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	C	ontainer	Informat	ion ·
CHEMICAL NAME	Number	Size	Unit	% Full
CAPMIUM CITCERIDO	1	1.16.	GI	-25
in plant	<u> </u>	500 9	G	75
Cosium citeoridi	1	259	9	50
CALCIUM CATTON not anhydry		1 16.	G	Zo
11 GARBOMART	1	176.	Ģ	70
ic Surfiger	2	·· 1 16.	G	50
CORIC AMMONIUM SALISTO	/	1 76	G	50
EDING (CRYSTALS)	/	30 gm	G	10
LOPING SOLIN	//	250m	4	20
LEND NITRA-TOS	/	1 16.	G	· 50
l' Acarma		500 9	á.	_60
h <u>CittoRIR</u> (20wDute)		5009	P	70
Maresun Sacing (anhydra)	/	1 16.	7	20
REPERIC AMMONIUM SULFATO	/	1 16.	9	20
Fornous a li		Sucam	P	25-
<i>lic (i ii</i>		1 16.	<u>P</u>	
FERRIL CITLO FIRE		5009		75
4,6 - DINITRO -O-KRUSOL	1	500 y	P	50
LOUTHANN MITTATE		1139	<u> </u>	1 10
HYDROX YLAMINE HYDROCHOPOPOC	n+ 1	500 4 52	Box/G	100
Annohum PHOTPHOTZ - DIDNIC	/	1 16.	<u></u>	30
AMMONIUM CLAORIDO	2	5009	8	/00
11 NITRATES	1	1 16.	P	75

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CUENTCAL NAME	C	ontainer	Informa	tion
CHEMICAL NAME	Number	Size	Unit	% Full
ALUMINUM NITRATC SOLIN		<u> </u>	G	50
At (ott)3' Sola		150ml	P	10
ALUMINUM NITATE (CUNTO)		5009	<u> </u>	50
BARUM NITHTE (CRYSTAL)	/	7 16.	<i></i>	100
i' CHLORIRE (granular)	/	116.	2	40
11 11 (anhychows)	1	 	P	50
11 Il (di-hydrale)	1	500 4	P	50
- Bismurtt NI MART	1	113 g	G	20
ANJEMONY (DOUDON)	/	125-9	Ģ	200
BARRITURIC ACID	1	500g.	9	25
BORIC. ACID		1 16.	, P	60
504 50212	(	1 R	P	20
<u> </u>	/	·/ l	G	50
SODIUM FHIOSULFYTE SOLIN	1	For ml	G	10
<u>K1-K103</u> Solá	i	<u> </u>	P	25-
Buchz Sola	<u></u>	<u></u>	P	50
Ha tate Soli				<u>zo</u>
Suitate suffer		12	<u>C7</u>	0
So Dium Bretaroutte		1 16.	<u>P</u>	/6
Parassium IoDATE	?	113g.		
· Sul FAR BULFA	/	sound	<u> </u>	
FURROWS AMMONIUM SUPAN SUP	) 2	1.l	G	50
FAS solv-	<u> </u>	il	57	<10

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	Cc	ontainer	Informa	tion
CHEMICAL NAME	Number	Size	Unit	% Ful
Ky Crie OF Solin	1	12	7	60
FURADIN INDICATER SUIS	<i>t,</i>	150m	در	20
KODICHERUMATE SOLW		11	P	40
FATS SOLIN	////////	500ml	G	10
Fennous Sucr ATO	/	1 16.	G	80
Porgassium DicitronsTC		116.	P	20
SILVER JAC 124 Ro	/	25 y.	Gj	< 10
DHUCI Soution	1	<u> </u>	G	50
BURAN BUFFOR	/	1l	G	<u> </u>
Nitycl Scintron	,	il	G	100
Nuz By CZ Solm	1	12	Ġ	50
It g Sely Solim	1	50.ml	P	50
itypochloous Acid	1	100ml	<u> </u>	50
14, 50 y Salim	1	Sound	12	50
173 Bos Sola	(	ZSom (	<u>م</u>	80
PHENNER REALENT		250m/	P	20
NITREADY FUDICATTAL SOLIN		ZSUnt	7	50
NH4 SOIN	1	ZSomt	P	75-
	1	11	1.	25
Manyanen; SUY Solution	1	11	P	20
· BERATE SUL · N	i	<u>250m</u>	P	
Naz Suz , 57tz d' Sulin		250,-1	P	50
TRICTILAN OLIMINIC	1	473ml	G	60

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	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Ful	
1, 3, 5° TRICITEO ROBENTERNE	Z	100 y	P	100	
<i>I</i> . <i>I</i> .	1	5009	67	100	
1, 2, 4 11 South	1	il	G	20	
UROTA	2	500 9	P	50	
	1	100 4	9	100	
TRATON X-100		100ml	9	80	
"WASTE" - AMBER REFTER (SULID)	2	500 9	# G	40	
THIOHCETANIDC	l	1139	G	80	
<u>íi 11</u>	1	113g	q	90	
THIONALIDE	1	125 g	4	50	
THOUGHTOCATO	1	1259	Ġ	100	
Prievoc	Z	1 16.	9	50	
Di MUTHYL SAL FOXIDS	1	ZSOMI	<i>P</i>	20	
SODIUM DIETHYL DITHACARESA MATE	/	1009	G	90	
MUTHOLOL MC	1	500 y	P	90	
PILER AN FIFRENC		100 -	4	200	
3 - METIME I - PHENML-Z - PHENZOLIN-SONG		100 9	G	100	
SUDIUM DIMETHYCD, THECHNOMSTO	1	(009	4	25	
c/ i/ i/	1	1009	G	100	
N. U. DIMOTHYL-P- PIHANTLL-NODIAMINE		1004	<u> </u>		
SULFANILIE ACID (CRYDMU)			<u>P</u>	60	
\$6-p-D: nether hamino - be- zylindere) should	ins f	259	4		
1- Pyrrolidine carbod thioic and amm su		1004	P	96	

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CUENT CAT NAME	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Ful	
3-Methyl -1 -phenyl - 2pyrazolin-Son	2 /	100 -	C,	100	
5- Ep-Dimethy lamino - ben z vliviere ) wheekin		109	G	<10	
PHENYL - HYDRA ZING Soli	1.	100 g	9	106	
1,10 - PHORAN FIFROLING	1	254.	GI	60	
TETTO MOTH YLAMMONIUM HYDROXDU	1 1	4000	G.	10	
Molybdic Acid (power)	7	7137	Ģ	Su	
P. Naphth o / ben zem	1	109	G	100	
MURERIDE (AMMONIUM PURPU)	(n)	5 omi	9	20	
NAPENTENE	1	1 16.	બં	80	
HYDRO QUINONE	1	500 9	F	. 80	
EDTA (POWDER)	1	1 16.	G	100	
11 n	1	116.	9	-0	
DEXFROSC (POWLY)		1001	G	20	
PITCAYLAZOFOLME ACID Z-PITENYL HUPPER	-100 1	109	9	100	
HYDRAZING SUCRATE	1	1004	G	100	
2.4 - DICITOROISCUZIC Acip	1	259	G	100	
2,6- DINI METOWONE		259	G	100	
DIMOTHYL - GLYOXIMO-	1	394	G	100	
ic	1	125 9	P	90	
N, N - DISTLICTLIDONE -ETHYLENEDUMI	n	100 7	G	50	
GilurAmic Aein	1	50.1	G	10	
DZ-DITITIO FHREITOL CLEINDS.	)	19	G	100	
2,4 DINITROTOLUENE (CHZCHI)		1004	G	100	

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	Co	ontainer	Informa	tion ·
CHEMICAL NAME	Number	Size	Unit	% Full
Lic. DAMINOCYCLOITESATNE TETRACTIC ACID		100 g	P	100
DIETAYL -1, 4- PITORYLLING DIAMING (CCH.)2 N	Gily NIIz 1	1009	G	100
Acoric Acio	1	Swont	G	60
AMINON+ PHTHO2 SULFORIS ACID	1	156 J	4	100
ANTHRACENE	1		ه	100
ASCORBIC ACID		1007	67	100
ANTIFRA NILIE ACID		259	C7	100
ALYMINON		259	9	100
AMMONIUM 1-PYROLISING CAR 30 DATTA	n i		G	100
BETANAPITTOL	1	_501	G	100
AGAR		25.9	Ġ	10
C1757 0-100		259	G	50
CITROMOTROPIC tein	1	750	G	-00
$C_{f}T E C HOL (C_{6}H 4 - 1, 2 - (OH)_2)$	<i>i</i>	100 4	G	100
CARMING- (YUM GRO)		25.9	G	80
CALCON (CuiHis USNENes)		59_	<u> </u>	50
CURCUMIN (CZITZO 00) Crystal	/	<u>254</u>	G	50
FLOWRIPE BURFAR SOLIN	1	500ml	4	60
Nali Solim	1	11	9	0
SOBIUM ROURIDE SOUN	1	Souml	G	80
. ić (i li	/	500m1	G	100
ETHANCL	1	Sooml	G	10
SODIUM FLOURIDE (DOWDON)	1	113 9	P	FO

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	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Ful	
Cozeo-GRONS-	1	102	G	50	
Nao1+ Solim	1	Social	P	5	
11 ( (cz 1+3 02) 2 solim	<u> </u>	12	P	100	
JODING JOIN	1	12	G	90	
NaOH Jo'la	1	SOUNI	_ حر	-50	
STARCH SOLIN	. 1	150ml	<u>7</u>	25-	
Na, 5203 Sola	1	Soum	G	50	
HCI solim	,	300mm (	G	50	
URINYL ACOTATO	,	102	P	50	
STIL BONG YEZLOW BIO-STATN	1	Z 5g	G,	50	
ERIOCITROME BUTCK T	1	1001	G	50	
Montycone sear Convaille		10 g	G	40	
Mettyc Ren (solim sall)		509	<u> </u>	50	
Pitcho - Rop 11 11	l	I ZSey	G	50	
Crecium 200	/	59	P	100	
ERIOCITEOME BUIE/RUSER R	1	109	P	60	
BRILLIANT YELLOW DYE	- 1	259	<u> </u>		
STANNOW CHERIDE	1	4 oz.	G	30	
Mothyland Black	1	150ml	P	50	
ERIOCIPROMO BUKK - T	1	25g	G	100	
Il CYANING R	<i>i</i>	109	G	10	
MONTYL DRAWGE PRDICT FOR	1	102	Ge	100	
MOTIFYLORE BUIE	1	109	G	100	

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	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Ful	
1,10 - PItONAN-THE RULING NUNN HYMAT B-		5-7	G	ZO	
Brownineson Grow		Saj	9	20	
DICHLOTED - FLOURESPERN ENDICATOR	1	25m1	Ś	50	
FORRAIN ENDICTION	(	ZSNI	P	10	
DI PHONYL GRATZIDE	1	ZSUng	G	ø	
10 <u>11</u>	. /	"25g	67	40	
Ammonioum Muly spitter SULIN	1	zson	, P	10	
Ky Crz Oz Solin	1	500 ml	G	75	
Navit / Waz Coz Solim	/	11	P	100	
Si Oz Silin	/	11	دم	- 100	
It NOS SOZIN	/	1.	_ حز	80	
KE KEO; SOZIN		<u>_1</u> .	G	50	
HY DZOCUNIONE SOLIN	/	Sound	<u> </u>	20	
CITZBRING SOLW		500 ml	_م	100	
Soumer Anson ITE	2	500in1	67	90	
FODING STET SOLIN	_/	Sec. m (	2	75	
Forne South South	-1	150ml	<u> </u>		
SUDIUM 14170 CITCOTLING SOLW		ZSuml	P	0	
Merreary THIOCYANATE SOLIN	1	50-1	P	5	
CDTOR SOLIN	<u> </u>	Isoni		50	
1th Soy Silution	(	150ml	12	50	
STARCH ENDIGTOR		150ml	Þ	25	
It CI Sol'n	1 -	500.01	G	50	

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	C	ontainer	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Full			
METTHYL ROD DUDIOTOR	1	253	G	50			
NICHER NIJATE HOXATHYDRAE	1	2 50 1	P	75			
CPA METINOD SUIT SOLIN	1	ZSUM	G	<u></u>			
Paranethy 1-annobenzal sola		100ml	P	0			
113 Pay Solim	1	2 Sol ml	G	-5			
CALCIUM HYPOCIALER UT SULIN	. 1	Sou ml	12	Zo			
CITRICACID (poule)		300 1	P	50			
1. in Solia	1	12	G	Ø			
It z Soy Solim	1	il	G	30			
Nadit Solin	1	.11	P	75			
TCLP SOUN	1	11	G	100			
10 00	1	11	G	0			
Na OIt So intion		500ml	<u></u>	20			
Nay Joy so Intron	1	Sount	P	10			
11 (solid)	1	100g	P	/0			
Po FASSING HY PROXIDES SUCHTON		Such		20			
17, SUY Solution	- 2	Soun!	12	10			
17cl Solution.	1	500 .1	<u>م</u>	20			
Ammentium CIANTE dibasic	/	5 16.	G	80			
SODIUM BICHREDUNID	1	516.	G	قک			
CAPBON actuated	1	1 16.	P	25			
"DRIRITE"	Z	1 16	9	80			
i(	1.	1 16	4	100			

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	C	ontainer	Informat	ion
CHEMICAL NAME	Number	Size	Unit	% Ful:
POTTESCUM CALO RIDE Content	1	5-16,	P	25
Sopium Grasourt		2.5 kg	,>	200
BRUEINE SULFTUE ACID	<u> </u>	Sõu ni		100
CITRIC ACID (gr.)	1	2.5 kg	P	5
174 Flo_ Super - Cel	1	2001		80
Sodium concorres (gr.)		Z. Siey	P	100
MICROGRAF abrusive	1		Cardboard	100
Potnessium itychoxic	1	516	P (Sort	10
TRISODIAN POPESALANTE (TP)	,	116	condbard	20
SILICA Goz provier	4	Sout	G (60x)	100
BROMINE	1	40~1	(60x) G	53
Brann Ston Darch	1	100ml	P	50
MOLY BOOWIN 11	1	Lound	7	_Z0
picar 11	1	Suomi	P	75
MOLYBOONM 11	1	500-1	7	50
SCZUTIUM 11	1	500 ml	<i>حر</i>	80
ARSONIC 4		500 21	R	100
VANA DIMM !!	1	Sco ml	Ģ	80
Lon-D "	1	Sev ml	12	60
Niekich 11	1	Soonl	<u>P</u>	60
CADMINM is		Sound	در	75
ii Ii	1	150 ml	G	80
Bikocium II	1	150ml	4	50

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	C	ontainer	Informa	tion ·
CHEMICAL NAME	Number	Size	Unit	% Full
Ag STANDARD	1	ison1	Ĝ	90
	1	150ml	Ą	80
Silven 11	1	Soomi	G	7.5
Monoury u		Sisting	a	90
ANTIMONY 4	/	ה טיט 5	G	80
ZINC	/	" 500 ml	Р	60
Nicker 11	1	Scom	<i>د</i> ر	60
13 AP-ium 11	l	Sound	<u>P</u>	40
CH2 Malium 4	/	1 Soml	Cy	50
Pompsium 11	,	118 ml	P	- 80
Moratura u	)	118 ml	P	20
Magnesium 11	j	118 m/	12	90
Calcrum !!	/	118m	<u> </u>	80
ARSONIC H	/	500.ml	6	90
LETTO	//	71	د،	50
Citromium 11		ti	<u> </u>	50
ctomum !!		11	<u>t 1</u>	60
CORACT U	1	2 (	4	60
BORYLLIAM 11	1	11	11	
BARINA "		11	- 11	60
Copper 11	1			60
Moryspinn 111		11	71	60
ALaminnin "	<u> </u>	4	11	40

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QUENTCAL NAME	Container Information			
CHEMICAL NAME	Number	Size	Unit	% Full
SANADIUM STANDARD		Souml	12	80
JRON is		21	61	<u>90</u>
Sczanium "		<u>(</u> (	и	90
Pornssium "	1	100 ml	P	50
GOLD U	,	د ،	11	60
MAGNESLUM II	. /		U	60
Sodium 4	1		÷l	100
	1	Sount	7	90
MULYBROwun 11	/	500.~1	P	80
CAPMIUM II	1	. 21	L1	. 80
CITRIMIUM 11	1	И	. 11	75
COBATLY 11	1	÷1	rl	75
VANADIUM 11	/	- 29	11	60
Corpore u	;	it	<i>i</i>	60
ACAMINIA U		21	11	60
Surcon ii	)	27	11	25
Corren is	- 1	<u> </u>		70
Sicon II	1	Souni	G	50
MERCURY STANDAND		500ml	G	90
Hydrochlone Acid	4	41	<u> </u>	100
ACOTIC ACID	1	500 ml	<u> </u>	10
FORMIC ACII)		Soumi	G	50
ITNO3	1	41	G	10

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	Container Information			
CHEMICAL NAME	Number	Size	Unit	% Ful.
PITOS PITURIC ACID		41	G	100
Come ASIR	,	41	G	10
Sopram compre	1	500ml	P	10
TELP Som	1	4.l	G	80
CITALE ACIA Solia	1	41	G	80
Suptonia Acid	_ <u>Z</u>	2.5l	G	60
NITRIC ACID	3	z.s.l	G	700
17 17	l -	11	10	10
TULP SULVENT	1	41	11	25
"LLANLD WASIE"	2	5 out	P	80
n u	1	5 gal zo yul	J	75
In BONZONO (OKLAND LOAD LONGON)	1	Zoonl	G	25
AZYOWAT 336 ja MIBR	_/	500 ml	<u> </u>	10
n u n	1	it	<u>ir</u>	< 10
TRICITIONO COMINICAL	1	475 ml	17	25
In is BENTERIC		500.nl	<u> </u>	10
ii			]e <sup>2</sup>	60
1, 1,	1	11	)i	<.5
X Y LENK		500ml	G	50
1/2 DICHLORD BEUTCHIE		100m/	<u> </u>	90_
Gily cerol	1	500m/	G	80
TETRA PITENCE LEARS	1	ZUy	G	100
X YLEVIE	j	Sooml	6	60

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	Container Information			
CHEMICAL NAME	Number	Size	Unit	% Ful
Xyline w/ MIBN	,	150 ml	4	0
	2	5009	G	100
Giyun 1	1.	5004	G	<5
TRICHTONO SONTIONO	1	500 wl	67	90
D- CROSOL	1	5009	11	100
Z: CHION TOLUENT	1	pog	G	100
m - CAETO i	1	100 -	G	100
- Vinyliden chlowide	1	100-1	G	30
TOLUCA SULPONCE ACID Growby Late)	1	1200	67	60
3- CIMORO POLINE	1	100%	4	100
* PIHONOL OTHOR CASSARIZOD	1	1009	ä	75
Hyprococconic tein	1	250ml	6	~5
Nitale ACID	1	K		5
"Cleaning Solution Gucentuck"	1	Sonl	P	100
1, 4 - DICIRORD Z-MUTTHE SONTIME	1	esq	G	50
1, 2, 3, 5 TOTAT DIMOROISONCORD	1	107	6	80
1,2 DICIMORO CTIFYLORIG	_1	1009	4	0
1,3 DICINOROBERRONS	1	1001	6	100
- 1, 2, 3 5 TETRACINOKO BONZON	1	107	6	50
4 - Elijorogugline	)	357	67	60
TETRACIFLORE BENZEVE	2	19	G	100
12,3 TRICHEORD PROATRIE	1	1004	6	100
Xy Love Cygnel	1	1009	4	100

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	C	ontainer	Informa	tion
CHEMICAL NAME	Number	Size	Unit	% Ful:
1, 1, 2, 2, TOTROCHORO OTHENO	· 1	Zsug	61	50
A. HE ADECANIS CAMPANICO		800ml	G	60
1,1 Picrounogrammer	1	11-04	<u> </u>	60
1. Napthogunon	(	Z5 .1	P	60
OROTAO - di Chloro bavrane	/	250ml	G	to
1.3 DICIDECON . 4 - MOTION TEN CONT		76	61	50
0 DICITION RONTO		7.1	G	60
1,2 Dichloro - 4 Methyl Benzave	1	1009	ú	70
Dischil Ph thalate	1	1000	6	100
K 1, 4 Dichlow Benzine constallind	i	1009	(n	100
1,7 Dibromotetin flue. se than	0	ivon 1	Ġ	100
CHRONOTORIA	1	Soona	Ĝ	50
methyl alcohoi		250m7		50
1.2.4 TRILITORDITINGT	/	500m/	4	50
HOCTYL THALAJE DICNE	2	100 0	Ġ,	50
TRACHERO TOLUCAL		50.7	67	-50
BROMINS		5 16.	<u> </u>	
ERICHLORO HIMMIN	)	100n	6	50
130 PRIAYL ACETIATE		Sidas	G	40
И И		100 N	6	100
p (NESOL	1	100 9	9	100
CHRYSENE	4	1.1	9	100
TSO - BUTYL ALCOHOL	1	Soumi	á	80

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	Container Information				
CHEMICAL NAME	Number	Size	Unit	% Ful	
BROM: UE	1	1 16.	a land	100	
2,35,6 TETRA CIADAU PARA		109	4	100	
0 - Xy tene	1.	soont	<u>G</u>	75	
T.b. Dilitiono Pittan	1	1006	4	100	
PROBYL ACOTHON	1	1009	4	100	
Cyclose tank	1	1001	G	100	
NITRO BONZENIS	)	5004	ü	100	
LACTIC ATUD	)	570.~1	4	100	
le ly and	)	500 -1	G	80	
1, 2, 4, 5 TETRACHULE BONTUNIT	,	1001	4	100	
Busyn Ancond	2	500ml	G	90	
Achorice OTS	1	250m 1	4	50	
TETRACIPIONO ETTYLONO	1	11	4	40	
"UNUNOUN WAS OC" (8/8/86)	/	sooml	a	50	
P-Xy Love_	/	Scont	4	50	
Soprum suipede crystuls	J	1 26.	C;	5	
TIHORIZERE	2	ب ں تھک	4	10	
TRICHLOCOCTIVICAN	)	Sumi	4	-200	
BARENE		560.m/	4	0	
Respher +Zauroz	,	41	<u> </u>	10	
AL: GULT 336 (TRICARHLYL METHYLMM	Montry 1	sound	ς	50	
Py RIDINE CH	or(110)	500ml	4	60	
Ciclo haxanina	1	11	Ġ	100	

LAB PACK PACKING LIST Continuation Shee

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initial Code:

DRUN ID.

