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

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	-
	Mop Handle	1	-
	Squeegee heads	2	Each
	Squeegee handles	2	Each

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.

PHILIPS

Emergency Evacuation Plan

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

1. 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.
2. 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.
3. Area announcement from emergency response team (ERT/MERT) members, listen to order/request and respond accordingly.

Re-Entry Authorizations

1. 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".
2. 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

<u>If you discover a fire:</u>

1. Immediately evacuate everyone from the area by word of mouth
2. 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.
4. 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
4. The appropriate extinguisher is immediately available
5. You have been trained in the safe use of portable fire extinguishers

Emergency Evacuation Plan

If you hear/see the fire alarm evacuation signals:

1. When alarm sounds, stop all work and immediately walk out nearest safe exit to nearest assembly area. Do not stop for personal belongings.
2. 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.
4. 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:

1. 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.
2. 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.
5. 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:

1. 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).
2. 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:

1. When alarm sounds stop all work and immediately walk out nearest safe exit to *designated* meeting point*. Do not stop for personal belongings.
2. 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

1. 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.
2. 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.
3. Inform all visitors / guests of these procedures.

Supervisors and Managers

1. 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.
5. 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)

1. "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).
2. 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.
4. "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)

1. Grab Evacuation Clipboard and Radio.
2. Put on Evacuation Vest.
3. Collect information from Evacuation Sweeps recording building status on maps and checklists.
4. Relay information to the ERT Incident Commander (IC) or Security Operations Center (SOC); use the radio or send a runner to the SOC.
5. Help coordinate movement/relocation of people to other Assembly Areas if needed.
6. 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
5. 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

1. 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.
4. 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

1. 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

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

VI. Attachments

1. Site evacuation procedure & Assembly Area Maps

Philips Lumileds EHS Training Program

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:
   i. Ensure that employees receive required EHS training.
   ii. Notify the EHS training coordinator of changes that may impact EHS training.
   iii. Develop Standard Operating Procedures for all job tasks that have EHS risks.
   iv. Ensure employee work practices are in accordance with EHS requirements or guidelines, and training received by employees.

b. The EHS training coordinator shall:
   i. 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.
   iv. 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:

a. All operations and job functions that may have EHS impact. Processes, equipment, job class, wastes, emissions and EHS risks must be considered.
b. 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.
d. 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.

a. 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.

ii. 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.

a. 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:
   i. 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

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

Manager/Supervisors EHS Training

a. Managers/Supervisors must be aware of their EHS responsibilities, and follow established EHS procedures.
b. 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.
b. 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.
b. 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.
2. 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.

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
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 91BJ
SAN JOSE, CA 95131

Inspection Date: 6/2/2011

HW Generator Type: NA
Consent to Inspect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER
Programs Inspected:

☐ Hazardous Waste Generator ☐ Hazmat Business Plan ☐ Underground Storage Tank ☑ Cal-ARP
☐ HazWaste Tiered Permit ☐ HazMat Storage ☐ A/G Storage Tank ☐ Toxic Gas

☐ RCRA LQG
☐ Pictures Taken
☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0372265 - CAL ARP - 2113
Inspection Type: ROUTINE INSPECTION

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

Comments: ***THE FOLLOWING CALARP DOCUMENTS WERE REVIEWED ON SITE AND FOUND SATISFACTORY:***
1. EMERGENCY RESPONSE PROGRAM DATED 11/19/2010
2. THREE YEAR COMPLIANCE AUDIT DATED JULY 2008
3. INCIDENT INVESTIGATION REPORT OF ANHYDROUS AMMONIA RELEASE 11/11/2009
4. FACILITY HOT WORK PERMIT
5. ERT TRAINING DATED 5/12/2011
6. CONTRACTOR NOTIFICATION OF HAZARDS DATED 5/3/2011
7. HAZARDOUS MATERIALS BUSINESS PLAN DATED 3/17/2010
8. CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM REGISTRATION FORM DATED 8/23/2010
9. SENSORS ARE CALIBRATED SEMI-ANNUALLY AND THE AMMONIA ALARM SYSTEM (HORNS/STROBES/SENSORS) ARE ALSO TESTED SEMIANNUAL. AMMONIA SENSOR CALIBRATION RECORDS WERE REVIEWED. LAST CALIBRATION WAS CONDUCTED ON 3/4/2011.
10. MATERIAL SAFETY DATA SHEET FOR AMMONIA DATED 7/27/2009
11. PROCESS HAZARD ANALYSIS DATED 8/9/2010 (ALL RECOMMENDATIONS WERE ACTED ON OR CLOSED OUT BY FACILITIES PERSONNEL.

FACILITY PERSONNEL COORDINATED WITH LOCAL PLANNING COMMISSION TO DETERMINE WHO WOULD NOTIFY OFF SITE RECEPTORS IN CASE OF AN AMMONIA RELEASE FROM THE FACILITY. AGREEMENT WAS MADE THAT THE LOCAL PLANNING COMMISSION WOULD BE THE LEAD AGENCY TO NOTIFY OFF SITE RECEPTORS. A EMERGENCY PUBLIC NOTIFICATION SOP WAS CREATED FROM THE LAST INSPECTION. (7/30/2008). VERIFY IN WRITING THE LOCAL PLANNING COMMISSION THEY WILL MAKE THE NOTIFICATION.

FACILITY WALK THROUGH WAS CONDUCTED TO VERIFY THAT SEVERAL CALARP CHEMICALS ON SITE WERE BELOW CALARP REPORTING THRESHOLDS. EXCEPT FOR ANHYDROUS AMMONIA ALL CALARP

REPORTABLE CHEMICALS WERE BELOW THRESHOLD QUANTITIES.

RECOMMENDATION: ANHYDROUS AMMONIA IS NO LONGER STORED IN BAY A GAS STORAGE AREA. REMOVE "AMMONIA" SIGN.

COVERED PROCESS MODIFICATION WAS DONE ON 7/4/2010 FOR TWO NEW ANHYDROUS AMMONIA BULK TANKS COMPLETING THE BUILD OUT OF THE BULK AMMONIA STORAGE SYSTEM.

SAN JOSE FIRE DEPARTMENT CONDUCTED A SITE FAMILIARIZATION WALK THROUGH TO FAMILIARIZE THEMSELVES WITH THE FACILITY.

FACILITY NEXT THREE YEAR COMPLIANCE AUDIT IS DUE NOVEMBER 2010.

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

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 91BJ
SAN JOSE, CA 95131

Inspection Date: 6/2/2011

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 07/02/2011, 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)]

6/2/11
Received By: MITCH COLE

Ruben Williams 6/2/11
Inspected By: RUBEN WILLIAMS - EE0010090

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**

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

Inspection Date: 3/19/2012

HW Generator Type:
Consent to Inspect 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	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)]	
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)]	
U025	II	**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 LAST 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)]	

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	II	**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 04/18/2012, 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: BLAIR 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

Inspection Date: 3/19/2012

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**

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
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 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	C	**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	C	**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)]	

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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: 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 System Operator and renew their certification every 24 months. To confirm ICC certiifcation 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	II	**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.

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

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

VC	Class	Violation	Corrective Actions Taken
U232	II	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(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 05/04/2013, 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

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

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

CO/PR/SR ID	PE	SC	Time
PR0397897	2399		

OFFICIAL NOTICE OF INSPECTION

Facility Name: Phillips Lumileds Lighting Co	Inspection Date: 4-26-13
Site Address: 370 W. Trimble Road Bldg 90, San Jose	Employee No.: 102605
Contact Person(s):	Samples Taken? ☐ Yes; ☐ No. Photographs Taken? ☐ Yes; ☐ No.

- ☐ **Hazardous Materials**
- ☐ **Hazardous Waste**
- ☐ **Toxic Gas**
- ☐ **Cal-Accidental Release Prevention Program**
- ☐ **Medical Waste Generator/Storage/Treatment**
- ☒ **Other** VST - Underground Storage Tank

Comments/Observations

- On site with Robert Hunnings with Balch Petroleum to witness the 2nd test of the secondary return piping that was unable to be Tested due to a deteriorated test boot on the original 397897 test conducted on 4-4-13.
- The test boot has been replaced, the pipe is under pressure, gauge reading 3.75 psi.
- Began test at 10:05 AM start pressure = 3.75
- Concluded test at 11:05 AM end pressure = 3.75
- Test PASSED
- Eric Drysdale signed the report today.

Received by: Eric Drysdale Inspected by: [signature] Entered by: _____

white - HMCD, yellow - Facility, pink - Staff

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
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OFFICIAL NOTICE OF INSPECTION

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

Inspection Date: 03/19/2014

HW Generator Type:
Consent to Inspect 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
		No violations were observed during this inspection.	

Comments: ON SITE WITH ROBERT HENNINGER AN ICC TECHNICIAN WITH BALCH PETROLEUM TO OVERSEE THE ANNUAL MONITORING CERTIFICATION. THE FOLLOWING CERTIFICATION WERE VERIFIED TO BE CURRENT:
-ICC TECHNICIAN 8-15-15
-VEEDER-ROOT 11-4-15
-CALDWELL

THE FOLLOWING COMPONENTS WERE TESTED AND PASSED:
-HYDROSTATIC SPILL BUCKET TEST WAS CONDUCTED WITH A 30 MINUTE CALDWELL.
-TWO LIQUID SENSORS-TRIGGERED AN AUDIBLE/VISUAL ALARM

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 04/18/2014, 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)]

Received By: CLAIR LE HERE
ELECTRICIAN

Inspected By: EE0010265 - SOCORRO GUZMAN
CA UST Inspector #5266664, Exp. 08/26/2015

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 _____

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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
Consent to Inspect Granted By: MR. MITCHELL COLE, ENVIRONMENTAL ENGINEER

☐ RCRA LQG
☐ Pictures Taken
☐ 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

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)]

Received By: MR. MITCHELL COLE 9/30/14
ENVIRONMENTAL ENGINEER

Inspected By: EE0010090 - RUBEN WILLIAMS

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**

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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 original copy 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)].

County of Santa Clara
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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 12:50 pm, Apr 14, 2015

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744 **Inspection Date:** 03/19/2015
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

HW Generator Type: NA
Consent to Inspect 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
		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)]

Received By: CLAIR LE HERE
ELECTRICIAN

Inspected By: EE0010071 - ANA BUI
CA UST Inspector #8034347, Exp. 10/01/2016

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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:** 04/16/2015
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

HW Generator Type: NA
Consent to Inspect Granted By: MITCH COLE, ENVIRONMENTAL ENGINEER

☐ RCRA LQG
☐ Pictures Taken
☐ Samples Taken

Summary of Violations & Notice to Comply

Program: PR0399589 - ABOVEGROUND PETROLEUM STORAGE ACT - 2012
Inspection Type: ROUTINE INSPECTION-COMPLETED

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

Comments: *A APSA INSPECTION WAS CONDUCTED ON APRIL 16, 2015. A FACILITY WALK THROUGH WAS CONDUCTED WITH MR. MITCH COLE- FACILITY ENVIRONMENTAL ENGINEER.*

THE FOLLOWING ITEMS WERE INSPECTED:

SIX DIESEL GENERATORS
FIVE PETROLEUM BASED WASTE SOLVENT TANKS
FIVE TRANSFORMERS
FOUR ELEVATOR SINGLE WALLED STEEL RESERVOIRS
PETROLEUM BASED CONTAINER STORAGE AREA (ETHYLENE GLYCOL, DIESEL)

THE TIER ONE SPILL PREVENTION CONTROL AND COUNTER MEASURES PLAN WAS REVIEWED ON SITE AND FOUND SATISFACTORY. (FACILITY HAS LESS THAN 10,000 GALLONS OF PETROLEUM BASED CHEMICALS AND AN ACCID WILL BE CREATED TO DOWNGRADE THE FACILITY TO PROGRAM ELEMENT 2011.

NO VIOLATIONS WERE NOTED DURING THE INSPECTION

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 05/16/2015, 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)]

Mitch Cole 4/20/2015
Received By: MITCH COLE
ENVIRONMENTAL ENGINEER

Ruben D. Williams
Inspected By: EE0010090 - RUBEN WILLIAMS

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**

Reviewed By M Pierce

 Date 4/27/15 R101DAFKL0FGV

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 original copy 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)].

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

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

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131
Inspection Date: 03/01/2016

HW Generator Type:
Consent to Inspect Granted By: CLAIR LEHERE, 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
		No violations were observed during this inspection.	

Comments: THE INSPECTION COMMENCED ON FEBRUARY 17, 2016 AND CONCLUDED TODAY.

ON SITE WITH ROBERT HENNINGER WITH BALCH PETROLEUM TO OVERSEE THE ANNUAL MONITORING CERTIFICATION AND SECONDARY CONTAINMENT TESTING. MR. HENNINGER'S CERTIFICATIONS WERE VERIFIED TO BE CURRENT.

THE FOLLOWING COMPONENTS FOR THE MONITORING CERTIFICATION WERE VERIFIED TO BE OPERABLE:
-LIQUID SENSOR IN THE ANNULAR SPACE, TRIGGERED AN AUDIBLE AND VISUAL ALARM WHEN A LEAK WAS SIMULATED.
-LIQUID SENSOR IN THE PIPING SUMP, TRIGGERED AN AUDIBLE AND VISUAL ALARM WHEN A LEAK WAS SIMULATED.
-ABOVEGROUND PIPING ADJACENT TO THE MONITORING PANEL IS BEING VISUALLY INSPECTED AT LEAST MONTHLY AND RECORDED.
-SPILL BUCKET WAS TESTED HYDROSTATICALLY FOR 30 MINUTES AND HELD A CONSTANT WATER LEVEL.

THE FOLLOWING COMPONENTS FOR THE SECONDARY TESTING PASSED:
-PIPING SUMP WAS TESTED WITH A CALDWELL SYSTEM AND PASSED THE 30 MINUTE HYDROSTATIC TEST.
-THE TANK ANNULAR SPACE WAS VACUUM TESTED AT 8 INCHES OF MERCURY FOR 60 MINUTES.
-THE SECONDARY FUEL RETURN LINE WAS TESTED AT 5.1 PSI FOR 60 MINUTES.
-THE SECONDARY FUEL SUPPLY LINE WAS TESTED AT 5.1 PSI FOR 60 MINUTES.

*****FACILITY IS INSPECTING ABOVEGROUND PIPING AT LEAST MONTHLY AND RECORDING THE FINDINGS.***

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 03/31/2016, 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
MANAGER

Inspected By: EE0010265 - SOCORRO GUZMAN
CA UST Inspector #5266664, Exp. 08/26/2017

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**

OFFICIAL NOTICE OF INSPECTION - SUPPLEMENTAL INFORMATION

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County of Santa Clara
Department of Environmental Health
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Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat

OFFICIAL NOTICE OF INSPECTION

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

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

☑ **RCRA LQG**
☐ **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)]	

OFFICIAL NOTICE OF INSPECTION

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
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 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

VC	Class	Violation	Corrective Actions Taken

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

Summary of Violations & Notice to Comply

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)]	
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)]	

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T407	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 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

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

Summary of Violations & Notice to Comply

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 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 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)]	
T407	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 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 NS-1
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

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

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.*** 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]	

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.

OFFICIAL NOTICE OF INSPECTION

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

Inspection Date: 02/02/2017

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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 facility 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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- 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 original copy 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

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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
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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)].

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

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

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Inspection Date: 02/17/2017

HW Generator Type:
Consent to Inspect Granted By: ERIC DUGDALE, FACILITIES OPERATIONS MGR

☐ **RCRA LQG**
☐ **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 report.
-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

OFFICIAL NOTICE OF INSPECTION

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

Inspection Date: 02/17/2017

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**

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

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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 Type: NA
Consent to Inspect Granted By: MR. MITCH COLE, ENVIRONMENTAL ENGINEER

☐ RCRA LQG
☐ 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.

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Inspection Date: 09/29/2017

Summary of Violations & Notice to Comply

THE FACILITY HAS NOT HAD A PETROLEUM SPILL IN REPORTABLE QUANTITIES IN THE LAST FIVE YEARS. THIS WAS VERIFIED BY LOOKING AND THE FACILITIES INCIDENT SPILL LOG.

THE FACILITY MAP HAD ALL PETROLEUM STORAGE AREA, STORM DRAINS AND EMERGENCY EQUIPMENT LOCATIONS NOTED.

NO ABOVEGROUND PETROLEUM STORAGE ACT VIOLATIONS WERE NOTED DURING THE INSPECTION.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 10/29/2017, 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)]

10/12/17

Received By: MR. MITCH COLE
ENVIRONMENTAL ENGINEER

Ruben D. Williams

Inspected By: EE0010090 - RUBEN WILLIAMS

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**

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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
Consent to Inspect Granted By: MR. MITCH COLE, ENVIRONMENTAL ENGINEER

☐ RCRA LQG
☐ Pictures Taken
☐ Samples Taken

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.

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

Summary of Violations & Notice to Comply

AT THE TIME OF THE INSPECTION NO CALARP VIOLATIONS WERE OBSERVED DURING THE WALK THROUGH INSPECTION. THE FACILITY HAS A WELL DOCUMENTED RISK MANAGEMENT PROGRAM.

ALL COMPLIANCE AUDIT AND PROCESS HAZARD ANALYSIS RECOMMENDATIONS ARE FOLLOWED UP AND WELL DOCUMENTED.

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 12/01/2017, 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: MR. MITCH COLE
ENVIRONMENTAL ENGINEER

Inspected By: EE0010090 - RUBEN WILLIAMS

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**

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OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744 **Inspection Date:** 02/16/2018
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

HW Generator Type:
Consent to Inspect Granted By: JAMES COOPER, LEAD ELECTRICIAN

☐ **RCRA LQG**
☐ **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
T012	M	**UST MONITORING SITE PLAN [2030041]** Underground storage tank (UST) owner/operator failed to submit or keep current a UST monitoring site plan. ***THE SITE PLAN PROVIDED IN CERS DOES NOT ILLUSTRATE THE LAYOUT OF THE PIPING.*** 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)]	The UST Site Monitoring Site Plan was submitted and in CERS as the 2013 submittal. The 2018 submittal under the same category was actually the 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.
T040	M	**DUSTO TRAINING FOR FACILITY EMPLOYEES [2030012]** 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). ***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)]	The new technician - Darryll Cannon was trained by our UST contractor on 3/14/18. Training record is attached.

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 Date:** 02/16/2018
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Summary of Violations & Notice to Comply

THE FOLLOWING COMPONENTS WERE TESTED.

-SPILL BUCKET WAS TESTED HYDROSTATICALLY FOR 30 MINUTES USING THE CALDWELL SYSTEM, NO WATER LOSS WAS OBSERVED.
-ANNUAL LIQUID SENSOR TRIGGERED AN AUDIBLE AND VISUAL ALARM WHEN A LEAK WAS SIMULATED.
-STP LIQUID SENSOR TRIGGERED AN AUDIBLE AND VISUAL ALARM WHEN A LEAK WAS SIMULATED.
-UNDERGROUND STORAGE SYSTEM UNCOVERED PIPING WHICH RUNS IN TO THE BOILER ROOM IS CONTAINED IN A CONCRETE BERM AND EQUIPPED WITH A LIQUID SENSOR THAT TRIGGERS AN AUDIBLE ALARM.

THE FOLLOWING 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)]

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 has complied with directives specified in this Notice to Comply.

	March 15, 2018
Signature of Owner/Operator	**Date**
Mitch Cole	Environmental Engineer
Printed Name of Owner/Operator	**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

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: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Inspection Date: 02/28/2019

HW Generator Type:
Consent to Inspect 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

OFFICIAL NOTICE OF INSPECTION

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	Corrective Actions Taken
T415	II	**INSPECTION OF OVERFILL PREVENTION EQUIPMENT [2030036]** Underground storage tank (UST) owner/operator failed to have UST overfill prevention equipment inspected; or failed to maintain copies of 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 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" (PEI/RP1200-17)]. Have an inspection performed within 30 days. All overfill prevention equipment identified on your UST - Tank Information page(s) in the California 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)]	

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131
Inspection Date: 02/28/2019

Summary of Violations & Notice to Comply

Comments: On-site to oversee an annual monitoring system certification. 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).

Prior to and after completion of testing there were no active alarms at the veeder root panel.

The following components were tested and passed;
L1- Annular sensor
L2- STP sump sensor
All sensors above provided an audible/visual alarm at the veeder root panel.
1- 5 gal., spill bucket was hydrostatically tested for 60 minutes and passed.
Overfill prevention is provided by means of a flapper valve.

The following documents were reviewed during this inspection;
- 12 months of veeder root tapes can be found inside a folder on top of the veeder root panel.
- 12 months of DO monthly records were reviewed during this inspection. These records were reviewed electronically as they are found on their SharePoint site.
- 12 months of visual monthly inspections were reviewed for emergency generators (S3, S4, and 91-3) These are the generators that pull fuel from the UST. These were also provided electronically under the "Monthly Visual Generator" inspections or "Generator PM" inspections.
- Employee training is current for all employees as of 9/19/18.
- The most recent CERS submittal was reviewed as part of this inspection. The last submittal was conducted as of; 12/11/18.

Notes;
1) Within 30 days provide a copy of today's testing report.
2) Any questions regarding this inspection report, please contact Ana Bui (408) 918-1952 or ana.bui@deh.sccgov.org

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 03/30/2019, 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: James Cooper
Facilities Electrician

Inspected By: EE0010071 - ANA BUI
CA UST Inspector #8034347, Exp. 10/01/2020

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**

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 original copy 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)].

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

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

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Inspection Date: 02/19/2020

HW Generator Type:
Consent to Inspect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN

☐ **RCRA LQG**
☐ **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
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.*** 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)]	

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

Summary of Violations & Notice to Comply

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:*** ***-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.*** 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)]	

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

Summary of Violations & Notice to Comply

VC	Class	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	M	**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	M	**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)]	

OFFICIAL NOTICE OF INSPECTION

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

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)]	

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T415	II	**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. ***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	M	**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)]	

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

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	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. ***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)]	

OFFICIAL NOTICE OF INSPECTION

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

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:
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

Received By: James Cooper — Facilities electrician

Inspected By: EE0010436 - ROBIN WARD

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**

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 original copy 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)].

County of Santa Clara

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

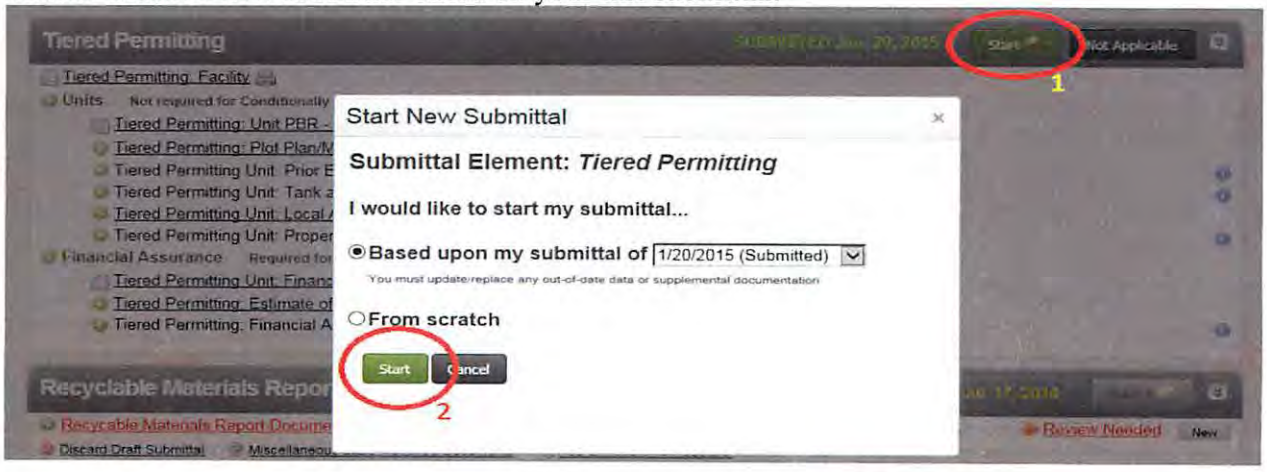
RE: ONSITE HAZARDOUS WASTE TREATMENT PROGRAM - 2018 PBR ANNUAL RENEWAL

Dear Tiered Permit Facility:

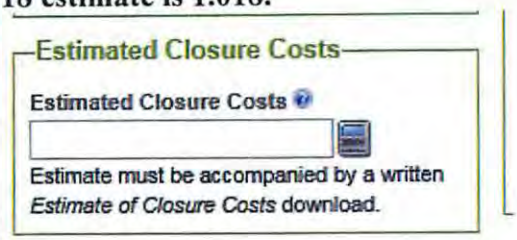
This letter is provided by the County of Santa Clara Department of Environmental Health (DEH) to remind and assist you in the annual renewal of information required of facilities treating waste onsite under Permit by Rule (PBR).

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.**



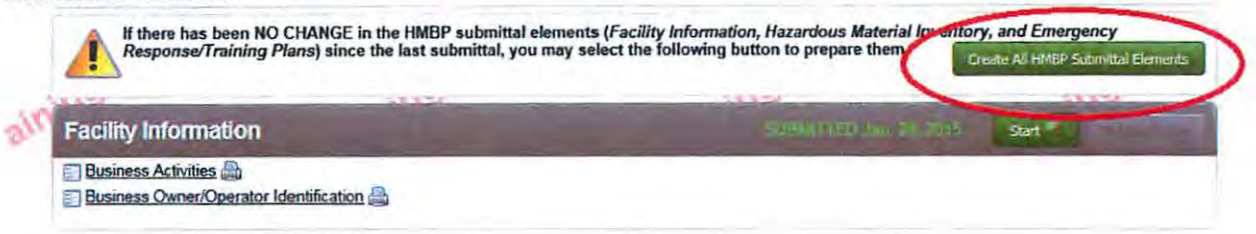
After updating your closure cost estimate, we recommend that you evaluate the financial mechanism and verify that it is adequate to cover the current closure cost estimate. Facilities that have filed using the Financial Test and Corporate Guarantee mechanism must submit updated information to this Department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

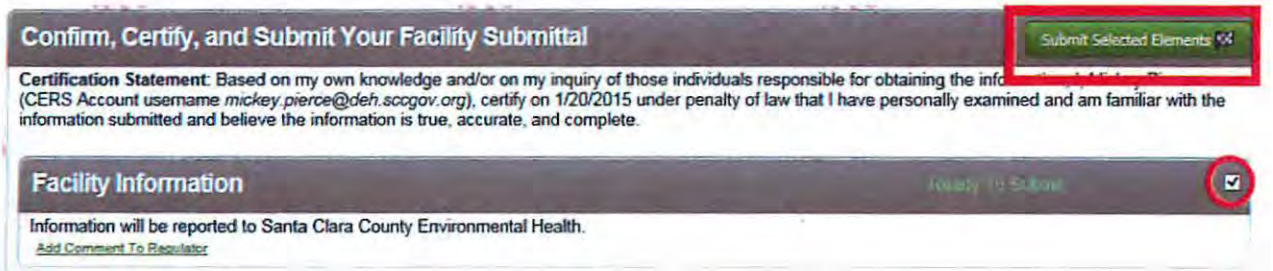
In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- 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

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

Inspection Date: 3/19/2012

HW Generator Type:
Consent to Inspect 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	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	II	**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 & attached
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~~ UST 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 & attached

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

VC	Class	Violation	Corrective Actions Taken
U520	II	**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)]	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 04/18/2012, 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

Inspection Date: 3/19/2012

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: 4/18/12

Printed Name of Owner/Operator: Mitch Cole — Title: Environmental Eng.

RECEIVED 4-20-2012 HMCD

PHILIPS

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,

Reviewed By [signature]

Date 4-23-2012

Monitoring plan not approved
~~Need copy of insurance policy~~
Need UST BOE #
Original UPCF O/O & BA forms

[signature]

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

LUMILEDS
LIGHT FROM SILICON VALLEY

PHILIPS

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 _____

Date 6-4-2012

UCF Business Activities & Owner/Operator ID Pages not submitted w. UST Forms.
Still need UST BOE Fee #.

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

LUMILEDS
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

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 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	C	**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	C	**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 certiifcation information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(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: 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 System Operator and renew their certification every 24 months. To confirm ICC certiifcation information, go to www.iccsafe.org/CertSearch. [23 CCR 2715(c)&(e)]	Dusto will place copies of alarm history in folder at the panel with the inspection reports. UST as part of monthly generator maint will review folder to insure compliance
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)]	UST has modified pm schedule to indicate test must be done in February. Also DUSTO has documented the same in their records.
U230	(II)	**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 ~~include~~ 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.

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

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

VC	Class	Violation	Corrective Actions Taken
U232	II	**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(c)]	Repair and retest is Scheduled for 4/26/13. 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 05/04/2013, 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

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

Signature of Owner/Operator

Date: 4/26/13

Printed Name of Owner/Operator: Eric Dugdale

Title: Operations Manager

PHILIPS

Corrective and Preventive Action Program

CAPAR # 13 (YY Year) 089 (BBB Bldg) 23 (CC Code) 014 (RRR Report)

Instructions can be found on the EHS Webpage

Philips Lumileds Corrective and Preventative Action Report

1. Description of Circumstances:

County Inspection:

"Petroleum underground storage tank 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 damange caused by a release"

Essentially - we had an insurance policy for the financial assurance for the UST - but failed to submit the notification to the county when the policy changed.

2. Date of Incident:	3.Time of Incident:	4. Location (Bldg., Column #, etc.):
4/4/2013	13:00	Service Building
5. Report Completed By:		**6. Position:**
Mitch Cole		Environmental Engineer
7. Date of Report:	**8. Telnet:**	**9. Mailstop:**
4/5/2013	964-2562	91LO

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	Areas, Equipment, Tools or Processes	Hours	Minutes

11. Probable root cause(s). Include information on how the cause was determined.

When the policy renews - the policy number changes by the last digit sequentially. When this policy changed in August - the form for the county was not updated and sent in at that time. There is currently no trigger associated with sending this document.

☐ Yes ☑ No

12. Corrective action(s).

The Certification of Financial Responsibility was completed with the current insurance policy number and given to the county during the inspection.

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 timing. This will act as the trigger to send in the updated document.

18. Responsible Person: Mitch Cole 19. Due Date 4/5/2013 20. Actual Date Completed: 4/5/2013

Verification of corrective and preventative action(s).

21. Verification Owner: Joyce Gee 22. Date: 4/5/2013

PHILIPS

Corrective and Preventive Action Program

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

Instructions can be found on the EHS Webpage

Philips Lumileds Corrective and Preventative Action Report

1. Description of Circumstances:

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 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 (Bldg., Column #, etc.):
4/4/2013	13:00	Service Building
5. Report Completed By: Mitch Cole		**6. Position:** Environmental Engineer
7. Date of Report: 4/5/2013	**8. Telnet:** 964-2562	**9. Mailstop:** 91LO

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	Areas, Equipment, Tools or Processes	Hours	Minutes

11. 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.

☐ Yes ☑ No

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 timing. 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

Verification of corrective and preventative action(s).

21. Verification Owner: Joyce Gee 22. Date: 4/5/2013

PHILIPS

Corrective and Preventive Action Program

CAPAR # 13 (YY Year) 089 (BBB Bldg) 23 (CC Code) 016 (RRR Report)

Instructions can be found on the EHS Webpage

Philips Lumileds Corrective and Preventative Action Report

1. Description of Circumstances:

County Inspection:

"UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system as required and/or failed to maintain copies of the 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."

2. Date of Incident:	3. Time of Incident:	4. Location (Bldg., Column #, etc.):
4/4/2013	13:00	Service Building
5. Report Completed By:		**6. Position:**
Mitch Cole		Environmental Engineer
7. Date of Report:	**8. Telnet:**	**9. Mailstop:**
4/5/2013	964-2562	91LO

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	Areas, Equipment, Tools or Processes	Hours	Minutes

11. Probable root cause(s). Include information on how the cause was determined.

DUSTO was performing inspections but not keeping a copy of the report and the alarm printout together at the monitoring panel.

