinding	ng, shre		e 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may impacting.
5. Al ☐ a. ☐ b.			ogies: □ c.	Phase separation by	filtration, centrifugation or gravity settling.
	lowing technologies: Chemical stabilization using silicates and/or cement	itious types of reactions.		or special waste clas	sification in Section 66261.122 may be treated by the
teo □ a.		itious types of reactions.	□ c.	Phase separation by	filtration, centrifugation or gravity settling.
□ b. 8. Inc □ a.	Drying to remove water. organic acid or alkaline wastes may be treated by the pH adjustment or neutralization.		☐ d.	Magnetic separation	1.
9. So	ils contaminated with metals listed in Title 22, CCR	R, Section 66261.24(a)(2), (Persisten	t and B	ioaccumulative Tox	ic Substances) may be treated by the following
teo □ a. □ b.		itious types of reactions.	□ c.	Magnetic separation	1.
10. Us a. b. c. d. e.	ed oil, unrefined oil waste, mixed oil, oil mixed with Phase separation by filtration, centrifugation or grav Distillation. Neutralization. Separation based on differences in physical propertic Reverse osmosis. Biological processes conducted in tanks or container	rity settling, but excluding super critic es such as size, magnetism or density	al fluid	extraction.	following technologies:
spe an ap	ecified in Title 40 of the Code of Federal Regulation d which are not excluded from regulation may be tr plicable requirements. Rinsing with a suitable liquid capable of dissolving	is, section 261.7 or inner liners remove reated by the following technologies or removing the hazardous constituen ding or puncturing, that change only	oved fr provio	om empty container led the treated container h the container held.	r similar absorptive material, which have been emptied as is that once held hazardous waste or hazardous material ainers and rinseate are managed in compliance with econtainer or inner liner, provided the container or inner liner
12. M ☐ a.	ulti-component resins may be treated by the followi Mixing the resin components in accordance with the				
	waste stream technology combination certified by the rmit by Rule. Certified Technology Number:	•	25200.	1.5 of the Health and	d Safety Code as appropriate for authorization under

UNIFIED PROGRAM CONSOLIDATED FORM **FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION**

			· · · · · · · · · · · · · · · · · · ·	Pa	ge of				
FACILITY ID #	FICATION 1. REG	CINDIDIC	DATE 100.	L ENIDBIC DATE	101.				
(Agency Use Only)		GINNING		ENDING DATE	101.				
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)] 01/	/01/2006		12/31/2006 S PHONE	102.				
<u> </u>			ĺ		102.				
Philips Lumileds Lighting Company LLC BUSINESS SITE ADDRESS			(408) 96	14-5300	103.				
370 West Trimble Road					105.				
CITY	104.		ZIP CODE		105.				
San Jose		CA		,					
DUN & BRADSTREET		106.	95131 SIC CODE (4 di	~i+ #\	107.				
· ·			3674	git #)					
COUNTY			3074		108.				
Santa Clara									
BUSINESS OPERATOR NAME		109.	BUSINESS OPE	RATOR PHONE	110.				
Philips Lumileds Lighting Company LLC			(408) 964-530	-					
	SS OWNER		(400) 704-330						
OWNER NAME	OD O WILEK	111.	OWNER PHON	E	112.				
Philips Lumileds Lighting Company LLC			(408) 964-530						
OWNER MAILING ADDRESS			1 (123) 201 051		113.				
370 West Trimble Road									
CITY	114.	STATE	115.	ZIP CODE	116.				
San Jose		CA		95131	;				
III. ENVIRONME	NTAL CON	TACT							
CONTACT NAME		17.	CONTACT PHO	NE	118.				
Mitch Cole			408-964-2562	2					
CONTACT MAILING ADDRESS					119.				
370 West Trimble Road									
CITY	120.	STATE	121.	ZIP CODE	122.				
San Jose	(CA		95131					
-PRIMARY- IV. EMERGEN	CY CONTA	CTS		-SECONDARY-					
NAME 123.	NAME		-		128.				
Mitch Cole	Bob Method	d			•				
TITLE 124.	TITLE			-	129.				
Environmental Engineer	Worldwide	Facilitie	es Manager						
BUSINESS PHONE 125.	BUSINESS PH	IONE			130.				
408-964-2562	408-964-27	43							
24-HOUR PHONE* 126.	24-HOUR PHO				131.				
408-964-5300	408-964-53	00							
PAGER # 127.	PAGER#				132.				
408-592-3222	n/a								
ADDITIONAL LOCALLY COLLECTED INFORMATION:					133.				
Property Owner: Philips Lumileds Lighting Company LLC			Phone No.: 4	108-964-5300					
Billing Address: 370 West Trimble Road									
·									
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and									
am familiar with the information submitted and believe the information is true, accu					***************************************				
SIGNATURE OF OWNER/OF ERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.		JMENT PREPARER	135.				
py//m	6/14/06		Mitch Cole						
NAME OF SIGNER (print) 136.	TITLE OF SI				137.				
Bob Method /	Worldwid	de Facili	ties Manager						
* See Instructions on next page.									