Page \_ Z9 \_\_ of \_

CUENTCAL NAME	Container Information			
CHEMICAL NAME	Number	Size	Unit	% Ful
12 DILATIONS ESTATING	1	500 ml	G	80
1; 1, 1 TRICHWONICOMONO	1	Suond	6	60
1. I DICITEOROPHOPTO	1.	11	11	100
Somme Suciens res andy low	1	Z.Sk.	6	25
ALIQUAT 36 (TRICAREYCYL METHYLAMMURAMICITED	105) /	ing	G	60
ISU PROLOUS	1	1000	G	100
TRAFEOUROFOCUENTE	1	Scon	4	80
- F - Xy len	1	Soont	6	50
CASTRO GTX meter s.1	1	icont	G	50
CIMORO TEOUM	3	4l	G	100
CARDON TOTACCEURIDC	1	42	Ġ	30
Hychochloride Sola	1	Soon 1	p	10
2,6 - DIMOTHY: 24,6 - OCTATRICANT	/	250 ml	G	50
1 - chloro Lexane	1	1009	G	50
+ TRILHTORO BENZENE CRYDMAIZED	1	100 1	ü	100
1,2 DIBROND TETRA FLUORO COMMO	<u> </u>	luoml	4	50
Bareyl chlorid	1	100m1	4	90
ACRYLONITRILO	1	1004	4	10
TRICHLORG FLUORG METANT	1	25000	G	100
Z SEC-BUTTL-4,6- DIUTTROPHENOL	<u> </u>	100.01	<u> </u>	100
Methy 1 styrene	Z	1 00ml	G	100
DIAZAZA ( 11-methy 1-13 - hitroso-p-tola	te) i	1001	a	50
TOLUCUS	Limio Z	42	G	100

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LAB PACK PACKING LIST Continuation Shee Page <u>30</u> of \_\_\_\_\_

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Initial Code:

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	Container Information			tion
CHEMICAL NAME	Number	Size	Unit	% Ful:
XYLONGS	1	41	4	90
I P.4	/	41	P	100
BONZONS	1.	42	G	90
BPhyl Acetate	,	42	G	50
STODD, TRD SOLVENT	1	4jl	4	200
ACOTONITRIC	~	"4l	G	10
PYRIDING	)	"4l	G	60
Z-(Z-Ethoxy ethoxy)-Ethand		42	6	75
EThomo 7	2	41	6	20
4-methy/ -Z-pentanors	1	41	G	10
Burys ALCONOL	/	41	G	50
Acctonitrile	1	11	11	100
n- Dadecane	2	11	11	60
Adream to The (Technica I loade)	,	2.51	4	10
"ORGANIC MASSOS"	4	42	4	0
Aletone	1	1.gel.	can	<5
"ORIAUTE WASATE "	. Z	yl	a	100
Vacann Ramp 017		11	P	30
Carbon Disin for	7	Scoml	G	20
Mitty 1 Cthy 1 Lectore	1	14	25	100
Hexadecare Carronnep	1	Soom	a	100
Citrone romant	1	6-1	4	(00
Herman Soin	1	12	Ĝ	60
HUDAMLIC UIN	- 1	355.ml	Ŗ	(0-0
JPS Fuch	1	Soml	9	100

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3		Chemical Manu	facture Name	Size
		zinc acctate (granular) Zn(CaH302)2·2H20	Mallinckrodt AR.	l 16.
	3	Sulfanic-acid 99% H3N035	Mallinckrodt oR	500gm
		Lanthanum Chloride, 7- Hydrate LaCl3-7H20	'Baker Analyzed'	25g
	( <del>`</del>	strontium Nitrate Sr(N03)2	(Amberjar)	9.5 g
	<b>(3</b> )	Zinc Sulfate (crystals) ZnSO4·7H20	MC/B	116.
		Oxalic Acid (crystals) H2C204·2H20	Malinekrodt AR	500GM
22		Starch (soluble, pouder) (Cutlio05)n	MC/B	4ο <b>Ζ.</b>
2	<b>છ</b> .	Starch (Patato pouder)	Spectrum	500gm
	$\sim$	Sulfamic Acid (crystal) NH2 503H	Speerrum	500 gm
2 2	10,	Vanadium Pentox(de	Fisher Scientific Co.	113g.
J.J.L	Ű.)	Yttrium Nitrate Y(NO3)3. (140	Rocky Mountain Research inc.	n 1/2 16

$\bigcirc$	32 of	
Chemical (12) Tantalum Oxide, spec. grade Ta, 05	Manuf. Name Alfa Inorganics Ventron	<u>Size</u> 25 grr.
(13) S (rocks)	(plastic vial)	~15-5
(14) Sodium Thiosulfate (crystals) Na2 5203 5H20	Mallinekrodt AR	116.
(5) Sodium Thiosulfat (soln') (211)	(plastic bottle)	125 mL
(10) Sodium Thiosul fate (Crystals) Naz 5203.5H20	Mallinckrodt AR	500 G m
(17) Sodium Phosphale, Dibasi C (Crystal) Naz HPO4 - 7H20	) 'Baker Analyzed'	116.
(18) Sodium Phosphate Monobasic Natha Poy - Hao	Mallinckrodt AR	506 GM
(19) Sodium Phosphate (granular) - Dibasic Heptahydrate - Naz HPO4 · 7H20	Mallinekrodt AR	[.]b-
20) Sodium Phosphate (granular) - Dibasic Anhydrous- Naz HPOY	Mallinekrodt AR	500 ЦМ
(2) Sodium Tartrate (neutral) Na2 (4 H406. 2460	Fisher Scientific	1lb.

Chemical 22 Sodium Potassium Tartrate (crystal) Nak Cy Hy Ob. 4 H20	<u>Manuf. Name</u> Fisher Scientific	Size   1b.
3) Sodium Sulfite (anhydrous) Naz 503	Fisher Scientific	116.
(24) NaCl (300g/L)	( Plastic Bottle)	LLiter
25) NaOH (2.5N)	(Plastic Bottle)	1 Liter (feels empty
(26) Na OH (soln.) (~10N)	(plastic Bottle)	500 mL Cfeels empty.
(37) Sodium Dichromate (granular) Naz Crao7 2120	VWR scientific	11b (feels emoty)
(28) Sodium Dichromate (technical)	Shape Products	51bs.
(29) Sodium Hydroxide NaOH	em Science	2.5kg.
30. Sodium Carbonate Annydrous (granular) Naa CO 3	MallinckrodtAR	50G M
(3) Sodium Carbonak Anhydrous (powder) Naz Coz	Mallinckrodt AR	500GM
(32) Sodium Carbonate Anhydrous (powder) Na2CO3	Mallinekrodt AR	570 G.M

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|-----------------------------------|----------------------------------------------------------------------------|------------------------------------------|--------------------|
|                                   | <u>Chemical</u><br>(33) Sodium Borate<br>(Sodium Tetraborate, Decanydrate) | Manuf. Name<br>MC/B                      | Size<br>116.       |
|                                   | (crystals)<br>Na2BH 07. 10H20                                              |                                          |                    |
|                                   | (371.) Sodium Bisulfite<br>(granular)                                      | Mallinckrodt                             | 1.16.              |
|                                   | (35) Salicylic Acid (Crystal)<br>Cuty (OH) COOH                            | Spectrum Chem.                           | 125g.              |
|                                   | 36) Sodium Azide (granular)<br>NaNz                                        | Spectrum Chem.                           | 1009               |
|                                   | (37) Silver Nitrate (Crystal)<br>Agnoz                                     | 'Baker Analyzed'                         | 309                |
|                                   | (38) Sodium Bromide (granular)<br>NaBr                                     | Mallinckrodt AR                          | 116.               |
| 9<br>Bottlei<br>D hard to<br>read | 39) Sodium Azide<br>(40) Sodium Hydrochloride tablets                      | EM<br>MC/B                               | 100g.<br>500 mL ja |
| ~ ~                               | (1) NaCl                                                                   | Bio-Response, Inc.                       | ~25-50 g           |
|                                   | HD Nacl<br>(HD Nacl                                                        | Bio-Response, Inc.<br>Bio-Response, Inc. | ~25-50g            |
| 9 9 E                             |                                                                            |                                          | U                  |

Chemical Manuf. Name Size (44) sodium Porchlorate (purified) VWR Scientific 116.Nacloy (45) sodium lodide (granular) MallinckrodtAR 500GM 1416. (46) Sodium Acetate - tribydrate Mallinekrodt Na Ca H302. 3420 loz. (47) Silver Nitrate (crystals) Mallinckrodt AR AGNOS 'Baker Analyzed' (48) Sodium Borohydride (98%) 100g. NaBHy (49) Sodium Borohydride (98%) Baker Analyzed' 1009. Nabhy 50) Potassium Permanganate GR 506. EM (crystals) KMnoy still in 'Baker Analyzed' 100g (51) Sodium Borohydride (98%) packing box. NaBHy nard to (Amber Bottle) read bottle (52) 5% KMn 04 1 Liter (plastic bottle) (53.) 5% K2520 8 ~125 mL Potassium Persulfate 54.) 5% KMn04 (Amber Bottle) 500mi

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| Chemical                                                           | Manuf. Name           | SZC          |
|--------------------------------------------------------------------|-----------------------|--------------|
| 55.) Ammonium<br>1- Pyrrolidine Carbodithioate                     | (plastic bottle)      | ~25-50mL.    |
| (50) Hydroxylamine Hydrochloride, crys<br>NH2 OH · HC1             | stal 'Baker Analyzed' | 50g.         |
| 57. Potassium Chloride (crystal)                                   | 'Baker Analyzed'      | 116.         |
| (58) Sodium Chloride (crystal)<br>Nacl                             | Mallinckrodt AR       | 2.5 Kg .     |
| 59) Sodium Chloride + Hydroxylamine<br>Hydrochloride<br>(12% each) | (plastic bottle)      | 235-50m      |
| (io) Potassium Persulfate<br>KaSa08                                | 'Baker Analyzed'      | <i>5</i> 09. |
| (i) Sodium Hydroxide GiR<br>(pellets)<br>NaoH                      | EM                    | 570 G.       |
| (i) Hydroxylamine Hydrochloride<br>12% solution                    | (Plastic Bottle)      | ~25-50mL     |
| (13) stannous chloride<br>10g/100ml + 1.4 mi Hosoy/100ml           | (plastic Bottle)      | ~25-50mL     |
| (H) stannaus Chloride GiR<br>(Crystals)<br>Sn Cl2 · 2H2O           | EM                    | 125g         |

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| Chemical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Manuf. Name       | AZe      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| )<br>(5) Mercuric Nitrate Monohydrat<br>(granular)<br>Hg (N03)2 · H20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | 125GM    |
| Hydroquinone solution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Amber bottle)    | ~25-50mL |
| <ul> <li>G. HS NHNH CON: NC, HS C, HS NHNH C</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mallinckrodt      | IDGM     |
| Bromophenol Bluc, A.C.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Aldrich chem. co. | 59.      |
| <ul> <li>(69) Potassium Permanganate stock</li> <li>223mg Potassium Permanganate permang</li></ul> |                   | ZSOML    |
| (for chionide testing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (glass flask)     | SOML     |
| 710 HN03 soln.<br>(3+997)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (amber bottle)    | 12.      |
| <ul> <li>Hg (NO3)2</li> <li>OI2 N</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (amber bottle)    | 12.      |
| <ul> <li>Arcuric Nitrate Titrant</li> <li>025 N</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (amber bottle)    | 16.      |
| (74) Hg (NO3)2<br>0.138N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (amber bottle)    | 500 mL   |
| 75 mixed indicator reagent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (amber bottle)    | 500mc    |

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Manuf. Name Chemical <u>Size</u> (amber bottle) (76) Mercuric Nitrate titrant 11. 0.261 N (77) Hg (NO3)2 (Amber bottle) 16. 0.023N (78) Alphazurine Indicator Solution (Amber bottle) 50mL (79) Hg (SCN)2 in methyl alcohol Summer Chem. Co. 250 mL (for c1 det.) Alphazurine Blue-Green Dye (Amber bottle) (80) 125mL (BI) Alphazurine Patent Blue Spectrum Chem. 25GM

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Attachment D Site Specific Health & Safety and Spill Contingency Plan

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# Entech Analytical Labs, Inc. (Former Trace Analysis Laboratory, Inc.)

# Site Specific Health & Safety Plan and Spill Contingency Plan

3423 Investment Blvd. Suite 8 Hayward, California



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# HEALTH, SAFETY, EMERGENCY RESPONSE, AND AND EVACUATION PLAN TRAINING

#### I. Safe Handling of Hazardous Materials

- o Use safety goggles when working with chemicals in open containers.
- o Work with solvents, acids, and other hazardous materials in fume hoods.
- o Wear gloves when working with hazardous materials.
- o Store all chemicals away from heat and flame.
- o Return chemicals to their proper storage place. Flammables go into the flammable storage chest.
- o Keep aisles and counters clear.
- o Reinstall protective caps on gas cylinders as quickly as possible.
- o Report injuries to a supervisor. In any case, do not delay treatment.
- o Labeling of chemicals. Location of MSDS.

#### II. Contacting Local Emergency Response Organizations

o Call the Fire Department at 732-2626 or 911

Tell them to come to: Trace Analysis Laboratory 3423 Investment Boulevard Unit 8 Hayward Phone: 783-6960

This is between Eden Landing Road and Production Avenue. We have a front and two back doors.

o Call the State Office of Emergency Services at 1-800-852-7550.

#### III. Use of Emergency Response Equipment and Supplies

- o Circuit breaker: Switch off to reduce an electrical fire.
- o Fire extinguisher: Pull pin, pull trigger, and spray fire.
- o Adsorbent: Open bag and pour on spill, then sweep adsorbent.
- o Eye Wash: Position head and squeeze bottle.

rev. 9/93



# III. Use of Emergency Response Equipment and Supplies, continued

- o Boots: Use to prevent contact with a spill.
- o Respirator: Use to prevent inhalation of fumes.
- o Doors: Open for ventilation, or to escape fumes.

# IV. Emergency Response and Evacuation Plan

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- o Attached
- o Posted in laboratory by emergency response equipment and on doors to glassware cabinets.

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#### HEALTH, SAFETY, EMERGENCY RESPONSE, AND EVACUATION PLAN

#### FIRE

- 1. Notify any supervisory personnel.
- 2. All lab employees are to use fire extinguishers to fight the fire.
- 3. When fire extinguishers are exhausted or the fire threatens your safety, move away or leave the building. See Evacuation Map on Page 6. Go to the picnic tables next to the rear parking lot.
- 4. The notified supervisor should inspect the fire and call the fire department as needed:

732-2626 or 911

Tell them to come to: Trace Analysis Laboratory 3423 Investment Boulevard Unit Number 8 Hayward Phone: 783-6960

This is between Eden Landing Road and Production Avenue. We have a front and two back doors.

- 5. The supervisor should direct one person to the Investment Boulevard fire hydrant and one to the rear parking lot to direct the fire department.
- 6. If the fire gets bad, get out of the building. Alert our neighbors upstairs and beside us. See Evacuation Map on Page 6. Go to the picnic tables next to the rear parking lot.
- 7. For minor medical treatment during the daytime:

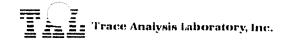
Medical Express 22429 Hesperian Boulevard (north of Winton) Hayward 782-7111

8. For major medical treatment or treatment after hours:

Saint Rose Hospital 27200 Calaroga Avenue (at Tennyson) Hayward 783-1123 or 911

Take Hesperian south to east on Tennyson.

9. The building may be re-entered when the fire department (if called) <u>and</u> the supervisor indicate it is safe to do so.



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### HEALTH, SAFETY, EMERGENCY RESPONSE, AND EVACUATION PLAN

#### SPILL

- 1. Notify any supervisory personnel.
- 2. The supervisor and one employee are to contain the spill. All others are to leave the building and open the doors, if fumes are present. Alert the neighbors as needed. See Evacuation Map on Page 6. Go to picnic tables next to rear parking lot.
- 3. If flammable material, turn off AA flame and FID flames.
- 4. Don boots as needed, a must for acid spills.
- 5. Pour absorbent (Hazorb) on spill and sweep-up. Go outside for fresh air as needed--wear respirator as needed.
- 6. Return to lab only when fumes have dissipated <u>and</u> supervisor indicates it is safe to do so.
- 7. For spills of 5 gallons or more, call the fire department as needed.

732-2626 or 911

Tell them to come to: Trace Analysis Laboratory 3423 Investment Boulevard Unit Number 8 Hayward 783-6960

This is between Eden Landing Road and Production Avenue. We have a front and two back doors.

8. For minor medical treatment during the daytime:

Medical Express 22429 Hesperian Boulevard (north of Winton) Hayward 782-7111

9. For major medical treatment or treatment after hours:

Saint Rose Hospital 27200 Calaroga Avenue (at Tennyson) Hayward 783-1123 or 911

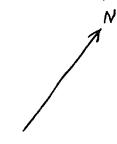
Take Hesperian south to east on Tennyson.

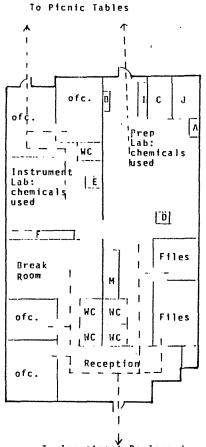
10. The building may be re-entered when the fire department (if called) <u>and</u> the supervisor indicate it is safe to do so.



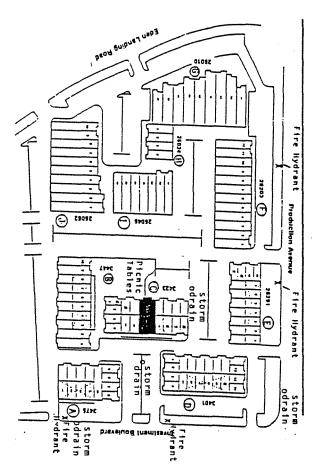
EMERGENCY RESPONSE AND EVACUATION PLAN

EVACUATION MAP









# Attachment B Hazardous Waste Manifests

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An Environmental Services Company

JANUARY 8, 1997

Mike Golden Entech Analytical Labs, Inc. 525 Del Rey Ave. Suite E Sunnyvale, Ca. 94086

RE: Lab Pack Project at Trace Analytical in Hayward, Ca.

Dear Mike:

South Bay Chemical Company, Inc. is pleased to provide pricing and related information on the above referenced project. Based upon a site visit and discussion with you, we understand the project's scope of work to be as follows:

## SCOPE OF WORK

The project involves the packaging, transportation and disposal of a variety of laboratory chemicals located at your facility. The chemicals involved include corrosives, pesticides and other miscellaneous chemical reagents. South Bay Chemical has a philosophy of recycling and reuse as primary methods of laboratory chemicals management. It is with this philosophy that this project will be executed. Chemicals that can not be feasibly recycled or reused, will be incinerated or landfilled at approved disposal facilities.

Excluded are any unidentified/unknown chemicals. South Bay Chemical will provide all necessary manpower, equipment and materials to execute this project "Turn-Key", including completion of all necessary paperwork and shipping documentation. All work will be performed in compliance with applicable federal, state and local regulations and laws.

### PRICING

Pricing for this project is addressed in the enclosed cost proposal and is based upon an inventory of chemicals reviewed during my site visit on January 3rd. Unit transportation and disposal pricing is outlined for each disposal category. Pricing is valid for 30 days and does not include any hazardous waste disposal taxes or fees you may be obligated to pay. Payment terms are Net 30 days with purchase order.

615 San Banito Street • Suite G • Hollister, CA 95023 (408) 634-0190 • Fax (408) 634-0355 Mike Golden Entech Analytical Labs, Inc. January 8, 1997 Page 2

To acknowledge your acceptance of this proposal, please sign where noted below and fax back to us at (408) 634-0190. Pending notification by you, we will initiate the steps necessary to insure prompt removal of your laboratory chemicals. If you have any questions regarding this proposal, please feel free to contact me at (408) 634-0355.

Sincerely,

South Bay Chemical Company, Inc.

Mel-Nielsen Sr.