☐ Yes ☑ No

12. Corrective action(s).

Balch has instructed their operators to leave records at the panel for each inspection.

13. Responsible Person: Eric Dugdale 14. Due Date: 5/4/2013 15. Actual Date Completed: 4/9/2013

16. Work Order #, Exception code, or Capar Code:

17. Preventative actions to prevent re-occurrence.

Generator tech will monitor the folder to see that the DUSTO is leaving each months reports in the folder

18. Responsible Person: Clair LeHere 19. Due Date 5/4/2013 20. Actual Date Completed: 4/6/2013

Verification of corrective and preventative action(s).

21. Verification Owner: Eric Dugdale 22. Date: 4/16/2013

PHILIPS

Corrective and Preventive Action Program

CAPAR # 13 (YY Year) 089 (BBB Bldg.) 23 (CC Code) 017 (RRR Report)

Instructions can be found on the EHS Webpage

Philips Lumileds Corrective and Preventative Action Report

1. Description of Circumstances:

County Inspection:

"UST owner/operator failed to ensure that a qualified designated UST operator has been performing and documenting monthly inspections of the UST system(s) as required and or failed to maintain copies ot the DUSTO inspection records. Alarm history reports are not being attached to themonthly DO reports. Ensure that these reports are attached to the monthly reports"

Dimilar finding: "Your SB-989 testing occured today but was 2 months late. Ensure that your next testing occurs by February 2016" note: these test are every 3 years.

2. Date of Incident:	3.Time of Incident:	4. Location (Bldg., Column #, etc.):
4/4/2013	13:00	Service Building
5. Report Completed By: Mitch Cole		**6. Position:** Environmental Engineer
7. Date of Report: 4/5/2013	**8. Telnet:** 964-2562	**9. Mailstop:** 91LO

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	Areas, Equipment, Tools or Processes	Hours	Minutes

11. Probable root cause(s). Include information on how the cause was determined.

Scheduling and PO issues delayed testing to be done.

☐ Yes ☑ No

12. Corrective action(s).

Both Balch and Philips have modified our tracking records to indicate the tests have to be done in Feb.

13. Responsible Person: Eric Dugdale 14.Due Date: 5/4/2013 15. Actual Date Completed: 4/11/2013

16. Work Order #, Exception code, or Capar Code:

17. Preventative actions to prevent re-occurrence.

Notes independent of actual test date have been added to the PM schedule to indicate the test has to be done in Feb.

18. Responsible Person: Trinae Pauley 19. Due Date 5/4/2013 20. Actual Date Completed: 4/11/2013

Verification of corrective and preventative action(s).

21. Verification Owner: Eric Dugdale 22. Date: 4/16/2013

PHILIPS

Corrective and Preventive Action Program

CAPAR # 13 (YY Year) 089 (BBB Bldg.) 23 (CC Code) 018 (RRR Report)

Instructions can be found on the EHS Webpage

Philips Lumileds Corrective and Preventative Action Report

1. Description of Circumstances:

County Inspection:

"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."

2. Date of Incident:	3.Time of Incident:	4. Location (Bldg., Column #, etc.):
4/4/2013	13:00	Service Building
5. Report Completed By:		**6. Position:**
Mitch Cole		Environmental Engineer
7. Date of Report:	**8. Telnet:**	**9. Mailstop:**
4/5/2013	964-2562	91LO

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	Areas, Equipment, Tools or Processes	Hours	Minutes

11. Probable root cause(s). Include information on how the cause was determined.

Aged boot would not hold for test. It failed a visual inspection.

☐ Yes ☑ No

12. Corrective action(s).

Balch has provided a quote to repair boot and retest. Clair has issued a change to the PO for the amount.Replacement of the boot is scheduled for 4/26 with the test the same day.

13. Responsible Person: Clair LeHere 14.Due Date: 5/4/2013 15. Actual Date Completed:

16. Work Order #, Exception code, or Capar Code:

17. Preventative actions to prevent re-occurrence.

Requested Balch inspect the condition of the boot prior to testing in the future so correction can be done before the testing. Inspection to happen in December prior to quote for the next years services. All repairs, inspections and regular services will be quoted together. So a po can be placed prior to the new year and all preperations made ahead of required inspection time frame.

18. Responsible Person: Clair LeHere 19. Due Date 5/4/2013 20. Actual Date Completed: 4/26/2013

Verification of corrective and preventative action(s).

21. Verification Owner: Eric Dugdale 22. Date: 4/29/2013

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
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131
Inspection Date: 09/23/2014

HW Generator Type: NA
Consent to Inspect Granted By: MR. MITCHELL COLE, ENVIRONMENTAL ENGINEER

☐ RCRA LQG
☐ Pictures Taken
☐ 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.*	See attached Emergency Public Notification Procedure.

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)]

Mitchell Cole 9/30/14
Received By: MR. MITCHELL COLE
ENVIRONMENTAL ENGINEER

Ruben D. Williams
Inspected By: EE0010090 - RUBEN WILLIAMS

Certification of Compliance

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

[signature]	11/4/14
Signature of Owner/Operator	**Date**
AJAY M. MARATHE	SR VP OPERATIONS
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.
- 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 original copy 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

Legal Entity signing:	Philips Lumileds Lighting Company LLC		
Contract Owner Name:	Mitch Cole	**Contract Owner Phone #: 408-964-2562**	
Other Contracting Party(ies):	County of Santa Clara, Department of Environmental Health		
Department:	☒Sales	☐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	

Approving Authorities	Applicable Yes/no	Name of Approver	Signature of Approver and Date (signatory hereby confirms that he/she has reviewed and approved the Commitment)
Contract Owner (Technical/Commercial Terms)	Yes	Mitch Cole	10/28/14
Department Manager	Yes	Dan Janowski	10/28/14
2nd Level Manager	Yes	Sunil Thomas	10/28/14
VP Management	Yes	Ajay Marathe	11/4/14.
Legal (Non IP, excluding Confidentiality Provisions)	No	Gina Flynn	
Environmental Compliance	Yes	Mitch Cole	10/28/14
Customer Service (including import/export)		Mike Neunfinger (and if applicable, Christine Rutherford)	

**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.

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

13.0 Other:

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

13.2 Schools:

- 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

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

13.3.9 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 Hospitals (none within the 1.9 mile radius)

13.5 Airport: San Jose International (408) 277-5100

13.6 Churches

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 Seaboard Avenue, San Jose

Revision History Page

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.

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

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

☑ **RCRA LQG**
☐ **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	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)]	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	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)]	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.

OFFICIAL NOTICE OF INSPECTION

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
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 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]	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 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

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

Summary of Violations & Notice to Comply

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.

OFFICIAL NOTICE OF INSPECTION

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T407	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 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]	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.

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

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

Summary of Violations & Notice to Comply

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 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 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.
T407	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 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]	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.

Comments: Unit NS-1
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

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

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.*** 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)]	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.
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.

OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0252744
Facility Name: LUMILEDS LLC
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

Inspection Date: 02/02/2017

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 03/04/2017, 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:

Inspected By: EE0010235 - MICKEY PIERCE
CA UST Inspector #8016994, Exp. 08/26/2018

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** March 2, 2017
Printed Name of Owner/Operator Mitch Cole	**Title** Environmental Engineer

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 original copy 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)].

From: Cole, Mitchell
To: Pierce, Mickey
Subject: FW: Tank inspections
Date: Thursday, March 2, 2017 7:37:50 AM
Attachments: image002.png
image004.png
image013.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

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LUMILEDS

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.

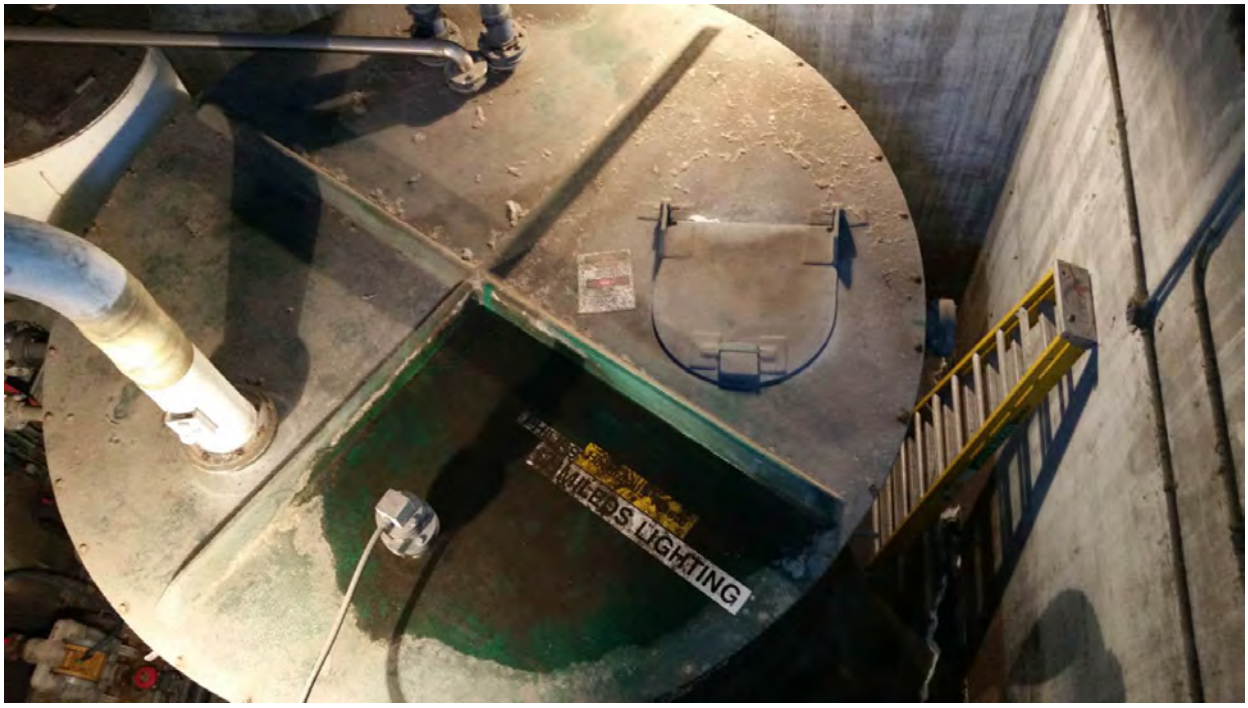
Questions:
Is a below grade vault above ground?
Is entering a confined space within the definition of "Accessible?" A confined space is obviously a hazardous location.

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

Here are some pictures of the equipment in question:


NO SMOKING
3
2
0
4
0
Lumileds LLC


W2



Mitch Cole
Environmental Engineer
mitchell.cole@lumileds.com

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LUMILEDS

From: Cole, Mitchell
To: Regulatory Assistance Office@DTSC
Cc: Pierce, Mickey; Janowski, Daniel
Subject: RE: Tank inspections
Date: Friday, March 3, 2017 6:07:51 AM
Attachments: image010.png
image001.png

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

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LUMILEDS

From: Regulatory Assistance Office@DTSC [mailto:RAO@dtsc.ca.gov]
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

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.

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.

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Here are some pictures of the equipment in question:


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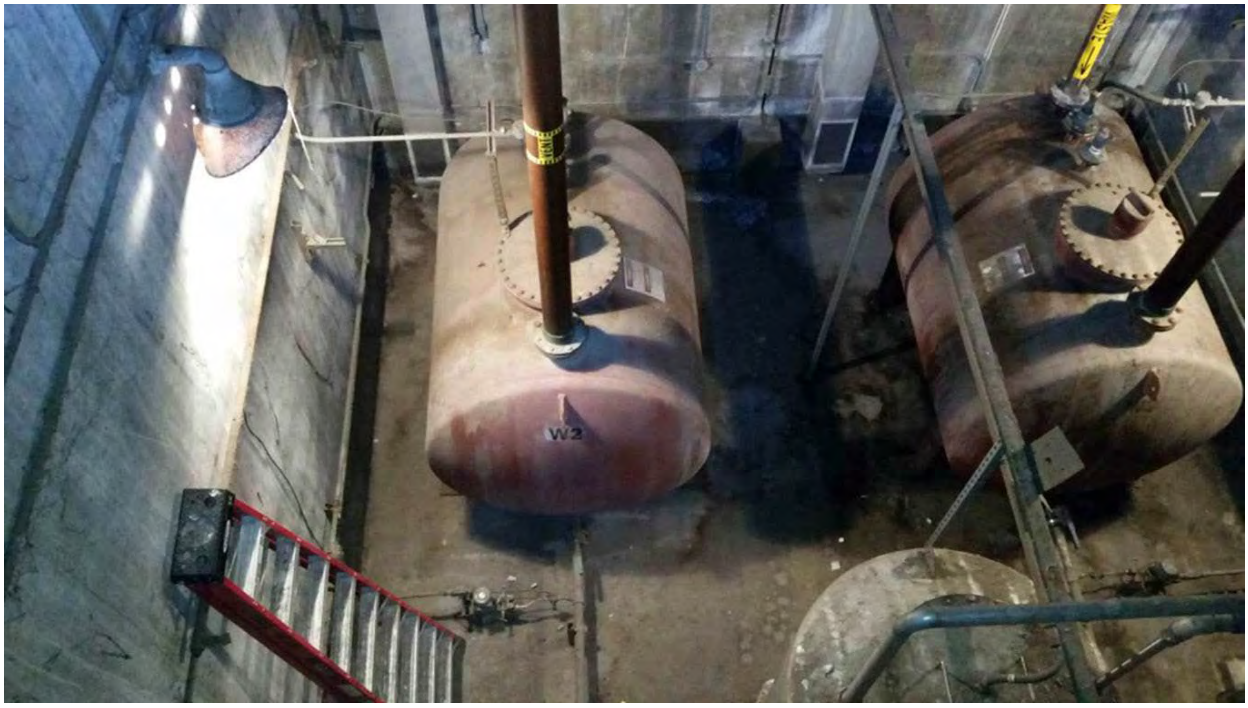
Lumileds LLC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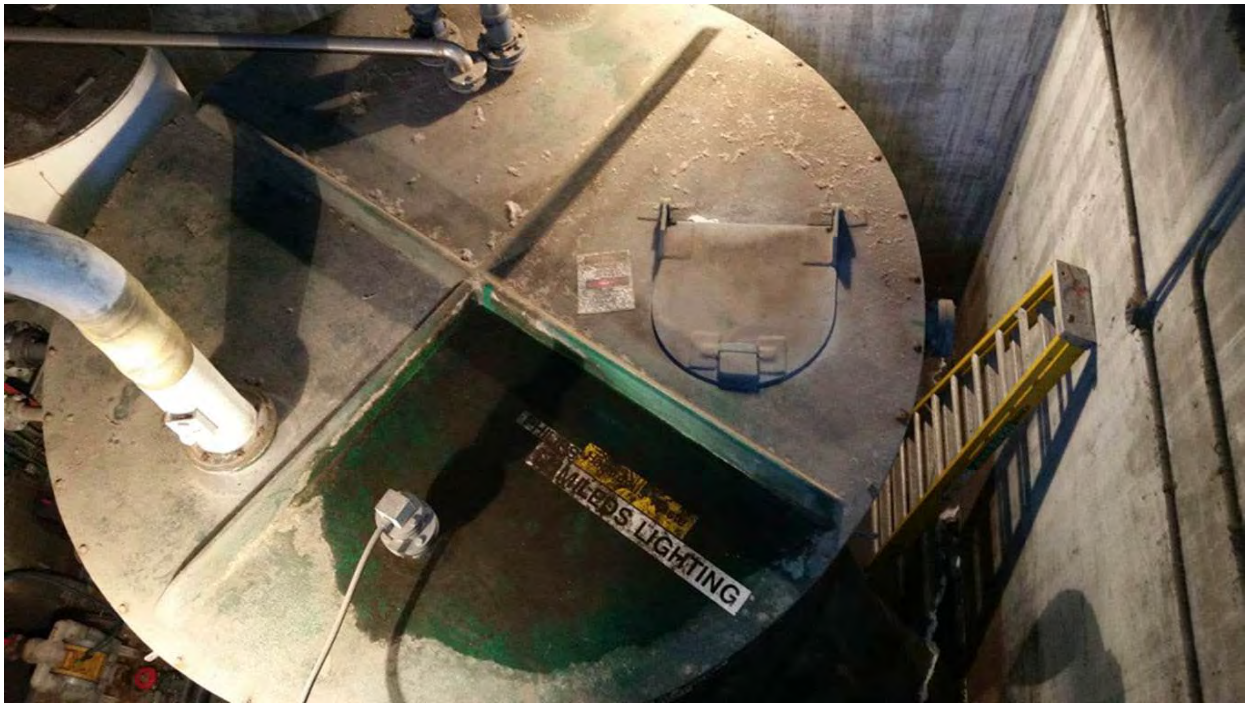

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LUMILEDS

REVIEWED
By Rob Ward at 2:35 pm, Apr 27, 2020

LUMILEDS

March 10, 2020

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

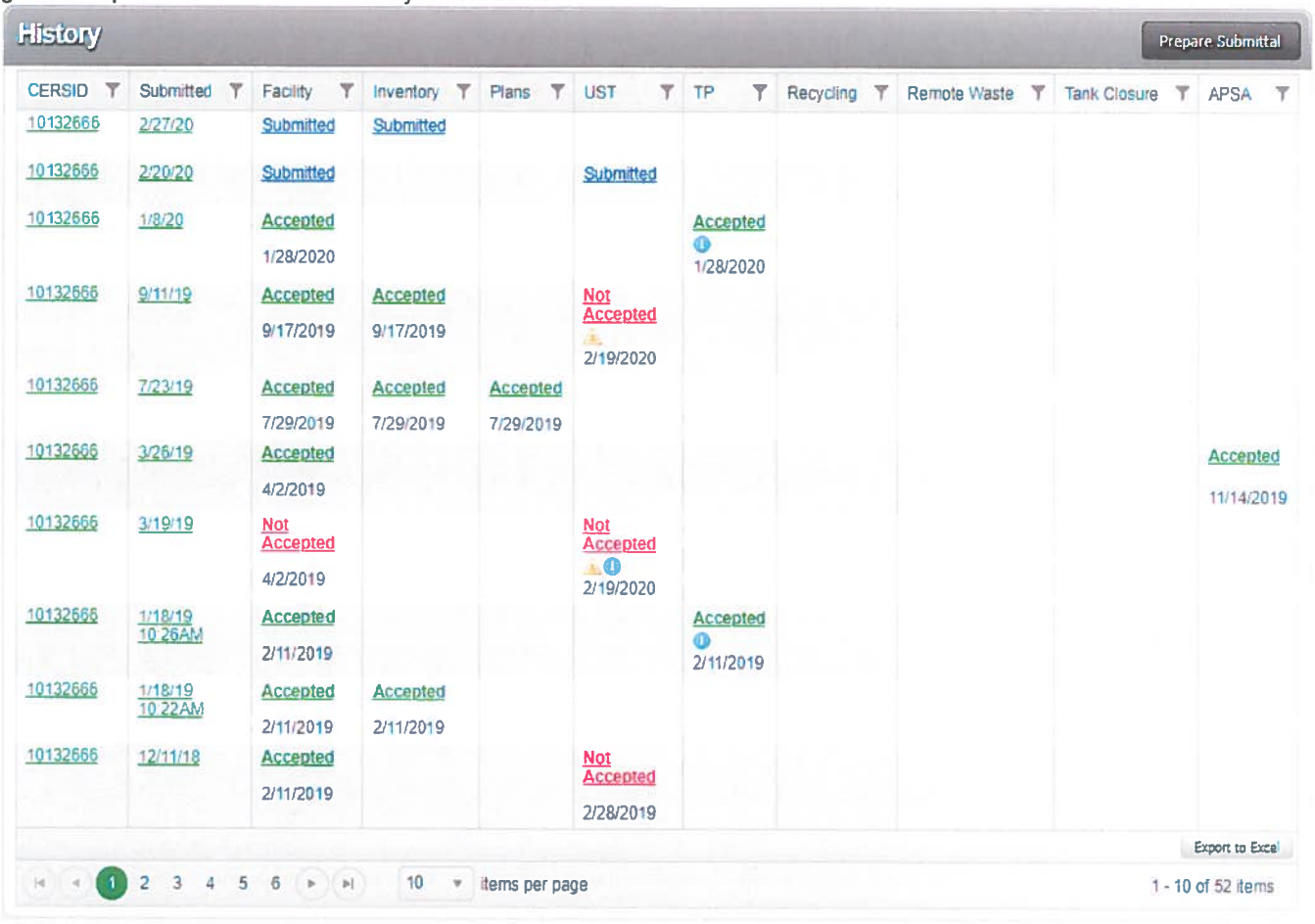
Subject: 2/19/2020 UST Inspection response

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.



History

Prepare Submittal

CERSID	Submitted	Facility	Inventory	Plans	UST	TP	Recycling	Remote Waste	Tank Closure	APSA
10132666	2/27/20	Submitted	Submitted							
10132666	2/20/20	Submitted			Submitted					
10132666	1/8/20	Accepted 1/28/2020				Accepted 1/28/2020				
10132666	9/11/19	Accepted 9/17/2019	Accepted 9/17/2019		Not Accepted 2/19/2020					
10132666	7/23/19	Accepted 7/29/2019	Accepted 7/29/2019	Accepted 7/29/2019						
10132666	3/26/19	Accepted 4/2/2019								Accepted 11/14/2019
10132666	3/19/19	Not Accepted 4/2/2019			Not Accepted 2/19/2020					
10132666	1/18/19 10:26AM	Accepted 2/11/2019				Accepted 2/11/2019				
10132666	1/18/19 10:22AM	Accepted 2/11/2019	Accepted 2/11/2019							
10132666	12/11/18	Accepted 2/11/2019			Not Accepted 2/28/2019					

Export to Excel

1 2 3 4 5 6 10 items per page 1 - 10 of 52 items

2. UST Monitoring plan: The corrections were made to the monitoring plan and submitted on 2/20/2020.

3. UST Response plan: The situation with this plan is the same as the plot plan. It was submitted again on 2/20/2020.

4. 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.

5. 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.

7. 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)

8. 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.

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

Inspection Date: 02/19/2020

HW Generator Type:
Consent to Inspect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN

☐ RCRA LQG
☐ 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
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.*** 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)]	See response letter item # 1 ✓

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

Summary of Violations & Notice to Comply

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:*** ***-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)]	See response letter item 2.
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.*** 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)]	See response letter item 3.

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

Summary of Violations & Notice to Comply

VC	Class	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]	See response letter item 4 ✓
T029	M	**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)]	See response letter item 5 ✓
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. ***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)]	See response letter item 6 ✓

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

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)]	See response letter item 7 ✓
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)]	See response letter item 8 ✓

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

Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
T415	II	**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. ***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)]	See response letter item 9 ✓
T417	M	**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)]	See response letter item 9

OFFICIAL NOTICE OF INSPECTION

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

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)]	See response letter item 10 ✓
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)]	See response letter item 10 ✓
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. ***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)]	See response letter item 11 ✓

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

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:
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

Received By: James Cooper — Facilities electrician

Inspected By: EE0010436 - ROBIN WARD

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** 3/5/2020

Printed Name of Owner/Operator Mitch Cole — **Title** Environmental Engineer

UNDERGROUND STORAGE TANK

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL INSPECTION REPORT (P

I. FACILITY INFORMATION

CERS ID	Date of Designated UST Operator Insp.
10132666	10/4/2019

Business Name *(Same as Facility Name or DBA-Doing Business As)*
Lumileds LLC

Business Site Address	City	ZIP Code
370 West Trimble Rd	San Jose	95131

II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION

Name of Designated UST Operator *(Print as shown on the ICC Certification.)*	Phone #
James Keltner	(408) 942-8686

ICC Certification #	ICC Certification Expiration Date
8178558-UC	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, Title 23, 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 number line that corresponds with the number line of the compliance issue listed above in Section III.

1. No actions needed
2.
3.
4.
5.
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 taken o correct the issues discovered.

ame of UST Owner/Operator (Print)	UST Owner/Operator Signature	Date Signed

= California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL INSPECTION REPORT

VII. INSPECTION HISTORY

	Y	N
Has each follow-up action of Section III from the previous inspection been completed appropriately? *Attach documentation verifying appropriate service to this report.*	☐	☐

VIII. ALARM HISTORY

	Y	N	NA
Attach a copy of the alarm history report/log to this report.			
Is the monitoring system powered on and in proper operating mode?	☒	☐	☐
Has each leak detection alarm since the previous inspection been responded to appropriately? *Attach documentation verifying appropriate service to this report.*	☐	☐	☒
Have all containment sumps that have had a leak detection alarm since the previous inspection been responded to by a qualified UST Service Technician?	☐	☐	☒

List below in Section IX all containment sumps that have had a leak detection alarm since the previous inspection and have not been responded to by a qualified UST Service Technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location. The results of the visual inspection must be recorded in Section IX.

IX. UNDERGROUND STORAGE TANK SYSTEM INSPECTION

Is the containment sump free of damage, water, debris, and hazardous substance?

Containment Sump ID	Y	N	Containment Sump ID	Y	N
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐

Are all sensors in containment sumps inspected located to detect a leak at the earliest opportunity? ☐ ☐

Is the spill container free of damage, water, debris, and hazardous substance?

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	☒	☐	Tank ID		☐	☐
Tank ID		☐	☐	Tank ID		☐	☐

Is the under-dispenser containment free of damage, water, debris, and hazardous substance?

Under-Dispenser Containment ID	Y	N	NA	Under-Dispenser Containment ID	Y	N	NA
Dispenser 1/2	☐	☐	☐	Dispenser 3/4	☐	☐	☐
Dispenser 5/6	☐	☐	☐	Dispenser 7/8	☐	☐	☐
Dispenser 9/10	☐	☐	☐	Dispenser 11/12	☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐

Are all sensors in under-dispenser containment located to detect a leak at the earliest opportunity? ☐ ☐ ☐

X. TESTING AND MAINTENANCE

	Y	N	NA	Date Last Performed
Has the monitoring system certification been completed within the past 12 months?	☒	☐		2/28/2019
Has the spill container testing been completed within the past 12 months?	☒	☐		2/28/2019
Has the overfill prevention equipment inspection been completed within the past 36 months?	☒	☐	☐	2/28/2019
Has the secondary containment testing been completed within the past 36 months?	☒	☐	☐	2/28/2019
Has the tank tightness testing been completed within required timeframes?	☐	☐	☒	
Has the line tightness testing been completed within the required timeframes?	☐	☐	☒	
Other required testing / maintenance was completed within required timeframe. *(List test/maintenance items below.)*				
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		

XI. FACILITY EMPLOYEE TRAINING

	Y	N
Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?	☒	☐

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

Y = Yes, N = No, NA = Not Applicable, ID = Identification

UNDERGROUND STORAGE TANK

DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL INSPECTION REPORT (Page 1 of 2)

I. FACILITY INFORMATION

CERS ID	Date of Designated UST Operator Inspection
10132666	11/4/2019

Business Name *(Same as Facility Name or DBA-Doing Business As)*
Lumileds LLC

Business Site Address	City	ZIP Code
370 West Trimble Road	San Jose	95131

II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION

Name of Designated UST Operator *(Print as shown on the ICC Certification.)*	Phone #
Priscilla Sanchez	(408) 942-8686

ICC Certification #	ICC Certification Expiration Date
9039893-UC	12/30/2020

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.
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9.
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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, Title 23, 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 number line that corresponds with the number line of the compliance issue listed above in Section III.

1.
2.
3.
4.
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11.
12.

VI. OWNER / OPERATOR ACKNOWLEDGMENT OF COMPLIANCE ISSUES

I have reviewed Section III "COMPLIANCE ISSUES" and provided a description in Section V of the action taken or to be taken to correct the issues discovered.

Name of UST Owner/Operator (Print)	UST Owner/Operator Signature	Date Signed
Eric Drugdale		11/4/19

UNDERGROUND STORAGE TANK
DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL INSPECTION REPORT (Page 2 of 2)

VII. INSPECTION HISTORY

	Y	N
Has each follow-up action of Section III from the previous inspection been completed appropriately? *Attach documentation verifying appropriate service to this report.*	☒	☐

VIII. ALARM HISTORY

Attach a copy of the alarm history report/log to this report.	Y	N	NA
Is the monitoring system powered on and in proper operating mode?	☒	☐	☐
Has each leak detection alarm since the previous inspection been responded to appropriately? *Attach documentation verifying appropriate service to this report.*	☐	☐	☒
Have all containment sumps that have had a leak detection alarm since the previous inspection been responded to by a qualified UST Service Technician?	☐	☐	☒

List below in Section IX all containment sumps that have had a leak detection alarm since the previous inspection and have not been responded to by a qualified UST Service Technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location. The results of the visual inspection must be recorded in Section IX.

IX. UNDERGROUND STORAGE TANK SYSTEM INSPECTION

Is the **containment sump** free of damage, water, debris, and hazardous substance?

Containment Sump ID	Y	N	Containment Sump ID	Y	N
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐

Are all sensors in **containment sumps** inspected located to detect a leak at the earliest opportunity? ☐ ☐

Is the **spill container** free of damage, water, debris, and hazardous substance?

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	☒	☐	Tank ID		☐	☐
Tank ID		☐	☐	Tank ID		☐	☐

Is the **under-dispenser containment** free of damage, water, debris, and hazardous substance?

Under-Dispenser Containment ID	Y	N	NA	Under-Dispenser Containment ID	Y	N	NA
Dispenser 1/2	☐	☐	☐	Dispenser 3/4	☐	☐	☐
Dispenser 5/6	☐	☐	☐	Dispenser 7/8	☐	☐	☐
Dispenser 9/10	☐	☐	☐	Dispenser 11/12	☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐

Are all sensors in **under-dispenser containment** located to detect a leak at the earliest opportunity? ☐ ☐ ☐

X. TESTING AND MAINTENANCE

	Y	N	NA	Date Last Performed
Has the monitoring system certification been completed within the past 12 months?	☒	☐		2/28/2019
Has the spill container testing been completed within the past 12 months?	☒	☐		2/28/2019
Has the overfill prevention equipment inspection been completed within the past 36 months?	☒	☐	☐	2/28/2019
Has the secondary containment testing been completed within the past 36 months?	☒	☐	☐	2/28/2019
Has the tank tightness testing been completed within required timeframes?	☐	☐	☒	
Has the line tightness testing been completed within the required timeframes?	☐	☐	☒	
Other required testing / maintenance was completed within required timeframe. *(List test/maintenance items below.)*				
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		
Test / Maintenance:	☐	☐		

XI. FACILITY EMPLOYEE TRAINING

	Y	N
Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?	☒	☐

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

Y = Yes, N = No, NA = Not Applicable, ID = Identification

FACILITY EMPLOYEE TRAINING CERTIFICATE (Page 1 of 1)

I. FACILITY INFORMATION

Business Name (Same as Facility Name or DBA-Doing Business As)	CERS ID
Lum. LEDS LLC	10132666

Business Site Address	City	ZIP Code
370 West Trimble Road	San Jose	95131

II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION

Name of Designated UST Operator Providing the Training (Print as shown on the ICC Certification.)

James Keltner

Mailing Address	Phone #
930 Ames Ave, Milpitas, Ca 95054	408 992 8686

ICC Certification #	ICC Certification Expiration Date
8178558-UC	1/25/21

III. FACILITY EMPLOYEE INFORMATION

Individuals assuming the duties of the facility employee before October 13, 2018 must be trained within 30 days of performing facility employee duties. Individuals assuming the duties of the facility employee on and after October 13, 2018 must be trained before performing facility employee duties.

☐ ***Check this box if a list of the individual(s) trained is appended to this form. The appended list, at a minimum, must contain all of the information in this section.***

Name of Individual(s) Trained	Initial Training Date	Date of Assuming Responsibility as a Facility Employee
James Cooper	10/4/19	
Eric Dugdale	10/4/19	
Trinae Pauley	10-4-19	
Angel Guerrero	10-4-19	
Saul Martez	10-4-19	

IV. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING THIS TRAINING

The facility employees listed above have completed the required training in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2715(c) and all the information provided herein is accurate.