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES

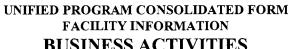


			Page I/of 50									
	I, FACILITY IDENT											
FACII	LITY ID#		ID # (Hazardous Waste Only) 2. R 000 085 081									
BUSI	BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.											
Phili	Philips Lumileds Lighting Company											
	II. ACTIVITIES DECLARATION											
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).												
	Does your facility	1 0	omplete these pages of the UPCF									
<u>A.</u> H	AZARDOUS MATERIALS											
liquid (inclu quant Appe	on site (for any purpose) hazardous materials at or above 55 gallons for ds, 500 pounds for solids, or 200 cubic feet for compressed gases ade liquids in ASTs and USTs); or the applicable Federal threshold city for an extremely hazardous substance specified in 40 CFR Part 355, and A or B; or handle radiological materials in quantities for which an gency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☑YES □ NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)									
B. U	NDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A)									
1.	Own or operate underground storage tanks?	☐ YES ☐ NO 5.	UST TANK (one page per tank) (Formerly Form B)									
2.	Intend to upgrade existing or install new USTs?	YES NO 6.	UST FACILITY									
			UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)									
3.	Need to report closing a UST?	☐ YES ☒ NO 7.	UST TANK (closure portion – one page per tank)									
	Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons?	☐ YES ⊠ NO 8.	NO FORM REQUIRED TO CUPAs									
	AZARDOUS WASTE		EDA ID NI IMBED provide at the top of this									
1.	Generate hazardous waste?	YES NO 9.	EPA ID NUMBER – provide at the top of this page									
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)? Treat hazardous waste on site?	☐ YES ☑ NO 10. ☑ YES ☐ NO 11.	RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)									
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☑ YES ☐ NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)									
5.	Consolidate hazardous waste generated at a remote site?	☐ YES ☑ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly									
6.	6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)											
E. LO	OCAL REQUIREMENTS (You may also be required to provide additional inf	formation by your CUPA or loca	l agency.) 15.									

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

					Page of
	I. FACILIT	Y IDENTIFICA	ATION		
BUSINESS NAME (Same as FACILITY NAME of Philips Lumileds Lighting, Compa	DBN - Donig Dasiness (13)	FACILITY ID#		2000 2000 2000	1.
		I. STATUS			*:
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all th		<u> </u>		601.
a. Amended	a. Facility Permit	11 27	d. Variand	ce	
☐ b. Initial	☐ b. Interim Status		e. Consen	nt Agreement	
☑ c. Renewal (PBR Only)	c. Standardized Permit				
	III. NUMBER (OF UNITS AT F	ACILITY		· · · · · · · · · · · · · · · · · · ·
(Indicate the	number of units you operate in each ti	ier. Attach one unit noti	fication page for each	h unit except CE-CL)	
A Conditionally Exempt – Sr	nall Quantity Treatment (CESQT)	(May not function un	nder any other tier	·.)	602.
B Conditionally Exempt Spe	cified Wastestream (CESW)				
C Conditionally Authorized (CA)				
D. 2 Permit by Rule (PBR)					
E Conditionally Exempt – Li	mited (CEL)				
F Conditionally Exempt Con	mmercial Laundry (CE-CL) (No t	init page is required f	for laundries.)		
G. 2 TOTAL UNITS (Must equ	al the number of unit notification	pages attached plus th	he number of CE-0	CL units.)	
	IV. CERTIFICA	ATION AND SIG	GNATURE		
Waste Minimization - I certify that I have economically practicable and that I have so future threat to human health and the environment of the indicated permitting the attachments were prepared under my direct information submitted. Based on my inquinformation is, to the best of my knowledge. I am aware that there are substantial penaltic.	that the unit or units described in including generator and second ion or supervision in accordance uity of the person or persons we and belief, true, accurate, and cordinate the second ion of the person or persons we are supervision in accordance uity of the person or persons we are supervision in accordance with the person or persons we are supervisional true, accurate, and cordinate the supervision is supervised to the supervision in accordance to the sup	in these documents required as yestem design the system design to manage the system plete.	r disposal currently meet the eligibility uirements. I certi- ed to assure that q em, or those direct	y available to me w y and operating req fy under penalty of qualified personnel p etly responsible for	hich minimizes the present and uirements of state statutes and law that this document and all properly gather and evaluate the gathering the information, the
SIGNATURE OF OWNER OPERATOR		DATE			603.
They will		3/23/05	VODED A TOD		605.
NAME OF OWNER/OPERATOR	604.	TITLE OF OWNER			603.
Bob Method	DEDIOD (CE and CA anly)	World Wide Fac		er	
REQUEST FOR SHORTENED REVIEW I State Reason for Request:	PERIOD (CE and CA only)	☐ res			
orate reason to request.					
	V. ATTACHM	ENTS (Check if	attached)		
ALL tiers except CE-CL (Laundries) must s		PBR ONLY			
	nd one treatment process page per	į.		fications, if required	İ
☐ 2. Plot Plan (or other grid/map)		ŀ	cation of local age		
		3. Notifi	cation of property	owner, if different f	rom business owner
PBR & CA ONLY:					
□ 1. Closure Financial Assurance (former					
☐ Self Certified (< \$10,000) ☒ (
2. Prior Enforcement History, if application	ıble				