Approved by: Muchaie Saa Title: CEO

Date:

Mike Golden Entech Analytical Labs, Inc. January 8, 1997 Page 3

### **COST PROPOSAL**

### Manpower:

Packaging and Administrative charge (lump sum)......\$ 427.50

### Transportation and Disposal:

2 x 55 gal labpack Non-RCRA Solids @ \$125.00=\$250.00

1 x 30 gal lab pack acid, organic solvent @ \$395.00

- 1 x55 gal labpack Acids @ \$300.00
- 2 x 55 gal labpack mixed solvent @ \$310.00=\$620.00
- Total Transportation and Disposal.....\$ 1,760.50

### Materials:

| Drums, | absorbent, | etc. | (lum | p sum | )\$ | 332.6 | 0 |
|--------|------------|------|------|-------|-----|-------|---|
|--------|------------|------|------|-------|-----|-------|---|

Total Project Cost \$2,520.60

| T                     | print or             | type. Form designed for use on elite (12-p<br>UNIFORM HAZARDOUS                                                                                                                                       | itch)                                                                                | PA ID No.                                           | Man                                                 | ifest Docume                      |                                               | 55103 -18<br>2. Poge 1                                                                                           | Information in the shoded a                   |
|-----------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                       |                      | WASTE MANIFEST                                                                                                                                                                                        | CAD98                                                                                | 1 6 4 0 6                                           | 262                                                 | 44                                | 2 0                                           | of 2                                                                                                             | is not required by Federal k                  |
|                       |                      | Generator's Name and Mailing Address<br>TRACE ANALYTICAL LA<br>3423 INVESTMENT #8                                                                                                                     | BS                                                                                   | nnen kannen en     |                                                     | · ·                               | A. State                                      | Manifest Documen<br>Generator's (D                                                                               | 963929                                        |
|                       |                      | Generator's Phone HAYWARD CA                                                                                                                                                                          |                                                                                      |                                                     | - <b>L</b>                                          | •••                               |                                               | Transporter's ID                                                                                                 |                                               |
|                       | 5.                   | Transporter 1 Company Name                                                                                                                                                                            | c                                                                                    | 5. US EPA ID Num                                    | nder                                                |                                   |                                               |                                                                                                                  |                                               |
|                       | Bu                   | rlington Environment                                                                                                                                                                                  | al, W                                                                                | A  R  0  0                                          | 0 0 0 1                                             | 743                               |                                               | porter's Phone                                                                                                   | (206) 383-3044                                |
|                       | 7.                   | Transporter 2 Company Name                                                                                                                                                                            | 8                                                                                    | I. US EPA ID Num                                    | nber                                                |                                   | E. State                                      | Tronsporter's ID                                                                                                 |                                               |
|                       |                      |                                                                                                                                                                                                       |                                                                                      |                                                     |                                                     |                                   | F. Trans                                      | porter's Phone                                                                                                   | () -                                          |
|                       | 1                    | Designated Facility Name and Site Addre                                                                                                                                                               |                                                                                      | ). US EPA ID Num                                    | nber                                                |                                   | G. State                                      | Facility's ID                                                                                                    |                                               |
|                       |                      | RLINGTON ENVIRONMENT<br>245 77TH AVENUE SOUT                                                                                                                                                          | •                                                                                    |                                                     |                                                     |                                   | H Forili                                      | hy's Phone                                                                                                       |                                               |
|                       | -                    | NT, WA 98032                                                                                                                                                                                          |                                                                                      | AD99                                                | 1 2 8 1                                             | 767                               | - Constant of the                             | and the second | 3) 872-8030                                   |
|                       |                      | US DOT Description (including Proper Shi                                                                                                                                                              |                                                                                      |                                                     |                                                     | 12. Co                            | ntainers                                      | 13. Total                                                                                                        | 14. Unit                                      |
|                       |                      | a.                                                                                                                                                                                                    |                                                                                      |                                                     |                                                     | <u>No.</u>                        | Туре                                          | Quantity                                                                                                         | Wt/Vol I. Waste Number<br>State               |
| l<br>G<br>E           | x                    | RQ,waste pesticides, liquid<br>5.1 UN2902 PGII BRG#(151                                                                                                                                               |                                                                                      | methoxychlor,                                       | ,aldrin)                                            | 0 0 1                             | DF                                            | 0 0 0 0                                                                                                          |                                               |
| N                     |                      | b.<br>BQ.Waste flammable liquids,                                                                                                                                                                     | towic a c g (NR                                                                      | THANGLY 7 MU                                        | 1997                                                |                                   |                                               |                                                                                                                  | State 214                                     |
| R                     | X                    | IGII XRG#(131)                                                                                                                                                                                        | toaro, niviarian                                                                     |                                                     |                                                     | 0,0,1                             | DIF                                           | 0 0 0 3 0                                                                                                        | EDA (Oshar                                    |
| A                     | -                    | c.                                                                                                                                                                                                    | *****                                                                                |                                                     |                                                     |                                   | <u>                                      </u> |                                                                                                                  | State                                         |
| Ö                     |                      | RQ, Maste corrosive Hiquid,                                                                                                                                                                           | · -                                                                                  |                                                     |                                                     |                                   |                                               |                                                                                                                  | 551<br>FPA/Other                              |
| R                     | X                    | a.o.s. (HYDROCHLORIC ACID, NI                                                                                                                                                                         | TRIC ACID), 3 UN3                                                                    | 264 PGII B                                          | SRG#(154                                            | 001                               | DF                                            | 0 0 0 3 0                                                                                                        |                                               |
|                       | x                    | d.)<br>RQ, Maste corresive liquid,<br>ACID, GASOLINE) 8 UN3265 PGI                                                                                                                                    |                                                                                      | a.o.s. (HYDRC                                       | CHLORIC                                             | 0,0,1                             | DIF                                           | 0,0,0,2,0                                                                                                        | G EPA/OtherDOC                                |
|                       | COI<br>WAS           | STICIDE STANDARDS - COMMODITY<br>MYAINERS OF SOLVENTS - AROS (;<br>STS - WATIS (3) d) 106517-00<br>Special Handling Instructions and Addition<br>AUGID SKIN OF E<br>EMENGENCY COM<br>MAIL COPIES TO S | 2) c) 106516-00 BK<br>- VIALS OF ACID/(<br>nal Information<br>YE CONTACT<br>ACT 24 S | 007 0008 - VI<br>SASOLINK HIVT<br>- ₩₽₽<br>\$ (2061 | ALS OF ACT<br><u>URE - HAT1</u><br>- Pro7<br>872-80 | DIC LAB<br>6 (4)<br>Ectivi<br>030 | -                                             | 8 15<br>8 15                                                                                                     | ATT:Mike Course                               |
|                       | 16                   | GENERATOR'S CERTIFICATION: I here                                                                                                                                                                     | by declare that the conte                                                            | nts of this consignm                                | nent are fully d                                    | and accurate                      | y describe                                    | d above by proper                                                                                                | shipping name and are classifi                |
| I                     |                      | packed, marked, and labeled, and are in                                                                                                                                                               | all respects in proper co                                                            | ndition for transpo                                 | ort by highway                                      | according to                      | applicabl                                     | e international and                                                                                              | national government regulation                |
|                       |                      | If I am a large quantity generator, I cer<br>economically practicable and that I have<br>threat to human health and the environm<br>waste management method that is availab                           | selected the practicable<br>ent; OR, if I am a smal                                  | method of treatm<br>I quantity generat              | ent, storage, c                                     | or disposal c                     | urrently av                                   | ailable to me which                                                                                              | n minimizes the present and fu                |
| Ţ                     | Print<br>As          | ted/Typed Name                                                                                                                                                                                        |                                                                                      | Signature                                           |                                                     |                                   |                                               |                                                                                                                  | Month Day                                     |
| ▼<br>Ţ                | 11.                  | ENIBSEN AGENT F<br>Transporter 1 Acknowledgentent of Receip                                                                                                                                           | or KACE                                                                              | MEIL                                                | u                                                   |                                   |                                               |                                                                                                                  | 0205                                          |
| R<br>A<br>N<br>S<br>P | Priq                 | ted/Typed Name                                                                                                                                                                                        | · ~ T                                                                                | Signature                                           | ld                                                  | A.Z                               | Jan                                           | vo                                                                                                               | Month Day<br>C 2 C 1                          |
| 0<br>R<br>T           |                      | Transporter 2 Acknowledgement of Recipted/Typed Name                                                                                                                                                  | ar of materials                                                                      | Signature                                           |                                                     |                                   | /                                             |                                                                                                                  | Manth Day                                     |
| Ř                     | ļ                    |                                                                                                                                                                                                       |                                                                                      |                                                     |                                                     |                                   |                                               |                                                                                                                  |                                               |
| 1                     | 19.                  | Discrepancy Indication Space                                                                                                                                                                          |                                                                                      |                                                     |                                                     |                                   |                                               |                                                                                                                  |                                               |
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| ,                     | 1                    |                                                                                                                                                                                                       | •                                                                                    |                                                     |                                                     |                                   |                                               |                                                                                                                  |                                               |
|                       |                      | Facility Owner or Operator Certification o<br>ted/Typed Name                                                                                                                                          | f receipt of hazardous m                                                             | naterials covered b<br>Signature                    | by this manifest                                    | except as n                       | oted in Iter                                  | n 19.                                                                                                            | Month Day                                     |
|                       | $\tilde{\mathbf{v}}$ | Innantha Dolal                                                                                                                                                                                        | (m)T                                                                                 | Simi                                                | anth                                                | , NI                              | n/m                                           | ih                                                                                                               | 1717 11 Lt V                                  |
|                       | y y                  | HIMITIC MILL                                                                                                                                                                                          | 11/2                                                                                 |                                                     |                                                     | LIAAL                             | U.I.                                          | <u> </u>                                                                                                         | UEI FI                                        |
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|                       | ĩ                    | /95)                                                                                                                                                                                                  |                                                                                      |                                                     | llow: TSDF                                          | SENDS TH                          |                                               |                                                                                                                  | WITHIN 30 DAYS.<br>or transport out-of-state, |

|                                                                        | 1. Generator's US EPA ID No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 20. Facility Owner or Operator Certification of                        | receipt of hazardous materials covered by this man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                                                        | WASTE MANIFEST         3. Generator's Name and Mailing, Address         TRACE ANALYTICAL LAF         3423 INVESTMENT #8         4. Generator's Phone HAYMARD CA 9         5. Transporter 1 Company Name         BUT 1 INGLOT ENVITORMENTS         PODESIGNATE POLY TORMENTS         9. Designated Facility Name and Site Address         BUT 1 INGLOT ENVITORMENTS         9. Designated Facility Name and Site Address         BUT 1 INGLOT ENVITORMENTS         7. Transporter 2 Company Name         9. Designated Facility Name and Site Address         BUT 1 INGLOT ENVITORMENTS         7. Transporter 2 Company Name         9. Designated Facility Name and Site Address         BUT 1 INGLOT ENVITORMENTS         7. Transporter 2 Company Name         8. Optimize Same and Site Address         BUT 1 INGLOT ENVITORMENTS         8. Optimize Same and Site Address         8. Optimize Same and Site Address <td col<="" td=""><td>WASTE MANIFEST       C A D 9 8 16 4 0 6 2 5         3. Generator's Home and Molling Address         TRACE ANALYTICAL LARS         3.423 INVESTMENT #3         4. Generator's Phone HAYMARD CA 94545 (408;634-0190         5. Transporter I Company Name       6. US EPA ID Number         Bar I Ington Environmy Name       6. US EPA ID Number         Bar I Ington Environmy Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         Bur I Ington Environmental , Inc.       734 South Luci I E Street         Scattie, WA 98108       W A DIO O IO IS 11         11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)       a.         a.       Q, #ASTR POLIC LIQUIDS, COEROSTVR, ORGANIC, 3.0.5. (CESSOLS, SOBTUM ABSENTES), 3 1 UN2927 PGII 2004 E070 5722 W211 W051 BD         c.       c.         d.       3.337-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         VIIC LIQUIDS LARPACE - INCLA       3.1387-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         7. Additional Internetions and Additional Information       SITE ADDERSS: TRACE AND         9. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         15. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         9. GENERATOR'S CERTIFICATION: I</td><td>WASTE MANIFEST       C[A] D[9] 8] 1 6] 4] 0 6 2 6 3 1         3. Generator's Name and Malling Address         TRACE ANALYTICAL LARS         3423 INVESTMENT 83         4. Generator's PhoneHAYWARD CA 94545 (408)634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. ASTR TOTIC UTOTIBENT A1, TRC.       11.1 (P) (P) (P) (P) (P) (P) (P) (P) (P) (P)</td><td>WASTE MANIFEST       C[A]D]9[3]1[6]4[0]6]2[6]3]1[5         3. Generator's Name and Mailing Address         TRACES ANALTYTICAL LARS         34233 INVESTMENT \$8         4. Generator's Phone HATWPARD CA 94545 (4C8;634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         Fbir 1 Ington Envi Fonumental,       IV  A R 20 0 0 0 17 4 3         7. Transporter 2 Company Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Transporter 2 Company Name       10. US EPA ID Number         9. J397-00 DOD ID IS STORE STREE TORA FACT Class 0.5. (CERSOLS, -       11. US DOT Description (including Proper Shipping Name, Hacard Class, and ID Number)         6.       -       -       -         9. 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US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         10. US DO D Exciption (including Proper Shipping Name, Hazard Class, and ID Number)       10. Company Name         11. US DO D Exciptions fac Address Lined Above       10. 20 [0] / D   M         11. US DO T Exciptions fac Address Lined Above       10. 20 [0] / D   M         12. Additional Descriptions fac Address Lined Above       10. 20 [0] / D   M         13. Special Handling Instructions and Additional Information       STITE ADDESS: TRACE AMALTYTICAL, 3423 (1985)         24.       Additional Information       STITE ADDESS: TRACE AMALTYTICAL, 3423 (1985)     <td>WASTE MANIFEST       C A D 9 8 1 6 4 0 6 2 6       3       1       5       9       7         3. Generator: Nome and Malling Address       TRACE ANALTTICAL LARS       A. Stelle Manifer       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5</td><td>WASTE MANIFEST       C[A]D[9]8]1[6]4[0]6]2[6]3]1[5]9]7       of 1         3. Generator's Nome and Malling Address       A. Store Manifest Document         TRACE MALTTICUL, LARS       B. Sole Generator's Nome         3.4.23       LNVESTMENT \$6         4. Generator's Nome That MARD CA 94545 (408)534-0190       F. Store Transporter's D.         5. Transporter 1 Company Nome       0. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Designeted Facility Name and Stin Address       10. US EPA ID Number       E. Store Foculity's D.         7. J. South Lucci 1e Street       14 Al DIOIOIOI 11 12 12 10 (0)       P.       P.         8.0 SDD Description (induding Proper Stipping Name, Hazard Clas, and ID Number       No.       P.       P.         8.1.3 Spatial TSD, 3 1 UNESTIVE ADDRES TIPE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 13       P.       P.         9.1 Address Of Moterial Ended Alases       13 J37-On UROY 1155 UNEARANCE - INCLE       STEE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 1</td><td>WASTE MANIFEST       C A D 2 8 1 6 4 0 6 2 6 3 1 5       9       7       of 1       0         3. Generative from and Malling Address       TRACE       A. State Render Decement Number         3.4.2.3       RWESTHMART #3       A. State Render Decement Number       B. State Generative from         3. Transporter 1       Comparison Mone RMYMART #6       A. US EPA ID Number       C. State Transporter 10       D. Transporter 10         3. Transporter 1       Comparison Mone RMYMART Meme       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. 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US EPA ID Number         Bar I Ington Environmy Name       6. US EPA ID Number         Bar I Ington Environmy Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         Bur I Ington Environmental , Inc.       734 South Luci I E Street         Scattie, WA 98108       W A DIO O IO IS 11         11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)       a.         a.       Q, #ASTR POLIC LIQUIDS, COEROSTVR, ORGANIC, 3.0.5. (CESSOLS, SOBTUM ABSENTES), 3 1 UN2927 PGII 2004 E070 5722 W211 W051 BD         c.       c.         d.       3.337-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         VIIC LIQUIDS LARPACE - INCLA       3.1387-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         7. Additional Internetions and Additional Information       SITE ADDERSS: TRACE AND         9. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         15. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         9. GENERATOR'S CERTIFICATION: I</td> <td>WASTE MANIFEST       C[A] D[9] 8] 1 6] 4] 0 6 2 6 3 1         3. Generator's Name and Malling Address         TRACE ANALYTICAL LARS         3423 INVESTMENT 83         4. Generator's PhoneHAYWARD CA 94545 (408)634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. ASTR TOTIC UTOTIBENT A1, TRC.       11.1 (P) (P) (P) (P) (P) (P) (P) (P) (P) (P)</td> <td>WASTE MANIFEST       C[A]D]9[3]1[6]4[0]6]2[6]3]1[5         3. Generator's Name and Mailing Address         TRACES ANALTYTICAL LARS         34233 INVESTMENT \$8         4. Generator's Phone HATWPARD CA 94545 (4C8;634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         Fbir 1 Ington Envi Fonumental,       IV  A R 20 0 0 0 17 4 3         7. Transporter 2 Company Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Transporter 2 Company Name       10. US EPA ID Number         9. J397-00 DOD ID IS STORE STREE TORA FACT Class 0.5. (CERSOLS, -       11. US DOT Description (including Proper Shipping Name, Hacard Class, and ID Number)         6.       -       -       -         9. J3937-00 DODT HIGS DODS F105 DOOS T185 DOAS 525 F105 DOOS 1285 DOAS 525 F105 DOOS 1285 DOAS 527 F215 DD15 D053 D055 T285 DOAS 527 F215 DD15 D053 D055 T285 DOAS 578 F216 DD15 D053 D055 T286 D048 B076 B226 B7215 D0705 D055 D055 D055 T286 D048 B076 B226 B7215 D052 D05</td> <td>WASTE MANIFEST       C[A] D 9 8 1 6 4 0 6 2 6 3 1 1 5 9 7         3. Generator's Nome and Walling Address       TRACS NALTYTICAL LARSS         3423 INVESTMENT #8       8. See         5. Transporter I Company Nome       6. US EPA ID Number         5. Transporter I Company Nome       6. US EPA ID Number         7. Tomporter I Company Nome       6. US EPA ID Number         7. Tomporter I Company Nome       6. US EPA ID Number         8. Descentor's Mone IAV PARD CA 94545 (408) 634-0190       74 (3)         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         10. US DO D Exciption (including Proper Shipping Name, Hazard Class, and ID Number)       10. Company Name         11. US DO D Exciptions fac Address Lined Above       10. 20 [0] / D   M         11. US DO T Exciptions fac Address Lined Above       10. 20 [0] / D   M         12. Additional Descriptions fac Address Lined Above       10. 20 [0] / D   M         13. Special Handling Instructions and Additional Information       STITE ADDESS: TRACE AMALTYTICAL, 3423 (1985)         24.       Additional Information       STITE ADDESS: TRACE AMALTYTICAL, 3423 (1985)     <td>WASTE MANIFEST       C A D 9 8 1 6 4 0 6 2 6       3       1       5       9       7         3. Generator: Nome and Malling Address       TRACE ANALTTICAL LARS       A. Stelle Manifer       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5</td><td>WASTE MANIFEST       C[A]D[9]8]1[6]4[0]6]2[6]3]1[5]9]7       of 1         3. Generator's Nome and Malling Address       A. Store Manifest Document         TRACE MALTTICUL, LARS       B. Sole Generator's Nome         3.4.23       LNVESTMENT \$6         4. Generator's Nome That MARD CA 94545 (408)534-0190       F. Store Transporter's D.         5. Transporter 1 Company Nome       0. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Designeted Facility Name and Stin Address       10. US EPA ID Number       E. Store Foculity's D.         7. J. South Lucci 1e Street       14 Al DIOIOIOI 11 12 12 10 (0)       P.       P.         8.0 SDD Description (induding Proper Stipping Name, Hazard Clas, and ID Number       No.       P.       P.         8.1.3 Spatial TSD, 3 1 UNESTIVE ADDRES TIPE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 13       P.       P.         9.1 Address Of Moterial Ended Alases       13 J37-On UROY 1155 UNEARANCE - INCLE       STEE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 1</td><td>WASTE MANIFEST       C A D 2 8 1 6 4 0 6 2 6 3 1 5       9       7       of 1       0         3. Generative from and Malling Address       TRACE       A. State Render Decement Number         3.4.2.3       RWESTHMART #3       A. State Render Decement Number       B. State Generative from         3. Transporter 1       Comparison Mone RMYMART #6       A. US EPA ID Number       C. State Transporter 10       D. Transporter 10         3. Transporter 1       Comparison Mone RMYMART Meme       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. A Count I, US DOT Description (Including Proper Shipping Name, Horard Clau, and ID Number)       C. Control       Transporter 10       Transporter 10         8. State St</td></td> | WASTE MANIFEST       C A D 9 8 16 4 0 6 2 5         3. Generator's Home and Molling Address         TRACE ANALYTICAL LARS         3.423 INVESTMENT #3         4. Generator's Phone HAYMARD CA 94545 (408;634-0190         5. Transporter I Company Name       6. US EPA ID Number         Bar I Ington Environmy Name       6. US EPA ID Number         Bar I Ington Environmy Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         Bur I Ington Environmental , Inc.       734 South Luci I E Street         Scattie, WA 98108       W A DIO O IO IS 11         11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)       a.         a.       Q, #ASTR POLIC LIQUIDS, COEROSTVR, ORGANIC, 3.0.5. (CESSOLS, SOBTUM ABSENTES), 3 1 UN2927 PGII 2004 E070 5722 W211 W051 BD         c.       c.         d.       3.337-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         VIIC LIQUIDS LARPACE - INCLA       3.1387-00 W007 W169 D036 P105 D05 W188 W044 W070 5722 W211 W051 BD         7. Additional Internetions and Additional Information       SITE ADDERSS: TRACE AND         9. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         15. Special Handling Instructions and Additional Information       SITE ADDERSS: TRACE AND         9. GENERATOR'S CERTIFICATION: I | WASTE MANIFEST       C[A] D[9] 8] 1 6] 4] 0 6 2 6 3 1         3. Generator's Name and Malling Address         TRACE ANALYTICAL LARS         3423 INVESTMENT 83         4. Generator's PhoneHAYWARD CA 94545 (408)634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. Designoted Facility Name and Sile Address       10. US EPA ID Number         9. ASTR TOTIC UTOTIBENT A1, TRC.       11.1 (P) | WASTE MANIFEST       C[A]D]9[3]1[6]4[0]6]2[6]3]1[5         3. Generator's Name and Mailing Address         TRACES ANALTYTICAL LARS         34233 INVESTMENT \$8         4. Generator's Phone HATWPARD CA 94545 (4C8;634-0190         5. Transporter 1 Company Name       6. US EPA ID Number         Fbir 1 Ington Envi Fonumental,       IV  A R 20 0 0 0 17 4 3         7. Transporter 2 Company Name       8. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Designated Facility Name and Site Address       10. US EPA ID Number         9. Transporter 2 Company Name       10. US EPA ID Number         9. J397-00 DOD ID IS STORE STREE TORA FACT Class 0.5. (CERSOLS, -       11. US DOT Description (including Proper Shipping Name, Hacard Class, and ID Number)         6.       -       -       -         9. J3937-00 DODT HIGS DODS F105 DOOS T185 DOAS 525 F105 DOOS 1285 DOAS 525 F105 DOOS 1285 DOAS 527 F215 DD15 D053 D055 T285 DOAS 527 F215 DD15 D053 D055 T285 DOAS 578 F216 DD15 D053 D055 T286 D048 B076 B226 B7215 D0705 D055 D055 D055 T286 D048 B076 B226 B7215 D052 D05 | WASTE MANIFEST       C[A] D 9 8 1 6 4 0 6 2 6 3 1 1 5 9 7         3. Generator's Nome and Walling Address       TRACS NALTYTICAL LARSS         3423 INVESTMENT #8       8. See         5. Transporter I Company Nome       6. US EPA ID Number         5. Transporter I Company Nome       6. US EPA ID Number         7. Tomporter I Company Nome       6. US EPA ID Number         7. Tomporter I Company Nome       6. US EPA ID Number         8. Descentor's Mone IAV PARD CA 94545 (408) 634-0190       74 (3)         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         9. Designated Facility Name on Site Address       10. US EPA ID Number         10. US DO D Exciption (including Proper Shipping Name, Hazard Class, and ID Number)       10. Company Name         11. US DO D Exciptions fac Address Lined Above       10. 20 [0] / D   M         11. US DO T Exciptions fac Address Lined Above       10. 20 [0] / D   M         12. Additional Descriptions fac Address Lined Above       10. 20 [0] / D   M         13. 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Stelle Manifer       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5</td> <td>WASTE MANIFEST       C[A]D[9]8]1[6]4[0]6]2[6]3]1[5]9]7       of 1         3. Generator's Nome and Malling Address       A. Store Manifest Document         TRACE MALTTICUL, LARS       B. Sole Generator's Nome         3.4.23       LNVESTMENT \$6         4. Generator's Nome That MARD CA 94545 (408)534-0190       F. Store Transporter's D.         5. Transporter 1 Company Nome       0. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Transporter 2 Company Nome       8. US EPA ID Number       C. State Transporter's D.         7. Designeted Facility Name and Stin Address       10. US EPA ID Number       E. Store Foculity's D.         7. J. South Lucci 1e Street       14 Al DIOIOIOI 11 12 12 10 (0)       P.       P.         8.0 SDD Description (induding Proper Stipping Name, Hazard Clas, and ID Number       No.       P.       P.         8.1.3 Spatial TSD, 3 1 UNESTIVE ADDRES TIPE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 13       P.       P.         9.1 Address Of Moterial Ended Alases       13 J37-On UROY 1155 UNEARANCE - INCLE       STEE ADDRESS: TRACE ANALTTICAL, 3423 LIVESTREET ANK 1</td> <td>WASTE MANIFEST       C A D 2 8 1 6 4 0 6 2 6 3 1 5       9       7       of 1       0         3. Generative from and Malling Address       TRACE       A. State Render Decement Number         3.4.2.3       RWESTHMART #3       A. State Render Decement Number       B. State Generative from         3. Transporter 1       Comparison Mone RMYMART #6       A. US EPA ID Number       C. State Transporter 10       D. Transporter 10         3. Transporter 1       Comparison Mone RMYMART Meme       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. A Count I, US DOT Description (Including Proper Shipping Name, Horard Clau, and ID Number)       C. Control       Transporter 10       Transporter 10         8. State St</td> | WASTE MANIFEST       C A D 9 8 1 6 4 0 6 2 6       3       1       5       9       7         3. Generator: Nome and Malling Address       TRACE ANALTTICAL LARS       A. Stelle Manifer       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5 | WASTE MANIFEST       C[A]D[9]8]1[6]4[0]6]2[6]3]1[5]9]7       of 1         3. Generator's Nome and Malling Address       A. 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Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. Transporter 2       Comparison Mone       B. US EPA ID Number       C. State Transporter 10       C. State Transporter 10         7. A Count I, US DOT Description (Including Proper Shipping Name, Horard Clau, and ID Number)       C. Control       Transporter 10       Transporter 10         8. State St |