Training Designated UST Operator Signature	Date of Training
	10/4/19

Facilities Work Request

Work Request [DOC# 6152]

Work record for containment repair

Current Status : CLOSED

Submitted By : Eric Dugdale com **Phone # :**

Requested For : Eric Dugdale **Email :** eric.dugdale@lumileds.com **Phone # :**

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 tested line and found no leak	ASSIGNED

		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

GL

Job Name: Limited
Job No.: 01337
Address:

JOB REPORT

Date: 4/11/15 Weather:

DESCRIPTION OF WORK PERFORMED: Additional comments on reverse

In Field view drop tube to diesel tank.
800
814

NAME	START TIME	FINISH TIME	TOTAL HOURS	HOURLY RATE	TOTAL
Ethan Mathis	1100	1350	2.12	/	
Rob Hennyer	1100	1350	2.12	/	

MATERIAL USED	PRICE	AMOUNT
(1) OPW Drop T		

Work record for dip tube

EQUIPMENT ON SITE	HRS	RATE	AMOUNT

RENTED EQUIPMENT	HRS	RATE	AMOUNT

SUBCONTRACTORS	WORK PERFORMED	AMOUNT

BALCH

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 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	Hydrostatic Precision Test Equipment	NA
Caldwell	Hydrostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular	X	☐	☐	☐		☐	☐	☐	☐
Piping Sump	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Supply Line	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Return Line	X	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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: [signature] Date: 2/17/2016

4. TANK ANNULAR TESTING

Test Method Developed by:	☐ Tank Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	X Vacuum	☐ Hydrostatic
Test Equipment Used:		Equipment Resolution:	

	Tank # Diesel	Tank #	Tank #	Tank #
Is Tank Exempt from Testing?[1]	☐ Yes X No	☐ Yes ☐ 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 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 repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed by:	☐ Piping Manufacturer ☐ Other *(Specify)*	**X** Industry Standard	☐ Professional Engineer
Test Method Used:	**X** Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Test Equipment Used:		Equipment Resolution:	

	Run # FOS	**Run # FOR**	**Run #**	**Run #**	**Run #**
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			
Test 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:	One hour, no loss				
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

6. PIPING SUMP TESTING

Test Method Developed by:	Sump Manufacturer Other *(Specify)*	X Industry Standard	Professional Engineer
Test Method Used:	Pressure Other *(Specify)*	Vacuum	X Hydrostatic
Test Equipment Used: Caldwell Sump 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:	11:00 am			
Initial Reading (R_I):	1st Line			
Test End Time:	11:30 am			
Final Reading (R_F):	1st Line			
Test Duration:	30 Minutes			
Change in Reading (R_F-R_I):	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 to testing, and recommended follow-up for failed tests)*

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 any 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 ☐ Installation Test ☒ Repair Test ☐ Six Month Test ☐ 36 Month Test

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	City	ZIP Code
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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	5248052-UT	12/30/2019

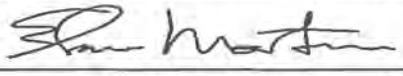
III. SUMMARY OF SECONDARY CONTAINMENT TESTING RESULTS

TANK ID: *(By tank number, stored product, etc.)*	**A** T1 Diesel	**B**	**C**	**D**
Tank Containment				
Tightness Test Result	☐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	c	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 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature 

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)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
Fiberglass Tank	A ☒	B ☐	C ☐	D ☐
	A ☐ B	☐ C	☐ D	☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Tank Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

VI. COMMENTS

Provide any additional comments here.

VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
AO Smith - FOS	A ☒	B ☐	C ☐	D ☐
AO Smith - FOR	A ☐	B ☒	C ☐	D ☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Product Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

VIII. COMMENTS

Provide any additional comments here.

Repair to FOS secondary lines leaks were done by Lumileds.
Repair to FOS test bell located in Gen Room, done by Balch Petroleum

FOS secondary line was tested at 5 psi for 1 hour. Pass

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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	A ☒	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☒ Industry Code or Engineering Standard *(Specify)*: RP1200
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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)

XVII. FILL RISER SUMP TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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			
	a ☐	b ☐	c ☐	d ☐
	a ☐	b ☐	c ☐	d ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

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. COMMENTS

Provide any additional comments here.

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

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify **UDC ID** from Section III for each Manufacturer					
	1 ☐	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 Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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 ☐ Installation Test ☐ Repair Test ☐ Six Month 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	City	ZIP Code
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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	5248052-UT	12/30/2019

III. SUMMARY OF SECONDARY CONTAINMENT TESTING RESULTS

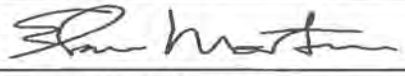
TANK ID: *(By tank number, stored product, etc.)*	A T1 Diesel	B	C	D
Tank Containment				
Tightness Test Result	☐Pass ☒Fail ☐NA	☐Pass ☐Fail ☐NA	☐Pass ☐Fail ☐NA	☐Pass ☐Fail ☐NA
Product Piping Containment				
Tightness Test Result	☒Pass ☒Fail ☐NA	☐Pass ☐Fail ☐NA	☐Pass ☐Fail ☐NA	☐Pass ☐Fail ☐NA
Communication 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	c	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 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature



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)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
Fiberglass Tank	A ☒	B ☐	C ☐	D ☐
	A ☐ B	☐ C	☐ D	☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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 pullj 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	A ☒	B ☐	C ☐	D ☐
AO Smith - FOR	A ☐	B ☒	C ☐	D ☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Vent Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

XII. COMMENTS

Provide any additional comments here.

XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:

☐ Manufacturer Guidelines *(Specify)*:

☐ Industry Code or Engineering Standard *(Specify)*:

☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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	A ☒	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:

☐ Manufacturer Guidelines *(Specify)*:

☒ Industry Code or Engineering Standard *(Specify)*: RP1200

☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.
Hydrostatic test to pipe sump 2 inches above product penetration for 30 mins with no loss. Pass.

ID = Identification

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 ☐	B ☐	C ☐	D ☐
	A ☐	B ☐	C ☐	D ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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			
	a ☐	b ☐	c ☐	d ☐
	a ☐	b ☐	c ☐	d ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

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. COMMENTS

Provide any additional comments here.

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

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify **UDC ID** from Section III for each Manufacturer					
	1 ☐	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 Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Suite 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

Ruben Williams, CHMM, REA
Senior Hazardous Materials Specialist
Hazardous Materials Compliance Division

Units authorized to operate at this location:

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

PBR

RECEIVED BY:
SANTA CLARA COUNTY
DEPT. OF ENV. HEALTH
2012 FEB 21 PM 2:19

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # *(Agency Use Only)* 1		BEGINNING DATE 100: 01/01/2012	ENDING DATE 101: 12/31/2012
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: Philips Lumileds Lighting Company LLC			BUSINESS PHONE 102: (408) 964-5300
BUSINESS SITE ADDRESS 103: 370 West Trimble Road			
CITY 104: San Jose	CA		ZIP CODE 105: 95131
DUN & BRADSTREET 106: 12-499-8217			SIC CODE (4 digit #) 107: 3674
COUNTY 108: Santa Clara			
BUSINESS OPERATOR NAME 109: Philips Lumileds Lighting Company LLC			BUSINESS OPERATOR PHONE 110: (408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111: Philips Lumileds Lighting Company LLC			OWNER PHONE 112: (408) 964-5300
OWNER MAILING ADDRESS 113: 370 West Trimble Road			
CITY 114: San Jose	STATE 115: CA		ZIP CODE 116: 95131

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Mitch Cole			CONTACT PHONE 118: 408-964-2562
CONTACT MAILING ADDRESS 119: 370 West Trimble Road			
CITY 120: San Jose	STATE 121: CA		ZIP CODE 122: 95131

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Mitch Cole	NAME 128: Dan Janowski
TITLE 124: Environmental Engineer	TITLE 129: Facilities Manager
BUSINESS PHONE 125: 408-964-2562	BUSINESS PHONE 130: 408-964-2665
24-HOUR PHONE* 126: 408-964-5300	24-HOUR PHONE* 131: 408-964-5300
PAGER # 127: 408-592-3222	PAGER # 132: 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

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
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136: Jan Bouten	TITLE OF SIGNER 137: Chief Financial Officer	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA 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 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?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO 5	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID# 1
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600	PERMIT STATUS (Check all that apply) 601	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)
B. _____	Conditionally Exempt Specified Wastestream (CESW)
C. _____	Conditionally Authorized (CA)
D. 2	Permit by Rule (PBR)
E. _____	Conditionally Exempt – Limited (CEL)
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603
	10 Feb 2012
NAME OF OWNER/OPERATOR 604	TITLE OF OWNER/OPERATOR 605
Jan Bouten	Chief Financial Officer

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

700. ☐ a. Initial Certification ☐ b. Amended Certification ☒ c. Annual Certification

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# 1.

FACILITY EPA ID# CAR 000 058 081 2.

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.

ESTIMATED CLOSURE COSTS: $ 173,963 702.

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

I 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.

707. EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27/09 – 4/1/13

708. MECHANISM ID NUMBER(S): 68026017

709. MECHANISM TYPE (Check one item only)

- ☐ a. Closure Trust Fund
- ☐ b. Surety Bond
- ☒ c. Closure Letter of Credit
- ☐ d. Closure Insurance
- ☐ e. Financial test and Corporate Guarantee
- ☐ f. Alternative Mechanism
- ☐ g. Multiple Financial Mechanisms
- ☐ h. Certificate of Deposit
- ☐ i. Savings Account

710. FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION

Bank of America

711. ADDRESS One Fleet Way

712. CITY Scranton

713. STATE PA

714. ZIP CODE 18507-1999

V. OWNER OR OPERATOR CERTIFICATION

715. SIGNER OF THIS CERTIFICATION ☒ a. Owner ☒ b. Operator

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-Feb-2012

717. NAME OF OWNER/OPERATOR (Print)

Mr. Jan Bouten

718. TITLE OF OWNER/OPERATOR

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.)

1. 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.
3. BUSINESS NAME - Enter the complete Facility Name.

700. CERTIFICATION STATUS - Check the appropriate box 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.

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	COST
a. Removal, treatment (on-site or off-site), or disposal of waste inventories	$ _____
b. Removal and disposal of soil	$ _____
c. Decontamination of equipment and structure	$ _____
d. Demolition and removal of containment system components or structure	$ _____
e. Transportation	$ _____
f. 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)	$ _____
i. 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.

704. 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.

705. 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.

708. MECHANISM ID NUMBER - If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number).

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];
   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];
   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];
   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];
   f. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c);
   g. 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;
   i. 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.

710. FINANCIAL INSTITUTION OR SURETY NAME -
711. FINANCIAL INSTITUTION OR SURETY ADDRESS -
712. FINANCIAL INSTITUTION OR SURETY CITY -
713. FINANCIAL INSTITUTION OR SURETY STATE -
714 FINANCIAL INSTITUTION OR SURETY ZIP CODE -

For items 710-714, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.

715. 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.

716. 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.

Bank of America

FAX

Date 4/3/09

Number of pages not including cover sheet 2

TO: NICOLE WISSLER

ATTN:

CC:

Phone

Fax Phone 978-856-3596

FROM: STANDBY CUSTOMER SERVICE SCRANTON

Mailstop PA6-580-02-30

Phone 800.370.7519 OPTION 1

Fax Phone 800.755.8743

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

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

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

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

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

ORIGINAL

Bank of America

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.

AUTHORIZED SIGNATURE
JOHN YZEIK, AVP
MARCH 30, 2009

ORIGINAL

PBR

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID # *(Agency Use Only)* 1		BEGINNING DATE 100: 01/01/2012	ENDING DATE 101: 12/31/2012
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: Philips Lumileds Lighting Company LLC			BUSINESS PHONE 102: (408) 964-5300
BUSINESS SITE ADDRESS 103: 370 West Trimble Road			
CITY 104: San Jose	CA		ZIP CODE 105: 95131
DUN & BRADSTREET 106: 12-499-8217			SIC CODE (4 digit #) 107: 3674
COUNTY 108: Santa Clara			
BUSINESS OPERATOR NAME 109: Philips Lumileds Lighting Company LLC			BUSINESS OPERATOR PHONE 110: (408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111: Philips Lumileds Lighting Company LLC			OWNER PHONE 112: (408) 964-5300
OWNER MAILING ADDRESS 113: 370 West Trimble Road			
CITY 114: San Jose	STATE 115: CA		ZIP CODE 116: 95131

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Mitch Cole			CONTACT PHONE 118: 408-964-2562
CONTACT MAILING ADDRESS 119: 370 West Trimble Road			
CITY 120: San Jose	STATE 121: CA		ZIP CODE 122: 95131

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Mitch Cole	NAME 128: Dan Janowski
TITLE 124: Environmental Engineer	TITLE 129: Facilities Manager
BUSINESS PHONE 125: 408-964-2562	BUSINESS PHONE 130: 408-964-2665
24-HOUR PHONE* 126: 408-964-5300	24-HOUR PHONE* 131: 408-964-5300
PAGER # 127: 408-592-3222	PAGER # 132: 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

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
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136: Jan Bouten	TITLE OF SIGNER 137: Chief Financial Officer	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA 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 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?	☒ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID# 1
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600	PERMIT STATUS (Check all that apply) 601	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)
B. _____	Conditionally Exempt Specified Wastestream (CESW)
C. _____	Conditionally Authorized (CA)
D. 2	Permit by Rule (PBR)
E. _____	Conditionally Exempt – Limited (CEL)
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603
	10 Feb 2012
NAME OF OWNER/OPERATOR 604	TITLE OF OWNER/OPERATOR 605
Jan Bouten	Chief Financial Officer

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

700.
☐ a. Initial Certification ☐ b. Amended Certification ☒ c. Annual Certification

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# 1. FACILITY EPA ID# CAR 000 058 081 2.

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.

ESTIMATED CLOSURE COSTS: $ 173,963 702.

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.

☐ 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 FINANCIAL ASSURANCE MECHANISM

☒ I am required to provide a mechanism and it is attached to this page. 706.

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27/09 – 4/1/13 707.

MECHANISM ID NUMBER(S): 708.

68026017

MECHANISM TYPE (Check one item only) 709.

☐ a. Closure Trust Fund ☐ d. Closure Insurance ☐ g. Multiple Financial Mechanisms
☐ b. Surety Bond ☐ e. Financial test and Corporate Guarantee ☐ h. Certificate of Deposit
☒ c. Closure Letter of Credit ☐ f. Alternative Mechanism ☐ i. Savings Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION 710.

Bank of America

ADDRESS One Fleet Way 711.

CITY Scranton 712. STATE PA 713. ZIP CODE 18507-1999 714.

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION ☒ a. Owner ☒ b. Operator 715.

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)

SIGNATURE OF OWNER/OPERATOR

DATE 1-Feb-2012 716.

NAME OF OWNER/OPERATOR (Print) 717.

Mr. Jan Bouten

TITLE OF OWNER/OPERATOR 718.

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 Lumileds 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 JANOWSKI Title: FACILITIES MGR
Phone: 408-964-2665 Signature: [signature] Date: 3-5-10

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 facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**

- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

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

370 W TRIMBLE RD BLDG 90
SAN JOSE, CA 95131

CERS ID: 10132666
SITE ADDRESS:

370 W TRIMBLE RD BLDG 90
SAN JOSE, 95131

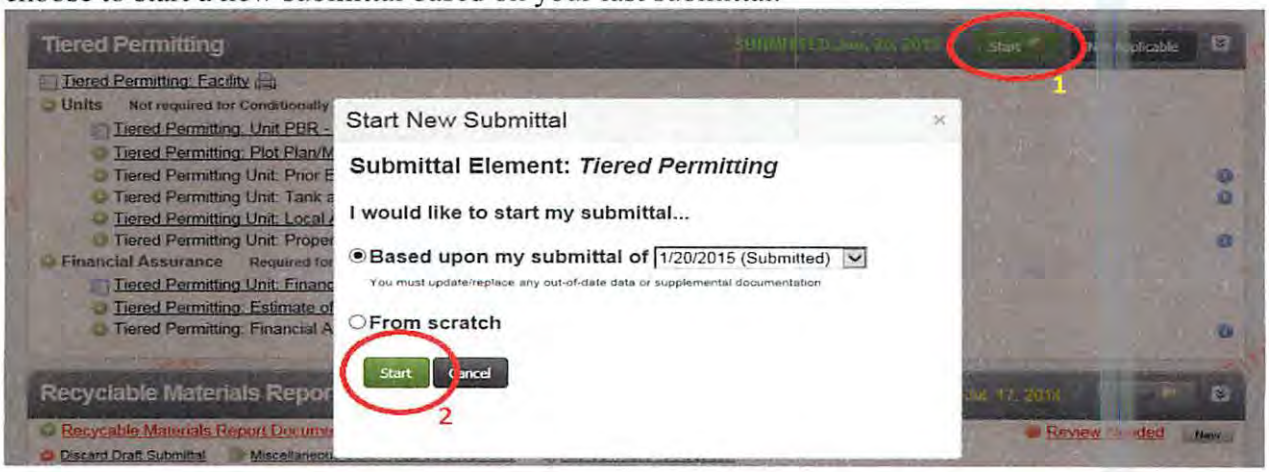
RE: ONSITE HAZARDOUS WASTE TREATMENT PROGRAM - 2016 PBR ANNUAL RENEWAL

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**.

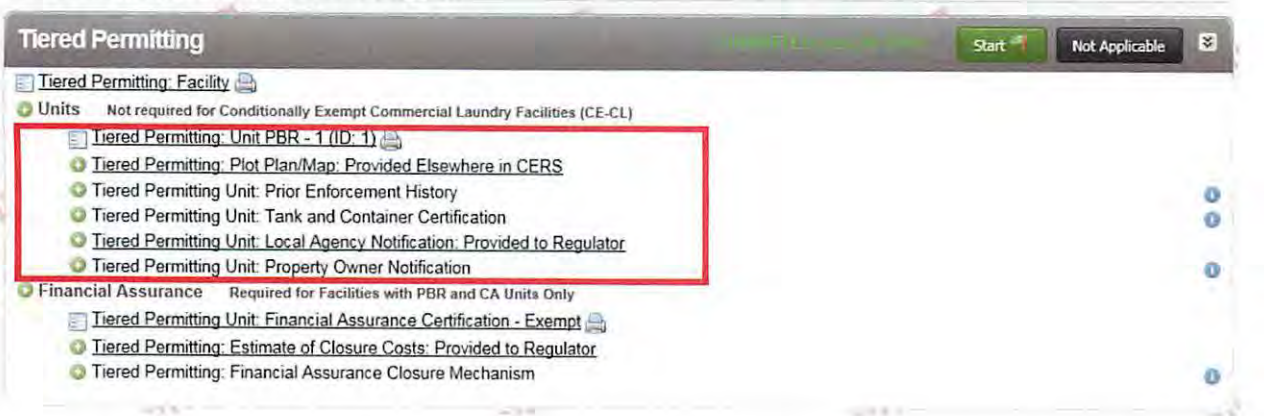
Log into CERS. After selecting your facility, press "Start" on the Tiered Permitting bar and choose to start a new submittal based on your last submittal.



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 original 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.

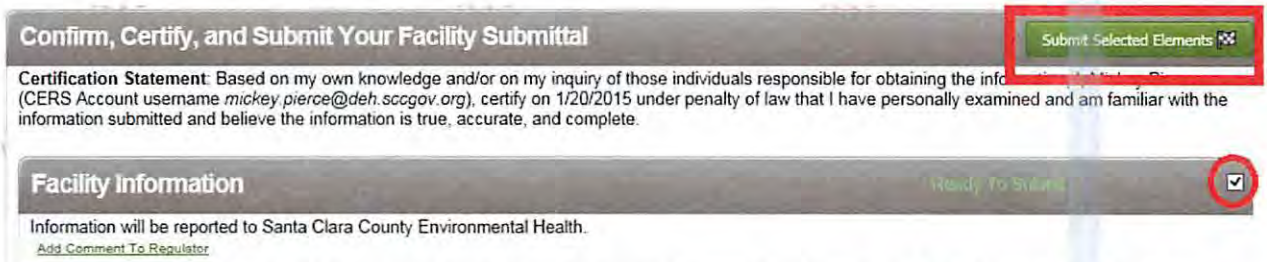


In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- 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:

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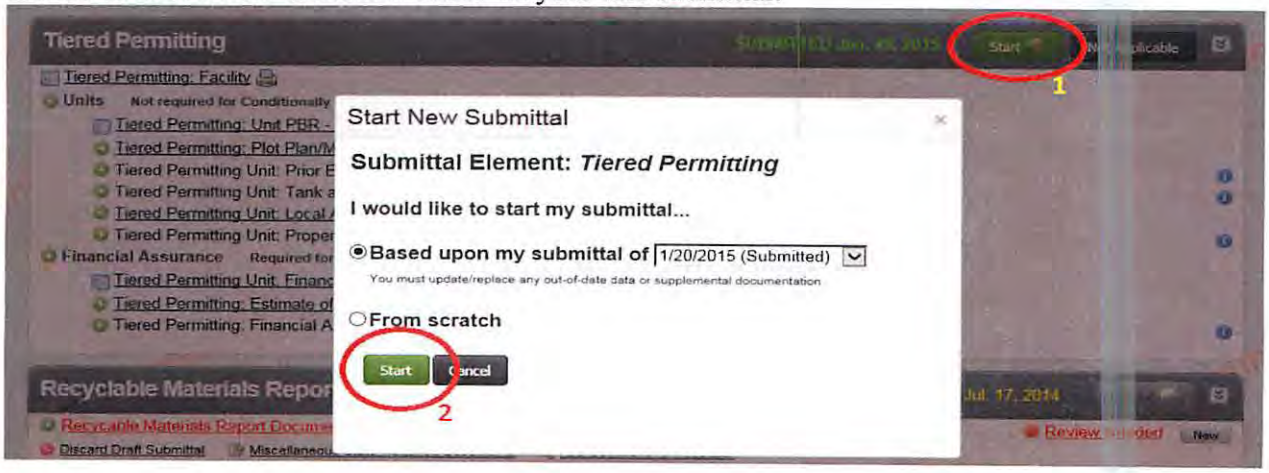
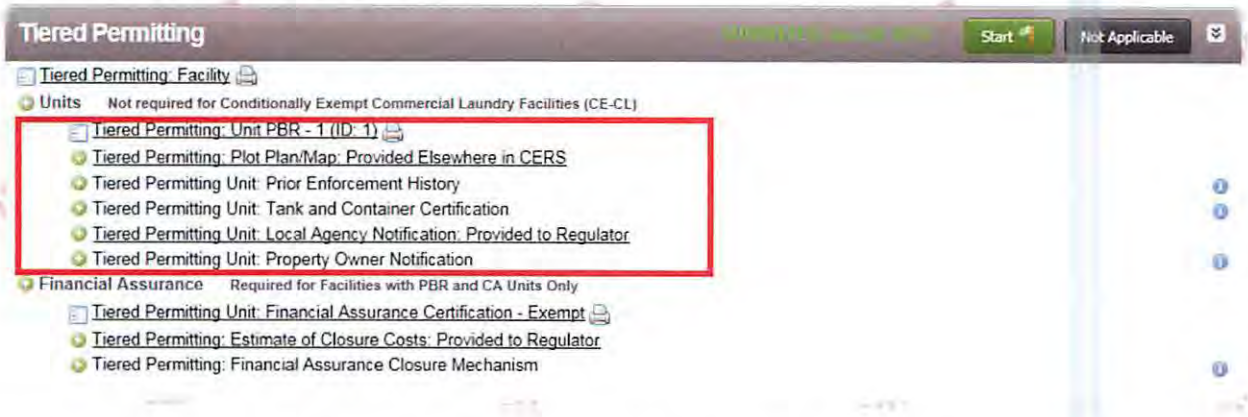
Log into CERS. After selecting your facility, press "Start" on the Tiered Permitting bar and choose to start a new submittal based on your last submittal.



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 original 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.

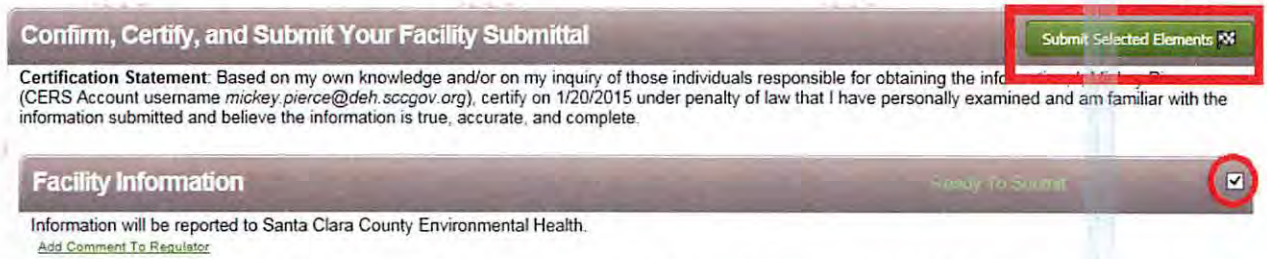


In an effort to assist facilities with submitting complete CERS submittals please note the following items:

- 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

Facility: Lumileds LLC (CERSID: 10132666)

Renewal letter

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

Export to Excel

CERSID	Address	Submitted	Facility	Inventory	Plans	UST	TP	RMR	Remote	Tank	APSA
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	10/31/2016 10:38AM	Submitted 10/31/2016	Submitted 10/31/2016							
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	10/27/2016 1:48PM	Submitted 10/27/2016			Submitted 10/27/2016					
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/25/2016 1:48PM	Submitted 2/25/2016			Submitted 2/25/2016					
10132666	Lumileds LLC 370 West Trimble Road San Jose, 95131	2/4/2016 9:44AM	Accepted 2/9/2016	Submitted 2/4/2016							
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 of 32 items

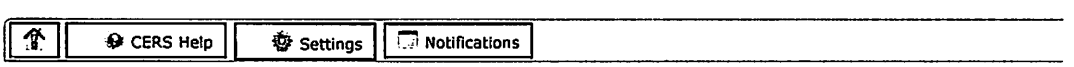
Archived Submittal History for CERSID: 10132666

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

0 No items to display


CERS Help
Settings
Notifications

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) 400.
☐ 1. NEW PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☒ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.: 1
FACILITY ID # (Agency Use Only) 1.: 43-000-252744

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.:
Philips Lumileds Lighting Company

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road
CITY 104.: San Jose

FACILITY TYPE 403.: ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☒ 6. OTHER
Is the facility located on Indian Reservation or Trust lands? 405.: ☐ 1. Yes ☒ 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.: 370 West Trimble Road Corporation
PHONE 408.: (408) 964-5300
MAILING ADDRESS 409.: 1251 Avenue of the Americas 20th Floor
CITY 410.: New York
STATE 411.: NY
ZIP CODE 412.: 10020

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1.: Philips Lumileds Lighting Company
PHONE 428-2.: (408) 964-5300
MAILING ADDRESS 428-3.: 370 West Trimble Road
CITY 428-4.: San Jose
STATE 428-5.: CA
ZIP CODE 428-6.: 95131

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414.: Philips Lumileds Lighting Company
PHONE 415.: (408) 964-5300
MAILING ADDRESS 416.: 370 West Trimble Road
CITY 417.: San Jose
STATE 418.: CA
ZIP CODE 419.: 95131

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☒ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 421.: Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423.
☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☒ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.:

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE
DATE 424.: 16 April 2012
PHONE 425.: (408) 964-2886
APPLICANT NAME (print) 426.: Jan Bouten
APPLICANT TITLE 427: Chief Financial Officer

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, complete only this section and Sections I, II, III, IV, and IX below)* 430.
☐ 1. NEW PERMIT ☒ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. | DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 1.

BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3.
Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road
CITY 104.: San Jose

II. TANK DESCRIPTION

TANK ID # 432.: Tank 1 - Diesel
TANK MANUFACTURER 433.: OWNS - Ownes Corning
TANK CONFIGURATION: THIS TANK IS 434.: ☒ 1. A STAND-ALONE TANK ☐ 2. ONE IN A COMPARTMENTED UNIT (Complete one page for each compartment in the unit.)
DATE UST SYSTEM INSTALLED 435.: 10/1/1991
TANK CAPACITY IN GALLONS 436.: 12,000
NUMBER OF COMPARTMENTS IN THE UNIT 437.: 1

III. TANK USE AND CONTENTS

TANK USE 439.: ☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING ☒ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] ☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a.

CONTENTS 440.: PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED ☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS ☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a.
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL ☐ 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK 443.: ☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN
PRIMARY CONTAINMENT 444.: ☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER ☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.
SECONDARY CONTAINMENT 445.: ☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED ☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.
OVERFILL PREVENTION 452.: ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE ☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460.: ☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 99. OTHER
SYSTEM TYPE 458.: ☐ 1. PRESSURE ☐ 2. GRAVITY ☒ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)]
PRIMARY CONTAINMENT 464.: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a.
SECONDARY CONTAINMENT 464b.: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c.
PIPING/TURBINE CONTAINMENT SUMP TYPE 464d.: ☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 464e. 464e1.: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify):
VENT SECONDARY CONTAINMENT 464f. 464f1.: ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify):
VR PRIMARY CONTAINMENT 464g. 464g1.: ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify):
VR SECONDARY CONTAINMENT 464h. 464h1.: ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify):
VENT PIPING TRANSITION SUMP TYPE 464i.: ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☒ 90. NONE
RISER PRIMARY CONTAINMENT 464j. 464j1.: ☒ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify):
RISER SECONDARY CONTAINMENT 464k. 464k1.: ☒ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify):
FILL COMPONENTS INSTALLED 451a-c.: ☒ 1. SPILL BUCKET ☒ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP

VII. UNDER DISPENSER CONTAINMENT (UDC)

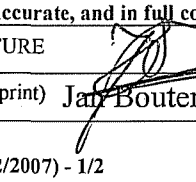
CONSTRUCTION TYPE 469a.: ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☒ 3. NO DISPENSERS ☒ 90. NONE
CONSTRUCTION MATERIAL 469b. 469c.: ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify)

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448.: ☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☒ 6. ISOLATION

IX. APPLICANT SIGNATURE

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  DATE 470.: 16 April 2012
APPLICANT NAME (print) 471.: Jan Bouten
APPLICANT TITLE 472.: Chief Financial Officer

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.	BEGINNING DATE 100.	ENDING DATE 101.
	01/01/2012	12/31/2012

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	BUSINESS PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.		
370 West Trimble Road		
CITY 104.		ZIP CODE 105.
San Jose	CA	95131
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107.
12-499-8217		3674
COUNTY 108.		
Santa Clara		
BUSINESS OPERATOR NAME 109.		BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC		(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.	OWNER PHONE 112.
Philips Lumileds Lighting Company LLC	(408) 964-5300

OWNER MAILING ADDRESS 113.		
370 West Trimble Road		
CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-	
NAME 123.	Mitch Cole	NAME 128.	Dan Janowski
TITLE 124.	Environmental Engineer	TITLE 129.	Facilities Manager
BUSINESS PHONE 125.	408-964-2562	BUSINESS PHONE 130.	408-964-2665
24-HOUR PHONE* 126.	408-964-5300	24-HOUR PHONE* 131.	408-964-5300
PAGER # 127.	408-592-3222	PAGER # 132.	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

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
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.
Jan Bouten	Chief Financial Officer	

* See Instructions on next page

Original Form!

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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, 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?	☐ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	
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)
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
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) 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 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 information by your CUPA or local agency.) 15.

OBSOLETE FORM!