BUSINESS ACTIVITIES

Page 1 of																		
I. FACILITY IDENTIFICATION																		
FACILITY ID#																1.		D # (Hazardous Waste Only) 2. 000058081
BUSINESS NAME (Sa	ime as I	Facilit	ty Na	me or D	BA -	- Doi	ng B	usiness	As))				L				3.
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) Lumileds Lighting, U.S. LLC																		
II. ACTIVITIES DECLARATION																		
NOTE: If you check YES to any part of this list,																		
please submit the Business Owner/Operator Identification page (OES Form 2730).																		
Does your facility If Yes, please complete these pages of the UPCF A. HAZARDOUS MATERIALS																		
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?									N Y	YES		NO	4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)				
B. UNDERGROUN	D STO	DRAG	GE T	ANKS	(US	STs)		, 10 01		•			1					UST FACILITY (Formerly SWRCB Form A)
1. Own or opera													⊠ Y	YES		NO	5.	UST TANK (one page per tank) (Formerly Form B)
2. Intend to upg	Intend to upgrade existing or install new USTs?								Y	YES	\boxtimes	NO	6.	UST FACILITY				
3. Need to report closing a UST?										YES	⊠	NO	7.	UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)				
C. ABOVE GROU								IKS (A	ST	<u>'s)</u>								
Own or opera	apacity	is gr	eate	r than 6	60 g	gallo	ns, c						ים	YES	\boxtimes	NO	8.	NO FORM REQUIRED TO CUPAs
the total ca			he fa	cility is	gre	ater	than	1,320	gal	llons	?							
D. HAZARDOUS V																		EDA ID NUMBER provide at the ten of this
Generate haz					c		,			1		1.1		YES		NO	9.	EPA ID NUMBER – provide at the top of this page
Recycle more materials (pe	r H&S	C §2:	5143	.2)?	exc	ciude	ea 01	r exem	ipte	a rec	ycı	abie		YES	\boxtimes	NO	10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardo	ous was	ste or	n site	:?									⊠ Y	YES		NO	11.	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
4. Treatment su Rule and Cor						e req	quire	ments	(fo	r Pe	rmi	t by		YES		NO	12.	ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate l						at a r	emo	te site	?					YES	\boxtimes	NO	13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly
6. Need to repo						a ta	nk 1	that w	as (class	ified	d as	-	YES	⊠	NO	14.	DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUI	REME	NTS		(You	ı may	also l	be rec	quired to	pro	vide a	dditio	onal i	nformati	ion by	your	CUP/	or local	agency.)
					`													
																		1
			•															
L																		