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| I                          | WACTE AAAAHEECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 816406263                                                                                                                                                                                                                          | 13 4                                                   | 9                                                   | -,                                            | of 1                  | is not requ                                    | vired by Federol law.                                                                                        |
|                            | 3. Generator's Name and Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | 12 3                                                   |                                                     | ite Manifest                                  | ·····                 | Number                                         |                                                                                                              |
|                            | TRACE ANALYTICAL LABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       | 9                                              | 639270                                                                                                       |
|                            | 3423 INVESTMENT #8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                        | B. Ste                                              | te Generato                                   | r's ID                |                                                |                                                                                                              |
|                            | 4. Generator's Phone HAYMARD CA 94545 (40)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8)634-0190                                                                                                                                                                                                                         |                                                        |                                                     |                                               |                       |                                                |                                                                                                              |
|                            | 5. Transporter 1 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6. US EPA ID Number                                                                                                                                                                                                                |                                                        | C. Sh                                               | ite Transport                                 | er's ID               |                                                |                                                                                                              |
|                            | Development and Development of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | •   -=   A                                             | D. Tr                                               | insporter's P                                 | hone                  |                                                | 202 2044                                                                                                     |
|                            | Burlington Environmental.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | W A R O O O O O           8. US EPA ID Number                                                                                                                                                                                      | 1 / 4                                                  | .J<br>E. Ste                                        | te Transport                                  | er's ID               | 12001                                          | 383-3044                                                                                                     |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                  |                                                        |                                                     |                                               |                       |                                                |                                                                                                              |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                        | 2000                                                | nsporter's P<br>ite Facility's                |                       | (                                              | ) -                                                                                                          |
|                            | 9. Designated Facility Name and Site Address<br>BURLINGTON ENVIRONMENTAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10. US EPA ID Number                                                                                                                                                                                                               |                                                        | 0. 5                                                | ne rocimy s                                   | 111                   | 111                                            | 1111                                                                                                         |
|                            | 20245 77TH AVENUE SOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                        | H. Fa                                               | ility's Phone                                 | <u>1    </u>          |                                                |                                                                                                              |
|                            | KENT, WA 98032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WAD99128                                                                                                                                                                                                                           | 1 7 6                                                  | Constant of                                         |                                               |                       | 1 872-                                         | -8030                                                                                                        |
|                            | 11. US DOT Description (including Proper Shipping Nome, Haz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                        | Containers                                          |                                               | Total                 | 14. Unit                                       |                                                                                                              |
|                            | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | No.                                                    | Туре                                                | Que                                           | antity                | Wt/Vol                                         | I. Waste Number<br>State                                                                                     |
| I                          | RO, WASTE CORROSIVE LIQUIDS, N.O.S. (HYD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NOCHLORIC ACID,                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       | l                                              | 551                                                                                                          |
| Ģ                          | CHROMIUM), A UNITED PGII REGI(154)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | 0,0                                                    | 1 D                                                 | FOO                                           | 0  5  C               | G                                              | EPA/Other DOO2                                                                                               |
| EN                         | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       |                                                | State                                                                                                        |
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| R<br>A                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       |                                                | EPA/Other                                                                                                    |
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| I                          | d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       |                                                | State                                                                                                        |
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| I                          | J. Additional Descriptions for Materials Listed Above<br>a) 95531-00 D005 D006 D007 D008 D011 - Acidt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | c lab waste - W1901 (3)                                                                                                                                                                                                            |                                                        | K. Ha                                               | ndling Code                                   | for Wast              | es Listed Ab<br>b.                             | ióve                                                                                                         |
| I                          | A STATE AND A STAT |                                                                                                                                                                                                                                    |                                                        |                                                     |                                               |                       |                                                |                                                                                                              |
| I                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                        | c.                                                  |                                               |                       | d.                                             |                                                                                                              |
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| 1                          | 15. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CENERATOR ADDRESS: TRAC                                                                                                                                                                                                            | CB ANALTS                                              | ICAL, 3                                             | 423 INVES                                     | TREAT A               | VB. 18,                                        |                                                                                                              |
|                            | HAYNARD, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | 1                                                      | *                                                   | •.                                            |                       |                                                |                                                                                                              |
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|                            | <ol> <li>GENERATOR'S CERTIFICATION: I hereby declare that the<br/>packed, marked, and labeled, and are in all respects in pro-</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                        | to opplice                                          | ble internatio                                |                       | •                                              |                                                                                                              |
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|                            | packed, marked, and labeled, and are in all respects in pro-<br>If I am a large quantity generator, I certify that I have a<br>economically practicable and that I have selected the pract<br>threat to human health and the environment; OR, if I am a<br>waste management method that is available to me and that<br>Printed/Typed Name<br>M.E.NIECSEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | per condition for transport by highwa<br>program in place to reduce the vol<br>icable method of treatment, storage,<br>a small quantity generator, I have m<br>I can afford.                                                       | y according<br>ume and to<br>or disposal               | xicity of w<br>currently                            | aste genera<br>availoble to                   | ed to the<br>me which | minimizes the generation                       | he present and future<br>on ond select the best<br>th Day Ye<br>3 2 / 9                                      |
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| TRANSPORT                  | packed, marked, and labeled, and are in all respects in pro-<br>If I am a large quantity generator, I certify that I have a<br>economically practicable and that I have selected the pract<br>threat to human health and the environment; OR, if I am c<br>waste management method that is available to me and that<br>Printed/Typed Name<br>M.E.NIECSEN<br>17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | per condition for transport by highwa<br>program in place to reduce the vol<br>icable method of treatment, storage,<br>a small quantity generator, I have m<br>I can afford.<br>Signature                                          | y according<br>ume and to<br>or disposal               | xicity of w<br>currently                            | aste genera<br>availoble to                   | ed to the<br>me which | minimizes the generation                       | he present and future<br>on ond select the best<br>th Day Ye<br>3 2 / 9<br>th Day Ye<br>3 2 / 9              |
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|               | rint or type. Form designed for use on elite (12-pitch) riter.                                                                   | US EPA ID No. Ma                                 | nifest Document )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Page 1             | Socramento, California<br>Information in the shaded areas |
|---------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|
|               | UNIFORM HAZARDOUS<br>WASTE MANIFEST                                                                                              | 8 1 6 4 0 6 2 6 3                                | 11 0 9 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of 1                  | is not required by Federal low.                           |
|               | 3. Generator's Name and Mailing Address                                                                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Manifest Document     |                                                           |
|               | TRACE ANALYTTCAL LABS                                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | <u>     963927</u> ;                                      |
|               | 3423 INVESTMENT #8<br>4. Generator's Phone (AAYMARI) CA 94545 (408                                                               | 4634-0190                                        | B. State C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Senerator's ID        |                                                           |
| I             | 5. Transporter 1 Company Name                                                                                                    | 6. US EPA ID Number                              | C. Store 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ransporter's ID       |                                                           |
|               | Burlington Environmental.                                                                                                        | RINDODDOD                                        | 1 12 at 13 D. Transp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | orter's Phone         | (205) 383-3044                                            |
|               | 7. Transporter 2 Company Name                                                                                                    | W A R O O O O O<br>8. US EPA ID Number           | E. State T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ransporter's ID       | (200) 303-32444                                           |
| I             |                                                                                                                                  |                                                  | F. Transp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | orter's Phone         | () -                                                      |
|               | 9. Designated Facility Name and Site Address                                                                                     | 10. US EPA ID Number                             | G. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | acility's ID          |                                                           |
|               | HURLINGTON ENVIRONMENTAL. INC.<br>20245 77TH AVENUE SOUTH                                                                        |                                                  | H. Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's Phone              |                                                           |
| ·             | KENT, WA 98032                                                                                                                   | WAD99128                                         | 1767                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | 1 872-8030                                                |
|               | 11. US DOT Description (including Proper Shipping Name, Hazard                                                                   | d Class, and ID Number)                          | 12. Containers<br>No. Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13. Tatal<br>Quantity | 14. Unit<br>Wt/Vol I. Waste Number                        |
|               | G.<br>WASTE BRONINE, 'POISON UNHILATION HAZARD,                                                                                  | 7087 11 # HUI744 30T                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | State 551                                                 |
| Ģ             | "TOXIC" ERG#(154)                                                                                                                | aven a , a dellas 101                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | EQA /Other                                                |
| N             | b.                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>l</u>              | State                                                     |
| E<br>R        |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | EPA/Other                                                 |
| A<br>T        | c                                                                                                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | State -                                                   |
| Ö             |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | EPA/Other                                                 |
| Ì             | d.                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | State                                                     |
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|               | J. Additional Descriptions for Materials Listed Above<br>a) 3697-00 - BROWING LABRACS - INCL4 (7)                                |                                                  | K. Handlir<br>a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ig Codes for Wast     | es Listed Above<br>b.                                     |
|               |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
|               |                                                                                                                                  |                                                  | C. and the second |                       | d.                                                        |
|               | 15. Special Handling Instructions and Additional Information                                                                     |                                                  | ي.<br>بې                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | -                                                         |
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|               | 16. GENERATOR'S CERTIFICATION: I hereby declare that the co                                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
|               | packed, marked, and labeled, and are in all respects in prope                                                                    |                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | •                                                         |
|               | If I am a large quantity generator, I certify that I have a pr<br>economically practicable and that I have selected the practica | able method of treatment, storage,               | or disposal currently avai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lable to me which     | minimizes the present and futur                           |
|               | threat to human health and the environment; OR, if I am a s<br>waste management method that is available to me and that I i      |                                                  | ade a good taith effort to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                           |
| Ļ             | M, E. NIEI SEN /                                                                                                                 | Signature                                        | In Behalf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of Trace              | Month Day Y                                               |
| TR            | 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                        | - The fail                                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>v</i>              |                                                           |
| A .<br>N<br>S | KON Shin ~                                                                                                                       | Signature                                        | Ken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Month Day, Y                                              |
| P<br>O<br>R   | 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name                                                  | Signature                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Month Day Y                                               |
| T<br>E<br>R   | The second se                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
|               | 19. Discrepancy Indication Space                                                                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
| FA            |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
| - C -         |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
| C<br>I<br>L   |                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
| I.            | 20. Facility Owner or Operator Certification of receipt of hazardo<br>Printed/Typed Name                                         | us materials covered by this manife<br>Signature | st except as noted in Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19.                   | Month Day Ye                                              |