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) 400.
☐ 1. NEW PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☒ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.: 1
FACILITY ID # (Agency Use Only) 1.: 43-000-252744

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.: Philips Lumileds Lighting Company

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road
CITY 104.: San Jose

FACILITY TYPE 403.: ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☒ 6. OTHER
Is the facility located on Indian Reservation or Trust lands? 405.: ☐ 1. Yes ☒ 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.: 370 West Trimble Road Corporation
PHONE 408.: (408) 964-5300

MAILING ADDRESS 409.: 1251 Avenue of the Americas 20th Floor

CITY 410.: New York
STATE 411.: NY
ZIP CODE 412.: 10020

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1.: Philips Lumileds Lighting Company
PHONE 428-2.: (408) 964-5300

MAILING ADDRESS 428-3.: 370 West Trimble Road

CITY 428-4.: San Jose
STATE 428-5.: CA
ZIP CODE 428-6.: 95131

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414.: Philips Lumileds Lighting Company
PHONE 415.: (408) 964-5300

MAILING ADDRESS 416.: 370 West Trimble Road

CITY 417.: San Jose
STATE 418.: CA
ZIP CODE 419.: 95131

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☒ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 049193 421. Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423.
☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☒ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE: Matthew East
DATE 424.: 5/17/12
PHONE 425.: (408) 964-2886

APPLICANT NAME (print) 426.: Matthew East
APPLICANT TITLE 427: Chief Financial Officer

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, complete only this section and Sections I, II, III, IV, and IX below)* 430.

☐ 1. NEW PERMIT ☒ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. | DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)*: 43-000-252744 1.

BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3.
Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road | CITY 104.: San Jose

II. TANK DESCRIPTION

TANK ID # 432.	TANK MANUFACTURER 433.	TANK CONFIGURATION: THIS TANK IS 434.
Tank 1 - Diesel	Owens Corning	☒ 1. A STAND-ALONE TANK ☐ 2. ONE IN A COMPARTMENTED UNIT (Complete one page for each compartment in the unit.)
DATE UST SYSTEM INSTALLED 435.	**TANK CAPACITY IN GALLONS 436.**	**NUMBER OF COMPARTMENTS IN THE UNIT 437.**
10/1/1991	12,000	1

III. TANK USE AND CONTENTS

TANK USE 439.
☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☒ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a.

CONTENTS 440.
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a.
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK 443.
☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN

PRIMARY CONTAINMENT 444.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT 445.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460.
☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 99. OTHER

SYSTEM TYPE 458.
☐ 1. PRESSURE ☐ 2. GRAVITY ☒ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)]

PRIMARY CONTAINMENT 464.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT 464b.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE 464d.
☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464e. 464e1.
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464f. 464f1.
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464g. 464g1.
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464h. 464h1.
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☒ 90. NONE			464i.
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464j. 464j1.
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464k. 464k1.
FILL COMPONENTS INSTALLED	☒ 1. SPILL BUCKET	☒ 3. STRIKER PLATE/BOTTOM PROTECTOR	☐ 4. CONTAINMENT SUMP			451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a.
☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☒ 3. NO DISPENSERS ☐ 90. NONE

CONSTRUCTION MATERIAL 469b. 469c.
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify)

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448.
☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☒ 6. ISOLATION

IX. APPLICANT SIGNATURE

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: Matthew East | DATE 470.: 5/17/12

APPLICANT NAME (print) 471.: Matthew East | APPLICANT TITLE 472.: Chief Financial Officer

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

Inspection Date: 04/23/2019

HW Generator Type:
Consent to Inspect Granted By: JAMES COOPER, FACILITIES ELECTRICIAN

☐ **RCRA LQG**
☐ **Pictures Taken**
☐ **Samples Taken**

Summary of Violations & Notice to Comply

Program: SR0859876 - UNDERGROUND STORAGE TANK - 2314
Inspection Type: FINAL PERMIT ACTIVITY

VC	Class	Violation	Corrective Actions Taken

Comments: Underground storage tank (UST) retrofit/repair inspection.

New OPW 71SO mechanical overfill prevention valve was inspected and installed today by UST Service Technician Robert Henninger of Balch Petroleum Contractors & Builders, Inc. in accordance with 23 CCR 2637.2 and the PEI/RP1200-17 industry standard. Mr. Henninger has current ICC California UST Service Technician certification (exp. 7/13/2019) and OPW certification (exp. 4/2/2021).

Tank chart for 12,000 gallon 8 foot diameter Owens-Corning model DWT-2P tank was used. Measurements and calculations demonstrate that the overfill prevention valve will shut off flow at or below 95% of tank capacity in accordance with 23 CCR 2635(c)(1)(C). Tank has 92.0" internal diameter. 100% capacity = 11,627 gallons. 95% capacity is approximately 11,046 gallons @ 82.625" fuel height. New overfill prevention valve shuts off flow @ 80.0" which is at 92.8% of capacity.

Submit a copy of the Overfill Prevention Equipment Inspection Report Form along with all required attachments to HMCD within 30 days.

Final project sign-off of Service Request SR0859876 by Santa Clara County CUPA is granted.

Notes:
1. Per information submitted via the California Environmental Reporting System (CERS), the UST is a 12,000 gallon double-wall tank manufactured by Owens-Corning. Tank was reportedly installed in 1991.
2. Mr. Henninger confirmed that no ball floats are installed.

Received By: Robert Henninger
UST Service Technician

Inspected By: EE0004686 - GREG BRESHEARS
CA UST Inspector #5266658, Exp. 08/24/2019

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

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

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**:

1. 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.
3. 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

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

Date/Time Received Stamp

HMCD Use Only

PLAN REVIEW

- ☐ Approved for HazMat Compliance
- ☐ Disapproved
- ☒ Approved With Revisions Noted

BY: _____ DATE: 3-11-2019
FA: 0252749 SR: 0359526

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.).

II. Project Location

Facility Name: Lumileds LLC CERS ID: _____
Site Address: 370 W. Trimble Road City: San Jose Zip: 95131
County Plan Check No. (if applicable): _____ Assessor's Parcel No. (APN): _____

III. Contractor *[Must be licensed by the Contractor State License Board (CSLB)]*

Business Name as Registered with CSLB: Balch Petroleum Contractors and Builders, Inc. Lic. No.: 396575
Mailing Address: 930 Ames Avenue City: Milpitas Zip: 95035
Project Contact Name: Kelly Skurla Office Phone: (408) 514-6474 ext. _____
Cell Phone: _____ eMail: _____

IV. Applicant *[Plan approval letter will be sent to this contact]*

☒ Same as III, above

Business Name: _____ Lic. No.: _____
Mailing Address: _____ City: _____ Zip: _____
Project Contact Name: _____ Office Phone: _____ ext. _____
Cell Phone: _____ eMail: _____

V. Project Type and Scope of Work

Check one box: ☒ Underground Tank; ☐ Aboveground Tank/Facility; ☐ Toxic Gas; ☐ Communications Site; ☐ Other
Check one box: ☐ New Facility/Equipment; ☐ Repair/Retrofit; ☒ Minor Repair/Retrofit**

Replace ~~drop tube~~. UST Mechanical Overfill Prevention Valve

* 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.

3-11

VI. Attachments

HMCD forms and guidance are available at www.EHinfo.org/hazmat.

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."]

☒ 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.

MAY CHAVEZ		3/11/19	☑ Property Owner
Owner Name (Print)	Owner Signature	Date	☐ Business Owner

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		3/11/19
Applicant/Agent's Name (Print)	Applicant/Agent's Signature	Date

[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: $ 692.00

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

BY: _____ DATE: 3-12-2019

FA: 0252744 SR: 0059856

EQUIPMENT 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 OPW	7150-4000	☒
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 71SO 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 two-stage 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

California Air Resources Board

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**
- **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**

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 71SO 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.

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 71SOM is EVR Approved for E85

Raising The Standard In Overfill Prevention

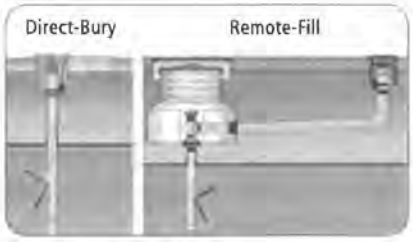
From the company that brought you the industry standard OPW 61SO, OPW raises the standard with the introduction of the **71SO Overfill Prevention Valve** – breakthrough innovation that takes overfill prevention to a whole new level of overfill perfection.

- **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

Part #	Description
61SOK-0001	Replacement Float Kit
H11931M	Drop Tube Seal
H14840M	Lower Tube Seal
C05117	Lower Tube
D02508	Vapor-Tight Inlet Tube
C03899M	Non-Vapor-Tight Inlet Tube
D02508	Vapor-Tight Inlet Tube (Blue)

71SO Ordering Specifications

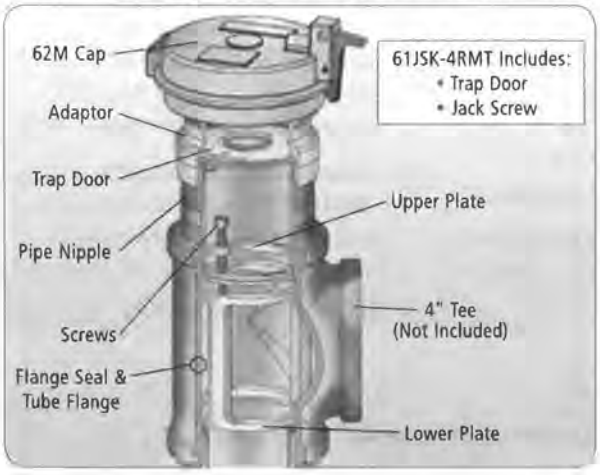
Product #	Description	Bury Depth ft.	Bury Depth m	Tank Diameter ft.	Tank Diameter m	Upper Tube Length in.	Upper Tube Length m	Lower Tube Length in.	Lower Tube Length m	Overall Length in.	Overall Length m	Max. Riser Length in.	Max. Riser Length m	Max. Nominal Tank Dia. in.	Max. Nominal Tank Dia. m	Max. Actual Tank Dia. in.	Max. Actual Tank Dia. m	Weight lbs.	Weight kg
71SO-400CB*	Vapor-Tight Overfill Valve	5	1.5	8	2.4	60	1.5	83	2.1	155¾	3.9	53½	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	234¾	5.9	113½	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	258¾	6.5	113½	2.9	144	3.7	150	3.8	26	12
71SO-4000	Non Vapor-tight Overfill Valve	5	1.5	8	2.4	60	1.5	83	2.1	155¾	3.9	53½	1.4	96	2.4	107	2.7	16	7
71SO-4010	Non Vapor-tight Overfill Valve	10	3.0	10	3.0	120	3.1	102	2.6	234¾	5.9	113½	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	234¾	5.9	113½	2.9	120	3.1	126	3.2	38	17.3
71SO-TOOLCT	71SO Installation Tool																	2.5	1
61JSK-4RMT	Jack Screw Kit For Vapor-Tight Remote Applications																	1.5	0.7
61JSK-4410	Jack Screw Kit For Composite Base Spill Bucketst																	1	0.5
61JSK-44CB	Jack Screw Kit For Cast Iron Base Spill Buckets																	1	0.5
71JSK-4RMT	E85 Jack Screw for Remote-Fill Applications																	1	0.5
71JSK-44MA	E85 Jack Screw for Direct-Fill Applications																	1.5	0.7

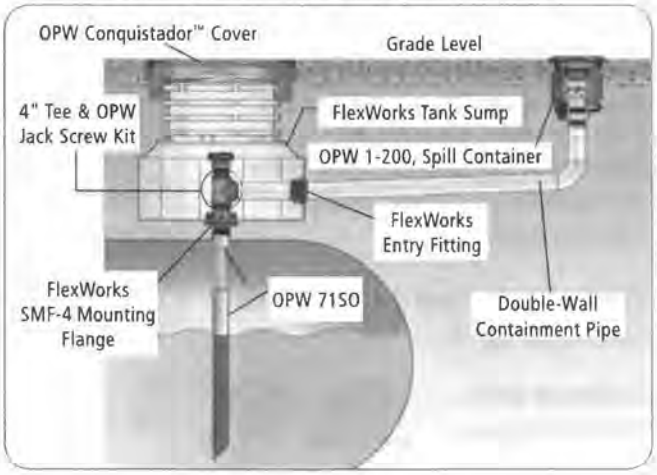
61JSK-4410 AND 61JSK-44CB Instruction Sheet Order Number: **H15289M**

*ULC B100 Compatible

71SO 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.





9393 Princeton-Glendale Road • Hamilton, Ohio USA 45011 • Phone: (800) 422-2525 • Fax: (800) 421-3297

Contractor's License Detail for License # 396575

ISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this ıformation, 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 th 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

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, Greg

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

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.

ICC does its best to maintain the privacy requests of its members and constituents. If you believe that phone number or address information listed here should not be displayed please contact us at 1-888-ICC-SAFE (422-7233) between 8am and 7pm (CT) for personal assistance.

Contact Information

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

Contact Us (mailto:certexam@iccsafe.org)

WALLET CARD (Wall Certificate – Page 2)

OPW
A DOVER COMPANY

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	100465	Apr 11, 2019
ISSUE DATE	TECH NUMBER	EXPIRATION DATE

OPW UNIVERSITY

OPW
A DOVER COMPANY

International Code Council
Eastern Regional Office
900 Montclair Road
Birmingham, AL 35213

FEB 0 7 2017

8489358

Gerardo Inguanzo
930 Ames Ave
Milpitas, CA 95035-6303

1326

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.

1326

* *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
ISSUE DATE

OPW UNIVERSITY

07/16/2020
EXP. DATE

OPW

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 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.

OFFICIAL RECEIPT-DEPARTMENT OF ENVIRONMENTAL HEALTH
COUNTY OF SANTA CLARA

NUMBER: 002727

DEPARTMENT	FUND	DATE
DEH/HMCD	2314	3/11/19

RECEIVED OF: Balch Petroleum Contractors & Builders Inc
ADDRESS: 930 Ames Av PO Box 361230 Milpitas, CA 95035-6303

FOR: Construction Permit Application
Site: Lumileds LLC P/E: 2314
370 W Trimble Rd.
San Jose CA 95131
Contractor: Balch Petroleum / Kelly Skurla
930 Ames Av, Milpitas, CA 95035

$ 692.00

REMARKS: CK # 11109

TOTAL AMT. RECEIVED: $ 692.00

RECEIVED - COUNTY OF SANTA CLARA
BY

5500-DEH

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

BALCH PETROLEUM CONTRACTORS AND BUILDERS, INC.
930 AMES AVE., P.O. BOX 361230
MILPITAS, CA 95035-6303
PH. 408-942-8686

HERITAGE BANK OF COMMERCE
SAN JOSE, CA 95113
90-4228/1211

11109

DATE 3/11/19

AMOUNT 692-

PAY TO THE ORDER OF County of Santa Clara Dept. of Env. Health

six hundred ninety two and 00/100

Security Features Included

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

⑈011109⑈ [redacted]

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
Philips Lumileds Lighting Company	(408) 964-5300
FACILITY SITE ADDRESS	CITY
370 W. Trimble Road	San Jose

REASON FOR SUBMITTING THIS FORM *(Check One)*: ☐ Change of Designated Operator ☒ Update of ICC Certification Expiration Date(s)

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY

DESIGNATED OPERATOR NAME: Elmer Mortera	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.: 5248052-UC	EXPIRATION DATE: 4/22/2015

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

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 FACILITY *(Optional)*

DESIGNATED OPERATOR NAME: Rolando Urbina	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.: 8009631-UC	EXPIRATION DATE: 10/24/2014

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

DESIGNATED OPERATOR NAME: Robert Henninger	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.: 5252265-UC	EXPIRATION DATE: 2/25/2014

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME: PHILIPS LUMILEDS LIGHTING - DAN JANOWSKI

TANK OWNER TITLE: DIRECTOR FACILITIES. OWNER PHONE: (408) 964-5665

TANK OWNER SIGNATURE: _____ DATE: 7-1-13

INSTRUCTIONS

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

FA0252744

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. 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 or ☒ 1 million dollars per occurrence **AND** ☒ 1 million dollars annual aggregate or ☐ 2 million dollars annual aggregate

B. **Philips LumiledsLighting Company, LLC.** hereby certifies that it is in compliance with the requirements of California Code of 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:

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**

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
Philips Lumileds Lighting Company, LLC.	**370 West Trimble Road, San Jose, CA 95131**
Facility Name	Facility Address
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 or Operator	Date	Name and Title of Tank Owner or Operator
	16 April 12	**Jan Bouten, Chief Financial Officer**
Signature of Witness or Notary	Date	Name of Witness or Notary
	4/16/12	**Mitch Cole, Environmental Engineer**

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

FA0252744

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

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☐ 500,000 dollars per occurrence or ☒ 1 million dollars per occurrence **AND** ☒ 1 million dollars annual aggregate or ☐ 2 million dollars annual aggregate

B. **Philips LumiledsLighting Company, LLC.** hereby certifies that it is in compliance with the requirements of California Code of 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:

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 6 004	1,000,000/ 1,000,000	8/25/12 - 8/25/13	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
Philips Lumileds Lighting Company, LLC.	370 West Trimble Road, San Jose, CA 95131
Facility Name	Facility Address
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 or Operator	Date	Name and Title of Tank Owner or Operator
	4/4/2013	Mitch Cole, Environmental Engineer
Signature of Witness or Notary	Date	Name of Witness or Notary
	4/4/13	Eric Dugdale, Facilities Operations Manager

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

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

Facility 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/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).	Model: PAO-02592000010	☐ 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 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 Chain(s).	

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*:

☑ System set-up ☑ Alarm History Report

Technician Name: Elmer P. Mortera
Signature: [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

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?
☑ 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 monitorin system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfil prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating prope y? 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 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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (*Check all that apply*) Simulated leak rate: ☐ 3 g.p.h. ☐ 0.1 g.p.h. ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For 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.

BALCH PETROLEUM CONTRACTORS & BUILDERS, INC.

Spill Containment Testing

1. FACILITY INFORMATION

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 Was Notified of Testing : 3/16/12			
Name of Local Agency Inspector *(if present during testing)*:	Greg Breshears		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contractors & Builders, Inc.		
Technician Conducting Test:			
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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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:

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: [signature] Date: 3/19/2012

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/Caldwell Hydrostatic Sump Tester		Equipment Resolution: 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):	1st Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1st Line					
Test Duration:	30 min.					
Change in Reading (R_F-R_I):	0					
Pass/Fail Threshold or Criteria:	PASS = No Loss or Loss of 0.0020" or less in 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 sump tester used for hydrostatic testing of spill bucket.

PIV & Street Valve Monthly Check

Date: 4/18/12	Checked by: CL

	Open	Closed	Locked
PIV 1	✓		✓
PIV 2	✓		✓
PIV 3	✓		✓
PIV 4	✓		✓
PIV 5			
PIV 6	✓		✓
PIV tank drain		✓	✓
PIV 8	✓		✓
PIV 11	✓		✓
PIV 12	✓		✓
PIV 13	✓		✓
PIV 14	✓		✓
PIV 15	✓		✓
PIV 16	✓		✓
PIV 17		✓	✓
PIV 18	✓		✓
PIV 19	✓		✓
PIV 20	✓		✓
Street Valve	✓		✓
Check Valves	✓		

Door Loc.	Clear path (Y/N)	
1BM8	(Y) N	
1BQ5	(Y) N	
1BS5	(Y) N	
11C7	(Y) N	
11C5	(Y) N	
11T2	(Y) N	
01M10	(Y) N	
01L7	(Y) N	
01C8	(Y) N	
01D3	Y (N)	✓
01G2	(Y) N	
01M3	(Y) N	
01M5	(Y) N	
Fuel Containment	Clean (Y/N)	
	(Y) 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 95131		
Facility Contact:	Clair LeHere	Phone:	(925) 980-8453
Date Local Agency Was Notified of Testing :	1/27/2014		
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contractors & Builders, Inc.		
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

Manufacturer	Component(s)	Date Training Expires
Ronan	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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:

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: [signature]

Date: 3/19/2014

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/Caldwell Hydrostatic Sump Tester		Equipment Resolution: 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):	1st Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1st Line					
Test Duration:	30 min.					
Change in Reading (R_F-R_I):	0					
Pass/Fail Threshold or Criteria:	PASS = No Loss or Loss of 0.0020” or less in 30 minutes					
Test Result:	**X Pass ☐ 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 sump tester used for hydrostatic testing of spill 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

Facility Name: **Philips Lumileds Lighting Company** Bldg. No.: ______

Site Address: **370 W. Trimble Road** City: **San Jose** Zip: **95131**

Facility Contact Person: ______ Contact Phone No.: **(408) 435-4316**

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**
- ☐ In-Tank Gauging Probe. Model: ______
- ☒ Annular Space or Vault Sensor. Model: **0794380-407**
- ☒ Piping Sump / Trench Sensor(s). Model: **0794380-208**
- ☐ Fill Sump Sensor(s). Model: ______
- ☐ Mechanical Line Leak Detector. Model: ______
- ☐ Electronic Line Leak Detector. Model: ______
- ☐ Tank Overfill / High-Level Sensor. Model: ______
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: ______
- ☐ In-Tank Gauging Probe. Model: ______
- ☐ Annular Space or Vault Sensor. Model: ______
- ☐ Piping Sump / Trench Sensor(s). Model: ______
- ☐ Fill Sump Sensor(s). Model: ______
- ☐ Mechanical Line Leak Detector. Model: ______
- ☐ Electronic Line Leak Detector. Model: ______
- ☐ Tank Overfill / High-Level Sensor. Model: ______
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: ______
- ☐ In-Tank Gauging Probe. Model: ______
- ☐ Annular Space or Vault Sensor. Model: ______
- ☐ Piping Sump / Trench Sensor(s). Model: ______
- ☐ Fill Sump Sensor(s). Model: ______
- ☐ Mechanical Line Leak Detector. Model: ______
- ☐ Electronic Line Leak Detector. Model: ______
- ☐ Tank Overfill / High-Level Sensor. Model: ______
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: ______
- ☐ In-Tank Gauging Probe. Model: ______
- ☐ Annular Space or Vault Sensor. Model: ______
- ☐ Piping Sump / Trench Sensor(s). Model: ______
- ☐ Fill Sump Sensor(s). Model: ______
- ☐ Mechanical Line Leak Detector. Model: ______
- ☐ Electronic Line Leak Detector. Model: ______
- ☐ Tank Overfill / High-Level Sensor. Model: ______
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: ______
- ☐ Dispenser Containment Sensor(s). Model: ______
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: ______
- ☐ Dispenser Containment Sensor(s). Model: ______
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: ______
- ☐ Dispenser Containment Sensor(s). Model: ______
- ☐ Shear Valve(s).
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Dispenser ID: ______
- ☐ Dispenser Containment Sensor(s). Model: ______
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- ☐ Dispenser Containment Float(s) and Chain(s).

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- ☐ Dispenser Containment Sensor(s). Model: ______
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- ☐ Dispenser Containment Sensor(s). Model: ______
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ **System set-up** ☒ **Alarm history report**

Technician Name (print): **Robert Henninger** Signature: [signature]

Certification No.: **A25027** License. No.: **396757**

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**

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, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☒ Yes	☐ No* ☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments: UST system used for a stand by generator.

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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

H. Comments:

~~Suction system.~~

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: 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/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 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:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ **System set-up** ☒ **Alarm history report**

Technician Name (print): Robert Henninger Signature: [signature]

Certification No.: A25027 License. No.: 396757

Testing Company Name: Balch Petroleum Phone No.: (408) 942-8686

Testing Company Address: 930 Ames Avenue, Milpitas, CA 95035 Date of Testing/Servicing: 2/17/2016

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, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☒ Yes	☐ No* ☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments: UST system used for a stand by generator.

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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

H. Comments:

~~Suction system.~~

Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds LLC	Date of	2/17/2016
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: 1/26/2016			
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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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: [signature] Date: 2/17/2016

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/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:	9:30 am					
Initial Reading (R_I):	1ST Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1ST 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 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: 2/17/2017

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. 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**:
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☐ 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:
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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).
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Technician Name (print): Robert Henninger Signature: Robert Henninger

Certification No.: A25027 License. No.: 396575

Testing Company Name: Balch Petroleum Phone No.: (408) 942-8686

Testing Company Address: 930 Ames Avenue, Milpitas, CA 95035 Date of Testing/Servicing: 2/17/2017

D. Results of Testing/Servicing

Software Version Installed: **123.01**

Complete the following checklist:

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

E. Comments: UST system used for a stand by generator.

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.
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☐ Yes	☐ No*	Was accuracy of system water level readings tested?
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☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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☒ Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments:

Suction system.

Spill Containment Testing

1. FACILITY INFORMATION

Facility Name: Lumileds LLC	Date of 2/17/2017
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: 2/8/2017	
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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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: [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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/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:	9:00 am					
Initial Reading (R_I):	1ST Line					
Test End Time:	9:30 am					
Final Reading (R_F):	1ST 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 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

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 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:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ System set-up ☒ Alarm history report

Technician Name (print): Robert Henninger Signature: [signature]

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 95035 Date of Testing/Servicing: 2/16/2018

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, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☒ Yes	☐ No* ☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments: UST system used for a stand by generator.

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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

H. Comments:

~~Suction system.~~

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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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: [signature] Date: 2/16/2018

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/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:	9:00 am					
Initial Reading (R_I):	1ST Line					
Test End Time:	9:30 am					
Final Reading (R_F):	1ST 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 information on repairs made prior to testing, and recommended follow-up for failed tests)*

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 1 of 6)

This form must be used to document testing and servrced of underground storage tank (UST) monitoring equipment. , opy of this form must be provrded to the UST ok˙ er 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 syC.em certification.

#ẇ & CILITY INFORM TIOY

CERS ID: **10132666**	Date of Monitoring System Certification: 2/28/2019
Business Name *(Same as Facility Name or DBA-Doing Business As)*: Lumileds	" uilding #:
Business Site Address: 370 W. Trimble Road	City: San Jose	ZIP Code: 95131

##ẇ UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of Company Performing the Certification: Balch Petroleum	Phone #: (408) 942-8686
Mailing Address: 930 Ames Ave., Milpitas, CA 95035	
Name of UST Service Technician Performing the KOtification *(Print as shown on the ICC Certification)*: Robert Henninger	

Contractor / Tank Tester License #: 396575	ICC Certification #: 5252265-UT	ICC Certification Expiration DatC: 7/13/2019

Monitoring System Training and KOtifications *(List all applicable certifications.)*	Expiration DatC
Veeder-Root TLS-3XX Technician A25027	4/15/2019

###ẇ RESULTS OF TESTING / SERVICING

Indicate and attach the following reports if the monitoring equipment is capable of generating either. ☒ Monitoring System Set-up ☒ Alarm History Report	Y	N	Y
Was any , onitoring equipmCnt replaced1 *(If "Yes," identify the specific devices replaced and list the manufacturer and model for all replacement parts in section IV below.)*	☐	☒	☐
Was damage, debris, or liquid found inside any secondary containment systems? *(If "Yes," describe what was found in section IV below.)*	☐	☒	☐
Is all monitoring equipment operational per manufacturer's specifications? *(If "No," describe why in section IV below.)*	☒	☐	☐

#7ẇ COMMENTS

If directed to use this section, describe how and when the issues were or will be corrected.

7ẇ CERTIFICATION BY UST SERVICE TECHN#%#N CONDUCTING THIS TESTING

I hereby , ertify that the equipment identified in this document k)C mspected/servrced m accordance k rth California %ode of Regulations, Title 23, Divr€on 3, Chapter 16, Section 2638 and all information contained , erein is true and accurate. ..) ched .o this certification is information (e.g., manufacturers' checklists, - onitoring €3€ e- set-up,) larm , istory report, etc.) ˙ eces€)ry to verif3 that this information and the site plan shok ing the layout of UST system is complete and accurate.

UST Service Technician Signature

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

VI. 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 #
TAv ! #D? *(By tank number, stored product, etc.)*	**T1: Diesel**	**TAv ! #D?** *(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	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☒ Sump Sensor	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 Piping		**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 #
TAv ! #D? *(By tank number, stored product, etc.)*		**TAv ! #D?** *(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	
☐ VPH Sensor		☐ VPH 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)		☐ 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**	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☐ Sump Sensor		☐ Sump Sensor	
☐ VPH Sensor (Sump)		☐ VPH Sensor (Sump)	

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)

Monitoring Devr, e Used	Devrce Model #	Monitoring Devr, e Used	Devrce Model #
VENT / TR Y S#TION SUMP ID:		**VENT / TR Y 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.)*	

Include information for every underground storage tank component monitored by this monitoring system control panel. If the monitoring system control panel monitors more components than this form accommodates, additional copies of these pages may be attached.

VII. %OMMENTS

Use this section to provide additional comments about the inventory of the equipment certified.

ID = Identification, VPH = Vacuum)$rCssure/Hydrostatic, UDC = Under-Dispenser Containment

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM (( ) ge B o* 6+

7###ẇ MONITORING SYSTEM ND PROGRAMMING

This section must be completed if a monitoring panel is used to perform leak detection monitoring.	Y	N	ᵞ
Are the visual and audible alarms operational?	[X]	[ ]	[ ]
Were all sensors visually inspected for kinks and reaks in the cables and for residual uildup to ensure that floats move Ꞓ꞉ꞒḰ, functionally tested, and confirmed operational?	[X]	[ ]	[ ]
Were all sensors installed at ᵽG Ꞓst point of secondary containment and positioned so that other equipment Gill not interfere Gith their proper operation?	[X]	[ ]	[ ]
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 if the piping secondary containment ˏ nitoring system Ꞓils to operate or is electrically disconnected?	[ ]	[ ]	[X]
Does the turbine automatically shut doGn if the piping secondary containment monitoring system detects a leak? Which sensors initiate positive shut doGn? *(Check all that apply.)* [ ] Sump [ ] Under-Dispenser Containment	[ ]	[ ]	[X]
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.

#Cẇ COMMENTS

Suction system.

Cẇ #ᵞ-TAᵞ! GAKGING TESTING

[X] Check this box if tank gauging is used only for inventory control. *(Do not complete this section.)* [ ] 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.***	Y	N	ᵞ
Has all input Gẇnġ een inspected for kinks and reaks in the cables and for proper entry and termination, including testing Ꞓr 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#ẇ COMMENTS

Y = Yes, N = No, NA = Not Applicable

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 5 of 6)

C##ẇ LINE LEAK DETECTOR TESTING

☒ Check this box if line leak detectors (LLD) are **NOT** ẇnstalled. *(Do not complete this section.)*

This section must be completed if LLDs are installed.

	Y	N	ᵞ
Was a leak simulated to verify ++D performance? *(Check all that apply.)* Simulated leak rate verified: ☐ 3 GPH ☐ 0.1 GP. ☐ 0.2 GP.	☐	☐	☐
Was the testing apparatus properly calibrated1	☐	☐	☐
For emergency generator tank systems, does the LLD create an audẇle and visual alarm Ghen a leak is detected?	☐	☐	☐
For mechanical LLDs, does the LLD restrict the floG through the pipe when a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off G%en a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?	☐	☐	☐
For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks?	☐	☐	☐
Were all items on the equipment manufacturer's maintenance checklist completed?	☐	☐	☐
Were all LLDs confirmed operational within regulatory requirements?	☐	☐	☐

For any answer of "N" above, describe in Section XIII how and when these issues were or will be corrected.

C###ẇ COMMENTS

Generator system.

C#7ẇ 7 CUUM / PRESSURE / HYDROSTATIC MONITORING EQUIPMENT TESTING

☐ Check this box if VPH monitoring is **NOT** used. *(Do not complete this section.)*

This section must be completed if VPH monitoring is used to perform leak detection monitoring.

Ŏystem Type (Mark all that applyQ ☐ Vacuum ☐ Pressure ☐ Hydrostatic

Sensor ID	Component(S) Monitored By This Sensor	Sensor Functionality Test	Interstitial Communication Test
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail

˙ G Gas interstitial communication verified? ☐ Simulated Leak at Far Ends of the Interstitial Space ☐ Visual Inspection ☐ Other *(Describe the method in section XV below.)* ☐ Gauge

Was the vacuum or pressure restored to operating levels in all interstitial spaces? ☐ Y€s ☐ No *(Describe the reason in section XV below.)*

For any answer of "Fail" above, describe in Section XV how and when these issues were or will be corrected.