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

SANTA CLARA COUNTY DEPT. OF ENV. HEALTH

BUSINESS OWNER/OPERATOR IDENTIFICATION 2005 OCT -4 PM 2: 37

LINDATI	DICATION			Page	of
FACILITY ID#		EGINNING	DATE 100.	ENDING DATE	101.
(Agency Use Only)			DATE 100.	ENDING DATE	101.
	11	1/1/2005	3. RUSINES	OPHONE	102.
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			DOSE 125		102.
Lumileds Lighting, U.S. LLC BUSINESS SITE ADDRESS			(408) 43	3-3939	103.
370 West Trimble Road	104.		ZIP CODE		105.
	104.	CA			103.
San Jose		106.	95131 SIC CODE (4 dig	.i+ #\	107.
DUN & BRADSTREET		100.	3674	nt #)	107.
COUNTY			3074		108.
Santa Clara					
BUSINESS OPERATOR NAME		109.	BUSINESS OPE	RATOR PHONE	110.
			(408) 435-595		
Lumileds Lighting, U.S. LLC II. BUSINE	SS OWNER	>	(408) 433-393	77	
OWNER NAME	35 OWNER	111.	OWNER PHONE		112.
Lumileds Lighting, U.S. LLC			(408) 435-595		
OWNER MAILING ADDRESS			(400) 455-575		113.
370 West Trimble Road				•	
CITY	114.	STATE	115.	ZIP CODE	· 116.
San Jose		CA		95131	
III. ENVIRONME					
CONTACT NAME		117.	CONTACT PHO	NE .	118.
Mitch Cole			408-435-4205		
CONTACT MAILING ADDRESS					119.
370 West Trimble Road					
CITY	120.	STATE	121.	ZIP CODE	122.
San Jose		CA		95131	
-PRIMARY- IV. EMERGEN	CY CONTA	ACTS		-SECONDARY-	
NAME 123.	NAME				128.
Mitch Cole	Bob Metho	od			
TITLE 124.	TITLE				129.
Environmental Engineer	Worldwide	Facilitie	s Manager		
BUSINESS PHONE 125.	BUSINESS P				130.
408-435-4205	408-435-43	322			
24-HOUR PHONE* 126.	24-HOUR PH	HONE*			131.
408-435-5959	408-435-59	959			
PAGER # 127.	PAGER#		\		132.
408-592-3222	n/a				
ADDITIONAL LOCALLY COLLECTED INFORMATION:					133.
Property Owner: Agilent Technologies Inc			Phone No.: 8	377-424-4536	
Billing Address: 5301 Stevens Creek Blvd					
Santa Clara, CA 95051-7201					
Sulliu Ciulu, Cri 75051 7201					
Certification: Based on my inquiry of those individuals responsible for obtaining am familiar with the information submitted and believe the information is true, accu			nder penalty of lav	v that I have personally ex	amined and
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCU	JMENT PREPARER	135.
Kole I HALL	9/30/05		Mitch Cole		
NAME OF SIGNER (print) 136.	TITLE OF S	SIGNER	1 TOTAL COLC		137.
Bob Method			ties Manager		
* See Instructions on next page.	5114 11				