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| ise p                                | proved OMB No. 2050–0039 (Expires % 20-96)<br>rint c: type. Form designed for use on elite (12-pitch) tyr riter.                                                                                  |                        |                         |                         | 97CO414             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Î                                    | UNIFORM HAZARDOUS<br>WASTE MANIFEST                                                                                                                                                               | 1                      | est∙Docume<br>∵<br>1 ∣3 |                         | 2. 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|                                      | WASTE MANIFEST         C   A   D   9   3   1   6   4   C           3. Generator's Name and Mailing Address                                                                                        | 0 6 2 6 3              | 1 3                     | L                       | of<br>B Manifest Do |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|                                      | TRACE ANALYTICAL LABS                                                                                                                                                                             | <del></del>            |                         |                         |                     | <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                                      | 3423 INVESTMENT #8<br>4. Generator's Phone HAYWARD CA 94545 (408) 634-0190                                                                                                                        | <b>、</b>               |                         | B. State Generator's ID |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|                                      | 5. Transporter 1 Company Name 6. US EPA ID                                                                                                                                                        | Number                 |                         | C. Stat                 | e Transporter':     | : ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                      | Burlington Environmental,  W A R O                                                                                                                                                                | 000011                 | 7 4 3                   | D. Tran                 | isporter's Phon     | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|                                      | 7. Transporter 2 Company Name 8. US EPA ID                                                                                                                                                        |                        |                         | E. 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|                                      | 9. Designated Facility Name and Site Address 10. US EPA ID                                                                                                                                        | Number                 |                         | G. 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|                                      | BURLINGTON ENVIRONMENTAL, INC.                                                                                                                                                                    |                        |                         |                         | 111                 | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| I                                    | 20245 77TH AVENUE SOUTH                                                                                                                                                                           |                        |                         | 1451                    | lity's Phone        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                      | KENT, WA 98032 WAD9                                                                                                                                                                               | 91281                  |                         |                         |                     | 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A COLORADO AND A COLO | 8030                                              |  |
|                                      | 11. US DOT Description (including Proper Shipping Nome, Hazard Class, and ID N                                                                                                                    | lumber) –              | 12. Cor<br>No.          | Type                    | 13. 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|                                      | a.<br>RQ, HASYS CYANIDE SOLUTIONS, N.O.S., 6.1 UN1935 PGI                                                                                                                                         | 'FOTIC'                |                         |                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                      | <ol> <li>GENERATOR'S CERTIFICATION: I hereby declare that the contents of this cont<br/>packed, marked, and labeled, and are in all respects in proper condition for tra</li> </ol>               |                        |                         |                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                      | If I am a large quantity generatar, I certify that I have a program in place t<br>economically practicable and that I have selected the practicable method of trail                               |                        |                         |                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                      | threat to human health and the environment; OR, if I am a small quantity gen<br>waste management method that is available to me and that I can afford.                                            | erator, I have made    | a good fo               | ith effort              | to minimize n       | ny was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                      | Printed/Typed Name Signature                                                                                                                                                                      | 1. d                   | n Beh                   | all of                  | TIME                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>Y</b>                             | M.E.NIELSEV ME                                                                                                                                                                                    | ful                    | <u>a</u>                | rbly                    | Meck                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| RA                                   | 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Ayped Name Signature                                                                                                            |                        | $\mathcal{O}$           |                         | 47                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| N<br>S                               | 18. Transporter 2 Acknowledgement of Receipt of Materials                                                                                                                                         |                        |                         |                         | ~~~~~               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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Discrepancy Indication Space                                                                                                                                                                  |                        |                         |                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| A<br>C<br>I<br>L                     |                                                                                                                                                                                                   | ed by this manifest a  | vcent cs or             | ited in Ite             | m 19                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| A<br>C<br>I                          | 19. Discrepancy Indication Space         20. Facility Owner or Operator Certification of receipt of hazardous materials cover         Printed/Typed Name       Signature                          | ed by this manifest ex | xcept as no             | ted in Ite              | m 19.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| ÷      | pproved OMB No. 2050–0039 (Expires 9-30-96)<br>rint or type. Form designed for use on elite (12-pitc                                                                                                                                                                             |                                                                                                          |                                                                                                       |                                        |                                       |                     | 9                         | 7004               | ······                             |                           | Sacromento, Californi                                                                                          |  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|---------------------|---------------------------|--------------------|------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------|--|
| ĥ      |                                                                                                                                                                                                                                                                                  | 1. Generator's US EF                                                                                     |                                                                                                       |                                        | st Docume                             |                     | 7                         |                    | age 1<br>of 2                      |                           | on in the shaded area<br>vired by Federal law                                                                  |  |
|        | 3. Generator's Name and Mailing Address                                                                                                                                                                                                                                          |                                                                                                          | 6 4 0 6 2                                                                                             | 63                                     | 1 3                                   |                     | -                         | 1                  |                                    | Number                    |                                                                                                                |  |
|        | TRACE ANALYTICAL LAB<br>3423 INVESTMENT #8                                                                                                                                                                                                                                       | S                                                                                                        | 1 ca-5                                                                                                | var et                                 | •                                     |                     |                           | enerator           |                                    |                           | 1639271                                                                                                        |  |
|        | 4. Generator's Phone HAYWARD, CA 94                                                                                                                                                                                                                                              | 4545 (408)63                                                                                             | 04-0190                                                                                               |                                        |                                       |                     | ţ.                        | 1                  |                                    | 111                       |                                                                                                                |  |
|        | 5. Transporter 1 Company Name                                                                                                                                                                                                                                                    | 6.                                                                                                       | US EPA ID Number                                                                                      |                                        |                                       | C, Si               | C. State Transporter's ID |                    |                                    |                           |                                                                                                                |  |
|        |                                                                                                                                                                                                                                                                                  | :<br>• Ive                                                                                               |                                                                                                       |                                        | -                                     | D. Tr               | anspa                     | arter's Ph         | one                                | ince                      |                                                                                                                |  |
|        | Burlington Environmenta<br>7. Transporter 2 Company Name                                                                                                                                                                                                                         |                                                                                                          | AROOOC<br>US EPA ID Number                                                                            |                                        | 143                                   |                     | E. State Transporter's ID |                    |                                    |                           |                                                                                                                |  |
|        | ·····                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                       |                                        |                                       |                     |                           |                    | <u></u>                            | <u>. 19</u>               |                                                                                                                |  |
|        | O. Designated Section Manager and Site Address                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                       |                                        |                                       |                     | 10 A. 10                  | erter's Pl         |                                    | <u> </u>                  | <u>) -                                    </u>                                                                 |  |
|        | 9. Designated Facility Name and Site Address<br>BURLINGTON ENVIRONMENTA                                                                                                                                                                                                          |                                                                                                          | US EPA ID Number                                                                                      | •                                      |                                       | G. 51               | ane r<br>I                | ocility's l<br>I I |                                    | - E - E - I               | T I I I                                                                                                        |  |
|        | 20245 77TH AVENUE SOUTH                                                                                                                                                                                                                                                          | u, 110.                                                                                                  |                                                                                                       |                                        |                                       | H. Fa               | <br>cility'               | s Phone            |                                    |                           |                                                                                                                |  |
|        | KENT, WA 98032                                                                                                                                                                                                                                                                   | W                                                                                                        | AD9912                                                                                                | 281                                    | 7 6 7                                 |                     |                           |                    | (206                               | ) 872-                    | -8030                                                                                                          |  |
|        | 11. US DOT Description (including Propertinip                                                                                                                                                                                                                                    | ing=Name; Hazard Cla                                                                                     | ss, and ID Number): +                                                                                 | *: :+                                  | 12. Co<br>No.                         | ntainers            |                           | 13.<br>Qua         |                                    | 14, Unit<br>Wt/Vol        | I. Waste Number                                                                                                |  |
|        | a.                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                       |                                        | <u>NO.</u>                            | Туре                | -+-                       |                    | inny                               | 1 1/101                   | State                                                                                                          |  |
|        | RC, WASTE CYANIDE SOLUTIONS,                                                                                                                                                                                                                                                     | N.O.S., 5.1 UN19                                                                                         | 35 PGI 'TOXIC'                                                                                        |                                        |                                       |                     |                           | <b>`</b>           |                                    |                           | <u>551</u>                                                                                                     |  |
| ;<br>: | ERG#(157)                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                       |                                        | 0 0 1                                 | D                   | F                         |                    | 0 0 1                              | G                         | EPA/Other DOOT                                                                                                 |  |
| 1      | ь.<br>RQ, WASTE CORROSIVE LIQUIDS,                                                                                                                                                                                                                                               | N A & JUVIBAAUT                                                                                          | ABTA LATE                                                                                             |                                        |                                       |                     |                           |                    |                                    |                           | State                                                                                                          |  |
| :      |                                                                                                                                                                                                                                                                                  | N.O.A. (HIUROCHL<br>1G#(154 )                                                                            | UELC ACID,                                                                                            |                                        | A A 1                                 | n.                  |                           |                    | Si 1 i E                           | C                         | EPA/Other<br>DOO2                                                                                              |  |
| ۱.     | c.                                                                                                                                                                                                                                                                               | raairoa i                                                                                                |                                                                                                       |                                        | 0 0 1                                 |                     |                           |                    |                                    | G                         | Last and the second |  |
| 7<br>2 | RO, WASTE CORPOSIVE LIGUIDS,                                                                                                                                                                                                                                                     | N.O.S. (HYDROCHL                                                                                         | ORIC ACTD.                                                                                            |                                        | ÷.                                    |                     |                           |                    |                                    |                           | State 551                                                                                                      |  |
| 5      |                                                                                                                                                                                                                                                                                  | IG#(154 )                                                                                                |                                                                                                       |                                        | 0 0 1                                 | D                   | F                         | 01010              | 0 0 5                              | G                         | EPA/Other DOO2                                                                                                 |  |
| •      | d.                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                       |                                        | <u> </u>                              | <u> </u>            |                           | <b>_</b>           | <u></u>                            | <u> </u>                  | Stote                                                                                                          |  |
|        | RQ, WASTE CAUSTIC ALKALI LIQU<br>SCOLUM HYPOCHLORITE), 8 UN171                                                                                                                                                                                                                   |                                                                                                          |                                                                                                       |                                        | 0 <sub> </sub> 0 <sub> </sub> 1       | D                   | M                         | 0,0,0              | ) 1 5                              | G                         | 551<br>EPA/Other DOO2                                                                                          |  |
|        | <ul> <li>a) 3097-00 F098 P030 - cyanide lai</li> <li>0007 D008 D010 D011 - ACIDIC LABP</li> <li>D008 D010 D011 - ACIDIC LABPACX -</li> <li>VATIS (4)</li> </ul>                                                                                                                  | ACH - NAP16 (2)                                                                                          | c) 3197-00 D004                                                                                       | 8005 DO(                               | 06 0007                               | °a.                 | <u>6</u>                  | 7                  |                                    | b:                        | 5 .<br>S                                                                                                       |  |
|        | 15. Special Handling Instructions and Additional<br>INVESTMENT AVE. 18, HATMAD, CA                                                                                                                                                                                               | Information CUS                                                                                          | ICHER \$20069. GE                                                                                     | NEZATINO                               | G SITE:                               | TRACE               | ANA                       | LYTIC              | L LABO                             | BATORY,                   | 3423                                                                                                           |  |
| •      | t i star i s                                                                                                                                                                   |                                                                                                          |                                                                                                       |                                        |                                       |                     |                           |                    | •                                  |                           | τ.                                                                                                             |  |
|        |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                       |                                        |                                       |                     | <u> </u>                  |                    |                                    |                           |                                                                                                                |  |
|        | 16. GENERATOR'S CERTIFICATION: I hereby<br>packed, marked, and labeled, and are in al<br>lf I am a large quantity generator, I certifi-<br>economically practicable and that I have se<br>threat to human health and the environmen<br>waste management method that is available | l respects in proper con<br>y that I have a progra<br>lected the practicable n<br>t; OR, if I am a small | dition for transport by<br>m in place to reduce<br>nethod of treatment, st<br>quantity generator, I h | highway ao<br>the volume<br>torage, or | cording to<br>and toxic<br>disposal c | applica<br>ity of w | ble i<br>aste<br>avail    | generate           | nal and r<br>id to the<br>ne which | degree   h<br>minimizes t | ernment regulations.<br>ave determined to k<br>he present and futur                                            |  |
|        | Printed/Typed Name<br>M.E.NIELSEV                                                                                                                                                                                                                                                | - E M 1                                                                                                  | Signature<br>ME Mil                                                                                   | - d                                    | n Bet                                 | abl                 | Y.                        | Trace<br>icel      | e                                  | Мол<br>6  _               | ±<br>3 2 1 9                                                                                                   |  |
| 7      |                                                                                                                                                                                                                                                                                  | or materials                                                                                             |                                                                                                       | 1                                      | Re                                    | n                   | ,<br>                     |                    | •                                  | Morr                      | #3 2+1 2                                                                                                       |  |
|        | 17. Transporter 1 Acknowledgement of Receipt of<br>Printed Syped Name Shin                                                                                                                                                                                                       | <u> </u>                                                                                                 | Signature                                                                                             |                                        |                                       |                     |                           |                    |                                    |                           | łll                                                                                                            |  |
| 7      | Printed Typed Name                                                                                                                                                                                                                                                               | of Materials                                                                                             | Signature                                                                                             |                                        |                                       |                     |                           |                    |                                    | Mon                       | th Day Y                                                                                                       |  |
| 7      | Printed/Typed Name<br>18. Transporter 2 Acknowledgement of Receipt of<br>Printed/Typed Name                                                                                                                                                                                      | of Materials                                                                                             | No                                                                                                    |                                        |                                       |                     |                           |                    |                                    | Mon                       | th Day Y                                                                                                       |  |
| 7      | Primed Syped Name Shin<br>18. Transporter 2 Acknowledgement of Receipt c                                                                                                                                                                                                         | of Materials                                                                                             | No                                                                                                    |                                        |                                       |                     |                           |                    |                                    | Mon                       | th Day Y                                                                                                       |  |
|        | Printed/Typed Name<br>18. Transporter 2 Acknowledgement of Receipt of<br>Printed/Typed Name                                                                                                                                                                                      | of Materials                                                                                             | No                                                                                                    |                                        |                                       |                     |                           |                    |                                    | Mon                       | th Day Y                                                                                                       |  |
|        | Printed/Typed Name<br>18. Transporter 2 Acknowledgement of Receipt of<br>Printed/Typed Name                                                                                                                                                                                      |                                                                                                          | Signature                                                                                             | manifest e                             | xcept as n                            | oted in F           | tem 1                     | 9.                 |                                    | Mon                       | th Day \                                                                                                       |  |
|        | Printed Typed Name Shino<br>18. Transporter 2 Acknowledgement of Receipt of<br>Printed/Typed Name<br>19. Discrepancy Indication Space                                                                                                                                            |                                                                                                          | Signature                                                                                             | manifest e                             | xcept as n                            | oted in t           | tem 1                     | 9.                 |                                    | Morri<br>Morri            |                                                                                                                |  |
|        | Printed Vyped Name<br>18. Transporter 2 Acknowledgement of Receipt of<br>Printed/Typed Name<br>19. Discrepancy Indication Space<br>20. Facility Owner or Operator Certification of r                                                                                             |                                                                                                          | Signature                                                                                             | manifést e:                            | xcept as n                            | oted in t           | hem 1                     | 9.<br>N            | U                                  |                           |                                                                                                                |  |

produce completed copy of this copy and send to DTSC within 30 days.)

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                                                                                                                                                                | A31-00 1905 D006 D007 D003 A<br>cial Handling Instructions and Additiona<br>BD, CA<br>NERATOR'S CERTIFICATION: I hereby<br>ked, marked, and labeled, and are in a<br>am a large quantity generator, I certii<br>nomically practicable and that I have so<br>at to human health and the environmet<br>to management method that is available<br>Typed Name<br>Sporter 1 Acknowledgement of Receipt<br>Typed Name<br>Sporter 2 Acknowledgement of Receipt<br>Typed Name<br>porter 2 Acknowledgement of Receipt<br>Typed Name                                                                                                                                                                                                                                                                                                                                             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| A31-00 1905 D006 D007 D003 A<br>cial Handling Instructions and Additiona<br>BD, CA<br>NERATOR'S CERTIFICATION: I hereby<br>ked, marked, and labeled, and are in a<br>am a large quantity generator, I certii<br>nomically practicable and that I have so<br>at to human health and the environmet<br>to management method that is available<br>Typed Name<br>Sporter 1 Acknowledgement of Receipt<br>Typed Name<br>Sporter 2 Acknowledgement of Receipt<br>Typed Name<br>porter 2 Acknowledgement of Receipt<br>Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Facil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A31-00 1005 D006 D007 D003 A<br>cial Handling Instructions and Additiona<br>BD, CA<br>NERATOR'S CERTIFICATION: 1 hereby<br>keed, marked, and labeled, and are in a<br>am a large quantity generator, 1 certifinomically practicable and that 1 have so<br>at to human health and the environment<br>te management method that is available<br>Typed Name<br>Sporter 1 Acknowledgement of Receipt<br>Typed Name<br>Sporter 2 Acknowledgement of Receipt<br>Typed Name<br>Typed Name<br>Typed Name<br>Additional<br>Acknowledgement of Receipt<br>Typed Name<br>Acknowledgement of Receipt<br>Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D011 - Acidic lab waste - WAYA         Il Information         GENERATOR ADDRE         Il Information         GENERATOR ADDRE         Il respects in proper condition for transport         fy that I have a program in place to recelected the practicable method of treatment; 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|               | <ol> <li>Special Handling Instructions and Addition</li> <li>HAR EMERGEN</li> <li>GENERATOR'S CERTIFICATION: 1 hereb<br/>packed, marked, and labeled, and are in</li> <li>If I am a large quantity generator, 1 cert<br/>economically practicable and that I have</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|               | <ol> <li>Special Handling Instructions and Addition</li> <li>24 bR EMERGEN</li> <li>GENERATOR'S CERTIFICATION: I hereb<br/>packed, marked, and labeled, and are in</li> <li>If I am a large quantity generator, I cert<br/>economically practicable and that I have<br/>threat to humon health and the environme<br/>waste management method that is availab</li> <li>Printed/Typad Name<br/>M. E. 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| TRAKSPORTE    | <ol> <li>Special Handling Instructions and Addition</li> <li>24 bR EMERGEN</li> <li>GENERATOR'S CERTIFICATION: I hereb<br/>packed, marked, and labeled, and are in</li> <li>If I am a large quantity generator, I cert<br/>economically practicable and that I have<br/>threat to humon health and the environme<br/>waste management method that is availab</li> <li>Printed/Typed Name<br/>M. E. 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| TRANSPORTER   | <ul> <li>15. Special Handling Instructions and Addition<br/>24 bR EMERGEM</li> <li>16. GENERATOR'S CERTIFICATION: I hereb<br/>packed, marked, and labeled, and are in<br/>If I am a large quantity generator, I cert<br/>economically practicable and that I have<br/>threat to humon health and the environme<br/>waste management method that is availab</li> <li>Printed/Typed Name</li> <li>Printed/Typed Name</li> <li>18. Transporter 2 Acknowledgement of Receipt</li> <li>Printed/Typed Name</li> <li>Printed/Typed Name</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

# Attachment C Closure Notification

# Entech Analytical Labs, Inc.

525 Del Rey Avenue, Suite E • Sunnyvale, CA 94086 • (408) 735-1550 • Fax (408) 735-1554

March 4, 1997

Mr. Hugh Murphy City of Hayward Fire Department Hazardous Materials Office 25151 Clawiter Road Hayward, CA 94545

Dear Mr. Murphy:

Please find enclosed Closure Plan for the Trace Analysis Laboratory facility at 3423 Investment Blvd., Suite 8, Hayward, CA 94545. This facility was operated by Entech Analytical Labs, Inc. d.b.a. Trace Analysis Laboratory from April, 1996 (after purchase of the assets of Trace Analysis Laboratory, Inc.) through the closure period.

As part of the closure process Entech has contracted with the following companies to assist us:

- South Bay Chemical/Hollister, CA-classify and properly dispose of all chemicals and hazardous materials at the facility. Many of the chemicals have already been disposed by South Bay and Philip Environmental, a hazardous waste transporter as part of our shutdown of daily operations at this facility. Copies of all hazardous waste manifests will be provided with the final closure report.
- 2. Radian D-Tech/Sunnyvale, CA-decontamination of surfaces potentially contaminated with hazardous materials.

Upon completion of your review process we will proceed with the final decontamination and any other activities required by the City of Hayward Fire Department. At that time a final report will be filed for your review.

Please advise me if there are additional items that need to be addressed to complete the closure process for this facility in accordance with the City of Hayward requirements. I can be reached at (408) 735-1550 X30.

Sincerely,

Entech Analytical Labs, Inc.

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Michael N. Golden CEO/Lab Director

Attachment D City of Hayward Fire Department Inspection Report

**地名美国德尔特基阿尔特基美国尔**尔尔的人名 HAYWARD F E DEPARTMENT HAZARDOUS MATERIALS OFFICE 25151 CLAWITER RD., HAYWARD, CA 94545-2731 Telephone: (510) 293-8695 • Fax: (510) 293-5017 **INSPECTION REPORT** 3422 Bland Stube INVESTIMAN Street Address: Name of Facility: TRACE | EXTERN CARS ANALYTICAL 408 Mille (-oldov Facility Representative: Tel. No. Type of Business/Facility: Closure () OSTINO Inspection plan Proves 131 THE BILLI MUNEW しいつ Avenue Tai 6111111 Le CHIIRMON Y illini 30 days YNO. 411 10.

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

Hazardous Materials Investigator Date of Inspection

Signature of Facility Representative

Page \_/\_ of \_

"THE SAFE USE AND STORAGE OF HAZARDOUS MATERIALS IS EVERYBODY'S BUSINESS"

⟨AR15AT00003027⟨{⟩090⟨ **(-NF**<sup>™</sup>T FOR D Accounts Receivable In the Transaction Inquiry 1922 Invoice # 18573 Dept HAZARDOUS N Name BIOTIUM INC Addr 3423 INVESTMENT BLVD #8 Inv Date 07/01/2008 Inv Amt 430.0 City HAYWARD CA 94545 Last Pmt Rcv 07/25/2008 Amt 430.00-Phone (510) 265-1027 Ext Amount Due Customer # 18809 01 HAZARDOUS MATERIALS STORAGE, RANGE 2A FOR 3423 INVESTMENT BLVD #8, FY 2009 Activity # Permit # Parcel # Type Description Amount Entry Date Date Hours 07/01/2008 4440 308.00+ 07/01/2008 07/01/2008 4440 07/01/2008 07/01/2008 4447 98.00+ 07/01/2008 07/01/2008 2271001 24.00+07/01/2008 07/01/2008 INVOICE 430.00+ 07/01/2008 07/25/2008 PAYMENT C#00003674 R#02696 430.00-07/25/2008

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|          | OF HAYMAN HAY                                                                          | <b>VARD FIRE DEPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RTMENT                                                                                                                  | an a                                                             |
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|          | A Certi                                                                                | fied Unified Program A<br>reet, Hayward, CA 94541-<br>) 583-4910 FAX (510) 583-364                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>lgency</i><br>5007                                                                                                   | RECEIVED BY<br>FIRE PREVENTION OFFICE<br>OCT 0 6 2003                                                |
|          |                                                                                        | PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MIT TRA                                                                                                                 | NSFER FORM                                                                                           |
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|          | ORIGINALLY ISSUE                                                                       | <u>CD TO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Executive Contact:                                                                                                      |                                                                                                      |
|          | Bioti'um                                                                               | , Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vivien Chen                                                                                                             | , Operations Manage                                                                                  |
|          | Street Address:<br>3423   nVestimen                                                    | + B/16, Suite 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mailing Address:<br>343 NVESTMEN                                                                                        |                                                                                                      |
|          |                                                                                        | Provisional Temporary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City/State/ZIP:<br>Hay Wi                                                                                               |                                                                                                      |
|          | Registration/Permit Number:<br>09 - 00 7 7 903                                         | -018809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Issue:                                                                                                          | Date of Expiry:<br>60/30/2009                                                                        |
|          | 01-000/100                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1100100                                                                                                                 |                                                                                                      |
|          | TRANSFERRED TO                                                                         | 828001 -01882                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                                                                      |
|          | Name of Facility: Bio Hu                                                               | u, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Executive Gontact:                                                                                                      | n, Operations Manager                                                                                |
| d d<br>d | street Address:<br>3159 Corporate                                                      | place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mailing Address:<br>3159 Contpon                                                                                        | ate place                                                                                            |
|          |                                                                                        | OF FACILITY / UST SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City/State/ZIP:<br>Haywan                                                                                               | d, CA 94-545                                                                                         |
|          | CHANGE IN LOCATION OF                                                                  | BUSINESS, SAME OWNERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Transfer:                                                                                                       | 8 Date of Expiry:                                                                                    |
|          | CERTIFICATION                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                       |                                                                                                      |
|          | Consolidated Permit and R<br>Transfer Form. I agree to<br>codes, policies, rules and r | and I hereby accept the terms and<br>egistration and the original Perm<br>comply with all permit condition<br>egulations relating to the storage<br>waste and the operation of under<br>hereby accept the terms andwaste and the operation of under $hereby accept the terms andwaste and the operation of andhereby accept the terms andwaste and the operation of andhereby accept the terms andwaste and the operation of andhereby accept the terms and terms andhereby accept the terms and terms and terms and terms andhereby accept the terms and $ | hit to Operate Undergroun<br>is and all local, state and for<br>, use, handling, generation<br>rground petroleum storag | d Storage Tank attached to this<br>ederal ordinances, laws, statutes,<br>n and disposal of hazardous |
|          | FOR OFFICE USE ONLY                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                                                |                                                                                                      |
|          | Date Payment Received:                                                                 | Payment Reference:<br>CIC 3674 PACIL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Machine Validation / Official                                                                                           | Receipt                                                                                              |
|          | Total Amount Paid:                                                                     | State Surcharge Paid:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                      |
|          | \$ 430.                                                                                | \$ 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | $\land$                                                                                                                 |                                                                                                      |
|          | Comments:                                                                              | a en mens location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | du                                                                                                                      | X                                                                                                    |
|          | Comments:<br>No new fees charged                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Approved by the C                                                                                                       |                                                                                                      |



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY FIRE PREVENTION OFFICE

JUL 2 2 2008

HAYWARD FIRE DEPARTMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issu                                                          | ed to                                                                                  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name of Facility:                                             | Executive Contact:                                                                     |
| BIOTIUM, INC                                                  | VIVIEN CHEN, OPERATIONS MANAGER                                                        |
| Street Address:                                               | Mailing Address:                                                                       |
| 3423 INVESTMENT BLVD #8                                       | 3423 INVESTMENT BLVD #8                                                                |
| Permit Type:  □ Full □ Provisional □ Temporary                | City/State/ZIP:                                                                        |
|                                                               | HAYWARD, CA 94545                                                                      |
| Registration/Permit Number:                                   | Telephone Number at Facility:                                                          |
| 09-0027902-018809                                             | 265-1027                                                                               |
| <i>2</i>                                                      | g elements of the<br>zardous Waste Management Program                                  |
| $\mathbf{H}_{X}$ Hazardous Materials Storage (Range $_{2A}$ ) | $\mathbf{Q}_{\mathrm{XXX}}$ Hazardous Waste Generator Program ( $_{-\mathrm{CESQC}}$ ) |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        | Tiered Permit Program for                                                              |

|                                                                  | Onsite Treatment of Hazardous Waste:                                                    |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
| Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazerdous materials and/or hazardous waste.