C7ẇ COMMENTS

GPH = Gallons Per Hour, Y = Yes, N = No, NA = Not Applicable, VPH = Vacuum/Pressure/Hydrostatic, ID = Identification

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 servrcing of underground storage tank (UST) monitoring equipment. , opy of this form must be provrded to the UST ok˙ er 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 sy€.em certification.

#ẇ & CILITY INFORM TIOʏ

CERS ID: **10132666**	Date of Monitoring System Certification: 2/14/2020
Business Name *(Same as Facility Name or DBA-Doing Business As)*: Lumileds	" uilding #:
Business Site Address: 370 W. Trimble Road	City: San Jose	ZIP Code: 95131

##ẇ UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of Company Performing the Certification: Balch Petroleum	Phone #: (408) 942-8686
Mailing Address: 930 Ames Ave., Milpitas, CA 95035	
Name of UST Service Technician Performing the K€rtification *(Print as shown on the ICC Certification)*: Robert Henninger	

Contractor / Tank Tester License #: 396575	ICC Certification #: 5248052-UT	ICC Certification Expiration Dat€: 1/25/2022

Monitoring System Training and K€rtifications *(List all applicable certifications.)*	Expiration Dat€
Veeder-Root TLS-3XX Technician A28170	5/24/2020

###ẇ RESULTS OF TESTING / SERVICING

Indicate and attach the following reports if the monitoring equipment is capable of generating either. ☒ Monitoring System Set-up ☒ Alarm History Report	Y	N	ʏ
Was any , onitoring equipm€nt replaced1 *(If "Yes," identify the specific devices replaced and list the manufacturer and model for all replacement parts in section IV below.)*	☐	☒	☐
Was damage, debrris, or liquid found inside any secondary containment systems? *(If "Yes," describe what was found in section IV below.)*	☐	☒	☐
Is all monitoring equipment operational per manufacturer's specifications? *(If "No," describe why in section IV below.)*	☒	☐	☐

#7ẇ COMMENTS

If directed to use this section, describe how and when the issues were or will be corrected.

7ẇ CERTIFICATION BY UST SERVICE TECHN#%#N CONDUCTING THIS TESTING

I hereby , ertify that the equipment identified in this document k)€ mspected/servrced m accordance k rth California %ode of Regulations, Title 23, Divr€on 3, Chapter 16, Section 2638 and all information contained , erein is true and accurate. ..) ched .o this certification is information (e.g., manufacturers' checklists, - onitoring €3€.e- set-up,) larm , istory report, etc.) ˙ eces€)ry to verif3 that this information and the site plan shok ing the layout of UST system is complete and accurate.

UST Service Technician Signature

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

VI. 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 #
TAv ! #D? *(By tank number, stored product, etc.)*	**T1: Diesel**	**TAv ! #D?** *(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	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☒ Sump Sensor	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 Piping		**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 #
TAv ! #D? *(By tank number, stored product, etc.)*		**TAv ! #D?** *(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	
☐ VPH Sensor		☐ VPH 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)		☐ 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**	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☐ Sump Sensor		☐ Sump Sensor	
☐ VPH Sensor (Sump)		☐ VPH Sensor (Sump)	

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)

Monitoring Devr, e Used	Devrce Model #	Monitoring Devr, e Used	Devrce Model #
VENT / TR Y S#TION SUMP ID:		**VENT / TR Y 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.)*	

Include information for every underground storage tank component monitored by this monitoring system control panel. If the monitoring system control panel monitors more components than this form accommodates, additional copies of these pages may be attached.

VII. %OMMENTS

Use this section to provide additional comments about the inventory of the equipment certified.

ID = Identification, VPH = Vacuum)$rCssure/Hydrostatic, UDC = Under-Dispenser Containment

UNDERGROUND STORAGE TANK

MONITORING SYSTEM CERTIFI% TION FORM (( ) ge B o* 6+

7###ẇ MONITORING SYSTEM ND PROGRAMMING

This section must be completed if a monitoring panel is used to perform leak detection monitoring.	Y	N	ᵞ
Are the visual and audible alarms operational?	☒	☐	☐
Were all sensors visually inspected for kinks and reaks in the cables and for residual uildup to ensure that floats move freely, functionally tested, and confirmed operational?	☒	☐	☐
Were all sensors installed at loG Cst point of secondary containment and positioned so that other equipment Gill not interfere Gith their proper operation?	☒	☐	☐
Was monitoring system set-up reviewed to ensure proper settings?	☒	☐	☐
Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational?	☒	☐	☐
Does the floG of fuel stop at the dispenser if a leak is detected in the under-dispenser containment?	☐	☐	☒
Does the turbine automatically s%ut doGn if the piping secondary containment nitoring system Gails to operate or is electrically disconnected?	☐	☐	☒
Does the turbine automatically shut doGn if the piping secondary containment monitoring system detects a leak? 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?	☐	☐	☒

For any answer of "N" above, describe in Section IX how and when these deficiencies were or will be corrected.

#Cẇ COMMENTS

Suction system.

Cẇ #ᵞ-TAᵞ! GAKGING TESTING

☒ Check this box if tank gauging is used only for inventory control. *(Do not complete this section.)*

☐ 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.	Y	N	ᵞ
Has all input Gwing 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 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#ẇ COMMENTS

Y = Yes, N = No, NA = Not Applicable

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 5 of 6)

C##ẇ LINE LEAK DETECTOR TESTING

☒ Check this box if line leak detectors (LLD) are **NOT** ẇnstalled. *(Do not complete this section.)* ***This section must be completed if LLDs are installed.***	Y	N	ʏ
Was a leak simulated to verify ++D performance? *(Check all that apply.)* Simulated leak rate verified: ☐ 3 GPH ☐ 0.1 GP. ☐ 0.2 GP.	☐	☐	☐
Was the testing apparatus properly calibrated1	☐	☐	☐
For emergency generator tank systems, does the LLD create an audẇle and visual alarm Ghen a leak is detected?	☐	☐	☐
For mechanical LLDs, does the LLD restrict the floG through the pipe when a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off G%en a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?	☐	☐	☐
For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks?	☐	☐	☐
Were all items on the equipment manufacturer's maintenance checklist completed?	☐	☐	☐
Were all LLDs confirmed operational within regulatory requirements?	☐	☐	☐

For any answer of "N" above, describe in Section XIII how and when these issues were or will be corrected.

C###ẇ COMMENTS

Generator system.

C#7ẇ 7 CUUM / PRESSURE / HYDROSTATIC MONITORING EQUIPMENT TESTING

☐ Check this box if VPH monitoring is **NOT** used. *(Do not complete this section.)*

This section must be completed if VPH monitoring is used to perform leak detection monitoring.

Ŏystem Type (Mark all that applyϘ ☐ Vacuum ☐ Pressure ☐ Hydrostatic

Sensor ID	Component(S) Monitored By This Sensor	Sensor Functionality Test	Interstitial Communication Test
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail

˙ G Gas interstitial communication verified? ☐ Simulated Leak at Far Ends of the Interstitial Space ☐ Visual Inspection ☐ Other *(Describe the method in section XV below.)* ☐ Gauge

Was the vacuum or pressure restored to operating levels in all interstitial spaces? ☐ Y€s ☐ No *(Describe the reason in section XV below.)*

For any answer of "Fail" above, describe in Section XV how and when these issues were or will be corrected.

C7ẇ COMMENTS

GPH = Gallons Per Hour, Y = Yes, N = No, NA = Not Applicable, VPH = Vacuum/Pressure/Hydrostatic, ID = Identification

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
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 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%
: 0

LEAK MIN ANNUAL : 0%
: 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%

COMMUNICATIONS SETUP

PORT SETTINGS:

NONE FOUND

RS-232 END OF MESSAGE
DISABLED

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 1, 1996
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:OVERFILL 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

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 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 * * * * *

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:	Joanna Chavez; Cole, Mitchell
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 <USTinspector@deh.sccgov.org>; Cole, Mitchell <mitchell.cole@lumileds.com>
Subject: [EXTERNAL] Lumileds Monitoring System Certification Reports

Hi,

Please see attached Lumileds MSC report.

Thank you.

Joanna Chavez

CONTRACTORS BALCH PETROLEUM & BUILDERS INC.
C.L. #396575 A/B/C - 10 HAZ

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

CONTRACTORS
BALCH
PETROLEUM
& BUILDERS, INC.
C.L. #396575 A/B/C - 10 HAZ

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 servrcing of underground storage tank (UST) monitoring equipment. , opy of this form must be provrded 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 sy€.em certification.

#ẇ & CILITY INFORM TION

CERS ID: **10132666**	Date of Monitoring System Certification: 2/14/2020
Business Name *(Same as Facility Name or DBA-Doing Business As)*: Lumileds	" uilding #:
Business Site Address: 370 W. Trimble Road	City: San Jose	ZIP Code: 95131

##ẇ UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of Company Performing the Certification: Balch Petroleum	Phone #: (408) 942-8686
Mailing Address: 930 Ames Ave., Milpitas, CA 95035	
Name of UST Service Technician Performing the K€rtification *(Print as shown on the ICC Certification)*: Robert Henninger	

Contractor / Tank Tester License #: 396575	ICC Certification #: 5248052-UT	ICC Certification Expiration Dat€: 1/25/2022

Monitoring System Training and K€rtifications *(List all applicable certifications.)*	Expiration Dat€
Veeder-Root TLS-3XX Technician A28170	5/24/2020

###ẇ RESULTS OF TESTING / SERVICING

Indicate and attach the following reports if the monitoring equipment is capable of generating either. ☒ Monitoring System Set-up ☒ Alarm History Report	**Y**	**N**	**Y**
Was any , onitoring equipment replaced? *(If "Yes," identify the specific devices replaced and list the manufacturer and model for all replacement parts in section IV below.)*	☐	☒	☐
Was damage, debrris, or liquid found inside any secondary containment systems? *(If "Yes," describe what was found in section IV below.)*	☐	☒	☐
Is all monitoring equipment operational per manufacturer's specifications? *(If "No," describe why in section IV below.)*	☒	☐	☐

#7ẇ COMMENTS

If directed to use this section, describe how and when the issues were or will be corrected.

7ẇ CERTIFI% TION BY UST SERVICE TECHN#%#N CONDUCTING THIS TESTING

I 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 this 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.

UST Service Technician Signature

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 2 of 6)

VI. 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 #
TAv ! #D? *(By tank number, stored product, etc.)*	**T1: Diesel**	**TAv ! #D?** *(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	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☒ Sump Sensor	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 Piping		**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 #
TAv ! #D? *(By tank number, stored product, etc.)*		**TAv ! #D?** *(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	
☐ VPH Sensor		☐ VPH 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)		☐ 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**	
☐ VPH Sensor (Piping)		☐ VPH Sensor (Piping)	
☐ Sump Sensor		☐ Sump Sensor	
☐ VPH Sensor (Sump)		☐ VPH Sensor (Sump)	

ID = Identification, SW = Single-Walled, VPH = Vacuum/Pressure/Hydrostatic, LLD = Line Leak Detector

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 3 of 6)

Monitoring Devr, e Used	Devrce Model #	Monitoring Devr, e Used	Devrce Model #
VENT / TR Y S#TION SUMP ID:		**VENT / TR Y 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.)*	

Include information for every underground storage tank component monitored by this monitoring system control panel. If the monitoring system control panel monitors more components than this form accommodates, additional copies of these pages may be attached.

VII. COMMENTS

Use this section to provide additional comments about the inventory of the equipment certified.

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM (Page 4 of 6)

VIII. MONITORING SYSTEM AND PROGRAMMING

This section must be completed if a monitoring panel is used to perform leak detection monitoring.	Y	N	NA
Are the visual and audible alarms operational?	☒	☐	☐
Were all sensors visually inspected for kinks and breaks in the cables and for residual buildup to ensure that floats move freely, functionally tested, and confirmed operational?	☒	☐	☐
Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?	☒	☐	☐
Was monitoring system set-up reviewed to ensure proper settings?	☒	☐	☐
Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational?	☒	☐	☐
Does the flow of fuel stop at the dispenser if a leak is detected in the under-dispenser containment?	☐	☐	☒
Does the turbine automatically shut down if the piping secondary containment monitoring system fails to operate or is electrically disconnected?	☐	☐	☒
Does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak? Which sensors initiate positive shut down? *(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?	☐	☐	☒

For any answer of "N" above, describe in Section IX how and when these deficiencies were or will be corrected.

IX. COMMENTS

Suction system.

X. IN-TANK GAUGING TESTING

☒ Check this box if tank gauging is used only for inventory control. *(Do not complete this section.)*
☐ 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.	Y	N	NA
Has all input wiring been inspected for kinks and breaks in the cables and for proper entry and termination, including testing for ground faults?	☐	☐	☐
Were all in-tank gauging probes visually inspected for damage and residue buildup 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 water 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.

XI. COMMENTS

Y = Yes, N = No, NA = Not Applicable

UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFI% TION FORM '(age 5 of 6)

C##ẇ LINE LEAK DETECTOR TESTING

☒ Check this box if line leak detectors (LLD) are **NOT** ẇnstalled. *(Do not complete this section.)* ***This section must be completed if LLDs are installed.***	Y	N	ᵞ
Was a leak simulated to verify ++D performance? *(Check all that apply.)* Simulated leak rate verified: ☐ 3 GPH ☐ 0.1 GP. ☐ 0.2 GP.	☐	☐	☐
Was the testing apparatus properly calibrated1	☐	☐	☐
For emergency generator tank systems, does the LLD create an audẇle and visual alarm Fhen a leak is detected?	☐	☐	☐
For mechanical LLDs, does the LLD restrict the floF through the pipe when a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off F%en a leak is detected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?	☐	☐	☐
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?	☐	☐	☐
For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks?	☐	☐	☐
Were all items on the equipment manufacturer's maintenance checklist completed?	☐	☐	☐
Were all LLDs confirmed operational within regulatory requirements?	☐	☐	☐

For any answer of "N" above, describe in Section XIII how and when these issues were or will be corrected.

C###ẇ COMMENTS

Generator system.

C#7ẇ 7 CUUM / PRESSURE / HYDROSTATIC MONITORING EQUIPMENT TESTING

☐ Check this box if VPH monitoring is **NOT** used. *(Do not complete this section.)*

This section must be completed if VPH monitoring is used to perform leak detection monitoring.

Ŏystem Type (Mark all that applyǪ ☐ Vacuum ☐ Pressure ☐ Hydrostatic

Sensor ID	Component(S) Monitored By This Sensor	Sensor Functionality Test	Interstitial Communication Test
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail
		☐ Pass ☐ Fail	☐ Pass ☐ Fail

F Fas interstitial communication verified? ☐ Simulated Leak at Far Ends of the Interstitial Space ☐ Visual Inspection ☐ Other *(Describe the method in section XV below.)* ☐ Gauge

Was the vacuum or pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(Describe the reason in section XV below.)*

For any answer of "Fail" above, describe in Section XV how and when these issues were or will be corrected.

C7ẇ COMMENTS

GPH = Gallons Per Hour, Y = Yes, N = No, NA = Not Applicable, VPH = Vacuum/Pressure/Hydrostatic, ID = Identification

UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1)

Type of Action: ☐ Installation Test ☐ Repair Test ☒ 12 Month Test

I. FACILITY INFORMATION

CERS ID	Date of Spill Container Test
10132666	2/14/2020

Business Name *(Same as Facility Name or DBA-Doing Business As)*: Lumiled

Business Site Address	City	ZIP Code
370 W. Trimble	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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	5248052-UT	1/25/2022

Spill Container Testing Training and Certifications *(List applicable certifications.)*: Caldwell Sump Tester

III. SPILL CONTAINER TESTING INFORMATION

Test Method Used:

☐ Manufacturer Guidelines *(Specify)*:

☒ Industry Code or Engineering Standard *(Specify)*: RP1200

☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results. # of Attached Pages:

TANK ID: *(By tank number, stored product, etc.)*	T1 Diesel			
Spill Container Manufacturer:	OPW			
Method of Cathodic Protection:	☒ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*
Inside Diameter of Spill Container: *(Inches)*	12"			
Depth of Spill Container: *(Inches)*	17"			
Does the spill container have a 5 gallon capacity?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Method to Keep Spill Container Empty:	☒ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*

IV. SUMMARY OF TESTING RESULTS

Spill Container Test Results:	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

V. COMMENTS

Any items marked "Fail" above must be explained in this section. Any additional comments may also be provided here.

Performed 1 hour lake test with inspector on site. Pass

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING

I hereby certify that the spill containers were tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637.1 and all the information contained herein is accurate.

UST Service Technician Signature: 

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

CERS = California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION 490-1.

PLAN TYPE (*Check one item only*) ☒ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. ☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): 490-2.

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*) 43-000-252744 1.

BUSINESS NAME (*Same as Facility Name or DBA*) **Philips Lumileds Lighting Company** 3.

BUSINESS SITE ADDRESS **370 W. Trimble Rd..** 103. CITY **San Jose** 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a. 490-3b.

III. MONITORING LOCATIONS

☒ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN ☐ 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4.

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (*Check all that apply*)

☒ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 490-5.

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6.

PANEL MANUFACTURER: **Gilbarco** 490-7. MODEL #: **EMC** 490-8.

LEAK SENSOR MANUFACTURER: **Veeder-Root** 490-9. MODEL #(S): **794390-409** 490-10.

☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11.

PANEL MANUFACTURER: 490-12. MODEL #: 490-13.

IN-TANK PROBE MANUFACTURER: 490-14. MODEL #(S): 490-15.

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16.

☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17.

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.

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21. 490-22.

☐ 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-23.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24. 490-25.

☐ 99. OTHER (Specify): 490-26. 490-27.

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (*Check all that apply*)

☒ 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. 490-28.

[23 CCR §2636] SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29.

PANEL MANUFACTURER: **Gilbarco** 490-30. MODEL #: **EMC** 490-31.

LEAK SENSOR MANUFACTURER: **Gilbarco** 490-32. MODEL #(S): **PA02592000010** 490-33.

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☒ b. NO 490-34.

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☒ b. NO 490-35.

☐ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636] 490-36.

MLLD MANUFACTURER(S): 490-37. MODEL #(S): 490-38.

☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR§2636] 490-39.

ELLD MANUFACTURER(S): 490-40. MODEL #(S): 490-41.

PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. 490-42.

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43.

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44.

☐ 4. PIPE INTEGRITY TESTING. 490-45.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46. 490-47.

☒ 5. VISUAL PIPE MONITORING. 490-48.

FREQUENCY: ☐ a. DAILY ☐ b. WEEKLY ☒ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49.

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)] 490-50.

☐ 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-51.

☐ 99. OTHER (Specify) 490-52. 490-53.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

MONITORING PLAN – (Page 2 of 2)

VI. UNDER DISPENSER 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 ☐ 3. ELECTRONIC STAND-ALONE 490-54a.

☒ 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 ALARMS. ☐ 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 AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. 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. DOUBLE WALL 490-63.

IF DOUBLE WALL: 490-64a.

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ a. LIQUID ☐ b. PRESSURE ☐ c. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-64b.

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. [23 CCR §2644.1] 490-65.

☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67.

VIII. RECORD KEEPING

The following monitoring/maintenance records are kept for this facility: 490-68.

☒ a. ALARM LOGS ☒ b. VISUAL INSPECTION RECORDS ☐ c. TANK INTEGRITY TESTING RESULTS

☐ d. SIR TESTING RESULTS (and supporting documentation records) ☐ e. TANK GAUGING RESULTS (and supporting documentation records)

☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION PROTECTION 60-DAY LOGS

☒ h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

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)** 490-69c.

☒ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.

☒ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.

☒ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.

☒ 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 Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following: 490-70.

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.
- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.
- Name(s) of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71.

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

NAME: **Eric Dugdale** 490-72. TITLE: **Operations Manager** 490-73.

NAME: **Clair LeHere** 490-74. TITLE: **Electrical Technician** 490-75.

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE: Matthew East

REPRESENTING: ☒ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner 490-76.

DATE: 5/17/12 490-77.

APPLICANT NAME (print): **Matthew East** 490-78.

APPLICANT TITLE: **Chief Financial Officer** 490-79.

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☒ Approved With Conditions ☐ Disapproved

Local Agency Signature: GREG BRESHEARS Date: 6-4-2012

Comments or Special Conditions: APPROVED WITH CORRECTIONS MADE TO SYSTEM SITE PLAN.

REVIEWED
By Rob Ward at 4:24 pm, Feb 19, 2020

UNDERGROUND STOR… RFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 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	City	ZIP Code
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.)*	Phone #
Robert Henninger	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Dat€
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

Inspection Method Used:
- ☒ Manufacturer Guidelines *(Specify)*1 OPW
- ☐ Industry Code or Engineering Standard *(Specify)*1
- ☐ Engineered Method *(Specify)*1

Attach the inspection procedures and all documentation required to determine the results. # of Attached Pages:

˜ 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 ☐ 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 respons€ 8 ' en activated? *(Check all that apply.)*	☒ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flo8 ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flo8 ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flo8 ☐ Restricts Flow ☐ A/V Alarm
Are flo8 restrictors installed on vent piping?	☐ Y€s ☒ No	☐ Y€s ☐ No	☐ Y€s ☐ No	☐ Y€s ☐ No
At 8 hat level in the tank is the overfill prevention s€t to activate? *(Inches from bottom of tank.)*	86 5/8"			
What is the percent capacity of t' e tank at 8 hich the overfill prevention equipment activates?	98%			
Is the overfill prevention in proper operating condition to respond 8 ' en the substance reaches the appropriate level?	☐ Y€s ☒ No *(Specify in V.)*	☐ Y€s ☐ No *(Specify in V.)*	☐ Y€s ☐ No *(Specify in V.)*	☐ Y€s ☐ No *(Specify in V.)*

$" SUMMARY OF INSPECTION RESULTS

Overfill Prevention Inspection Results	☐ Pass ☒ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ 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: Robert Henninger

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

CERS = California Environmental Reporting System, ID = Identi€ation, UST = Underground Storage Tank, ICC = International Cod€ Council, !" = Audi# and Visua$

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: **252744-397897**
Effective Date: **July 1, 2012**
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: **PHILIPS LUMILEDS LIGHTING CO., LLC**
Tank Operator: **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 FUEL**	**TANK 1 - DIESEL**

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.

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

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: **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	Permittee's Tank ID
TA0368423	**12,000**	**Diesel**	**Tank 1: Diesel**

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 Monitoring Site Plan approved by HMCD.
4. 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.
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. The permittee shall ensure that monitoring system certification testing is 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 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.

County of Santa Clara
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
www.EHinfo.org/hazmat

November 16, 2017

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

UNDERGROUND STORAGE TANK

RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION ☒ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION R01.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 43-000-252744 1.

BUSINESS NAME (Same as FACILITY NAME) 3.

Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.	BUSINESS SITE CITY 104.
370 West Trimble Road	**San Jose**

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: *(Complete only if applicable)*

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME R40.	TITLE R50.
Dan Janowski	**Facilities Manager**
NAME R41.	TITLE R51.
Joyce Gee	**Security Manager/Safety Engineer**
NAME R42.	TITLE R52.
Mitch Cole	**Environmental Engineer**
NAME R43.	TITLE R53.

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

☒ 1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION ☒ 2. INSPECTION BY QUALIFIED PERSONS ☐ 3. RECALIBRATION OF EQUIPMENT R60.

☐ 99. OTHER (Specify): 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;
- 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/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE	DATE R70.
Sunil Thomas	3/19/2012
OWNER/OPERATOR NAME (print) R71.	OWNER/OPERATOR TITLE R72.
Sunil Thomas	San Jose Site General Manager

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☒ Approved With Conditions * ☐ Disapproved

Local Agency Signature: GREG BRESSANI Date: 4-23-2012

* SEE ITEM V COMMENTS

Secondary Containment & Overfill Containment Testing Report Form

1. FACILITY INFORMATION

Facility Name: Philips Lumileds Lighting Company	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 during testing)*: Richard Owens	

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	Hydrostatic Precision Test Equipment	NA
Caldwell	Hydrostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular	X	☐	☐	☐		☐	☐	☐	☐
Piping Sump	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Supply Line	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Return Line	X	☐	☐	X		☐	☐	☐	☐
Diesel Fill Bucket	X	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
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	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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: [signature] Date: 4/04/2013

G:\Construction\Balch\General\Lumileds\Docs\2013\130404_Lumileds_SB989-Results.doc

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)*		
Test Equipment Used:		Equipment Resolution:	

	Tank # Diesel	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes X No	☐ Yes ☐ 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	☐ Yes ☐ No ☐ NA

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

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	**X** Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	**X** Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Run # FOS	**Run # FOR**	**Run #**	**Run #**	**Run #**
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			
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:	One hour, no loss				
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

*** FOR not tested due to 3x2 test bell completely cracked apart. UPDATE - FOR 3x2 Test Bell Replaced and retested on 4/26/13.

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	**X** Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	**X** Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Caldwell Sump 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:	11:00 am			
Initial Reading (R_I):	1st Line			
Test End Time:	11:30 am			
Final Reading (R_F):	1st Line			
Test Duration:	30 Minutes			
Change in Reading (R_F-R_I):	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 to testing, and recommended follow-up for failed tests)*

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 any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Spill Bucket Manufacturer	**X** Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	**X** Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Caldwell Sump Tester		Equipment Resolution: 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):	1st Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1st 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 information on repairs made prior to testing, and recommended follow-up for failed tests)*

Caldwell sump tester used for hydrostatic testing.

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 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	Hydrostatic Precision Test Equipment	NA
Caldwell	Hydrostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular	X	☐	☐	☐		☐	☐	☐	☐
Piping Sump	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Supply Line	X	☐	☐	☐		☐	☐	☐	☐
Fuel Oil Return Line	X	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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: [signature] Date: 2/17/2016

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)*		
Test Equipment Used:		Equipment Resolution:	

	Tank # Diesel	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt from Testing?[1]	☐ Yes X No	☐ Yes ☐ 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 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 repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed by:	☐ Piping Manufacturer	**X** Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	**X** Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Run # FOS	**Run # FOR**	**Run #**	**Run #**	**Run #**
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			
Test 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:	One hour, no loss				
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

6. PIPING SUMP TESTING

Test Method Developed by:	☐ Sump Manufacturer	**X** Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	**X** Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Caldwell Sump 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:	11:00 am			
Initial Reading (R_I):	1st Line			
Test End Time:	11:30 am			
Final Reading (R_F):	1st Line			
Test Duration:	30 Minutes			
Change in Reading (R_F-R_I):	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 to testing, and recommended follow-up for failed tests)*

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 any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

REVIEWED
By Rob Ward at 2:58 pm, Feb 14, 2020

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

Type of Action ☐ Installation Test ☐ Repair Test ☐ Six Month 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	City	ZIP Code
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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	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	☐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**	**c**	**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 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature 

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)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
Fiberglass Tank	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐**B**	☐**C**	☐**D**	☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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 pullj 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	**A** ☒	**B** ☐	**C** ☐	**D** ☐
AO Smith - FOR	**A** ☐ X	**B** ☒	**C** ☐	**D** ☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

Vent Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

XII. COMMENTS

Provide any additional comments here.

XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☒ Industry Code or Engineering Standard *(Specify)*: RP1200
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.
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 ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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			
	a ☐	**b** ☐	**c** ☐	**d** ☐
	a ☐	**b** ☐	**c** ☐	**d** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

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. COMMENTS

Provide any additional comments here.

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

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify **UDC ID** from Section III for each Manufacturer					
	1 ☐	**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 Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

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

CONTRACTORS
BALCH
PETROLEUM
& BUILDERS, INC.
C.L. #396575 A/B/C - 10 HAZ

Service Administrator
Phone: (408) 942-8686 ext: 104

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

Type of Action ☐ Installation Test ☒ Repair Test ☐ Six Month Test ☐ 36 Month Test

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	City	ZIP Code
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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	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	☐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**	**c**	**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 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature 

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)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
Fiberglass Tank	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐**B**	☐**C**	☐**D**	☐

Test Method Used:

☐ Manufacturer Guidelines *(Specify)*:

☒ Industry Code or Engineering Standard *(Specify)*: RP1200

☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Tank Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

VI. COMMENTS

Provide any additional comments here.

VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
AO Smith - FOS	**A** ☒	**B** ☐	**C** ☐	**D** ☐
AO Smith - FOR	**A** ☐	**B** ☒	**C** ☐	**D** ☐

Test Method Used:

☐ Manufacturer Guidelines *(Specify)*:

☒ Industry Code or Engineering Standard *(Specify)*: RP1200

☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Product Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

VIII. COMMENTS

Provide any additional comments here.

Repair to FOS secondary lines leaks were done by Lumileds.
Repair to FOS test bell located in Gen Room, done by Balch Petroleum

FOS secondary line was tested at 5 psi for 1 hour. Pass

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

Vent Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

XII. COMMENTS

Provide any additional comments here.

XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☒ Industry Code or Engineering Standard *(Specify)*: RP1200
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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)

XVII. FILL RISER SUMP TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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			
	a ☐	**b** ☐	**c** ☐	**d** ☐
	a ☐	**b** ☐	**c** ☐	**d** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

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. COMMENTS

Provide any additional comments here.

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

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify **UDC ID** from Section III for each Manufacturer					
	1 ☐	**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 Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

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 ☐ Installation Test ☒ Repair Test ☐ Six Month Test ☐ 36 Month Test

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	City	ZIP Code
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 #
Elmer Mortera	(408) 942-8686

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
396575	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	☒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**	**c**	**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 3, Chapter 16, Section 2637 and all the information contained herein is accurate.

UST Service Technician Signature 

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)

V. TANK SECONDARY CONTAINMENT INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
Fiberglass Tank	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐**B**	☐**C**	☐**D**	☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Tank Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

VI. COMMENTS

Provide any additional comments here.

Tested tank annular at 10 inch vacuum for 1 hour with no loss on April 11, 2019.

See correspondence records for Jan 16, 2020 for statements by Technician regarding highlighted items.

VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
AO Smith - FOS	**A** ☒	**B** ☐	**C** ☐	**D** ☐
AO Smith - FOR	**A** ☒	**B** ☐	**C** ☐	**D** ☐

Test Method Used:

- ☐ Manufacturer Guidelines *(Specify)*:
- ☒ Industry Code or Engineering Standard *(Specify)*: RP1200
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
Product Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

VIII. COMMENTS

Provide any additional comments here.

Repair to FOS secondary lines leaks were done by Lumileds.
Repair to FOS test bell located in Gen Room, done by Balch Petroleum

FOS secondary line was tested at 5 psi for 1 hour. Pass

IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

Vent Piping Containment Testing Training and Certifications *(List applicable certifications.)*	Expiration Date

Interstitial Communication Verification Method Used:

XII. COMMENTS

Provide any additional comments here.

XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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	**A** ☒	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☒ Industry Code or Engineering Standard *(Specify)*: RP1200
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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)

XVII. FILL RISER SUMP TESTING INFORMATION

Manufacturer	Identify **Tank ID** from Section III for each Manufacturer			
	A ☐	**B** ☐	**C** ☐	**D** ☐
	A ☐	**B** ☐	**C** ☐	**D** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages

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			
	a ☐	**b** ☐	**c** ☐	**d** ☐
	a ☐	**b** ☐	**c** ☐	**d** ☐

Test Method Used:	
	☐ Manufacturer Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

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. COMMENTS

Provide any additional comments here.

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

XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION

Manufacturer(s)	Identify **UDC ID** from Section III for each Manufacturer					
	1 ☐	**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 Guidelines *(Specify)*:
	☐ Industry Code or Engineering Standard *(Specify)*:
	☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results.	# of Attached Pages
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.