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

										Page	of
I. FACILITY IDENTIFICATION											
BUSINESS NAME (Same as FACILITY NAME of	or DBA - Doing Business As) 3.	FACILITY II	D#								1.
Lumileds Lighting, U.S. LLC											
	·]	II. STATU	S .								
NOTIFICATION STATUS 600.	PERMIT STATUS (Check all	that apply)	_								601.
a. Amended	a. Facility Permit		_	d. Vari							
☑ b. Initial☐ c. Renewal (PBR Only)	b. Interim Status		Ц	e. Con	sent Ag	greemen	t				
C. Reliewal (FBR Offly)	III. NUMBER	OF UNITS	AT FACII	JTY							
(Indicate th	e number of units you operate in each				each uni	t except (CE-CL)				
	mall Quantity Treatment (CESQ)						,				602.
	ecified Wastestream (CESW)	, , ,		•	ĺ						
C. Conditionally Authorized	(CA)			•							
D. 2 Permit by Rule (PBR)											
E. Conditionally Exempt – L.	imited (CEL)										
	mmercial Laundry (CE-CL) (No	unit page is re	quired for laun	dries.)							
-	al the number of unit notification	. •	•		E-CL u	ınits.)					•
•	IV. CERTIFIC	ATION AN	D SIGNAT	TURE		<u> </u>					
Waste Minimization - I certify that I have seconomically practicable and that I have sefuture threat to human health and the environment of the indicated permitting the attachments were prepared under my directinformation submitted. Based on my incinformation is, to the best of my knowledge	that the unit or units described or, including generator and secontion or supervision in accordance quiry of the person or persons or	in these docu idary containm with a system who manage the	ments meet the ent requirement designed to as	e eligib	ntly av ility an ertify u at quali	ailable i d opera nder per fied per	ting renalty o	which equirer f law prope	minim ments of that th rly gat	izes th of state is docu her and	e present and e statutes and ument and all i evaluate the
I am aware that there are substantial penalti	ios for submitting folso informatic	an including th	o noscibility of	f finac o	nd imm	riconma	nt for l	maurin	a viole	tions	
SIGNATURE OF OWNER! OPERATOR—	les for submitting faise information	DATE	e possionity of		ild IIIpi	. ISOIIIIC	III IOI F	diowii	VIOI2	mons.	603.
folm) /Whice		9/30/05									
NAME OF OWNER/OPERATOR	604.	TITLE OF C	WNER/OPER	RATOR							605.
Bob Method		1	de Facilities	s Mana	ager						
REQUEST FOR SHORTENED REVIEW	PERIOD (CE and CA only)	☐ Yes	⊠ No								
State Reason for Request:											
	*										
	XI A DID A CATA	FDNIEG (CI	1 10 1								
	V. ATTACHN	·····		ned)							
ALL tiers except CE-CL (Laundries) must 1. One unit specific notification page a			ONLY		:e	.: :6					
☑ 1. One unit specific notification page a☑ 2. Plot Plan (or other grid/map)	ind one treatment process page pe	}	Tank and con Notification of					eu			
2. 110(11all (of other grittmap)			Notification of			-		from	busine	ss own	er
PBR & CA ONLY:	•			r-opo	,, 0	, 41		2.11			•
☐ 1. Closure Financial Assurance (forme		1									
	rly DTSC form 1232)										
☐ Self Certified (< \$10,000) ☐											

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE

(One page and attachments per unit)

Page of										
FACILITY ID# 1. BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.										
		Lumileds Lighting, U.S. I	LLC							
	I. TREA	TMENT UNIT								
UNIT ID# 606. UNIT TYPE/TIER 607. NUMBER OF TANKS 608. NUMBER OF CON										
NS-1	a. CESQT	4	TREATMENT AREAS							
	□ b. CESW									
UNIT NAME 610.	☐ c. CA	MONTHLY TREATMENT VOLUME	611. UNIT OF MEASURE 612.							
Neutralization System - 1	🛛 d. PBR	5,900,000 (average of	a. Pounds 🛭 b. Gallons							
	e. CEL	190,000 gallons/day)								
	c. c22		·							
SPECIFIC WASTE TYPE TREATED (narrative)			613.							
Inorganic acidic and alkaline wastewaters										
,										
TREATMENT PROCESS DESCRIPTION (narrative	r)		· 614.							
Automatic elementary neutralization using		d sulfuric acid in a two stage co	ontinuous flow treatment system,							
additional tanks are for wastewater transfer	to treatment system									
		•								
(NOTE: For each treatment unit, complete and attach	the appropriate Waste and	l Treatment Process Combinations page	e.)							
II. BASIS F	UK,NUI NEEDING	FEDERAL PERMIT (Check a								
☐ a. The treated waste is not a hazardous w (California-only waste).	aste under federal law		tank or container within 90 days for over d 180 or 270 days for generators of 100 to							
☑ b. Treated in waste water treatment units (tan		_	imed to receiver cilian or other procious matels							
publicly owned treatment works (POTW)/sew NPDES permit.	ering agency or under an	g. Recyclable materials are recial	med to recover silver or other precious metals.							
☐ c. Treatment in elementary neutralization units.		h. Empty container rinsing and/or	r treatment.							
d. Treatment in a totally enclosed treatment facil	ity.	i. Other (specify below)								
e. Federal conditionally exempt small quantity kg., approximately 27 gallons, or less of hazar										
month).										
III. RESID	UALS MANAGEM	ENT DESCRIPTION (Check all	l that apply)							
☐ a. Discharge non-hazardous aqueous waste to PC	DTW or sewer.	Residual hazardous waste hauled offs	site by a registered hauler. 616.							
	- NIDDES - cit	d. Offsite recycling								
☐ b. Discharge non-hazardous aqueous waste unde	r a NPDES permit.	e. Thermal treatment								
☐ c. Dispose of non-hazardous solid waste residues	s at an offsite location.	f. Disposal to land								
		g. Further treatment	7.1.1.							
		h. Other method of disposal (desc	cribe below)							
SECONDARY CONTAINMENT INSTALLATION	DATE (If required)		617.							
			•							