|                                 | - Vivie               | · · · · · · · · · · · · · · · · · · ·                     | 1/21/2008          |  |
|---------------------------------|-----------------------|-----------------------------------------------------------|--------------------|--|
| Signature of Applicant          | Printed Name a        | nd Title                                                  | Date Signed        |  |
| FOR OFFICE USE ONLY             |                       |                                                           |                    |  |
| Effective Date:                 | Expiration Date:      | Machine Validation / Official Receipt                     |                    |  |
| 7-22-08                         | 06/30/2009            |                                                           |                    |  |
| Date Payment Received:          | Payment Reference:    |                                                           | $\wedge$           |  |
| 7-22-08                         | CK#3674               | $\square \square \square \square \square \square \square$ |                    |  |
| Total Amount Paid:              | State Surcharge Paid: | CProc CIA                                                 | whit               |  |
| Total Amount Paid:<br>\$ 430,00 | \$24.00               | Approved by the City of Haywar                            | rd Fire Department |  |

ATA CALIFORNIA

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 RECEIVED BY FIRE PREVENTION OFFICE

JUL 0 2 2007

HAYWARD FIRE DEPARTMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                                      |  |  |
|-----------------------------|--------------------------------------|--|--|
| Name of Facility:           | Executive Contact:                   |  |  |
| BIOTIUM, INC                | VIVIEN CHEN, OPERATIONS MANAGER      |  |  |
| Street Address:             | Mailing Address:                     |  |  |
| 3423 INVESTMENT BLVD #8     | 3423 INVESTMENT BLVD #8              |  |  |
| Permit Type:                | City/State/ZIP:<br>HAYWARD, CA 94545 |  |  |
| Registration/Permit Number: | Telephone Number at Facility:        |  |  |
| 08-0027902-018809           | 265-1027                             |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| X        | Hazardous Materials Storage (Range)                              | <sup>C</sup> Hazardous Waste Generator Program( <sup>CESQG</sup> )                      |
|----------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Å</b> | <pre>XXXX Hazardous Materials Business Plan</pre>                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|          | Aboveground Petroleum Storage, SPCC Plan                         | PBR;CA;CE                                                                               |
|          | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of Mazardous materials and/or hazardous waste.

| Signature pJ Applicant               | <u>ViVien</u><br>Printed Name a  | <u>Chen</u> , <u>Operations Marager</u> <del>5/8/07</del><br>nd Title <u>Date Signed</u> |  |  |  |  |
|--------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|--|--|--|--|
|                                      | FOR OFFICE USE ONLY              |                                                                                          |  |  |  |  |
| Effective Date:<br>07/02/2007        | Expiration Date:<br>06/30/2008   | Machine Validation / Official Receipt                                                    |  |  |  |  |
| Date Payment Received:<br>07/02/2007 | Payment Reference:<br>Ch $+2980$ | ON. Q. Mus Que                                                                           |  |  |  |  |
| Total Amount Paid:<br>\$ 430.00      | State Surcharge Paid:<br>\$24.00 | Approved by the City of Hayward Fire Department                                          |  |  |  |  |



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 JUN 2 9 2006

RECEIVED IN FIRE MARSHAL S OFFICE

HAYWARD FIRE DEPARIMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                        |                                             |  |  |  |
|--------------------------------------------------|---------------------------------------------|--|--|--|
| Name of Facility:                                | Executive Contact:                          |  |  |  |
| BIOTIUM, INC                                     | VIVIEN CHEN, OPERATIONS MANAGER             |  |  |  |
| Street Address:<br>3423 INVESTMENT BLVD #8       | Mailing Address:<br>3423 INVESTMENT BLVD #8 |  |  |  |
| Permit Type:                                     | City/State/ZIP:<br>HAYWARD, CA 94545        |  |  |  |
| Registration/Permit Number:<br>07-0027902-018809 | Telephone Number at Facility:<br>265–1027   |  |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| ₩            | Hazardous Materials Storage (Range <u>1A</u> )                   | <b>Q</b> xx | Hazardous Waste Generator Program ( <u>CESQG</u> )                                      |
|--------------|------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------|
| <b>Xk</b> XX | Azardous Materials Business Plan                                 |             | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|              | Aboveground Petroleum Storage, SPCC Plan                         |             | PBR; CA; CE                                                                             |
|              | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 |             | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature pplicant                   | Vivien Chen/Operations Manager 6/20<br>Printed Name and Time Date Signed |                                                 |  |  |
|--------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--|--|
| FOR OFFICE USE ONLY                  |                                                                          |                                                 |  |  |
| Effective Date:<br>07/01/2006        | Expiration Date:<br>06/30/2007                                           | Machine Validation / Official Receipt           |  |  |
| Date Payment Received:<br>6-29-06    | Payment Reference:<br>CK#2488                                            | a a a m a                                       |  |  |
| Total Amount Paid:<br>\$ 287.00 POST | State Surcharge Paid:                                                    | Approved by the City of Hayward Fire Department |  |  |
|                                      | ~                                                                        |                                                 |  |  |

28-7. ==

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                        |                                             |  |  |
|--------------------------------------------------|---------------------------------------------|--|--|
| Name of Facility:                                | Executive Contact:                          |  |  |
| BIOTIUM, INC                                     | VIVIEN CHEN, OPERATIONS MANAGER             |  |  |
| Street Address:<br>3423 INVESTMENT BLVD          | Mailing Address:<br>3423 INVESTMENT BLVD #8 |  |  |
| Permit Type: Full Provisional Temporary          | City/State/ZIP:<br>HAYWARD, CA 94545        |  |  |
| Registration/Permit Number:<br>06-0027902-018809 | Telephone Number at Facility:<br>265-1027   |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| X            | Hazardous Materials Storage (Range <u>1A</u> )                   | XXX | Hazardous Waste Generator Program ( <u>CESOG</u> )                                      |
|--------------|------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------|
| <b>G</b> IXX | XXX<br>Hazardous Materials Business Plan                         |     | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|              | Aboveground Petroleum Storage, SPCC Plan                         |     | PBR; CA; CE                                                                             |
|              | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 |     | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of/hazardous materials and/or hazardous waste.

| Signature of Applicant                                                  | Printed Name a                                                     | n Cheu/Operations Manager 6/8/05<br>nd Tille Date Signed |  |  |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|--|--|
| FOR OFFICE USE ONLY                                                     |                                                                    |                                                          |  |  |
| Effective Date:<br>07/01/2005                                           | Expiration Date:<br>06/30/2006                                     | Machine Validation / Official Receipt                    |  |  |
| Date Payment Received:<br>6/24/05<br>Total Amount Paid:<br>$287.\infty$ | Payment Reference:<br>MF 2037<br>State Surcharge Paid:<br>\$ 24.00 | Approved by the City of Hayward Fire Department          |  |  |

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL. (510) 583-4910 E FAX (510) 583-3641 TDD (510) 247-3340

### **BUSINESS ACTIVITIES FORM** APPLICATION FOR A CONSOLIDATED PERMIT/REGISTRATION UNIFIED HAZARDOUS MATERIALS / HAZARDOUS WASTE MANAGEMENT REGULATORY PROGRAM

(Before completing this form, please read the instructions printed on the back.)

Type of Application: (Please check one.)

Initial Registration

Modification

Renewal

| 1. Facility Information                                                                                                            |                          | 5. Aboveground Storage Tank Program (AGT)                                                                                                                  |                |  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| Name: Biotium, Inc.<br>Address: 3423 Investment Blvd                                                                               | Suite 8                  | Do you store petroleum products<br>aboveground in 55-gallon (or larger)<br>containers or tanks, with a total storage<br>capacity of 1,320 gallons or more? | Ves No         |  |
| Hayward, CA (ZIP) 94                                                                                                               |                          | 6. Hazardous Waste Generator Program (HWG)                                                                                                                 |                |  |
| Telephone:570 - 265 - 1022. Hazardous Materials Storage Program                                                                    | 7                        | Do you generate hazardous waste on site?                                                                                                                   | Yes<br>No Cest |  |
| Do you have on site hazardous materials - solids, lic                                                                              |                          | Quantity generated per month (gal or lbs)                                                                                                                  |                |  |
| extremely hazardous substances specified in 40CFR<br>A or B; or radiological materials? Yes                                        |                          | Do you consolidate hazardous waste from remote sites at this facility?                                                                                     | Yes<br>No      |  |
| Number of Hazard Classes                                                                                                           | d                        | 7. Recycler (Onsite or Off-Site)                                                                                                                           | ~ ~~           |  |
| Total Liquids A Total Solids ,                                                                                                     | 40 gallons<br>100 pounds | Do you recycle your own waste onsite?                                                                                                                      | Yes<br>No      |  |
| Total Gases (at STP)                                                                                                               | 200 cu. ft.              | Do you receive hazardous waste from other facilities and recycle it on your site?                                                                          | Ves<br>No      |  |
| 3. Accidental Release Prevention Program                                                                                           | (CalARP)                 | 8. Tiered Permit Program (On-site Treat                                                                                                                    |                |  |
| Do you have any regulated substance listed<br>in Tables 1, 2, and/or 3 of the CalARP<br>Program (CCR Title 19/Div. 2/Chapter.4.5)? | Ves<br>No                | Do you treat, on this site, any hazardous<br>waste you generate?                                                                                           | Yes<br>X No    |  |
| 4. Underground Storage Tank Program (UST)                                                                                          |                          | Do you have a Tiered Permit?                                                                                                                               | Yes<br>No      |  |
| Do you own or operate Underground                                                                                                  | • Yes                    | Number of Treatment Units under Tiered Pern                                                                                                                | nit:           |  |
| Storage Tanks (USTs) at this facility?                                                                                             | No No                    | Permit-By-Rule                                                                                                                                             | 2 ·            |  |
| If "yes", list material stored and tank capacity in gallons:                                                                       |                          | Conditionally Authorized                                                                                                                                   |                |  |
|                                                                                                                                    |                          | Conditionally Exempt - Specified Waste                                                                                                                     |                |  |
|                                                                                                                                    |                          | Conditionally Exempt - Small Quantity                                                                                                                      |                |  |
|                                                                                                                                    |                          | Conditionally Exempt - Limited                                                                                                                             |                |  |
|                                                                                                                                    |                          | Conditionally Exempt - Commercial Laune                                                                                                                    | dry            |  |

### 8. Certification and Signature

**Reviewed by:** 

CUPA Application/ dmg May 2005

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

erations Mana Men Signature Printed Name and Title Date Signed licaled



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

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RECEIVED FIRE PREVENTIO

MARANO NELL'ANDEST

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issu                        | edito                                |
|-----------------------------|--------------------------------------|
| Name of Facility:           | Executive Contact:                   |
| BIOTIUM, INC                | VIVIEN CHEN, OPERATIONS MANAGER      |
| Street Address:             | Mailing Address:                     |
| 3423 INVESTMENT BLVD        | 3423 INVESTMENT BLVD #8              |
| Permit Type:                | City/State/ZIP:<br>HAYWARD, CA 94545 |
| Registration/Permit Number: | Telephone Number at Facility:        |
| 05–0027902–018809           | 265-1027                             |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| K) X | Hazardous Materials Storage(Range <u>1A</u> )                    | XXX | Hazardous Waste Generator Program ( <u>CESQG</u> )                                      |
|------|------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------|
| ₩xx  | XXX<br>Hazardous Materials Business Plan                         |     | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|      | Aboveground Petroleum Storage, SPCC Plan                         |     | PBR; CA; CE                                                                             |
|      | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 |     | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| 1 Contraction of the second se | Vivien Chen/             | Operations Manager | 7/3/2004     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------|
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Printed Name and Title / | J Dat              | e Signed 🛛 🖌 |

FOR OFFICE USE ONLY Effective Date: **Expiration Date:** Machine Validation / Official Receipt 07/01/2004 06/30/2005 Date Payment Received: Payment Reference: 20/04  $\cap$ Total Amount Paid: State Surcharge Paid: xed \$ \$ 7.00 24.00 Approved by the City of Hayward Fire Department

| AT OF HAY WA                                                                                                                                                                                                                                                                           | HAYWARD FIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RE DEPARTMENTRECEIVED BYed Program AgencyFIRE PREVENTION OFFICE                                                                                                                                                                                                                                                                                                                                                                        |
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| STATE A                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                        | , <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ward, CA 94541-5007<br>D) 583-3641 • TDD (510) 247-3340 JUN () 9 2003                                                                                                                                                                                                                                                                                                                                                                  |
| CALIFORNIA                                                                                                                                                                                                                                                                             | SL: (510) 585-4910 FAX (510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| · <th></th> <th>HAYWARD FIRE DEPARTME</th>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HAYWARD FIRE DEPARTME                                                                                                                                                                                                                                                                                                                                                                                                                  |
| UNIFIED PROGE                                                                                                                                                                                                                                                                          | RAM CONSOLIDA'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TED PERMIT AND REGISTRATION                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                        | Issu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed to                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Name of Facility:                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Executive Contact:                                                                                                                                                                                                                                                                                                                                                                                                                     |
| BIOTIUM, INC                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VIVIEN CHEN, GENERAL MANAGER                                                                                                                                                                                                                                                                                                                                                                                                           |
| Street Address:<br>3423 INVESTMENT BLVD                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mailing Address:<br>3423 INVESTMENT BLVD #8                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City/State/ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Permit Type:   Full  Pro                                                                                                                                                                                                                                                               | ovisional Temporary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAYWARD, CA 94545                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Registration/Permit Number:                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone Number at Facility:                                                                                                                                                                                                                                                                                                                                                                                                          |
| 04-0027902-018809                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 265-1027                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                        | For the followin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | g elements of the                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Unified H                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and Hazardous Waste Program                                                                                                                                                                                                                                                                                                                                                                                                            |
| <u> </u>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 🖾 Hazardous Materials Sto                                                                                                                                                                                                                                                              | rage (Range <u>1A</u> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hazardous Waste Generator Program (                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| **************************************                                                                                                                                                                                                                                                 | siness Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Onsite mediment of nazaruous waste.                                                                                                                                                                                                                                                                                                                                                                                                    |
| A have arround Database                                                                                                                                                                                                                                                                | Starage SDCC Dian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Aboveground Petroleum                                                                                                                                                                                                                                                                  | Storage, SPCC Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PBR; CA; CE                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>Underground Storage Ta</li> </ul>                                                                                                                                                                                                                                             | ank Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | California Accidental Release Prevention                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                        | ank Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>Underground Storage Ta</li> </ul>                                                                                                                                                                                                                                             | ank Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | California Accidental Release Prevention                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>Underground Storage Ta</li> </ul>                                                                                                                                                                                                                                             | ank Program<br>. : 01-003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                |
| Underground Storage Ta                                                                                                                                                                                                                                                                 | ank Program<br>: 01-003<br><i>Certif</i> a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I                                                                                                                                                                                                       | ank Program<br>.: 01-003<br><i>Certifice</i><br>hereby accept the terms and compared to the terms and | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi<br>ordinances, laws, statutes, cod                                                                                                                                    | ank Program<br>. : 01-003<br><i>Certifi</i><br>hereby accept the terms and c<br>stration. I agree to comply w<br>les, policies, rules and regulat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi                                                                                                                                                                       | ank Program<br>. : 01-003<br><i>Certifi</i><br>hereby accept the terms and c<br>stration. I agree to comply w<br>les, policies, rules and regulat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and                                                                                                                          |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi<br>ordinances, laws, statutes, cod                                                                                                                                    | ank Program<br>. : 01-003<br><i>Certifi</i><br>hereby accept the terms and c<br>stration. I agree to comply w<br>les, policies, rules and regulat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><i>Cheu, General Manager</i> 6/6/2003                                                                                 |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi<br>ordinances, laws, statutes, cod                                                                                                                                    | ank Program<br>. : 01-003<br><i>Certifi</i><br>hereby accept the terms and c<br>stration. I agree to comply w<br>les, policies, rules and regulat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><i>Cheu, General Manager</i> 6/6/2007                                                                                 |
| Underground Storage Ta<br>tanks; Facility No I certify that I have read and I Consolidated Permit and Regi ordinances, laws, statutes, cod disposal of hazardous material Signal re of Applicant                                                                                       | Example 2 Certification of the stration of the strate of the      | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><i>Cheu, Chewal Manager</i> 6/6/2003                                                                                  |
| Underground Storage Ta<br>tanks; Facility No I certify that I have read and I Consolidated Permit and Regi ordinances, laws, statutes, cod disposal of hazardous materiat Signature of Applicant                                                                                       | Example 2 Certification of the stration of the strate of the      | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b>Exaction</b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u>Cheu</u> , <u>Censual Manager</u> <u>b/b/b002</u><br><u>Date Signed</u>                                                  |
| Underground Storage Ta<br>tanks; Facility No I certify that I have read and I Consolidated Permit and Regi ordinances, laws, statutes, cod disposal of hazardous material Signafure of Applicant Effective Date: E                                                                     | Ank Program<br>.: 01-003<br>hereby accept the terms and of<br>stration. I agree to comply we<br>les, policies, rules and regulat<br>ls and/or hazardous waste.<br><u>VIUIPM</u><br>Printed Name and<br>FOR OFFIC<br>xpiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u><br><b><i>E USE ONLY</i></b>                    |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi<br>ordinances, laws, statutes, cod<br>disposal of hazardous material<br>Sienchre of Applicant<br>Effective Date: E<br>7/1/2003                                        | Ank Program<br>.: 01-003<br>hereby accept the terms and of<br>stration. I agree to comply we<br>les, policies, rules and regulat<br>ls and/or hazardous waste.<br>Printed Name a.<br>FOR OFFIC<br>xpiration Date:<br>6/30/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u> <u><i>Date Signed</i></u><br><b>E USE ONLY</b> |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regi<br>ordinances, laws, statutes, cod<br>disposal of hazardous materia<br>Signalize of Applicant<br>Effective Date: E<br>7/1/2003<br>Date Payment Received: Pa           | Ank Program<br>.: 01-003<br><i>Certifi</i><br>hereby accept the terms and of<br>stration. I agree to comply w<br>les, policies, rules and regulat<br>ls and/or hazardous waste.<br><i>VIU/PM</i><br><i>Printed Name a</i><br>FOR OFFIC<br>xpiration Date:<br>6/30/2004<br>ayment Reference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u><br><b><i>E USE ONLY</i></b>                    |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regiordinances, laws, statutes, cod<br>disposal of hazardous materia<br>Signafue of Applicant<br>Effective Date: E<br>7/1/2003<br>Date Payment Received: Pa<br>6 / 9 / 0 3 | Ank Program<br>.: 01-003<br>hereby accept the terms and of<br>stration. I agree to comply we<br>les, policies, rules and regulat<br>ls and/or hazardous waste.<br><u>VIU/PM</u><br>Printed Name a<br>FOR OFFIC<br>xpiration Date:<br>6/30/2004<br>ayment Reference:<br>X A 134 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u><br><b><i>E USE ONLY</i></b>                    |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regiordinances, laws, statutes, cod<br>disposal of hazardous materia<br>Signafue of Applicant<br>Effective Date: E<br>7/1/2003<br>Date Payment Received: Pa<br>6 / 9 / 0 3 | Ank Program<br>.: 01-003<br><i>Certifi</i><br>hereby accept the terms and of<br>stration. I agree to comply w<br>les, policies, rules and regulat<br>ls and/or hazardous waste.<br><i>VIU/PM</i><br><i>Printed Name a</i><br>FOR OFFIC<br>xpiration Date:<br>6/30/2004<br>ayment Reference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u><br><b><i>E USE ONLY</i></b>                    |
| Underground Storage Ta<br>tanks; Facility No<br>I certify that I have read and I<br>Consolidated Permit and Regiordinances, laws, statutes, cod<br>disposal of hazardous materia<br>Signafue of Applicant<br>Effective Date: E<br>7/1/2003<br>Date Payment Received: Pa<br>6 / 9 / 0 3 | ank Program<br>$\therefore : 01-003-$<br><i>Certifi</i><br>hereby accept the terms and of<br>stration. I agree to comply we<br>les, policies, rules and regulat<br>is and/or hazardous waste.<br><i>Printed Name a.</i><br>FOR OFFIC:<br>xpiration Date:<br>6/30/2004<br>ayment Reference:<br>26 $fi$ $134$ $orate Surcharge Paid:$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan<br><b><i>ication</i></b><br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br><u><i>Cheu, General Manager b/6/2003</i></u><br><u><i>nd Title</i></u> <u><i>Date Signed</i></u><br><b>E USE ONLY</b> |

| - | 100      |         | <b></b> | <b>~</b> |          |        | 10 L | 10.00  | <br>~      |     |       | L | - L   | <b>T</b> . |       | -      | ~   |       |        | ~~     | <b>T</b> |    | L C        | - L |   | <br>- L | Τ.   |   |          |              | <br>~~   | <b>-</b> | _ | L m |            | <b>T</b> . |          | L |     |    |      | - <b>-</b> | - L | -      |         | <b>U</b> | ~~  |   |   |       | - | The second se |        |   |            |          | - | 팚               |       | _           |
|---|----------|---------|---------|----------|----------|--------|------|--------|------------|-----|-------|---|-------|------------|-------|--------|-----|-------|--------|--------|----------|----|------------|-----|---|---------|------|---|----------|--------------|----------|----------|---|-----|------------|------------|----------|---|-----|----|------|------------|-----|--------|---------|----------|-----|---|---|-------|---|-----------------------------------------------------------------------------------------------------------------|--------|---|------------|----------|---|-----------------|-------|-------------|
| ÷ | والقيرية | بب ب    | ÷,      |          | ي البريا | بہا ہے |      | بنبعيه | <br>بدا مر |     | برجيه |   |       | -          | -     | نېد م  | -   | -     |        | µ4 7., |          |    |            | -   | - | <br>-   | كيسم | - |          | <br>~~~      | <br>     | _        |   |     |            |            |          |   |     | ~~ | <br> |            |     | ليعتلب |         | الب: د   | ÷-  |   | _ | ·     |   |                                                                                                                 | -      | · | البية " لم | نبدا الب |   |                 | لينجب | . مىلىيەت ا |
| 4 | بي ال    | <b></b> | ÷.,     |          | فيهتم    |        |      |        | <br>       | ÷., |       |   | ** ** | ~          | ديبام | بلي ون | ÷., | ÷., • | نيون ا |        | ÷.       | ~~ | <b>,</b> – |     |   | -h. r   | ÷ .  |   | <b>.</b> | <br><u> </u> | <br>÷.,* | · · ·    | _ |     | - <b>-</b> | ~          | يقيرون و |   | * * | ÷  | <br> |            |     | ÷      | يتي الم | يوسف و   | ~ ~ | - |   | بي شر |   | م واست                                                                                                          | يشيبكم | - | يهادر وا   |          |   | ing in a second | -     | يهادر ا     |
|   |          |         |         |          |          |        |      |        |            |     |       |   |       |            |       |        |     |       |        |        |          |    |            |     |   |         |      |   |          |              |          |          |   |     |            |            |          |   |     |    |      |            |     |        |         |          |     |   |   |       |   |                                                                                                                 |        |   |            |          |   |                 |       |             |