Spill Containment Testing

1. FACILITY INFORMATION

Facility Name: Philips Lumileds Lighting Company	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: 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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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: [signature] Date: 3/18/2015

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 Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Ronan/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):	1ST Line					
Test End Time:	10:15 am					
Final Reading (R_F):	1ST 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 information on repairs made prior to testing, and recommended follow-up 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 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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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:

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: [signature] Date: 2/16/2018

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/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:	9:00 am					
Initial Reading (R_I):	1ST Line					
Test End Time:	9:30 am					
Final Reading (R_F):	1ST 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 information on repairs made prior to testing, and recommended follow-up for failed tests)*

UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1*

Type of Action ☐ Installation Test ☐ Repair Test ☒ 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: 370 W. Trimble Road

City: San Jose

ZIP Code: 95131

"" UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Test *(Print as shown on the ICC Certification.)*: Robert Henninger

Phone #: (408) 942-8686

Contractor / Tank Tester License #: 396575

ICC Certification #: 5252265-UT

ICC Certification Expiration Dat€: 7/13/2019

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)*-

Attach the testing procedures and all documentation required to determine the results.

# of Attached Pages:

°˜ N ˝ . *(By tank number, stored product, etc.)*	Diesel			
Spill Container Manufacturer:	OPW			
Method of Cat$ˇ dic Protection:	☒ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*
Inside Diameter of Spill Container: *(Inches)*	12"			
Depth of Spill Container: *(Inches)*	20"			
Does the spill container have a 5 gallon capacity2	☒ Y€s ☐ No	☐ Y€s ☐ No	☐ Y€s ☐ No	☐ Y€s ☐ No
Method to Keep Spill Container Empty-	☒ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*

", SUMMARY OF TESTING RESULTS

Spill Container Test Results:	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

, $˝&&ˆ 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 w th $(5)rnia Code of Regulations, ° 35 23, ˇ vision 86 Chapter 16, Section 2637.1 and all the information contained herein is accurate.

UST Service Technician Signature

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

CERS = California Environmental Reporting System, ID = Identi€ation, UST = Underground Storage Tank, ICC = International Cod€ Council

PBR

RECEIVED BY
SANTA CLARA COUNTY
DEPT. OF ENV. HEALTH
2012 FEB 21 PM 2:19

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	1.	BEGINNING DATE 100.	ENDING DATE 101.
		01/01/2012	12/31/2012

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	BUSINESS PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.		
370 West Trimble Road		
CITY 104.		ZIP CODE 105.
San Jose	CA	95131
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107.
12-499-8217		3674
COUNTY 108.		
Santa Clara		
BUSINESS OPERATOR NAME 109.		BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC		(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.		OWNER PHONE 112.
Philips Lumileds Lighting Company LLC		(408) 964-5300
OWNER MAILING ADDRESS 113.		
370 West Trimble Road		
CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-
NAME 123.		NAME 128.
Mitch Cole		Dan Janowski
TITLE 124.		TITLE 129.
Environmental Engineer		Facilities Manager
BUSINESS PHONE 125.		BUSINESS PHONE 130.
408-964-2562		408-964-2665
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 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.
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.
Jan Bouten	Chief Financial Officer	

* 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

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)

B. _____ Conditionally Exempt Specified Wastestream (CESW)

C. _____ Conditionally Authorized (CA)

D. 2 Permit by Rule (PBR)

E. _____ Conditionally Exempt – Limited (CEL)

F. _____ Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)

G. 2 TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	10 Feb 2012
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Jan Bouten	Chief Financial Officer

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

CERTIFICATION OF FINANCIAL ASSURANCE

FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

700.

☐ a. Initial Certification ☐ b. Amended Certification ☒ c. Annual Certification

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# 1.

FACILITY EPA ID# CAR 000 058 081 2.

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.

ESTIMATED CLOSURE COSTS: $ 173,963 702.

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.

☐ 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 FINANCIAL ASSURANCE MECHANISM

☒ I am required to provide a mechanism and it is attached to this page. 706.

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27/09 – 4/1/13 707.

MECHANISM ID NUMBER(S): 708.

68026017

MECHANISM TYPE (Check one item only) 709.

☐ a. Closure Trust Fund ☐ d. Closure Insurance ☐ g. Multiple Financial Mechanisms

☐ b. Surety Bond ☐ e. Financial test and Corporate Guarantee ☐ h. Certificate of Deposit

☒ c. Closure Letter of Credit ☐ f. Alternative Mechanism ☐ i. Savings Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION 710.

Bank of America

ADDRESS One Fleet Way 711.

CITY Scranton 712. STATE PA 713. ZIP CODE 18507-1999 714.

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION ☒ a. Owner ☒ b. Operator 715.

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)

SIGNATURE OF OWNER/OPERATOR

DATE 7-Feb-2012 716.

NAME OF OWNER/OPERATOR (Print) 717.

Mr. Jan Bouten

TITLE OF OWNER/OPERATOR 718.

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.)

1. 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.
3. BUSINESS NAME - Enter the complete Facility Name.
700. CERTIFICATION STATUS - Check the appropriate box 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.
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	COST
a. Removal, treatment (on-site or off-site), or disposal of waste inventories	$
b. Removal and disposal of soil	$
c. Decontamination of equipment and structure	$
d. Demolition and removal of containment system components or structure	$
e. Transportation	$
f. 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)	$
i. 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.
704. 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.
705. 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.
708. MECHANISM ID NUMBER - If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number).
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];
    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];
    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];
    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];
    f. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c);
    g. 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;
    i. 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.

710. FINANCIAL INSTITUTION OR SURETY NAME -
711. FINANCIAL INSTITUTION OR SURETY ADDRESS -
712. FINANCIAL INSTITUTION OR SURETY CITY -
713. FINANCIAL INSTITUTION OR SURETY STATE -
714 FINANCIAL INSTITUTION OR SURETY ZIP CODE -

For items 710-714, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.

715. 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.
716. 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.

Bank of America

FAX

OK

Date 4/3/09

Number of pages not including cover sheet 2

TO: NICOLE LUSSIER

ATTN:

CC:

Phone

Fax Phone 978-856-3596

FROM: STANDBY CUSTOMER SERVICE SCRANTON

Mailstop PA6-580-02-30

Phone 800.370.7519 OPTION 1

Fax Phone 800.755.8743

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

Bank of America

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

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

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

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

ORIGINAL

Bank of America

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.

AUTHORIZED SIGNATURE
JOHN YZEIK, AVP
MARCH 30, 2009

ORIGINAL

PBR

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.		BEGINNING DATE 100. 01/01/2012	ENDING DATE 101. 12/31/2012
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3. Philips Lumileds Lighting Company LLC			BUSINESS PHONE 102. (408) 964-5300
BUSINESS SITE ADDRESS 103. 370 West Trimble Road			
CITY 104. San Jose	CA		ZIP CODE 105. 95131
DUN & BRADSTREET 106. 12-499-8217			SIC CODE (4 digit #) 107. 3674
COUNTY 108. Santa Clara			
BUSINESS OPERATOR NAME 109. Philips Lumileds Lighting Company LLC			BUSINESS OPERATOR PHONE 110. (408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111. Philips Lumileds Lighting Company LLC			OWNER PHONE 112. (408) 964-5300
OWNER MAILING ADDRESS 113. 370 West Trimble Road			
CITY 114. San Jose	STATE 115. CA		ZIP CODE 116. 95131

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117. Mitch Cole			CONTACT PHONE 118. 408-964-2562
CONTACT MAILING ADDRESS 119. 370 West Trimble Road			
CITY 120. San Jose	STATE 121. CA		ZIP CODE 122. 95131

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123. Mitch Cole	NAME 128. Dan Janowski
TITLE 124. Environmental Engineer	TITLE 129. Facilities Manager
BUSINESS PHONE 125. 408-964-2562	BUSINESS PHONE 130. 408-964-2665
24-HOUR PHONE* 126 408-964-5300	24-HOUR PHONE* 131. 408-964-5300
PAGER # 127. 408-592-3222	PAGER # 132. 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

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.
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136. Jan Bouten	TITLE OF SIGNER 137. Chief Financial Officer	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15.		

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)	602.
B. _____	Conditionally Exempt Specified Wastestream (CESW)	
C. _____	Conditionally Authorized (CA)	
D. 2	Permit by Rule (PBR)	
E. _____	Conditionally Exempt – Limited (CEL)	
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)	
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)	

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	10 Feb 2012
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Jan Bouten	Chief Financial Officer

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

County of Santa Clara

Department of Environmental Health

1555 Berger Drive, Suite 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

Ruben Williams, CHMM, REA
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

700. ☐ a. Initial Certification ☐ b. Amended Certification ☒ c. Annual Certification

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# 1. | FACILITY EPA ID# CAR 000 058 081 2.

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.

ESTIMATED CLOSURE COSTS: $ 173,963 702.

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.

☐ 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 FINANCIAL ASSURANCE MECHANISM

☒ I am required to provide a mechanism and it is attached to this page. 706.

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: 03/27/09 – 4/1/13 707.

MECHANISM ID NUMBER(S): 68026017 708.

MECHANISM TYPE (Check one item only) 709.

☐ a. Closure Trust Fund ☐ d. Closure Insurance ☐ g. Multiple Financial Mechanisms

☐ b. Surety Bond ☐ e. Financial test and Corporate Guarantee ☐ h. Certificate of Deposit

☒ c. Closure Letter of Credit ☐ f. Alternative Mechanism ☐ i. Savings Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION 710.

Bank of America

ADDRESS One Fleet Way 711.

CITY Scranton 712. | STATE PA 713. | ZIP CODE 18507-1999 714.

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION ☒ a. Owner ☒ b. Operator 715.

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)

SIGNATURE OF OWNER/OPERATOR

DATE 1-Feb-2012 716.

NAME OF OWNER/OPERATOR (Print) 717.

Mr. Jan Bouten

TITLE OF OWNER/OPERATOR 718.

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 Lumileds 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 JANOWSKI Title: FACILITIES MGR
Phone: 408-964-2665 Signature: Date: 3-5-10

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 facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

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: **252744-397897**
Effective Date: **July 1, 2012**
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: **PHILIPS LUMILEDS LIGHTING CO., LLC**
Tank Operator: **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 FUEL**	**TANK 1 - DIESEL**

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.

ehcsv

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

LUMILED
350 W.TRIMBLE RD.
SAN JOSE,CA. 95131

MAR 18, 2015 9:02 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:DIESEL
VOLUME = 2133 GALS
ULLAGE = 9867 GALS
90% ULLAGE= 8667 GALS
TC VOLUME = 2126 GALS
HEIGHT = 21.51 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 67.5 DEG F

* * * * * END * * * * *

SYSTEM SETUP

MAR 18, 2015 9:02 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 WRN
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 TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

CUSTOM ALARM LABELS
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

NONE FOUND

RS-232 END OF MESSAGE
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%
: 0

LEAK MIN ANNUAL : 0%
: 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%

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 1, 1996
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:OVERFILL 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

RECONCILIATION SETUP

AUTOMATIC DAILY CLOSING
TIME: 2:00 AM

PERIODIC RECONCILIATION
MODE: MONTHLY

TEMP COMPENSATION
STANDARD

BUS SLOT FUEL METER TANK

TANK-MAP EMPTY

SOFTWARE REVISION LEVEL
VERSION 123.01
SOFTWARE#. 346123-100-B
CREATED - 02/06/21 13:00

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

ALARM HISTORY REPORT

SYSTEM ALARM
PAPER OUT
APR 30, 2013 10:11 AM
PRINTER ERROR
APR 30, 2013 10:11 AM
BATTERY IS OFF
JAN 1, 1996 8:00 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DIESEL

LOW PRODUCT ALARM
MAY 19, 2013 6:54 AM

PROBE OUT
SEP 29, 2009 10:13 AM
DEC 15, 2004 10:06 AM

DELIVERY NEEDED
MAY 19, 2013 2:00 AM
APR 29, 2012 4:26 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:ANNULAR
ANNULAR SPACE
FUEL ALARM
MAR 19, 2014 9:39 AM

FUEL ALARM
APR 4, 2013 12:25 PM

FUEL ALARM
APR 4, 2013 12:25 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:PIPING SUMP
PIPING SUMP
FUEL ALARM
MAR 19, 2014 9:40 AM

FUEL ALARM
APR 4, 2013 9:02 AM

FUEL ALARM
MAR 19, 2012 8:06 AM

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) 400.
☐ 1. NEW PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☒ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.: 1

FACILITY ID # (Agency Use Only) 1.: 43-000-252741

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.: Philips Lumileds Lighting Company

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road

CITY 104.: San Jose

FACILITY TYPE 403.: ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☒ 6. OTHER

Is the facility located on Indian Reservation or Trust lands? 405.: ☐ 1. Yes ☒ 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.: 370 West Trimble Road Corporation

PHONE 408.: (408) 964-5300

MAILING ADDRESS 409.: 1251 Avenue of the Americas 20th Floor

CITY 410.: New York

STATE 411.: NY

ZIP CODE 412.: 10020

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1.: Philips Lumileds Lighting Company

PHONE 428-2.: (408) 964-5300

MAILING ADDRESS 428-3.: 370 West Trimble Road

CITY 428-4.: San Jose

STATE 428-5.: CA

ZIP CODE 428-6.: 95131

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414.: Philips Lumileds Lighting Company

PHONE 415.: (408) 964-5300

MAILING ADDRESS 416.: 370 West Trimble Road

CITY 417.: San Jose

STATE 418.: CA

ZIP CODE 419.: 95131

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☒ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 421.: Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423.
☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☒ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.:

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE

DATE 424.: 16 April 2012

PHONE 425.: (408) 964-2886

APPLICANT NAME (print) 426.: Jan Bouten

APPLICANT TITLE 427.: Chief Financial Officer

CMCSV

Infrared Labs®

Clair Lehere – Owner
542 Bernal Ave. Livermore, CA 94551
925.230.9290 • clair@infraredlabs.com

Thermographic Imaging Solutions • Commercial/Residential/Industrial
www.infraredlabs.com

FIED PROGRAM CONSOLIDATED FO
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, complete only this section and Sections I, II, III, IV, and IX below)* 430.
☐ 1. NEW PERMIT ☒ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. | DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 1.

BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3.
Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.
370 West Trimble Road

CITY 104.
San Jose

II. TANK DESCRIPTION

TANK ID # 432.
Tank 1 - Diesel

TANK MANUFACTURER 433.
OWENS - Ownes Corning

TANK CONFIGURATION: THIS TANK IS 434.
☒ 1. A STAND-ALONE TANK
☐ 2. ONE IN A COMPARTMENTED UNIT
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435.
10/1/1991

TANK CAPACITY IN GALLONS 436.
12,000

NUMBER OF COMPARTMENTS IN THE UNIT 437.
1

III. TANK USE AND CONTENTS

TANK USE 439.
☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☒ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(e)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a.

CONTENTS 440.
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a.
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN 443.

PRIMARY CONTAINMENT 444.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 99. OTHER 460.

SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY ☒ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT 464.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT 464b.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 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.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464e. 464e1.
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464f. 464f1.
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464g. 464g1.
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464h. 464h1.
VENT PIPING TRANSITION SUMP TYPE		☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☒ 90. NONE		464i.
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464j. 464j1.
RISER SECONDARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464k. 464k1.
FILL COMPONENTS INSTALLED	☒ 1. SPILL BUCKET	☒ 3. STRIKER 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. CORROSION 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 hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE DATE 16 April 2012 470.

APPLICANT NAME (print) Jan Bouten 471.

APPLICANT TITLE Chief Financial Officer 472.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.	BEGINNING DATE 100.	ENDING DATE 101.
	01/01/2012	12/31/2012

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	BUSINESS PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.		
370 West Trimble Road		
CITY 104.		ZIP CODE 105
San Jose	CA	95131
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107.
12-499-8217		3674
COUNTY 108.		
Santa Clara		
BUSINESS OPERATOR NAME 109.		BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC		(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.	OWNER PHONE 112.
Philips Lumileds Lighting Company LLC	(408) 964-5300

OWNER MAILING ADDRESS 113.		
370 West Trimble Road		
CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123.	NAME 128.
Mitch Cole	Dan Janowski
TITLE 124.	TITLE 129.
Environmental Engineer	Facilities Manager
BUSINESS PHONE 125.	BUSINESS PHONE 130.
408-964-2562	408-964-2665
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 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
	10 Feb 2012	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.
Jan Bouten	Chief Financial Officer	

* See instructions on next page

Obsolete Form!

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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, 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?	☐ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15.

OBSOLETE FORM!

IFIED PROGRAM CONSOLIDATED FOR
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☒ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1.

PLAN TYPE (Check one item only) ☒ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. ☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): 490-2.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 43 0 0 0 2527414 1.

BUSINESS NAME (Same as Facility Name or DBA) **Philips Lumileds Lighting Company** 3.

BUSINESS SITE ADDRESS **370 West Trimble Road** 103. CITY **San Jose** 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a. 490-3b.

III. MONITORING LOCATIONS

☒ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN ☐ 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4.

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 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 V66068A-1005 490-9. MODEL #(S): EMC 794190-409 490-10.

☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11.

PANEL MANUFACTURER: 490-12. MODEL #: 490-13.

IN-TANK PROBE MANUFACTURER: 490-14. MODEL #(S): 490-15.

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16.

☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17.

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.

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21. 490-22.

☐ 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-23.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24. 490-25.

☐ 99. OTHER (Specify): 490-26. 490-27.

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. [23 CCR §2636] 490-28.

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29.

PANEL MANUFACTURER: GILBARCO 490-30. MODEL #: EMC 490-31.

LEAK SENSOR MANUFACTURER: GILBARCO 490-32. MODEL #(S): VAO2592000010 490-33.

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☒ b. NO 490-34.

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☒ b. NO 490-35.

☐ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636] 490-36.

MLLD MANUFACTURER(S): 490-37. MODEL #(S): 490-38.

☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR§2636] 490-39.

ELLD MANUFACTURER(S): 490-40. MODEL #(S): 490-41.

PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. 490-42.

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43.

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44.

☐ 4. PIPE INTEGRITY TESTING. 490-45.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46. 490-47.

☒ 5. VISUAL PIPE MONITORING. 490-48.

FREQUENCY: ☐ a. DAILY ☐ b. WEEKLY ☒ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49.

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☒ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(b)(3)] 490-50.

☐ 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-51.

☐ 99. OTHER (Specify) 490-52. 490-53.

IFIED PROGRAM CONSOLIDATED FOR
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 2 of 2)

VI. UNDER DISPENSER 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 ☐ 3. ELECTRONIC STAND-ALONE 490-54a.

☒ 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 ALARMS. ☐ 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 AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. 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. DOUBLE WALL 490-63.

IF DOUBLE WALL: 490-64a.

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ a. LIQUID ☐ b. PRESSURE ☐ c. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-64b.

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. [23 CCR §2644.1] 490-65.

☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67.

VIII. RECORD KEEPING

The following monitoring/maintenance records are kept for this facility: 490-68.

☒ a. ALARM LOGS ☒ b. VISUAL INSPECTION RECORDS ☐ c. TANK INTEGRITY TESTING RESULTS

☐ d. SIR TESTING RESULTS (and supporting documentation records) ☐ e. TANK GAUGING RESULTS (and supporting documentation records)

☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION PROTECTION 60-DAY LOGS

☒ h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

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)** 490-69c.

☒ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.

☒ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.

☒ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.

☒ 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 Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following: 490-70.

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.
- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.
- Name(s) of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71.

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

NAME: **Eric Dugdale** 490-72. TITLE: **Operations Manager** 490-73.

NAME: **Clair LeHere** 490-74. TITLE: **Electrical Technician** 490-75.

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE DATE: 16 April 2012 490-77.

REPRESENTING: ☒ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner 490-76.

APPLICANT NAME (print): **Jan Bouten** 490-78.

APPLICANT TITLE: **Chief Financial Officer** 490-79.

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☐ Approved With Conditions ☒ Disapproved

Local Agency Signature: [signature] Date: 4-23-2012

Comments or Special Conditions: MONITOR ALARMS & MISSING NO PLOT PLAN

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 prior 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 must 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.

FA0252744

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. 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 or ☒ 1 million dollars per occurrence **AND** ☒ 1 million dollars annual aggregate or ☐ 2 million dollars annual aggregate

B. **Philips LumiledsLighting Company, LLC.** hereby certifies that it is in compliance with the requirements of California Code of 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:

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**

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
Philips Lumileds Lighting Company, LLC.	**370 West Trimble Road, San Jose, CA 95131**
Facility Name	Facility Address
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 or Operator	Date	Name and Title of Tank Owner or Operator
	16 April 12	**Jan Bouten, Chief Financial Officer**
Signature of Witness or Notary	Date	Name of Witness or Notary
	4/16/12	**Mitch Cole, Environmental Engineer**

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

eNSV

UNDERGROUND STORAGE TANK

RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION ☒ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION R01.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 43-000-2527447 1.

BUSINESS NAME (Same as FACILITY NAME) 3.

Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.	BUSINESS SITE CITY 104.
370 West Trimble Road	**San Jose**

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not he disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: *(Complete only if applicable)*

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	TITLE
R40. **Dan Janowski**	R50. **Facilities Manager**
R41. **Joyce Gee**	R51. **Security Manager/Safety Engineer**
R42. **Mitch Cole**	R52. **Environmental Engineer**
R43.	R53.

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

☒ 1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION ☒ 2. INSPECTION BY QUALIFIED PERSONS ☐ 3. RECALIBRATION OF EQUIPMENT R60.

☐ 99. OTHER (Specify): 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;
- 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/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE	DATE R70.
Sunil Thomas	3/19/2012
OWNER/OPERATOR NAME (print) R71.	OWNER/OPERATOR TITLE R72.
Sunil Thomas	San Jose Site General Manager

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☒ Approved With Conditions * ☐ Disapproved

Local Agency Signature: GREG BECKMANN Date: 4-23-2012

* SEE SIGN 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/serviced:

Tank ID: Tank 1 - Diesel	Model	Tank ID:	Model
☐ In Tank Guaging Probe.		☐ In Tank Guaging Probe.	
☑ Annular Space Sensor.	0794390-409	☐ Annular Space Sensor.	
☑ Piping Sump / Trench Sensor(s).	PAO-02592000010	☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☐ Mechanical Line Leak Detector.		☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High Level Sensor.		☐ 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:	Model	Tank ID:	Model
☐ In Tank Guaging Probe.		☐ In Tank Guaging Probe.	
☐ Annular Space Sensor.		☐ Annular Space Sensor.	
☐ Piping Sump / Trench Sensor(s).		☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☐ Mechanical Line Leak Detector.		☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High Level Sensor.		☐ 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).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*:

☑ System set-up ☑ Alarm History Report

Technician Name: Elmer P. Mortera | Signature: [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

eMcN

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?
☑ 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 leak and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 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 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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (*Check all that apply*) Simulated leak rate: ☐ 3 g.p.h. ☐ 0.1 g.p.h. ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For 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

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 Was Notified of Testing : 3/16/12			
Name of Local Agency Inspector *(if present during testing)*:	Greg Breshears		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contractors & Builders, Inc.		
Technician Conducting Test:			
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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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: 3/19/2012

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/Caldwell Hydrostatic Sump Tester		Equipment Resolution: 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):	1st Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1st Line					
Test Duration:	30 min.					
Change in Reading (R_F-R_I):	0					
Pass/Fail Threshold or Criteria:	PASS = No Loss or Loss of 0.0020" or less in 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 sump tester used for hydrostatic testing of spill bucket.

PIV & Street Valve Monthly Check

Date: 4/18/12	Checked by: CL

	Open	Closed	Locked
PIV 1	✓		✓
PIV 2	✓		✓
PIV 3	✓		✓
PIV 4	✓		✓
PIV 5			
PIV 6	✓		✓
PIV tank drain		✓	✓
PIV 8	✓		✓
PIV 11	✓		✓
PIV 12	✓		✓
PIV 13	✓		✓
PIV 14	✓		✓
PIV 15	✓		✓
PIV 16	✓		✓
PIV 17		✓	✓
PIV 18	✓		✓
PIV 19	✓		✓
PIV 20	✓		✓
Street Valve	✓		✓
Check Valves	✓		

Door Loc.	Clear path (Y/N)	
1BM8	(Y) N	
1BQ5	(Y) N	
1BS5	(Y) N	
11C7	(Y) N	
11C5	(Y) N	
11T2	(Y) N	
01M10	(Y) N	
01L7	(Y) N	
01C8	(Y) N	
01D3	Y (N)	✓
01G2	(Y) N	
01M3	(Y) N	
01M5	(Y) N	
Fuel Containment	Clean (Y/N)	
	(Y) N	

FA0252744

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 Operator ☒ Update of ICC Certification Expiration Date(s)

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY

DESIGNATED OPERATOR NAME: Elmer Mortera	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.: 5248052-UC	EXPIRATION DATE: 5/3/2013

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

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 FACILITY *(Optional)*

DESIGNATED OPERATOR NAME: Rolando Urbina	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.: 8009631-UC	EXPIRATION DATE: 10/24/2014

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

DESIGNATED OPERATOR NAME: Robert Henninger	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.: 5252265-UC	EXPIRATION DATE: 2/25/2014

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME: Mitch Cole

TANK OWNER TITLE: Environmental Eng OWNER PHONE: (408)964-2562

TANK OWNER SIGNATURE: [signature] DATE: 4/4/13

INSTRUCTIONS

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

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) 400.
☐ 1. NEW PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☒ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.	FACILITY ID # (Agency Use Only) 1.
1	43-000-252744

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.
Philips Lumileds Lighting Company

BUSINESS SITE ADDRESS 103.	CITY 104.
370 West Trimble Road	San Jose

FACILITY TYPE 403.
☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☒ 6. OTHER

Is the facility located on Indian Reservation or Trust lands? 405. ☐ 1. Yes ☒ 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.	PHONE 408.
370 West Trimble Road Corporation	(408) 964-5300

MAILING ADDRESS 409.
1251 Avenue of the Americas 20th Floor

CITY 410.	STATE 411.	ZIP CODE 412.
New York	NY	10020

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1.	PHONE 428-2.
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

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414.	PHONE 415.
Philips Lumileds Lighting Company	(408) 964-5300

MAILING ADDRESS 416.
370 West Trimble Road

CITY 417.	STATE 418.	ZIP CODE 419.
San Jose	CA	95131

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☒ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 0 4 9 1 9 3 — Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423.
☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☒ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE	DATE 424.	PHONE 425.
Matthew East	5/17/12	(408) 964-2886

APPLICANT NAME (print) 426.	APPLICANT TITLE 427
Matthew East	Chief Financial Officer

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, complete only this section and Sections I, II, III, IV, and IX below)* 430.
☐ 1. NEW PERMIT ☒ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. | DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)*: 4 3 0 0 0 2 5 2 7 4 4 1

BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3.
Philips Lumileds Lighting Company, LLC.

BUSINESS SITE ADDRESS 103.: 370 West Trimble Road
CITY 104.: San Jose

II. TANK DESCRIPTION

TANK ID # 432.: Tank 1 - Diesel
TANK MANUFACTURER 433.: Owens Corning
TANK CONFIGURATION: THIS TANK IS 434.
☒ 1. A STAND-ALONE TANK
☐ 2. ONE IN A COMPARTMENTED UNIT
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435.: 10/1/1991
TANK CAPACITY IN GALLONS 436.: 12,000
NUMBER OF COMPARTMENTS IN THE UNIT 437.: 1

III. TANK USE AND CONTENTS

TANK USE 439.
☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☒ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a.

CONTENTS 440.
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a.
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK 443.
☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN

PRIMARY CONTAINMENT 444.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT 445.
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460.
☐ 1. SINGLE WALL ☒ 2. DOUBLE WALL ☐ 99. OTHER

SYSTEM TYPE 458.
☐ 1. PRESSURE ☐ 2. GRAVITY ☒ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)]

PRIMARY CONTAINMENT 464.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT 464b.
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE 464d.
☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464e. 464e1.
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464f. 464f1.
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464g. 464g1.
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464h. 464h1.
VENT PIPING TRANSITION SUMP TYPE		☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☒ 90. NONE		464i.
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify):	464j. 464j1.
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify):	464k. 464k1.
FILL COMPONENTS INSTALLED	☒ 1. SPILL BUCKET	☒ 3. STRIKER 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. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 448.
☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☒ 6. ISOLATION

IX. APPLICANT SIGNATURE

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: Matthew East | DATE 470.: 5/17/12
APPLICANT NAME (print) 471.: Matthew East | APPLICANT TITLE 472.: Chief Financial Officer

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 San Jose, CA 95131	Reason for Submitting this Form *(Check One)*	■ Change of Designated Operator
Facility Phone #:	408-964-5300		■ Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

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 ☐ Service Technician ■ Third-Party
Designated Operator's Phone #: (408) 942-8686	
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 ☐ Service Technician ■ Third-Party
Designated Operator's Phone #:	
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 ☐ Service Technician ■ Third-Party
Designated Operator's Phone #:	
International Code Council Certification #: 8009631-UC	Expiration Date: 10/29/2012

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

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

NAME OF TANK OWNER (Please Print): Mitch Cole

SIGNATURE OF TANK OWNER: _____

DATE: 01/04/2012 OWNER'S PHONE #: (408) 964-2562

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.

IFIED PROGRAM CONSOLIDATED FO
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☐ 1. NEW PLAN ☒ 2. CHANGE OF INFORMATION 490-1.

PLAN TYPE (Check one item only) ☒ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2.
☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 4 3 – 0 0 0 – 2 5 2 7 4 4 1.

BUSINESS NAME (Same as Facility Name or DBA) **Philips Lumileds Lighting Company** 3.

BUSINESS SITE ADDRESS **370 W. Trimble Rd..** 103. CITY **San Jose** 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a. 490-3b.

III. MONITORING LOCATIONS

☒ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN ☐ 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4.

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 490-5.

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6.

PANEL MANUFACTURER: **Gilbarco** 490-7. MODEL #: **EMC** 490-8.

LEAK SENSOR MANUFACTURER: **Veeder-Root** 490-9. MODEL #(S): **794390-409** 490-10.

☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11.

PANEL MANUFACTURER: _____ 490-12. MODEL #: _____ 490-13.

IN-TANK PROBE MANUFACTURER: _____ 490-14. MODEL #(S): _____ 490-15.

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16.
☐ d. MONTHLY ☐ e. OTHER (Specify): _____ 490-17.

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.

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21. 490-22.

☐ 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-23.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): _____ 490-24. 490-25.

☐ 99. OTHER (Specify): 490-26. 490-27.

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. 490-28.

[23 CCR §2636] SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29.

PANEL MANUFACTURER: **Gilbarco** 490-30. MODEL #: **EMC** 490-31.

LEAK SENSOR MANUFACTURER: **Gilbarco** 490-32. MODEL #(S): **PA02592000010** 490-33.

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☒ b. NO 490-34.

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☒ b. NO 490-35.

☐ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR§2636] 490-36.

MLLD MANUFACTURER(S): _____ 490-37. MODEL #(S): _____ 490-38.

☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR§2636] 490-39.

ELLD MANUFACTURER(S): _____ 490-40. MODEL #(S): _____ 490-41.

PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. 490-42.

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43.

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44.

☐ 4. PIPE INTEGRITY TESTING. 490-45.

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) _____ 490-46. 490-47.

☒ 5. VISUAL PIPE MONITORING. 490-48.

FREQUENCY: ☐ a. DAILY ☐ b. WEEKLY ☒ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49.

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)] 490-50.

☐ 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-51.

☐ 99. OTHER (Specify) 490-52. 490-53.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 2 of 2)

VI. UNDER DISPENSER 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 ☐ 3. ELECTRONIC STAND-ALONE 490-54a.

☒ 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 ALARMS. ☐ 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 AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. 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. DOUBLE WALL 490-63.

IF DOUBLE WALL: 490-64a.

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ a. LIQUID ☐ b. PRESSURE ☐ c. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-64b.

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1) 490-65.

☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67.

VIII. RECORD KEEPING

The following monitoring/maintenance records are kept for this facility: 490-68.

☒ a. ALARM LOGS ☒ b. VISUAL INSPECTION RECORDS ☐ c. TANK INTEGRITY TESTING RESULTS

☐ d. SIR TESTING RESULTS (and supporting documentation records) ☐ e. TANK GAUGING RESULTS (and supporting documentation records)

☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION PROTECTION 60-DAY LOGS

☒ h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

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)** 490-69c.

☒ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.

☒ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.

☒ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.

☒ 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 Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following: 490-70.

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.
- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.
- Name(s) of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71.

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

NAME: **Eric Dugdale** 490-72. TITLE: **Operations Manager** 490-73.

NAME: **Clair LeHere** 490-74. TITLE: **Electrical Technician** 490-75.

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE: Matthew East DATE: 5/17/12 490-77.

REPRESENTING: ☒ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner 490-76.

APPLICANT NAME (print): **Matthew East** 490-78.

APPLICANT TITLE: **Chief Financial Officer** 490-79.

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☒ Approved With Conditions ☐ Disapproved

Local Agency Signature: GREG BRESHEARS [signature] Date: 6-4-2012

Comments or Special Conditions: APPROVED WITH CORRECTIONS MADE TO SYSTEM PLOT PLAN.

FAO252744

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. 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
or
☒ 1 million dollars per occurrence

AND

☒ 1 million dollars annual aggregate
or
☐ 2 million dollars annual aggregate

B. **Philips LumiledsLighting Company, LLC.** hereby certifies that it is in compliance with the requirements of California Code of 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:

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 6 004**	**1,000,000/ 1,000,000**	**8/25/12 - 8/25/13**	**Yes**	**Yes**

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
Philips Lumileds Lighting Company, LLC.	**370 West Trimble Road, San Jose, CA 95131**
Facility Name	Facility Address
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 or Operator	Date	Name and Title of Tank Owner or Operator
	4/4/2013	**Mitch Cole, Environmental Engineer**
Signature of Witness or Notary	Date	Name of Witness or Notary
	4/4/13	**Eric Dugdale, Facilities Operations Manager**

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

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:** 03/19/2014
Facility Name: PHILIPS LUMILEDS LIGHTING CO
Site Address: 370 W TRIMBLE RD 90, SAN JOSE, CA 95131

HW Generator Type:
Consent to Inspect 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
		No violations were observed during this inspection.	

Comments: ON SITE WITH ROBERT HENNINGER AN ICC TECHNICIAN WITH BALCH PETROLEUM TO OVERSEE THE ANNUAL MONITORING CERTIFICATION. THE FOLLOWING CERTIFICATION WERE VERIFIED TO BE CURRENT:
-ICC TECHNICIAN 8-15-15
-VEEDER-ROOT 11-4-15
-CALDWELL

THE FOLLOWING COMPONENTS WERE TESTED AND PASSED:
-HYDROSTATIC SPILL BUCKET TEST WAS CONDUCTED WITH A 30 MINUTE CALDWELL.
-TWO LIQUID SENSORS-TRIGGERED AN AUDIBLE/VISUAL ALARM

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than 04/18/2014, 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)]

Received By: CLAIR LE HERE
ELECTRICIAN

Inspected By: EE0010265 - SOCORRO GUZMAN
CA UST Inspector #5266664, Exp. 08/26/2015

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

R101DARLBDOKZ

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

Inspection Date: 3/19/2012

HW Generator Type:
Consent to Inspect 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	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	II	**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 & attached
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~~ LAST 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 & attached

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	II	**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)]	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 04/18/2012, 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

Inspection Date: 3/19/2012

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: 4/18/12

Printed Name of Owner/Operator: Mitch Cole — Title: Environmental Eng.

Received 4-20-2012

PHILIPS

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,

Reviewed By ________

Date 4-23-2012

Monitoring plan not approved
~~Need copy of insurance policy~~
Need UST BOE #
On online UPCF O/O & BA forms

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

LUMILEDS
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

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 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 - 2359
Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U025	C	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	C	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)]	

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

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 System Operator and renew their certification every 24 months. To confirm ICC certiifcation 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	II	**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.

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

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

VC	Class	Violation	Corrective Actions Taken
U232	II	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(c)]	

Comments: ***SB-989 Secondary Containment Testing was performed by Robert Henninger of Salch 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 05/04/2013, 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), 25187.6, 25404.1.2(c)]

Received By: ERIC DUGDALE

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

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 _____

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 _____

Date 6-4-2012

UPCF BUSINESS ACTIVITIES & OWNER/OPERATOR ID PAGES NOT SUBMITTED W. UPT FORMS.
STILL NEED UPT BOE #.

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

LUMILEDS
LIGHT FROM SILICON VALLEY

ORIGV

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

Inspection Date: 3/19/2012

HW Generator Type:
Consent to Inspect 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	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)]	
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)]	
U025	II	**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 LAST 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)]	

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	II	**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 04/18/2012, 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

Inspection Date: 3/19/2012

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** _____

Breshears, Greg

From: Polly Claassen <polly@balchpetroleum.com>
Sent: Wednesday, February 29, 2012 10:12 AM
To: Breshears, Greg
Cc: 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:Greg.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

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@balchpetroleum.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.

LUMILED
350 W.TRIMBLE RD.
SAN JOSE,CA. 95131

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 WRN
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 TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 5 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

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%
: 0

LEAK MIN ANNUAL : 0%
: 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 8:55 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

------SENSOR-ALARM------
L 3:PIPING SUMP
PIPING SUMP
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

Facility 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	Model	Tank ID:	Model
☐ In Tank Guaging Probe.		☐ In Tank Guaging Probe.	
☑ Annular Space Sensor.	794390-407	☐ Annular Space Sensor.	
☑ Piping Sump / Trench Sensor(s).	794390-208	☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☐ Mechanical Line Leak Detector.		☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High Level Sensor.		☐ 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:	Model	Tank ID:	Model
☐ In Tank Guaging Probe.		☐ In Tank Guaging Probe.	
☐ Annular Space Sensor.		☐ Annular Space Sensor.	
☐ Piping Sump / Trench Sensor(s).		☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☐ Mechanical Line Leak Detector.		☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High Level Sensor.		☐ 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).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	Dispenser ID:	Model
☐ Dispenser Containment Sensor.		☐ Dispenser Containment Sensor.	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*:

☐ System set-up ☑ Alarm History Report

Technician Name: Elmer P. Mortera
Signature: [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: 2/24/2011

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?
☑ 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 leak and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 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 E below, describe 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* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (*Check all that apply*) Simulated leak rate: ☐ 3 g.p.h. ☐ 0.1 g.p.h. ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For 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.

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:

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:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ **System set-up** ☒ **Alarm history report**

Technician Name (print): Robert Henninger Signature: [signature]

Certification No.: A25027 License. No.: 396757

Testing Company Name: Balch Petroleum Phone No.: (408) 942-8686

Testing Company Address: 930 Ames Ave Date of Testing/Servicing: 2/17/2010

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, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☒ Yes	☐ No* ☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments: UST system used for a stand by generator.

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:

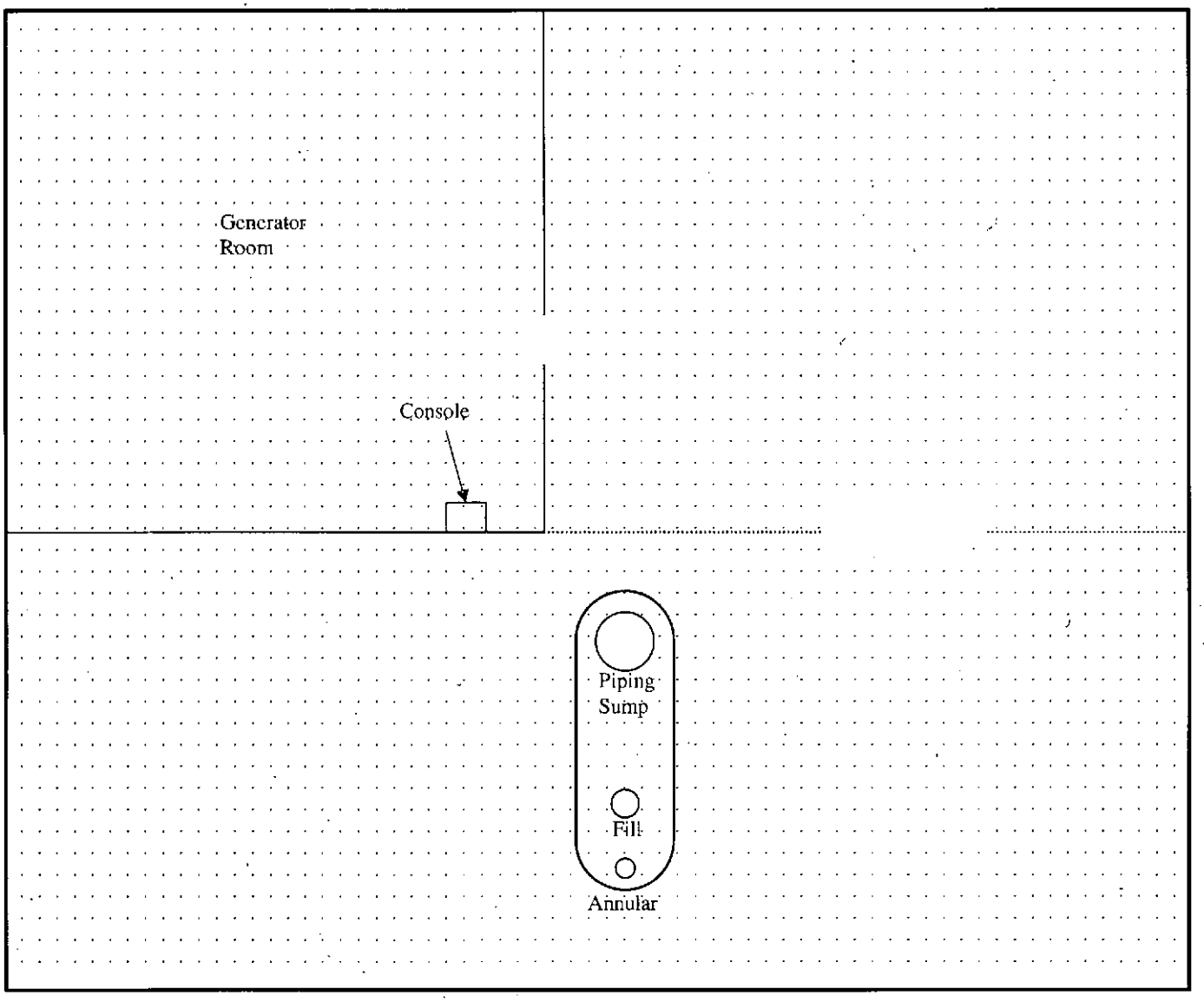
☐ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

H. Comments: Suction system.

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.

BALCH PETROLEUM CONTRACTORS & BUILDERS, INC. CL 396575 A/B/C-10 HAZ

Spill Containment Testing

1. FACILITY INFORMATION

Facility Name:	Lumileds	Date of	2/24/2011
Facility Address:	350 W. Trimble San Jose, CA.		
Facility Contact:	Eric Dugdale	Phone:	(408) 964-2537
Date Local Agency Was Notified of Testing : 2/22/11			
Name of Local Agency Inspector *(if present during testing)*:	NA		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contractors & Builders, Inc.		
Technician Conducting Test:	Elmer Mortera		
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	Hydrostatic Sump Tester	NA
Caldwell	Hydrostatic 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:

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: [signature] Date: 2/24/2011

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 ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: Ronan/Caldwell Hydrostatic Sump Tester		Equipment Resolution: 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:	+/- 10 Min					
Test Start Time:	9:30 am					
Initial Reading (R_I):	1st Line					
Test End Time:	10:00 am					
Final Reading (R_F):	1st Line					
Test Duration:	30 min.					
Change in Reading (R_F-R_I):	0					
Pass/Fail Threshold or Criteria:	PASS = No Loss or Loss of 0.0020" or less in 30 minutes					
Test Result:	**X Pass ☐ 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 sump tester used for hydrostatic testing of spill bucket.

Secondary Containment & Overfill Containment Testing Report Form

1. FACILITY INFORMATION

Facility Name:	Lumileds	Date of	(2/17/2010)
Facility Address:	350 W. Trimble Road		
Facility Contact:	Dave Malden	Phone:	(408) 435-4316
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Balch Petroleum Contractors & Builders, Inc.		
Technician Conducting Test:	Elmer Mortera		
Credentials:	X CSLB Licensed Contractor	SWRCB Licensed Tank Tester	
License Type:	A / B / C-10 / HAZ	License Number:	396575

Manufacturer	Manufacturer Training Component(s)	Date Training Expires
Ronan	Hydrostatic Precision Test Equipment	NA
Caldwell	Hydrostatic Sump Tester	NA

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular	X								
Piping Sump	X								
Fuel Oil Supply Line	X								
Fuel Oil Return Line	X								
Diesel Fill Bucket	X								

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: 2/17/2010

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)*		
Test Equipment Used:		Equipment Resolution:	

	Tank # Diesel	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	Yes X No	Yes 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:	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 hour, 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 X NA	Yes No NA	Yes No NA	Yes No NA

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

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer	X Industry Standard	Professional Engineer
	Other *(Specify)*		
Test Method Used:	X Pressure	Vacuum	Hydrostatic
	Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Run # FOS	Run # FOR	Run #	Run #	Run #
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			
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 information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	Sump Manufacturer	**X** Industry Standard	Professional Engineer
	Other *(Specify)*		
Test Method Used:	Pressure	Vacuum	**X** Hydrostatic
	Other *(Specify)*		
Test Equipment Used: Caldwell Sump 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:	8:30 am			
Initial Reading (R_I):	1st Line			
Test End Time:	9:30 am			
Final Reading (R_F):	1st Line			
Test Duration:	1 hour			
Change in Reading (R_F-R_I):	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 to testing, and recommended follow-up for failed tests)*

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 any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes			
Spill/Overfill Containment Boxes are Present, but were Not Tested			
Test Method Developed By:	Spill Bucket Manufacturer	X Industry Standard	Professional Engineer
	Other *(Specify)*		
Test Method Used:	Pressure	Vacuum	X Hydrostatic
	Other *(Specify)*		
Test Equipment Used: Caldwell Sump Tester		Equipment Resolution: 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):	1st Line					
Test End Time:	1:00 pm					
Final Reading (R_F):	1st 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 information on repairs made prior to testing, and recommended follow-up for failed tests)*

Caldwell sump tester used for hydrostatic testing.

HMCD Application Coding and Computer Input Document (CID)

(Information in Red Font Requires Data Entry)

☐ New Facility ☐ Add Program(s)/Permit(s) ☒ Modify Program(s)/Permit(s) ☐ Invoice Adjustment

Facility Name: **PHILIPS LUMILED LIGHTING**

Site Address: **370 W TRIMBLE RD** City: **San Jose**

P/E CHANGE 6/09

FACILITY: Facility ID: **252744** Facility Owner ID:

Care of: MITCH COLE

Postal Address (line 1): 350 W. TRUMBLE RD

Postal Address (line 2): S.J. CA 95131

City: (425-7400) City Code: 13 - San Jose

State: Zip:

FILE: 405039
PERMIT DATE: 7/1/09-6/30/10
CHARGE: 2208 — 4,100
P/E:

Last HMIRRP:

Business Code: 01 - Corporation or LLC Business Type: 04 - HazWaste Only

GENERAL HEALTH PROGRAM & GENERAL PERMIT:

PR: 2209 - 2208 logged 1/22/09 JR

Designated Employee (Inspector): Gatdula, Ric - 4677 Mail to:

Set Date of Last Billing as: for effective

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
PR0367934 ✓	2208	04 - Active, Exempt fro	0 - No Discount	18 - Billed by San Jose	P - Permanent

Create Special Program/Surcharge Records:

☐ Other: PE(s)

Permit is Valid from: Permit is Valid to:

SWITCH:

	Owner Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
From:						
To:						

ACCOUNTING: Account ID: AR125656 ✓ Bill/Rebill Now?

Account Status: Set A/R Mailing Code To:

Fiscal Adjustment Information:

Invoice ID: _____ Adjusted Amount: _____ 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: CHANGE PROGRAM CODE TO 2208. SEE ATTACHED LETTER.

Prepared by: Ric Gatdula **Date:** 1/13/2009

Lead/Manager Initials: MB **Date:** 1/20/09 **Input by:** JR **Date:** 1/22/09

HMCD-027 - 1/1 Rev. 03/13/06

PHILIPS

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

LUMILEDS
LIGHT FROM SILICON VALLEY

www.philipslumileds.com

PHILIPS

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 PR0367974 PR0252744 Date: 01/05/2009

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

PHILIPS

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

LUMILEDS
LIGHT FROM SILICON VALLEY

Service Date	Service	Manifest	Tons	Gallons	Pounds	Yards
1/15/08	Solvent	001086806FLE	4.498	1100		
1/29/08	Qtr Shipment Drums	001831863FLE	0.983	110	1966	
1/29/08	Qtr Shipment Pyro	001831862FLE	0.5415		1083	
1/29/08	Solvent	001087570FLE	4.228	1078		
2/7/08	Sludge Boxes	001087634FLE	19		38000	
2/12/08	Solvent (BTU 7800)	001087821FLE	4.447	1134		
2/12/08	Bin	001087881FLE	4.22			40
2/26/08	Solvent	001090531FLE	3.93	1002		
3/11/08	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	
4/14/08	Qtr Shipment Drums (just proc 5 to UT)	000537249FLE	0.5095		1019	
4/14/08	Qtr Shipment Drums	000537252FLE	0.7455	165	1491	
4/14/08	Sludge Boxes	000537250FLE	14.0935		28187	
4/16/08	Bin	000537260FLE	3.28			40
4/22/08	Solvent	000537377FLE	3.883	990		
5/6/08	Solvent	000930864FLE	4.339	1100		
5/20/08	Solvent	001837308FLE	4.596	1172		40
5/21/08	Bin	001837375FLE	5.05			40
6/3/08	Solvent	002072898FLE	4.64	1183		
6/17/08	Solvent	001775265FLE	4.181	1066		
6/30/08	Bin	001775446FLE	3.54			40
7/1/08	Solvent	001775897FLE	4.902	1250		
7/15/08	Solvent (BTU 7600)	001773941FLE	3.883	990		
7/16/08	Sludge Boxes	001776116FLE	19		38000	
7/17/08	Qtr Shipment Drums (just proc 5 to UT)	001776124FLE	0.6575		1315	
7/17/08	Asbestos Floor Tile	001776125FLE	0.337		674	
7/17/08	Qtr Shipment Pyro	001776126FLE	1.6705		3341	
7/17/08	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		
8/26/08	Solvent (BTU 7300)	001776921FLE	4.039			
9/9/08	Solvent	002290227FLE	5.16894	1240		
9/11/08	Bin	002290316FLE	3.85			40
9/23/08	Solvent	002290562FLE	4.82	1229		
10/7/08	Solvent (BTU 6800)	002291077FLE	4.353	1100		
10/8/08	Qtr shipment drm & sludge	002291138FLE	19.30177	55	38145	
10/8/08	Qtr Shipment Pyro	002291137FLE	0.6955		1391	
10/21/08	Solvent (BTU 6100)	002291398FLE	3.428	874		
10/28/08	Phosphoric & empty that couldn't make it on the qtr shipment	002292875FLE	0.241768	55	25	
10/30/08	Solvent BTU 4100 emergency pickup w h	002292971FLE	4.58535	1100		
11/3/08	Bin Extra trans for returning pipe.	002222025FLE	4.07			40
18-Nov	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	Qtr Pyro	002227551FLE	0.6155		1231	
12/11/08	Qtr P5 + solvent)	002227548FLE	0.658768	55	859	
12/12/08	Bin	002227504FLE	3.06		6120	40
12/16/08	Solvent (BTU 7400)	002227660FLE	3.962	969		
		Totals	233.954			

HMCD Application Coding and Computer Input Document (CID)

(Information in Red Font Requires Data Entry)

☐ New Facility ☐ Add Program(s)/Permit(s) ☒ Modify Program(s)/Permit(s) ☐ Invoice Adjustment

Facility Name: **PHILIPS LUMILEDS LIGHTING CO**

Site Address: **370 W. TRIMBLE RD.** City: **San Jose**

FACILITY: Facility ID: **FA0252744** Facility Owner ID: **OW0153753**

Care of: City Code:

Postal Address (line 1):

Postal Address (line 2):

City: State: Zip: Last HMIRRP:

Business Code: Business Type:

GENERAL HEALTH PROGRAM & GENERAL PERMIT:

Designated Employee (Inspector): Mail to:

Set Date of Last Billing as: for effective

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
PR0367934	2209	✓			

Create Special Program/Surcharge Records:

☐ Other: PE(s)

Permit is Valid from: Permit is Valid to:

SWITCH:

	Owner Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
From:						
To:						

ACCOUNTING: Account ID: 125656

Account Status: Set A/R Mailing Code To: Bill/Rebill Now?

Fiscal Adjustment Information: 882107

Invoice ID: 882107 Adjusted Amount: 3973.00 (difference) Invoice ID: 883621 Adjusted Amount: 24.00 (charge)

Reason(s) for Adjustment: *(Check all that apply)* 19866 - 3973 = $15,893.00

☐ Close Account; ☐ Delete Charge; ☐ Ownership Change; ☐ Refer to DOR; ☐ Refund; ☐ Waive Delinquency;

☐ Transfer Payment FROM Invoice ID _____ TO Invoice ID _____

☐ Other (describe): _____

COMMENTS: BILL FOR $~~15,893~~ SUPPLEMENTAL BILL THIS ONE TIME. Increased haz waste permit. maintaining same expiration date of 6/30/07 County is to

Prepared by: Michael Balliet **Date:** 8/23/2006

Lead/Manager Initials: MP **Date:** 8/23/06 **Input by:** _____ **Date:** 8/24/06 10/3/06

HMCD-027 - 1/1 Rev 03/13/06

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

PAID

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

Account ID: AR1256561 Facility ID: FA0252744

Date	Program/ Element	Description		Amount
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
11/20/06	9999	PAYMENT	$	-15,893.00
11/20/06	9999	PAYMENT	$	-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

Your Environmental Health Permit Fee is now due and
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 Computer Input Document (CID)

(Information in Red Font Requires Data Entry)

☐ New Facility ☐ Add Program(s)/Permit(s) ☒ Modify Program(s)/Permit(s) ☐ Invoice Adjustment

Facility Name: **PHILIPS LUMILEDS LIGHTING CO**

Site Address: **370 W. TRIMBLE RD.** City: **San Jose**

FACILITY: Facility ID: **FA0252744** Facility Owner ID: **OW0153753**

Care of: City Code:

Postal Address (line 1):

Postal Address (line 2):

City: State: Zip: Last HMIRRP:

Business Code: Business Type:

GENERAL HEALTH PROGRAM & GENERAL PERMIT:

Designated Employee (Inspector): Mail to:

Set Date of Last Billing as: for effective

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
PR0367934	2209	✓			

Create Special Program/Surcharge Records:

☐ Other: PE(s)

Permit is Valid from: Permit is Valid to:

SWITCH:

	Owner Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
From:						
To:						

ACCOUNTING: Account ID: 1256561 Bill/Rebill Now?

Account Status: Set A/R Mailing Code To:

Fiscal Adjustment Information:

Invoice ID: 882107 Adjusted Amount: 3973.00 Invoice ID: _____ Adjusted Amount: _____

Reason(s) for Adjustment: *(Check all that apply)* (difference) 19866 - 3973 = $15,893.00

☐ Close Account; ☐ Delete Charge; ☐ Ownership Change; ☐ Refer to DOR; ☐ Refund; ☐ Waive Delinquency;

☐ Transfer Payment FROM Invoice ID _____ TO Invoice ID _____

☐ Other (describe): _____

COMMENTS: County is to BILL FOR $15,893 SUPPLEMENTAL BILL THIS ONE TIME. Increased haz waste permit. maintaining same expiration date of 6/30/07

Prepared by: Michael Balliet **Date:** 8/23/2006

Lead/Manager Initials: MP **Date:** 8/23/06 **Input by:** _____ **Date:** 8/24/06

HMCD-027 - 1/1 Rev. 03/13/06

Clerical Request

Staff Name: M. Barnett **Date:** 08/23/04

Please

- ☐ Process attached documents.
- ☒ Make/label/re-label file folder. * Name update
- ☐ Set ENVISION "Last HMIRRP" field as: ___/___/___
- ☒ Return file folder to Staff.
- ☐ 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

HMCD-071 07/12/01

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

History: 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
	Account 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

Your Environmental Health Permit Fee is now due and 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 Tracking Form

Facility Site Address: 370 W. TRIMBLE RD

HMS STAFF

Business Code:
☒ 01 – Corporation; ☐ 02 – Individual; ☐ 03 – Partnership;
☐ 04 – Local Agency; ☐ 05 – County Agency; ☐ 06 – State Agency;
☐ 07 – Federal Agency; ☐ 99 – Unknown

City Code:
☐ 01 – Palo Alto; ☐ 02 – Los Altos; ☐ 03 – Los Altos Hills;
☐ 04 – Mountain View; ☐ 05 – Cupertino; ☐ 08 – Milpitas;
☐ 09 – Campbell; ☐ 10 – Saratoga; ☐ 11 – Los Gatos;
☐ 12 – Monte Sereno; ☒ 13 – San Jose; ☐ 14 – Morgan Hill;
☐ 16 – Unincorporated; ☐ 19 – Stanford; ☐ 20 – San Martin;
☐ 21 – Moffett Field

Business Type:
☐ 03 – HazMat Only; ☒ 04 – HazWaste Only; ☐ 08 – Multi-HazMat;
☐ 10 – Multi-program

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
☐ Other: PE _____

Permit/Invoice Timing: *(If needed)*
Set Discount Code for 0 month discount
Set "Date of Last Billing" as: _____
Set "Permit is Valid from" Date as: _____
Set "Permit is Valid to" Date as: _____

Designated Employee (Inspector) ID: 10088

Program Element(s): 2261, 2261

Permit Status:
☐ 21 – Full, Ongoing Permit; ☐ 14 – Billed by County Fire
☐ 15 – Billed by Mountain View ☐ 16 – Billed by Milpitas
☐ 17 – Billed by Palo Alto ☒ 18 – Billed by San Jose

Type of Permit:
☒ PR – Permanent; ☒ PE – Permanent Exempt

Current Status:
☐ 01 – Active; ☐ 02 – Inactive;
☒ 04 – Active, exempt from billing

Mail Correspondence To:
☐ 01 – Owner; ☒ 02 – Facility

SUPPORT STAFF

Owner ID: OW0153753
Multiple Owner ID: _____
Multiple Owner ID: _____
Facility ID: FA0252744
Program Record ID: _____
Program Record ID: _____
Program Record ID: _____
Permit Record ID: _____
Permit Record ID: _____
Account Record ID: _____

SWITCH

	Owner Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
Switch From:	AGILENT TECHNOLOGIES INC	OW0154611	FA0208988	PR0367957, PR0371042		
Switch To:	LUMILEDS LIGHTING US LLC	OW0153753	FA0252744			

Comments:

LUMILEDS HAS TAKEN OVER THE PBR TREATMENT SYSTEM.
Send to City of S. J. for billing
P.E. 2261

Prepared by: M.Balliet **Date:** ~~10/28/05~~ 11/04/05

Lead/Manager Initials: MP **Date:** 11/14/05 **Input by:** ID002 **Date:** DEC 05 2005

HMCD Data Input Document and Adjustment Form

Effective Date: December 6, 2005

Current Information:

Owner ID: OW0153753 Facility ID: FA0252744

Program/Tank ID(s): AEL

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: ☐ 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; ☐ 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:

FACILITY/OWNER NAME CHANGE ONLY

Prepared by: M.Balliet **Date:** December 6, 2005

Lead/Manager Initials: CB **Date:** 12-6-05 **Input by:** 10209 **Date:** DEC 07 2005

LUXEON™
A NEW WORLD OF LIGHT

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

LUMILEDS
LIGHT FROM SILICON VALLEY

Lumileds Lighting, LLC
370 West Trimble Road
San Jose, CA 95131
USA
(877) 298-9455

HMCD Data Input Document and Adjustment Form

Effective Date: 1/29/03

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; ☐ 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): Transfer PR 365828 P.E. 5801 & PR 372265 P.E. 2353 into FA 252744 from FA 208988

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:

_____

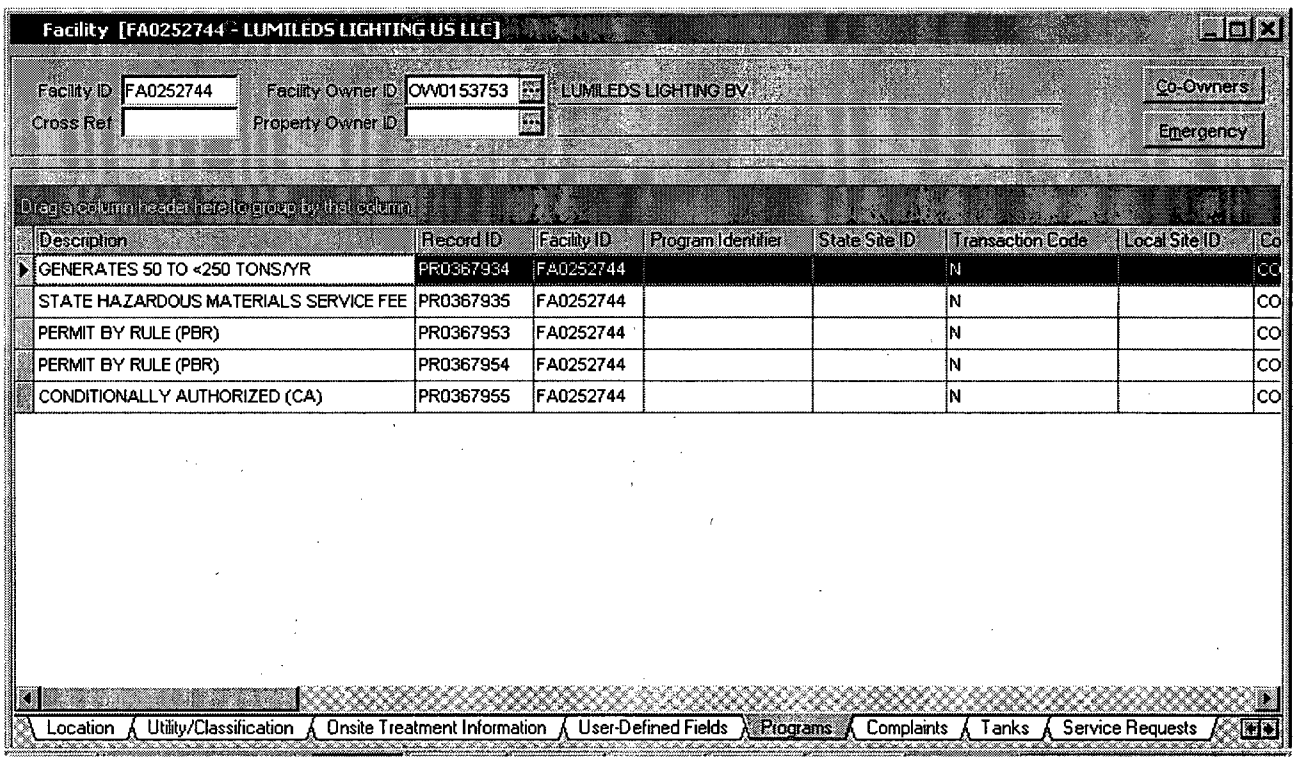
_____

Prepared by: Nicole Pullman **Date:** 1/29/03

Lead/Manager Initials: [signature] **Date:** 1-31-03 **Input by:** 10129 **Date:** 2-11-03

HMCD-107 - 1/1

Rev. 07/01/02


Facility [FA0252744 - LUMILEDS LIGHTING US LLC]
Facility ID FA0252744
Facility Owner ID OW0153753
LUMILEDS LIGHTING BV
Cross Ref
Property Owner ID
Co-Owners
Emergency
Drag a column header here to group by that column
Description
Record ID
Facility ID
Program Identifier
State Site ID
Transaction Code
Local Site ID
Co
GENERATES 50 TO <250 TONS/YR PR0367934 FA0252744 N CO
STATE HAZARDOUS MATERIALS SERVICE FEE PR0367935 FA0252744 N CO
PERMIT BY RULE (PBR) PR0367953 FA0252744 N CO
PERMIT BY RULE (PBR) PR0367954 FA0252744 N CO
CONDITIONALLY AUTHORIZED (CA) PR0367955 FA0252744 N CO
Location
Utility/Classification
Onsite Treatment Information
User-Defined Fields
Programs
Complaints
Tanks
Service Requests

HMCD APPLICATION CODING

STAFF		SUPPORT STAFF	
Business Code	01	Owner ID	
Hazardous Category	—	Case #	
City Code	13	Facility ID	
Business Type	04	Census Tract	
Employee ID	4760	Program Record ID	
Program Element (P/E)	2208	Permit Record ID	
Permit Status	50	Account Record ID	
Type of Permit	P	Invoice Number	
Current Status	01		
Mail Correspondence To	02		

Business Code:	01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency, 99-Unknown
Hazard Cat:	1-Explosives, 2-Gases, 3-Flammable Liquids, 4-Flammable Solids, 5-Oxidizers-Peroxides, 6-Poisons, 7-Radioactive Materials, 8-Corrosives, 9-ORM
City Code:	01-Palo Alto, 02-Los Altos, 03-Los Altos Hills, 04-Mountain View, 05-Cupertino, 06-Sunnyvale, 07-Santa Clara, 08-Milpitas, 09-Campbell, 10-Saratoga, 11-Los Gatos, 12-Monte Sereno, 13-San Jose, 14-Morgan Hill, 15-Gilroy, 16-County area, 17-County-at-large, 18-Out-of-County, 19-Stanford, 20-San Martin, 21-Moffett Field
Business Type:	01-Food, 02-Recreation, 03-Hazardous Materials, 04-Hazardous Waste Gen, 05-Water, 06-Solid Waste, 07-Medical Waste, 08-Multi-Hazardous Materials, 09-Pumper, 10 -Multi-programs, 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

San José Fire Department

UNDERGROUND STORAGE TANK OPERATING PERMIT

Issued to: *(Check One)* ● OWNER ● OPERATOR

Issued Date: 6/10/2007 **Expiration Date:** 6/10/2012

SJFD Inspector Randolph

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.

Active Tanks: 1 Financial Responsibility: CFO Letter + State Fund *(Recertification required annually)*

Operator: Philips Lumileds Lighting
Address: 00350 W TRIMBLE RD B90
Zip: 1

Owner: (if different)
Address: 350 W TRIMBLE RD.
SAN JOSE, CA 95131-1096

OPERATING CONDITIONS

This operating permit is granted subject to the following conditions:

- Comply with all applicable State UST requirements contained in the California Code of Regulations, Title 23, Division 3, Chapters16 &18, the California Health & Safety Code, Division 20, Chapters 6.7 and 6.75, and all applicable local requirements.
- 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.
- Comply with the approved routine monitoring procedures and emergency response plan which are in the current approved Hazardous Materials Management/Business Plan.
- 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.
- Perform SB 989 Secondary containment testing every 36 months.
  Perform Designated UST Operator Inspections each month.

Tank Information

Tank I.D. # 43-060- 402739 -0000 - 6

Date Installed:	10/1/91	Spill Cont. Installed:	yes
Tank Capacity (gallons):	12,000	Overfill Protection Installed:	yes
Contents:	Diesel	Monitoring System	Gilbarco
Construction:	Double Walled	Tank Material:	Fiberglass

Tank Leak Detection:
Frequency: Continuous
Method: Interstitial Monitor

Piping Information

System Type: Suction Construction: Double Walled Piping Material: Fiberglass Auto Shutdown: yes

Leak Detection

Primary		Secondary		Other	
Line Leak Detector	N/A	Interstitial Monitor	yes		
Monitor System	N/A	Monitor System	Gilbarco Model	Freq.	Continuous

CITY OF SAN JOSE CAPITAL OF SILICON VALLEY
Bureau of Fire Prevention
170 W. San Carlos Street, San José, CA 95113 (408) 277-5323 fax (408) 277-2475 www.sjfd.org

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

Michael Randolph,
Hazardous Materials Inspector
San Jose Fire Department

PHILIPS

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

PHILIPS

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

LUMILEDS
LIGHT FROM SILICON VALLEY

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
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

OFFICIAL NOTICE OF INSPECTION

Facility Name: PHILIPS LUMILED LIGHTING			Inspection Date: 3/29/2012
Site Address: 370 W. TRIMBLE RD SAN JOSE			Employee No.:
Contact Person(s): Mitch Cole			☐ Samples Taken ☐ Photographs Taken
Inspection Type:	☐ Hazardous Materials Storage ☐ HazMat Business Plan ☐ Underground Storage Tank ☐ A/G Storage Tank (SPCC Plan)	☑ Hazardous Waste Generator ☑ HazWaste Tiered Permit ☐ Cal-ARP ☐ Toxic Gas	Hazardous Waste Generator Type: ☐ < 1,000 Kg./mo. ☑ ≥ 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/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies.

This facility may be subject to reinspection at any time. Consent to Inspect Given By: Mitch Cole

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
G112	Observed Eye Wash Station and Safety Showers in the Fab Area and Service Area. Must inspected on a monthly basis. Implement a monthly inspection. Must be tested and maintained as necessary to assure its proper operation.	See response letter dated 3/22/12 - Mitch
	PHR inspection conducted no violations observed.	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. ***(Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)***

Received by: _____ Inspected 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: Environmental Eng. Date: 3/22/12

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

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	Contents	Capacity (gal)	Tank Material/Shape	Installation Date	Secondary Containment Dimensions	Location at Facility	High Level Alarm?
NS-1=Acid Rinse Waste Treatment System								
W18a	Corrosive Wastewater	Acid Waste Transfer	508	Fiberglass Reinforced Plastic (FRP)	1981	9.5' x 19.67' x 1.831'	Building 91 basement	No
W18b	Corrosive Wastewater	Acid Waste Transfer	2,159	FRP	1981	9.5' x 19.67' x 1.831'	Building 91 basement	No
W28	Corrosive Wastewater	Acid Waste Treatment	5,000	FRP/Conical	1978	Note 1	Service Building 90	No
W29	Wastewater	Acid Waste Treatment	5,000	FRP/Conical	1978	Note 1	Service Building 90	No
W30a	Corrosive Wastewater	Acid Waste Transfer	520	Polypropylene/Cylindrical	1977	55' x 13' x 0.5'	Building 90 basement	No
W30b	Corrosive Wastewater	Acid Waste Transfer	1,850	Steel/Rectangular	1977	55' x 13' x 0.5'	Building 90 basement	No
W31	Corrosive Wastewater	Acid Waste Transfer	470	FRP/Conical	UNK	15' x 8.5' x 1.831'	Building 91 basement	No
MPU-1=Hydrofluoric Acid Waste Treatment System								
W8a	HF Acid Waste Holding Tank	HF Acid Waste	520	FRP/Cylindrical	1981	21' x 14.5' x 17'	Building 91 bunker outdoors	Yes
W8b	HF Acid Waste Holding Tank	HF Acid Waste	6,000	FRP/Cylindrical	1981	21' x 14.5' x 17'	Building 91 bunker outdoors	Yes
W9	Calcium Fluoride Sludge's	Sludge Tank	2,600	FRP/Conical	1981	(58.83' x 10.5' x 0.042') + (9.42' x 15.3' x 0.42')	Service Building 90	No
W10	Industrial Sludge with suspended CaF2	Calcium Fluoride	2600	FRP/Conical	1981	(58.83' x 10.5' x 0.042') + (9.42' x 15.3' x 0.42')	Service Building 90	No
W14	Industrial Sludge with suspended CaF2	Calcium Fluoride	5,600	FRP/Conical	1981	(58.83' x 10.5' x 0.042') + (9.42' x 15.3' x 0.42')	Service Building 90	Yes
W15	Lime Sludge	Hydrated Lime Slurry Mix	300	FRP/Conical	UNK	(58.83' x 10.5' x 0.042') + (9.42' x 15.3' x 0.42')	Service Building 90	No
W24	Slurry Tank	Slurry	100	Polyethylene	UNK	24.7' x 19.7' x 0.5'	Building 91 Slurry Room	No
W26	Decant Tank	HF Acid Waste Treatment	250	FRP/Conical	1981	(58.83' x 10.5' x 0.042') + (9.42' x 15.3' x 0.42')	Service Building 90	No
Solvent Waste Accumulation System								
W2	Lumileds-Flammable Liquid	Isopropyl Dodecylbenzenesulfonic acid	1,200	Steel/Horizontal Cylinder	1991	21' x 17' x 17'	Building 91 bunker outdoors	Yes
W3	Lumileds-Flammable Liquid	Acetone, Hydrochloric Acid	1,200	Steel/Horizontal Cylinder	1991	21' x 17' x 17'	Building 91 bunker outdoors	Yes
W6	Lumileds-Flammable Liquid	Acetone, Hydrochloric Acid	150	FRP/Cylinder	1991	9.5' x 5.5' x 0.5'	Building 91 basement, Room 1BP8	Yes
W16	Lumileds-Flammable Liquid	Acetone, Hydrochloric Acid	718	Steel/Vertical Cylinder	1989	21' x 17' x 17'	Building 91 bunker outdoors	Yes

Philips Lumileds Lighting Company, LLC - Hazardous Waste Tank Systems Assessment

Tank No.	Description	Contents	Capacity (gal)	Tank Material/Shape	Installation Date	Secondary Containment Dimensions	Location at Facility	High Level Alarm?
Avago pH Neutralization								
W32	Avago pH 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.

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.

County of Santa Clara

Department of Environmental Health
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
PRO36 7955	7362	01	50
PRO36 7953	7361	01	60
PRO36 7954	7361	01	60
PRO36 7957	7361	01	60
PRO36 7934	7008	01	150

OFFICIAL NOTICE OF INSPECTION

Facility Name: PHILIPS LUMILED LIGHTING			Inspection Date: 2/29/2012
Site Address: 370 W. TRIMBLE RD SAN JOSE			Employee No.:
Contact Person(s): Mitch Cole			☐ Samples Taken ☐ Photographs Taken
Inspection Type:	☐ Hazardous Materials Storage	☑ Hazardous Waste Generator	Hazardous Waste Generator Type:
	☐ HazMat Business Plan	☑ HazWaste Tiered Permit	☐ < 1,000 Kg./mo. ☑ ≥ 1,000 Kg./mo.
	☐ Underground Storage Tank	☐ Cal-ARP	☐ CESQG ☐ Satellite Only
	☐ A/G Storage Tank (SPCC Plan)	☐ Toxic Gas	☐ Silver Only ☐ N/A

VIOLATIONS: Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies.
This facility may be subject to reinspection at any time. Consent to Inspect Given By: Mitch Cole

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
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, ~~it~~ must be tested and maintained as necessary to assure its proper operation.	
	PHR inspection conducted no violations observed.	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. ***(Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)***

Received by: _____ Inspected 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.

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.

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- **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.**

PBR

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.	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 PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.		
370 West Trimble Road		
CITY 104.		ZIP CODE 105.
San Jose	CA	95131
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107.
12-499-8217		3674
COUNTY 108.		
Santa Clara		
BUSINESS OPERATOR NAME 109.		BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC		(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.	OWNER PHONE 112.
Philips Lumileds Lighting Company LLC	(408) 964-5300
OWNER MAILING ADDRESS 113.	
370 West Trimble Road	

CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123.	NAME 128.
Mitch Cole	Dan Janowski
TITLE 124.	TITLE 129.
Environmental Engineer	Facilities Manager
BUSINESS PHONE 125.	BUSINESS PHONE 130.
408-964-2562	408-964-2665
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 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.
	4-Feb-2011	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.
Jan Bouten	Chief Financial Officer	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

Page ___ of ___

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)

B. _____ Conditionally Exempt Specified Wastestream (CESW)

C. _____ Conditionally Authorized (CA)

D. 2 Permit by Rule (PBR)

E. _____ Conditionally Exempt – Limited (CEL)

F. _____ Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)

G. 2 TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	4- Feb . 2011
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Jan Bouten	Chief Financial Officer

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

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

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

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

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

ORIGINAL

Bank of America

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.

AUTHORIZED SIGNATURE
JOHN YZEIK, AVP
MARCH 30, 2009

ORIGINAL

PBR

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

RECEIVED BY:
SANTA CLARA COUNTY
DEPT. OF ENV. HEALTH
2011 FEB 11 PM 2:22

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15.

PBR

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	1.	BEGINNING DATE 100.	ENDING DATE 101.
		01/01/2009	12/31/2009

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	BUSINESS PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.		
370 West Trimble Road		
CITY 104.		ZIP CODE 105.
San Jose	CA	95131
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107.
		3674
COUNTY 108.		
Santa Clara		
BUSINESS OPERATOR NAME 109.		BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC		(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.		OWNER PHONE 112.
Philips Lumileds Lighting Company LLC		(408) 964-5300
OWNER MAILING ADDRESS 113.		
370 West Trimble Road		
CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-
NAME 123.		NAME 128.
Mitch Cole		Dan Janowski
TITLE 124.		TITLE 129.
Environmental Engineer		Facilities Manager
BUSINESS PHONE 125.		BUSINESS PHONE 130.
408-964-2562		408-964-2665
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 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.
	1/26/2010	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER	137.
Dan Janowski	Facilities Manager	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)
B. _____	Conditionally Exempt Specified Wastestream (CESW)
C. _____	Conditionally Authorized (CA)
D. 2	Permit by Rule (PBR)
E. _____	Conditionally Exempt – Limited (CEL)
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	1/26/2010
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Dan Janowski	Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.		BEGINNING DATE 100. 01/01/2009	ENDING DATE 101. 12/31/2009
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3. Philips Lumileds Lighting Company LLC		BUSINESS PHONE 102. (408) 964-5300	
BUSINESS SITE ADDRESS 103. 370 West Trimble Road			
CITY 104. San Jose	CA	ZIP CODE 105. 95131	
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107. 3674	
COUNTY 108. Santa Clara			
BUSINESS OPERATOR NAME 109. Philips Lumileds Lighting Company LLC		BUSINESS OPERATOR PHONE 110. (408) 964-5300	

II. BUSINESS OWNER

OWNER NAME 111. Philips Lumileds Lighting Company LLC		OWNER PHONE 112. (408) 964-5300
OWNER MAILING ADDRESS 113. 370 West Trimble Road		
CITY 114. San Jose	STATE 115. CA	ZIP CODE 116. 95131

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117. Mitch Cole		CONTACT PHONE 118. 408-964-2562
CONTACT MAILING ADDRESS 119. 370 West Trimble Road		
CITY 120. San Jose	STATE 121. CA	ZIP CODE 122. 95131

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123. Mitch Cole	NAME 128. Bob Method
TITLE 124. Environmental Engineer	TITLE 129. Worldwide Facilities Manager
BUSINESS PHONE 125. 408-964-2562	BUSINESS PHONE 130. 408-964-2743
24-HOUR PHONE* 126. 408-964-5300	24-HOUR PHONE* 131. 408-964-5300
PAGER # 127. 408-592-3222	PAGER # 132. 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

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. 3/28/2009	NAME OF DOCUMENT PREPARER 135. Mitch Cole
NAME OF SIGNER (print) 136. Bob Method	TITLE OF SIGNER 137. Worldwide Facilities Manager	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)
B. _____	Conditionally Exempt Specified Wastestream (CESW)
C. _____	Conditionally Authorized (CA)
D. 2	Permit by Rule (PBR)
E. _____	Conditionally Exempt – Limited (CEL)
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	3/27/09
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Bob Method	World Wide Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

2009 APR -7 PM 1:53

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 370 Trimble Road, SJ

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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☒ YES ☐ NO 5.	UST FACILITY (Formerly SWRCB Form A) 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)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)

B. _____ Conditionally Exempt Specified Wastestream (CESW)

C. _____ Conditionally Authorized (CA)

D. 2 Permit by Rule (PBR)

E. _____ Conditionally Exempt – Limited (CEL)

F. _____ Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)

G. 2 TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	3/28/08
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Bob Method	World Wide Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

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
		Philips Lumileds Lighting Company

I. TREATMENT UNIT

UNIT ID# 606	UNIT TYPE/TIER 607	NUMBER OF TANKS 608	NUMBER OF CONTAINERS/ TREATMENT AREAS 609
NS-1	☐ a CESQT ☐ b CESW ☐ c CA ☒ d PBR ☐ e CEL	5	
UNIT NAME 610		**MONTHLY TREATMENT VOLUME 611**	**UNIT OF MEASURE 612**
Neutralization System 1		**4,500,000 gallons/month (150,000 gallons/day)**	☐ a Pounds ☒ b Gallons

SPECIFIC WASTE TYPE TREATED (narrative) 613

Inorganic acid or alkaline wastewaters, including hydrofluoric acid

TREATMENT PROCESS DESCRIPTION (narrative) 614

Automatic elementary neutralization using sodium hydroxide and sulfuric acid in a two stage continuous flow treatment system, additional tanks are for wastewater transfer to treatment system

(NOTE: for each treatment unit, complete and attach the appropriate Waste And Treatment Process Combinations page)

II. BASIS FOR NOT NEEDING FEDERAL PERMIT (Check all that apply)

☒ a. The treated waste is not a hazardous waste under federal law (California-only waste).

☒ b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/ sewering agency or under an NPDES permit.

☒ c. Treatment in elementary neutralization units.

☐ d. Treatment in a totally enclosed treatment facility.

☐ e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).

☐ f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 615

☐ g. Recyclable materials are reclaimed to recover silver or other precious metals.

☐ h. Empty container rinsing and/or treatment.

☐ i. Other (specify below)

III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

☒ a. Discharge non-hazardous aqueous waste to POTW or sewer.

☐ b. Discharge non-hazardous aqueous waste under a NPDES permit.

☐ c. Dispose of non-hazardous solid waste residues at an offsite location.

Residual hazardous waste hauled offsite by a registered hauler. 616

☐ d. Offsite recycling

☐ e. Thermal treatment

☐ f. Disposal to land

☐ g. Further treatment

☐ h. Other method of disposal (describe below)

SECONDARY CONTAINMENT INSTALLATION DATE (If required) 617

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT PAGE

(one page and attachments per unit)

FACILITY ID#	1	BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
		Philips Lumileds Lighting Company	

I. TREATMENT UNIT

UNIT ID# 606	UNIT TYPE/TIER 607	NUMBER OF TANKS 608	NUMBER OF CONTAINERS/ TREATMENT AREAS 609
MPU-1	☐ a CESQT ☐ b CESW ☐ c CA ☒ d PBR ☐ e CEL	9	
UNIT NAME 610		**MONTHLY TREATMENT VOLUME 611**	**UNIT OF MEASURE 612**
Metals Precipitation Unit		**300,000 gallons/month (10,000 gallons/day)**	☐ a Pounds ☒ b Gallons

SPECIFIC WASTE TYPE TREATED (narrative) 613

Aqueous wastes with metals, specifically arsenic and fluoride salts

TREATMENT PROCESS DESCRIPTION (narrative) 614

Chemical precipitation in batch treatments using lime followed by addition of sodium bisulfite and polymer floculant. Phase separation of precipitate and clear water by gravity settling and filration. Sludge is collected from the filter press and disposed of offsite.

(NOTE: for each treatment unit, complete and attach the appropriate Waste And Treatment Process Combinations page)

II. BASIS FOR NOT NEEDING FEDERAL PERMIT (Check all that apply)

☐ a. The treated waste is not a hazardous waste under federal law (California-only waste).

☒ b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/ sewering agency or under an NPDES permit.

☒ c. Treatment in elementary neutralization units.

☐ d. Treatment in a totally enclosed treatment facility.

☐ e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).

☐ f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 615

☐ g. Recyclable materials are reclaimed to recover silver or other precious metals.

☐ h. Empty container rinsing and/or treatment.

☐ i. Other (specify below)

III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

☒ a. Discharge non-hazardous aqueous waste to POTW or sewer.

☐ b. Discharge non-hazardous aqueous waste under a NPDES permit.

☐ c. Dispose of non-hazardous solid waste residues at an offsite location.

Residual hazardous waste hauled offsite by a registered hauler. 616

☐ d. Offsite recycling

☐ e. Thermal treatment

☒ f. Disposal to land

☐ g. Further treatment

☐ h. Other method of disposal (describe below)

SECONDARY CONTAINMENT INSTALLATION DATE (If required) 617

PBR

RECEIVED
MAY 01 2007
SANTA CLARA COUNTY
DEPT. OF ENVIRONMENTAL HEALTH

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.	BEGINNING DATE 100.	ENDING DATE 101.
	01/01/2007	12/31/2007

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	BUSINESS PHONE 102.
Philips Lumileds Lighting Company LLC	(408) 964-5300

BUSINESS SITE ADDRESS 103.
370 West Trimble Road

CITY 104.		ZIP CODE 105.
San Jose	CA	95131

DUN & BRADSTREET 106.	SIC CODE (4 digit #) 107.
	3674

COUNTY 108.
Santa Clara

BUSINESS OPERATOR NAME 109.	BUSINESS OPERATOR PHONE 110.
Philips Lumileds Lighting Company LLC	(408) 964-5300

II. BUSINESS OWNER

OWNER NAME 111.	OWNER PHONE 112.
Philips Lumileds Lighting Company LLC	(408) 964-5300

OWNER MAILING ADDRESS 113.
370 West Trimble Road

CITY 114.	STATE 115.	ZIP CODE 116.
San Jose	CA	95131

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123.: Mitch Cole	NAME 128.: Bob Method
TITLE 124.: Environmental Engineer	TITLE 129.: Worldwide Facilities Manager
BUSINESS PHONE 125.: 408-964-2562	BUSINESS PHONE 130.: 408-964-2743
24-HOUR PHONE* 126.: 408-964-5300	24-HOUR PHONE* 131.: 408-964-5300
PAGER # 127.: 408-592-3222	PAGER # 132.: 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

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.
	3/30/2007	Mitch Cole
NAME OF SIGNER (print) 136.	TITLE OF SIGNER 137.	
Bob Method	Worldwide Facilities Manager	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)
B. _____	Conditionally Exempt Specified Wastestream (CESW)
C. _____	Conditionally Authorized (CA)
D. 2	Permit by Rule (PBR)
E. _____	Conditionally Exempt – Limited (CEL)
F. _____	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)
G. 2	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	3/30/07
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Bob Method	World Wide Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

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. UNIT ID# NS-1	1. Facility ID# CAR 000 058 081	Page ___ of ___

1. Aqueous wastes containing hexavalent chromium may be treated by the following process: 630.
Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided
- ☐ a. both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:
- ☒ a. pH adjustment or neutralization.
- ☐ b. Precipitation or crystallization.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Ion exchange.
- ☐ e. Reverse osmosis.
- ☐ f. Metallic replacement.
- ☐ g. Plating the metal onto an electrode.
- ☐ h. Electrodialysis
- ☐ i. Electrowinning or electrolytic recovery
- ☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ k. Evaporation.
- ☐ l. Adsorption

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::
- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Adsorption.
- ☐ c. Distillation.
- ☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
- ☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
- ☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
- ☐ c. Drying to remove water.
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Screening to separate components based on size.
- ☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following tecbnologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:
- ☒ a. pH adjustment or neutralization.

9. Soils contaminated witb metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Screening to separate components based on size.
- ☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:
- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Distillation.
- ☐ c. Neutralization.
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.
- ☐ e. Reverse osmosis.
- ☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.
- ☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
- ☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:
- ☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

☐ Certified Technology Number: ______________________________

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.	
UNIT ID# MPU-1	Facility ID# CAR 000 058 081	Page ___ of ___

1. Aqueous wastes containing hexavalent chromium may be treated by the following process: 630.

Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided

☐ a. both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☒ a. pH adjustment or neutralization.
☒ b. Precipitation or crystallization.
☒ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Ion exchange.
☐ e. Reverse osmosis.
☐ f. Metallic replacement.
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis
☐ i. Electrowinning or electrolytic recovery
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

☐ Certified Technology Number: _____

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

FACILITY ID # *(Agency Use Only)* 1.	BEGINNING DATE 100. 01/01/2006	ENDING DATE 101. 12/31/2006	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3. Philips Lumileds Lighting Company LLC		BUSINESS PHONE 102. (408) 964-5300	
BUSINESS SITE ADDRESS 103. 370 West Trimble Road			
CITY 104. San Jose	CA	ZIP CODE 105. 95131	
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107. 3674	
COUNTY 108. Santa Clara			
BUSINESS OPERATOR NAME 109. Philips Lumileds Lighting Company LLC		BUSINESS OPERATOR PHONE 110. (408) 964-5300	

II. BUSINESS OWNER

OWNER NAME 111. Philips Lumileds Lighting Company LLC		OWNER PHONE 112. (408) 964-5300
OWNER MAILING ADDRESS 113. 370 West Trimble Road		
CITY 114. San Jose	STATE 115. CA	ZIP CODE 116. 95131

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117. Mitch Cole		CONTACT PHONE 118. 408-964-2562
CONTACT MAILING ADDRESS 119. 370 West Trimble Road		
CITY 120. San Jose	STATE 121. CA	ZIP CODE 122. 95131

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123. Mitch Cole	NAME 128. Bob Method
TITLE 124. Environmental Engineer	TITLE 129. Worldwide Facilities Manager
BUSINESS PHONE 125. 408-964-2562	BUSINESS PHONE 130. 408-964-2743
24-HOUR PHONE* 126. 408-964-5300	24-HOUR PHONE* 131. 408-964-5300
PAGER # 127. 408-592-3222	PAGER # 132. 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

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.
	6/14/06	Mitch Cole
NAME OF SIGNER (print) 136. Bob Method	TITLE OF SIGNER 137. Worldwide Facilities Manager	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA 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 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?	☒ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Philips Lumileds Lighting, Company LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☐ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☒ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)

B. _____ Conditionally Exempt Specified Wastestream (CESW)

C. _____ Conditionally Authorized (CA)

D. 2 Permit by Rule (PBR)

E. _____ Conditionally Exempt – Limited (CEL)

F. _____ Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries.)

G. 2 TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units.)

IV. CERTIFICATION 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 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 penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	3/23/05
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Bob Method	World Wide Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:	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
PBR & CA ONLY:	
☒ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☒ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1.	EPA ID # (Hazardous Waste Only)	2.
		CAR000058081	

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.

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?	☒ 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 C)
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
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) 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 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 information by your CUPA or local agency.) 15.

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SANTA CLARA COUNTY
DEPT. OF ENV. HEALTH
2005 OCT -4 PM 2:37

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # *(Agency Use Only)* 1.	BEGINNING DATE 100. 11/1/2005	ENDING DATE 101.	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3. Lumileds Lighting, U.S. LLC		BUSINESS PHONE 102. (408) 435-5959	
BUSINESS SITE ADDRESS 103. 370 West Trimble Road			
CITY 104. San Jose	CA	ZIP CODE 105. 95131	
DUN & BRADSTREET 106.		SIC CODE (4 digit #) 107. 3674	
COUNTY 108. Santa Clara			
BUSINESS OPERATOR NAME 109. Lumileds Lighting, U.S. LLC		BUSINESS OPERATOR PHONE 110. (408) 435-5959	

II. BUSINESS OWNER

OWNER NAME 111. Lumileds Lighting, U.S. LLC		OWNER PHONE 112. (408) 435-5959	
OWNER MAILING ADDRESS 113. 370 West Trimble Road			
CITY 114. San Jose	STATE 115. CA	ZIP CODE 116. 95131	

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117. Mitch Cole		CONTACT PHONE 118. 408-435-4205	
CONTACT MAILING ADDRESS 119. 370 West Trimble Road			
CITY 120. San Jose	STATE 121. CA	ZIP CODE 122. 95131	

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-	
NAME 123. Mitch Cole		NAME 128. Bob Method	
TITLE 124. Environmental Engineer		TITLE 129. Worldwide Facilities Manager	
BUSINESS PHONE 125. 408-435-4205		BUSINESS PHONE 130. 408-435-4322	
24-HOUR PHONE* 126. 408-435-5959		24-HOUR PHONE* 131. 408-435-5959	
PAGER # 127. 408-592-3222		PAGER # 132. n/a	

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: Agilent Technologies Inc Phone No.: 877-424-4536

Billing Address: 5301 Stevens Creek Blvd

Santa Clara, CA 95051-7201

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.
	9/30/05	Mitch Cole
NAME OF SIGNER (print) 136. Bob Method	TITLE OF SIGNER 137. Worldwide Facilities Manager	

* See Instructions on next page.

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID# 1.
Lumileds Lighting, U.S. LLC	

II. STATUS

NOTIFICATION STATUS 600.	PERMIT STATUS (Check all that apply) 601.	
☐ a. Amended	☐ a. Facility Permit	☐ d. Variance
☒ b. Initial	☐ b. Interim Status	☐ e. Consent Agreement
☐ c. Renewal (PBR Only)	☐ c. Standardized Permit	

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)

602.

A. _____ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier.)

B. _____ Conditionally Exempt Specified Wastestream (CESW)

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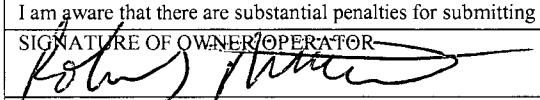
I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603.
	9/30/05
NAME OF OWNER/OPERATOR 604.	TITLE OF OWNER/OPERATOR 605.
Bob Method	World Wide Facilities Manager

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☒ No

State Reason for Request:

V. ATTACHMENTS (Check if attached)

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PBR & CA ONLY:	
☐ 1. Closure Financial Assurance (formerly DTSC form 1232)	
☐ Self Certified (< $10,000) ☐ Other mechanism	
☐ 2. Prior Enforcement History, if applicable	

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. LLC	

I. TREATMENT UNIT

UNIT ID# 606.	UNIT TYPE/TIER 607.	NUMBER OF TANKS 608.	NUMBER OF CONTAINERS/ TREATMENT AREAS 609.
NS-1	☐ a. CESQT ☐ b. CESW ☐ c. CA ☒ d. PBR ☐ e. CEL	4	
UNIT NAME 610.		**MONTHLY TREATMENT VOLUME 611.**	**UNIT OF MEASURE 612.**
Neutralization System - 1		**5,900,000 (average of 190,000 gallons/day)**	☐ a. Pounds ☒ b. Gallons

SPECIFIC WASTE TYPE TREATED (narrative) 613.

Inorganic acidic and alkaline wastewaters

TREATMENT PROCESS DESCRIPTION (narrative) 614.

Automatic elementary neutralization using sodium hydroxide and sulfuric acid in a two stage continuous flow treatment system, additional tanks are for wastewater transfer to treatment system

(NOTE: For each treatment unit, complete and attach the appropriate Waste and Treatment Process Combinations page.)

II. BASIS FOR NOT NEEDING FEDERAL PERMIT (Check all that apply)

☒ a. The treated waste is not a hazardous waste under federal law (California-only waste).

☒ b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/sewering agency or under an NPDES permit.

☒ c. Treatment in elementary neutralization units.

☐ d. Treatment in a totally enclosed treatment facility.

☐ e. Federal conditionally exempt small quantity generator (generated 100 kg., approximately 27 gallons, or less of hazardous waste in a calendar month).

☐ f. Treatment in an accumulation tank or container within 90 days for over 1,000 kg./month generators and 180 or 270 days for generators of 100 to 1,000 kg./month. 615.

☐ g. Recyclable materials are reclaimed to recover silver or other precious metals.

☐ h. Empty container rinsing and/or treatment.

☐ i. Other (specify below)

III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

☒ a. Discharge non-hazardous aqueous waste to POTW or sewer.

☐ b. Discharge non-hazardous aqueous waste under a NPDES permit.

☐ c. Dispose of non-hazardous solid waste residues at an offsite location.

Residual hazardous waste hauled offsite by a registered hauler. 616.

☐ d. Offsite recycling
☐ e. Thermal treatment
☐ f. Disposal to land
☐ g. Further treatment
☐ h. Other method of disposal (describe below)

SECONDARY CONTAINMENT INSTALLATION DATE (If required) 617.