# HAYWARD FIRE DEPARTMENT

RECEIVED BY A Certified Unified Program Agency FIRE PREVENTION OFFICE 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

AUG 1 4 2002

### HAYWARD FIRE DEPARTMENT UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issu                                    | ed to                                       |  |  |  |  |  |
|-----------------------------------------|---------------------------------------------|--|--|--|--|--|
| Name of Facility:                       | Executive Contact:                          |  |  |  |  |  |
| BIOTIUM, INC                            | VIVIEN CHEN, GENERAL MANAGER                |  |  |  |  |  |
| Street Address:<br>3423 INVESTMENT BLVD | Mailing Address:<br>3423 INVESTMENT BLVD #8 |  |  |  |  |  |
| Permit Type:                            | City/State/ZIP:                             |  |  |  |  |  |
|                                         | HAYWARD, CA 94545                           |  |  |  |  |  |
| Registration/Permit Number:             | Telephone Number at Facility:               |  |  |  |  |  |
| 03-0027902-018809                       | 265-1027                                    |  |  |  |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Program

| xx | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program (                                                     |
|----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|    | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|    | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|    | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| 1 des                  | VIVIEN Chen, General   | Manager | 1/25/02     |  |
|------------------------|------------------------|---------|-------------|--|
| Signature of Applicant | Printed Name and Title |         | Date Signed |  |
|                        | FOR OFFICE USE ONLY    |         |             |  |

| Effective Date:        | Expiration Date:      | Machine Validation / Official Receipt           |
|------------------------|-----------------------|-------------------------------------------------|
| 7/1/2002               | 6/30/2003             |                                                 |
| Date Payment Received: | Payment Reference:    |                                                 |
| 8-14-02                | CK#1168               | A.D. Munshus                                    |
| Total Amount Paid:     | State Surcharge Paid: | Oprofe all my bring                             |
| \$150.COPOSTI          | Ds Ø                  | Approved by the City of Hayward Fire Department |

| OF HAYWAR                                                         | A Contified Unif                       |            |                                |                                 | REVENTION OFFICE   |
|-------------------------------------------------------------------|----------------------------------------|------------|--------------------------------|---------------------------------|--------------------|
|                                                                   | A Certified Unifi<br>777 B Street, Hay |            | Ç Ç                            | -                               | JN 36 2001         |
| CALIFORNIA TEL                                                    | : (510) 583-4910 FAX (51)              |            |                                | 247-3340                        | ) FIRE DEPARTMENT  |
| UNIFIED PROGR                                                     | AM CONSOLIDA                           | TED        | PERMIT A                       |                                 |                    |
|                                                                   |                                        |            |                                |                                 |                    |
|                                                                   | Iss                                    | ued to     |                                |                                 |                    |
| Name of Facility:<br>Biotium, Inc.                                |                                        | Execut     | ive Contact:                   | (han)                           |                    |
| Street Address                                                    | a all land                             | Mailin     | g Address:                     | then have                       | lity address       |
| 3423 Investment Blrd.                                             |                                        | City/SI    | saune as                       | Jaci                            | lity ladiess       |
| Permit Type: 🏹 Full 🛛 Prov                                        | visional Temporary                     |            | 1                              | CA 94545                        | -                  |
| Registration/Permit Number:<br>279-                               | م م<br>م                               |            | one Number at Facili           |                                 |                    |
| 211                                                               | - X                                    | 5          | 10-265-                        | 1007                            | <u></u>            |
|                                                                   | For the followi                        | ng ele     | ments of the                   | ,                               |                    |
| Unified Ha                                                        | zardous Materials                      | -          | •                              |                                 | т                  |
| مد                                                                | · /                                    |            |                                |                                 |                    |
| Hazardous Materials Stor                                          | age (Range <b>/ / /</b> )              |            | Hazardous Wa                   | ste Generator P                 | rogram (           |
|                                                                   |                                        | _          |                                |                                 |                    |
| Hazardous Materials Busi                                          | ness Plan                              |            | Tiered Permit I                | Program for<br>ent of Hazardous | Masta              |
| Aboveground Petroleum S                                           | Storago, SPCC Plan                     |            | PBR:                           |                                 | CF                 |
|                                                                   | blorage, or coman                      |            | ·                              |                                 |                    |
| Underground Storage Tar                                           | ık Program                             |            | California Acci                | iental Release F                | Prevention Program |
| tanks; Facility No.                                               | : 01-003                               |            |                                | Risk Manageme                   | _                  |
|                                                                   |                                        |            |                                | <u></u>                         |                    |
| ,                                                                 | Carti                                  | fication   |                                |                                 |                    |
| I certify that I have read and I l                                | nereby accept the terms and            | I conditio | ons printed on the             |                                 |                    |
| Consolidated Permit and Regis<br>ordinances, laws, statutes, code |                                        |            |                                |                                 |                    |
| disposel of hazardous materials                                   |                                        |            |                                | ,o, uso, nanumis, j             |                    |
| 1/ -                                                              | Vivien C                               | hen.       | General W                      | lanager                         | 6/18/01            |
| Signature of Applicant                                            | Printed Name                           | and Title  |                                |                                 | Date Signed        |
| The stine Detrie                                                  | FOR OFFIC                              |            | ONLY<br>e Validation / Officia | Receint                         |                    |
| Effective Date: Ex $\neg / (/ / / / / / / / / / / / / / / / / /$  | piration Date: $(   Z_{D}   + 2)$      | machin     | e , unuanon / Officia          | neueipi                         |                    |
| / / / O /       Date Payment Received:                            | 6/30/62                                | 4          |                                |                                 |                    |
| • / / /                                                           | $2^{\text{H}}/327$                     |            | $\sim$                         |                                 | $\wedge$           |
| <u> </u>                                                          | te Service Charge Paid:                | -  (       | Hind                           | , UYY/w                         | when               |
|                                                                   | S                                      |            | - Minno                        |                                 | O()                |
| \$ 150                                                            | - U                                    |            | Approved by the                | City of Hayward F               | ire Department     |
|                                                                   |                                        |            |                                |                                 |                    |

|                                                                                                                                                                                   | And and a set of the s |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                                                                                                                                                                   | E DEPARTMENT<br>d Program Agency<br>ard, CA 94541-5007<br>0 583-3641  TDD (510) 247-3340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27900   |
| BUSINESS ACT<br>APPLICATION FOR A CONSOLIN<br>NIFIED HAZARDOUS MATERIALS / HAZARDOUS<br>(Before completing this form, please read the<br>Sype of Application: (Please check one.) | DATED PERMIT/REGISTRATION<br>WASTE MANAGEMENT REGULATORY<br>he instructions printed on a separate page.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Renewal |
| Name: Biotium, Inc.<br>Address: 3423 Investment Blud. Ste. 8<br>Hayward, CA (ZIP) 94545                                                                                           | Do you have aboveground storage tanks<br>containing petroleum products; at least<br>one is greater than 660 gallons; or total<br>aboveground storage capacity for facility<br>greater than 1,320 gallons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Yes   |
| Telephone: 570-265-1027                                                                                                                                                           | 6. Hazardous Waste Generator Program (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HWG)    |
| <ol> <li>Hazardous Materials Storage Program</li> <li>Do you have on site hazardous materials – solids, liquids, or gases; or</li> </ol>                                          | Do you generate hazardous waste on site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes No  |
| extremely hazardous substances specified in 40CFRPart 355 Appendix                                                                                                                | Quantity generated per month (gal or lbs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |

| Yes I No           |                                                                   |
|--------------------|-------------------------------------------------------------------|
|                    | Do you<br>remote                                                  |
|                    | Traffic and P                                                     |
|                    | 7. Re                                                             |
| 1                  | Do you                                                            |
| 200 cu. n.         | in the second                                                     |
| $\phi$ curies      | Do you                                                            |
| gram (CalARP)      | other fo                                                          |
| ted D Ves          | 8. Ti                                                             |
| .5)? 🕅 No          | Do you<br>waste y                                                 |
| am (UST)           | Do you                                                            |
| Yes<br>X No        | Number                                                            |
| pacity in gallons: | Cond                                                              |
|                    | Cond                                                              |
| 5                  | Cond                                                              |
|                    | Cond                                                              |
|                    | Cond                                                              |
|                    | gram (CalARP)<br>ted  Yes<br>(.5)?  No<br>am (UST)<br>Yes<br>X No |

### NO NO sites at this facility? No cycler (Onsite or Off-Site) Yes recycle your own waste onsite? X No Yes receive hazardous waste from Ø acilities and recycle it on your site? No ered Permit Program (On-site Treatment of HW) Yes treat, on this site, any hazardous X ou generate? No Yes have a Tiered Permit? X No of Treatment Units under Tiered Permit: 5.3 it-By-Rule itionally Authorized litionally Exempt - Specified Waste litionally Exempt - Small Quantity itionally Exempt - Limited itionally Exempt - Commercial Laundry

consolidate hazardous waste from

Yes

### Certification and Signature 8.

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

| mi                     | Fei Mao, Ph.D. Director of Chemis | try Lab 6/2/01               |
|------------------------|-----------------------------------|------------------------------|
| nature                 | Printed Name and Title            | Date Signed                  |
| Reviewed by: Parys 1 F | +/ No haz waste generated         | Date reviewed: June 11, 2012 |

# Lazardous Materials Worksh...t

An attachment to the application for a Unified Hazardous Materials / Hazardous Waste Management Regulatory Program for (Name and Street Address of Facility) Biotium, Inc. 343-3 Investment Blid. Ste. 8 Hayward, CA 94535

Use the "Hazardous Materials Hazard Categories" pamphlet and tally in the following table the total quantities of materials stored at your facility by hazard class. Summarize your inventory and report totals in the application form. Specify unit of measure under "quantity". Use *gallons, pounds,* or *cu. ft.* 

| Hazard Category                                                            | Quantity   |
|----------------------------------------------------------------------------|------------|
| A.1 Explosives and Blasting Agents                                         |            |
| A.2(a) Compressed Gases – Flammable                                        |            |
| A.2(b) Compressed Gases - Oxidizing                                        |            |
| A.2(c) Compressed Gases - Corrosive                                        | 0.5 lb     |
| A.2(d) Compressed Gases – Highly Toxic                                     |            |
| A.2(e) Compressed Gases - Toxic                                            |            |
| A.2(f) Compressed Gases - Inert                                            | 200 Cuft   |
| A.2(g) Compressed Gases - Pyrophoric                                       |            |
| A.2(e) Compressed Gases - Unstable                                         |            |
| A.3(a) Flammable Liquids Class I-A                                         | 4 gal      |
| A.3(a) Flammable Liquids Class I-B                                         | 24 gal     |
| A.3(a) Flammable Liquids Class I-C                                         |            |
| A.3(b) Combustible Liquids Class II                                        | 4 gal      |
| A.3(b) Combustible Liquids Class III-A                                     |            |
| A.3(b) Combustible Liquids Class III-B                                     |            |
| A.4(a) Flammable Solids – Organic Solids                                   | <1.16      |
| A.4(b) Flammable Solids – Inorganic Solids                                 | <116       |
| A.4(c) Flammable Solids – Combustible<br>Metals (except dusts and powders) | < 0.116    |
| A.4(d) Flammable Solids – Combustible                                      |            |
| Dusts and Powders (incl. metals)<br>A.5(a) Oxidizers – Gases               | See A.2(b) |
|                                                                            | 366 A.2(0) |
| A.5(b/c) Oxidizers – Liquids/Solids Class 4                                |            |
| A.5(b/c) Oxidizers – Liquids/Solids Class 3                                |            |
| A.5(b/c) Oxidizers – Liquids/Solids Class 2                                | 1 gal      |
| A.5(b/c) Oxidizers – Liquids/Solids Class 1                                | < 50 lbs   |
| A.6 Organic Peroxides – Unclassified                                       |            |
| A.6 Organic Peroxides – Class I                                            |            |
| A.6 Organic Peroxides – Class II                                           |            |
| A.6 Organic Peroxides – Class III                                          |            |
| A.6 Organic Peroxides – Class IV                                           | < 11b      |
| A.6 Organic Peroxides – Class V                                            |            |
| A.7(a) Pyrophoric Materials – Gases                                        | See A.2(g) |
| A.7(b) Pyrophoric Materials – Liquids                                      | 0.25 gal   |
| A.7(c) Pyrophoric Materials – Solids                                       |            |

| Hazard Category                             | Quantity   |
|---------------------------------------------|------------|
| A.8 Unstable (Reactive) Materials – Class 4 |            |
| A.8 Unstable (Reactive) Materials – Class 3 |            |
| A.8 Unstable (Reactive) Materials – Class 2 | 5 lbs      |
| A.8 Unstable (Reactive) Materials – Class 1 | 4 gal      |
| A.9 Water-Reactive Materials – Class 3      | < 0.5 gal  |
| A.9 Water-Reactive Materials – Class 2      | <1 gal     |
| A.9 Water-Reactive Materials – Class 1      | 5 1bs      |
| A.10(a) Cryogenic Fluids – Flammable        |            |
| A.10(b) Cryogenic Fluids – Oxidizing        |            |
| A.10(c) Cryogenic Fluids – Corrosive        |            |
| A.10(d) Cryogenic Fluids – Inert            |            |
| A.10(e) Cryogenic Fluids – Highly Toxic     |            |
| B.1(a) Highly Toxic Materials               |            |
| B.1(b) Toxic Materials – Gases              | See A.2(e) |
| B.1(b) Toxic Materials – Liquids            | 1 gal      |
| B.1(b) Toxic Materials – Solids             | 50 lbs     |
| B.2 Radioactive Materials                   |            |
| B.3 Corrosives                              | 50 ibs     |
| B.4(a) Carcinogens or Suspect Carcinogens   | 4 gal      |
| B.4(b) Target Organ Toxins                  |            |
| B.4(c) Irritants                            |            |
| B.4(d) Sensitizers                          |            |
| B.5 CalARP or RMP Chemicals                 |            |

# SUMMARYFotal number of hazard classes21Fotal gallons of liquids44Fotal pounds of solids164Fotal cu. ft. at STP of gases200

HazMat Worksheet/ dmg February 1998

| Address: Addres | PREVEN BY                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Number       Street       Unit Number         Hayward, CA       94545       (510)       7         usiness Name:       TRACE ANAUSIS (ABSEATERY       (510)       7         usiness in the dist facility:       ENVIRONMENT ANAUST (ABSEATERY       (510)       7         usiness in the dist facility:       ENVIRONMENT ANAUST (ABSEATERY       (510)       7         reif Description of Business at this Facility:       ENVIRONMENT ANAUST (ABSEATERY)       (510)       (510)       (510)         'you had a Hazardous Materials Storage Permit for the last fiscal year, and there have been no izzardous materials storage a your facility, refer to the attached schedule to de de de a your facility, refer to the attached schedule to de de de Permit Fee and enter them below. Your declaration will be verified in a subsequent inspection.       Quantity Range Applied for: 37       Amount Enclosed: \$_55         re there underground storage tanks at this facility?       IYES INO       If "YES", how many?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NUL 2 6 1996                                     |
| Hayward, CA       94545         ZIP Code       7         usiness Name:       TRACE ANALYSIS (ABLEATORY         tailing Address (if different from above):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
| ZIP Code       T         usiness Name:       TRACE ANALYSIS (ABLEATINGY         tailing Address (if different from above):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and a management                                 |
| usiness Name: TRACE ANALYSIS (ABBRADAY)   tailing Address (if different from above):   rief Description of Business at this Facility:   fyou had a Hazardous Materials Storage Permit for the last fiscal year, and there have been no   transfer in the quantities of hazardous materials storage Permit for the same quantity range in the space below, as was in   therwise, if this is the first time you are applying for a Hazardous Materials Storage Permit or it in anges in the quantities of hazardous materials stored at your facility, refer to the attached Statule to de and Permit Fee and enter them below. Your declaration will be verified in a subsequent inspection.   Quantity Range Applied for: 35   Quantity Range Applied for: 36   Amount Enclosed: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 783-6960<br>Felephone Number                     |
| rief Description of Business at this Facility:       EWRAME MARK AMARY AND Securces         in provisional Permit       Full Term Permit         Provisional Permit       Provisional Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
| rief Description of Business at this Facility:       EWRAME MARK AMARY AND Securces         in provisional Permit       Full Term Permit         Provisional Permit       Provisional Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
| you had a Hazardous Materials Storage Permit for the last fiscal year, and there have been no azardous materials stored at your facility, enter the same quantity range in the space below, as was introduced with the space below. The space below, as was introduced with the space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below, as was introduced with the space below. The space below is the space below. The space below, as was introduced with the space below. The space below is the space below is the space below is the space      |                                                  |
| Image: Stored at your facility, enter the same quantity range in the space below, as was in therwise, if this is the first time you are applying for a Hazardous Materials Storage Permit or if it hanges in the quantities of hazardous materials stored at your facility, refer to the attached schedule to de defermit Fee and enter them below. Your declaration will be verified in a subsequent inspection.         Quantity Range Applied for: 37       Amount Enclosed: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |
| CERTIFICATION         I certify that the above information is correct and hereby authorize representatives of the Cirfor inspection purposes. I certify further that I have read and I hereby accept the terms and the other side of this Hazardous Materials Storage Permit. I agree to comply with all permit c State, and Federal ordinances, laws, statutes, codes, rules, and regulations relating to the of hazardous materials.         Muchae       Market M. Gottow, Che Datow         Muchae       Michael M. Gottow, Che Datow         Signature of Applicant       Printed Name and Title         FOR OFFICE USE ONLY         Muchael M. Gottow, Che Datow         Muchael M. Gottow, Che Datow         Signature of Applicant         FOR OFFICE USE ONLY         Market M. Gottow, Che Datow         Muchael M. Colspan         I certify further that I have read and I hereby accept the terms and the other side of the and regulations relating to the of hazardous materials.         Muchael M. Gottow, Che Datow       Michael M. Gottow, Che Datow         Printed Name and Title         Muchael M. Gottow, Che Datow         Muchael M. Gottow, Che Datow         I and Title         Market M. Gottow, Che Datow         Market M. Gottow, Che Datow         I and Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |
| I certify that the above information is correct and hereby authorize representatives of the Cirfor inspection purposes. I certify further that I have read and I hereby accept the terms and the other side of this Hazardous Materials Storage Permit. I agree to comply with all permit c State, and Federal ordinances, laws, statutes, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless         Muchaeless       Muchaeless         ermit Number:       97.1279         uantity Range:       3 R         Full Term Permit       Muchaeless         Provisional Permit       R.V. Number:       835.63       Account Num         Effective Date:       7-1-9.6       Expiration D <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |
| I certify that the above information is correct and hereby authorize representatives of the Cirfor inspection purposes. I certify further that I have read and I hereby accept the terms and the other side of this Hazardous Materials Storage Permit. I agree to comply with all permit c State, and Federal ordinances, laws, statutes, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless, codes, rules, and regulations relating to the of hazardous materials.         Muchaeless       Muchaeless         Muchaeless       Muchaeless         ermit Number:       97.1279         uantity Range:       3 R         Full Term Permit       Muchaeless         Provisional Permit       R.V. Number:       835.63       Account Num         Effective Date:       7-1-9.6       Expiration D <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |
| ermit Number: 971279<br>uantity Range: 3R<br>Full Term Permit<br>Provisional Permit<br>Effective Date: 7-29-96<br>Amount Paid<br>Amount Paid<br>Ma<br>R.V. Number: 83562<br>Account Num<br>Effective Date: 7-1-96<br>Expiration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | conditions printed on<br>onditions and all City, |
| ermit Number:       977279         uantity Range:       3R         Full Term Permit       R.V. Number:         Provisional Permit       Effective Date:         772179       Expiration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
| Full Term Permit<br>Provisional Permit<br>Effective Date: 7-1-96<br>Expiration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1:\$ 550.00                                      |
| Full Term PermitR.V. Number:83562Account Number:Provisional PermitEffective Date:7-1-96Expiration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | aking Validation (OF and Provide                 |
| Provisional Permit Effective Date: 7-1-96 Expiration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | achine Validation/Official Receipt               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date: June 30, 19 97                             |
| L Temporary Permit Approved By: Sinda Oremu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |

CITY ... HAYWARD . FIRE DEPAN MENT

RECEIVED BY

| CITY<br>TEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HAYWARD • FIRE<br>25151 Clawiter Road, Hayward, CA<br>(510) 293-8695 • FAX (510) 293-5017 •<br>HAZARDOUS MATERIALS STORA<br>(For Fiscal Year Ending June 30,             |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| A REAL PROPERTY AND A REAL | ment Boulevard, Unit No.                                                                                                                                                 |                                          |
| Number<br>Hayward, CA 94545                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street                                                                                                                                                                   | Unit Number 510-783-6960                 |
| Hayward, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ZIP Code                                                                                                                                                                 | Telephone Number                         |
| Business Name: Trace Analy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | sis Laboratory, Inc.                                                                                                                                                     |                                          |
| Mailing Address (if different from ab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ove):                                                                                                                                                                    |                                          |
| Brief Description of Business at this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Facility: <u>Analytical Chemistry</u>                                                                                                                                    | Laboratory                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | at this facility? $\Box$ YES $\Box$ NO                                                                                                                                   | If "YES", how many?                      |
| for inspection purposes. I cer the other side of this Hazardou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tify further that I have read and I hereb<br>is Materials Storage Permit. I agree to<br>egulations, ordinances, and codes relat<br><u>L. Jean Noroian</u><br>Printed Nam | e and Title Date Signed                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR PREVER USED ONE                                                                                                                                                      | Ŷ                                        |
| Permit Number: 96, 279                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Paid: JUL 0 7 1995                                                                                                                                                  | Amount Paid: \$ 500.00                   |
| Quantity Range: 3B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HAYWARD FIRE DEPARTMEN                                                                                                                                                   | T<br>Machine Validation/Official Receipt |
| Full Term Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R.V. Number: 78923                                                                                                                                                       | Account Number: 100-1922-4440            |
| Provisional Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Effective Date: 7-1-95                                                                                                                                                   | Expiration Date: June 30, 1996           |
| Temporary Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Approved By: Sinda<br>City of                                                                                                                                            | f Hayward Fire Department                |

| 27                                                                                                                                    | <b>CITY F HAYWA</b><br>25151 Clawiter R<br>TEL (510) 293-8695 • FAX                                                                | bad, Hayward, CA 9454                                                                                         | 45-2731                                                      | JUN 2 J 1994                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                       |                                                                                                                                    | TERIALS STORAGE<br>ear Ending June 30, 199                                                                    |                                                              |                                                                                                                                                      |
| Facility Address: 3423 In                                                                                                             | vestment Boulevar                                                                                                                  | d, Unit No. 3                                                                                                 |                                                              |                                                                                                                                                      |
| Numl                                                                                                                                  |                                                                                                                                    |                                                                                                               | Unit N                                                       |                                                                                                                                                      |
| Hayward, CA                                                                                                                           | 94545                                                                                                                              |                                                                                                               |                                                              | -783-6960                                                                                                                                            |
|                                                                                                                                       |                                                                                                                                    |                                                                                                               | Teleph                                                       | one Number                                                                                                                                           |
| Business Name: Trace A                                                                                                                | nalysis Laborator                                                                                                                  | y, Inc.                                                                                                       |                                                              |                                                                                                                                                      |
| Mailing Address (if different fi                                                                                                      | om above):                                                                                                                         |                                                                                                               |                                                              |                                                                                                                                                      |
| Brief Description of Business a                                                                                                       | nt this Facility: Analytic                                                                                                         | al Chemistry L                                                                                                | aboratory                                                    |                                                                                                                                                      |
| materials stored at your facilit<br>this is the first time you are<br>quantities of hazardous materi-<br>Fee and enter them below. Yo | y, enter the same quantity ran<br>applying for a Hazardous M<br>als stored at your facility, re                                    | ge in the space below, a<br>aterials Storage Permit<br>fer to the attached sched<br>l in a subsequent inspect | ts was indicated in<br>or if there have<br>dule to determine | nges in the quantity-of hazardous<br>in your last permit. Otherwise, if<br>been substantial changes in the<br>the Quantity Range and Permit<br>00.00 |
| Are there underground storage                                                                                                         | tanks at this facility?                                                                                                            |                                                                                                               | YES", how many                                               | ?                                                                                                                                                    |
|                                                                                                                                       |                                                                                                                                    |                                                                                                               |                                                              |                                                                                                                                                      |
|                                                                                                                                       | CE                                                                                                                                 | RTIFICATION                                                                                                   | pentra de la sector                                          |                                                                                                                                                      |
| for inspection purposes.<br>the other side of this Haz<br>State, and Federal ordina<br>hazardous materials.                           | nformation is correct and H<br>I certify further that I hav<br>zardous Materials Storage H<br>ances, laws, statutes, code<br>L. Je | e read and I hereby ac<br>Permit. I agree to com                                                              | ccept the terms<br>aply with all perr<br>ans relating to th  | and conditions printed on<br>nit conditions and all City,<br>the storage and handling of<br>6/24/94                                                  |
| Signature of Applicant                                                                                                                | Printed N                                                                                                                          | ame and Title                                                                                                 |                                                              | Date Signed                                                                                                                                          |
| ······································                                                                                                | 1<br>                                                                                                                              |                                                                                                               |                                                              |                                                                                                                                                      |
|                                                                                                                                       | FOR C                                                                                                                              | FFICE USE ONLY                                                                                                |                                                              |                                                                                                                                                      |
| PERMIT NUMBER: <u>95/</u>                                                                                                             | 279                                                                                                                                | EFFE                                                                                                          | CTIVE DATE:                                                  | July 1, 1994                                                                                                                                         |
| QUANTITY RANGE: $3$                                                                                                                   | <u>B</u>                                                                                                                           | EXPIR                                                                                                         | RATION DATE:_                                                | June 30, 1995                                                                                                                                        |
| 🗆 Full Term Permit                                                                                                                    |                                                                                                                                    | emporary Permit                                                                                               | Ĺ                                                            | Provisional Permit                                                                                                                                   |
| APP                                                                                                                                   | ROVED BY:                                                                                                                          | Hayward Fire Departmer                                                                                        | »                                                            |                                                                                                                                                      |
| Date Paid6 - 3R.V. Number7 6Record Number27Account Number100-19                                                                       | 835<br>9<br>922-4440                                                                                                               | А                                                                                                             |                                                              | Machine Validation/Official Receipt                                                                                                                  |

RECEIVED JUN 1 1 1994-REVENUE YELLOW-CUSTOMER

Machine Validation/Official Receipt

| 251                                                                                               | <b>DF HAYWARD </b> FIRE DEPARTME<br>151 Clawiter Road, Hayward, CA 945<br>731<br>93-8695 FAX (510) 293-5017 TDD (510) 53                                                                                                                             |                                                                                                             |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| HAZ                                                                                               | ARDOUS MATERIALS STORAGE PERMIT<br>(For Fiscal Year Ending June 30, 1994)                                                                                                                                                                            | JUL 1 0 1993                                                                                                |
| Facility Address:3423 Investment                                                                  | t Boulevard, Unit No. 8                                                                                                                                                                                                                              |                                                                                                             |
| Number                                                                                            | Street                                                                                                                                                                                                                                               | Unit Number                                                                                                 |
| Hayward, CA 94545                                                                                 |                                                                                                                                                                                                                                                      | 510-783-6960                                                                                                |
| ZIP Code                                                                                          |                                                                                                                                                                                                                                                      | Telephone Number                                                                                            |
| Business Name: Trace Analysis                                                                     | Laboratory, Inc.                                                                                                                                                                                                                                     |                                                                                                             |
| Mailing Address (if different from above):                                                        |                                                                                                                                                                                                                                                      |                                                                                                             |
|                                                                                                   | Analytical Chemistry Labor                                                                                                                                                                                                                           | atory                                                                                                       |
| Brief Description of Business at this Facility:                                                   |                                                                                                                                                                                                                                                      |                                                                                                             |
| materials stored at your facility, enter the san<br>this is the first time you are applying for a |                                                                                                                                                                                                                                                      | cated in your last permit. Otherwise, if<br>e have been substantial changes in the                          |
| Are there underground storage tanks at this fa                                                    | acility? 🗆 YES 🖾 NO 🛛 If "YES", ho                                                                                                                                                                                                                   | w many?                                                                                                     |
|                                                                                                   | CERTIFICATION                                                                                                                                                                                                                                        |                                                                                                             |
| for inspection purposes. I certify furt the other side of this Hazardous Mater                    | correct and hereby authorize representative<br>ther that I have read and I hereby accept the<br>rials Storage Permit. I agree to comply with<br>statutes, codes, rules, and regulations relatin<br>L. Jean Noroian, Presic<br>Printed Name and Title | terms and conditions printed on<br>all permit conditions and all City,<br>ng to the storage and handling of |
|                                                                                                   | FOR OFFICE USE ONLY                                                                                                                                                                                                                                  |                                                                                                             |
| PERMIT NUMBER: 94/ 279                                                                            |                                                                                                                                                                                                                                                      | TE July 1. 1983                                                                                             |
|                                                                                                   | EFFECTIVE D                                                                                                                                                                                                                                          |                                                                                                             |
| QUANTITY RANGE: 3B                                                                                | EXPIRATION 1                                                                                                                                                                                                                                         | DATE: June 30, 1994                                                                                         |
| 🗆 Full Term Permit                                                                                | ☐ Temporary Permit                                                                                                                                                                                                                                   | Provisional Permit 07/20/7.                                                                                 |
| APPROVED BY:                                                                                      | Laura Divis                                                                                                                                                                                                                                          |                                                                                                             |
|                                                                                                   | City of Hayward Fire Department                                                                                                                                                                                                                      |                                                                                                             |
| Date Paid 7-20-93                                                                                 | JI (110017 ***                                                                                                                                                                                                                                       | (0054-00mm 500.00                                                                                           |
| R.V. Number 1216                                                                                  | RE                                                                                                                                                                                                                                                   | CEIVED IIIN 1 9 1998                                                                                        |
| Record Number 279                                                                                 | ()                                                                                                                                                                                                                                                   |                                                                                                             |
| Account Number <u>100-1922-4440</u>                                                               |                                                                                                                                                                                                                                                      | Machine Validation/Official Receipt                                                                         |

| 25151 Clawiter Road, Hayward, CA 94545-2731<br>TEL (415) 293-8695 • FAX (415) 293-8691 • TDD (415) 537-7593                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAZARDOUS MATERIALS STORAGE PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ISSUED TO: Trace Analysis Laboratory, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FACILITY ADDRESS: 3423 Investment Boulevard, Unit No. 8, Hayward, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| In accordance with the provisions of Article 8, Chapter 3 of the Hayward Municipal Code, the facility named above is hereby granted a permit to store hazardous materials as indicated in the permit application previously submitted, and as detailed in the facility's current Hazardous Materials Management Plan, subject to the following terms and conditions:<br>1. The storage and handling of any hazardous material shall conform with all provisions of the Hazardous Materials Storage Ordinance or any other Local, Federal, or State law, statute, code, rule, or regulation relating to hazardous materials and shall not cause an unauthorized release of hazardous materials or pose a significant risk of such unauthorized release; |
| 2. Permittee shall file with the Hazardous Materials Office, for approval, a written Hazardous Materials Management<br>Plan;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. Permittee shall notify the Hazardous Materials Office of substantial changes in the quantity or nature of the hazardous materials stored in the facility, of substantial modification or repair of the storage facility, of other substantial changes in the facility's Hazardous Materials Management Plan, or of substantial changes in the operations and ownership of the facility which may require a new permit or other additional permits or licenses;                                                                                                                                                                                                                                                                                      |
| 4. Permittee shall take all necessary steps to ensure discovery, containment, and cleanup of any confirmed or unconfirmed unauthorized release of any hazardous material and shall notify the Hazardous Materials Office of such unauthorized release;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

5. Permittee shall authorize representatives of the City to enter the permitted facility for inspection purposes to ascertain compliance and cause correction of any violation of hazardous materials storage permit condition, code, law, statute, rule, or regulation;

6. The Permit may be transferred to new owners of the same facility under terms and conditions imposed by, and subject to the approval of the City;

7. This Permit may be subjected to remedial action under Sec. 3-8.54 of the Hayward Municipal Code arising from the acts or omissions of the permittee;

8. Thirty (30) days prior to the expiration date indicated on this Permit, a new permit application must be submitted pursuant to Sec. 3-8.43 of the Hayward Municipal code;

9. This Permit shall not become effective until it has been signed and accepted by the permittee or by a person having the legal authority to sign for the permittee;

10. This Permit shall be kept on the premises of the permitted facility and shall be made available for inspection; and

11. This Permit does not take the place of any license required by law.

|                                                                                                                                        | Certification                                                              |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I certify that I have read and I hereby accor<br>agree to comply with all permit conditio<br>regulations relating to the storage and h | ns, and all City, State, and Fede                                          | ns of this Hazardous Materials Storage Permit. I<br>ral ordinances, laws, statutes, codes, rules, and |
| L. Jean Noroian, Presid                                                                                                                | lent                                                                       | Je Non'                                                                                               |
| Printed Name & Title                                                                                                                   |                                                                            | Authorized Signature                                                                                  |
| PERMIT NUMBER <u>92-279</u><br>QUANTITY RANGE: <u>3B</u>                                                                               | Hazardous Materials Office Ap                                              | Proval<br>EFFECTIVE DATE: <u>7-1-93</u><br>EXPIRATION DATE: <u>6-30-93</u>                            |
| Full Term Permit                                                                                                                       | 🗌 Temporary Permit                                                         | 🗌 Provisional Permit                                                                                  |
| Approved by the Hazar                                                                                                                  | dous Materials Coordinator, City<br>M Sambuk<br>John Boykin, Battalion Chi | · · · · · · · · · · · · · · · · · · ·                                                                 |
|                                                                                                                                        | Sonn Boynn, Dattanon On                                                    | CI 2010 2011 2013 2011 2013 2011 2013 2013                                                            |

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# CITY OF HAYWARD . FIRE DEPARIMENT

25151 Clawiter Road, Hayward, CA 94545-2731 TEL (510) 293-8695 • FAX (510) 293-8691 • TDD (510) 537-7593

APPLICATION FOR A HAZARDOUS MATERIALS STORAGE PERMIT (For Fiscal Year Ending June 30, 19\_922...)

| Facility Address: <u>3423 Investment Boulevarc</u><br>No. & Street                                   | Unit No.      |
|------------------------------------------------------------------------------------------------------|---------------|
| Hayward, CA_ <u>94545</u>                                                                            | 510-783-6960  |
| ZIP Code                                                                                             | Telephone No. |
| Business Name: <u>Trace Analysis Laboratory</u><br>Mailing Address <i>(if different from above):</i> |               |
| Brief Description of Business at this Facility:Analyti                                               |               |

(If you had a Hazardous Materials Storage Permit for the last fiscal year, and there have been no changes in the quantity of hazardous materials stored at your facility, enter the same quantity range in the next box below, as was indicated in your last permit. Otherwise, if this is the first time you are applying for a Hazardous Materials Storage Permit or if there have been substantial changes in the quantities of hazardous materials stored at your facility, complete the following estimated inventory.)

Estimated Quantities of Hazardous Materials Stored at this Facility

| Hazard Class             | Quantity | Unit                  | Hazard Class           | Quantity | Unit |
|--------------------------|----------|-----------------------|------------------------|----------|------|
| Explosives               |          |                       | Etiological Agents     |          |      |
| Blasting Agents          |          | <u> </u>              | Corrosives, Acids      |          |      |
| Flammable Gases          |          |                       | Corrosives, Bases      |          |      |
| Nonflammable Gases       |          | and the second second | Cryogens               |          |      |
| Poisons                  |          |                       | Radioactive Materials  |          |      |
| Flammable Liquids        |          |                       | Pyrophoric Materials   |          |      |
| Flammable Solids         | ·····    |                       | Unstable Materials     |          |      |
| Water-reactive Materials |          |                       | Listed Extremely       |          |      |
| Oxidizers                |          | ******                | Hazardous Materials    |          |      |
| Organic Peroxides        |          |                       | Other Haz. Materials   | *******  |      |
| Total Number of Classes: |          |                       | Total Gallons Liquids: |          | -    |
| Total Pounds Solids:     |          |                       | Total cu. ft. gases:   | ····     |      |

(Refer to the attached schedule of Permit Fees and complete this box.)

Quantity Range Applied for: 3E

Amount Enclosed: \$ 500.00

2

Are there underground storage tanks at this facility? 

YES XXNO If "YES", how many?

|                                                                 | <b>CERTIFICATION</b><br>d state that the above information is correct. I agree to comply with all City<br>nd use of hazardous materials, and hereby authorize representatives of the<br>es. |   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| L. Mon                                                          | L. Jean Noroian, President June 25, 199                                                                                                                                                     | 2 |
| Signature of Applicant                                          | Printed Name and Title Date Signed                                                                                                                                                          | - |
|                                                                 |                                                                                                                                                                                             |   |
| For Office Use OnlyDate Paid0-26R.V. Number935Record Number3.79 | Machine Validation/Official Receipt                                                                                                                                                         |   |
| Account Number <u>100-4440</u><br>Permit Number <u>93-379</u>   | S S S S<br>CITY OF HAYWARD<br>A SUKAYARD<br>A SUKAYARD                                                                                                                                      |   |
| 4                                                               | 2 2 2 2 2                                                                                                                                                                                   |   |

| CITY OF HAYWARD • FIRE DE<br>25151 Clawiter Road, Hayward, CA 945<br>TEL (415) 293-8695 • FAX (415) 293-8691 • TDE                                                                                                                                                                                                                                                                                                                                                         | 45-2731<br>D (415) 537-7599VED BY        |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|
| HAZARDOUS MATERIALS STORAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EPERMIT                                  |  |  |
| ISSUED TO: TRACE ANALYSIS LABORATORIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                               | SEP 00 1991                              |  |  |
| FACILITY ADDRESS: 3423 INVESTMENT BLVD X#8                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAYWARD FIRE DEPARTMENT                  |  |  |
| In accordance with the provisions of Article 8, Chapter 3 of the Hayward Mur<br>hereby granted a permit to store hazardous materials as indicated in the permit<br>detailed in the facility's current Hazardous Materials Management Plan, subjec                                                                                                                                                                                                                          | application previously submitted, and as |  |  |
| <ol> <li>The storage and handling of any hazardous material shall conform with a<br/>Storage Ordinance or any other Local, Federal, or State law, statute, code, r<br/>materials and shall not cause an unauthorized release of hazardous mater<br/>unauthorized release;</li> </ol>                                                                                                                                                                                       | ule, or regulation relating to hazardous |  |  |
| 2. Permittee shall file with the Hazardous Materials Office, for approval, a wire Plan;                                                                                                                                                                                                                                                                                                                                                                                    | ritten Hazardous Materials Management    |  |  |
| 3. Permittee shall notify the Hazardous Materials Office of substantial changes in the quantity or nature of the<br>hazardous materials stored in the facility, of substantial modification or repair of the storage facility, of other substantial<br>changes in the facility's Hazardous Materials Management Plan, or of substantial changes in the operations and<br>ownership of the facility which may require a new permit or other additional permits or licenses; |                                          |  |  |
| <ol> <li>Permittee shall take all necessary steps to ensure discovery, containm<br/>unconfirmed unauthorized release of any hazardous material and shall notify<br/>unauthorized release;</li> </ol>                                                                                                                                                                                                                                                                       |                                          |  |  |
| 5. Permittee shall authorize representatives of the City to enter the permitted facility for inspection purposes to ascertain compliance and cause correction of any violation of hazardous materials storage permit condition, code, law, statute, rule, or regulation;                                                                                                                                                                                                   |                                          |  |  |
| <ol><li>The Permit may be transferred to new owners of the same facility under<br/>subject to the approval of the City;</li></ol>                                                                                                                                                                                                                                                                                                                                          | r terms and conditions imposed by, and   |  |  |
| <ol> <li>This Permit may be subjected to remedial action under Sec. 3-8.54 of the H<br/>acts or omissions of the permittee;</li> </ol>                                                                                                                                                                                                                                                                                                                                     | layward Municipal Code arising from the  |  |  |
| 8. Thirty (30) days prior to the expiration date indicated on this Permit, a ne pursuant to Sec. 3-8.43 of the Hayward Municipal code;                                                                                                                                                                                                                                                                                                                                     | ew permit application must be submitted  |  |  |
| <ol> <li>9. This Permit shall not become effective until it has been signed and accepted by the permittee or by a person having<br/>the legal authority to sign for the permittee;</li> </ol>                                                                                                                                                                                                                                                                              |                                          |  |  |
| 10. This Permit shall be kept on the premises of the permitted facility and shall be made available for inspection; and                                                                                                                                                                                                                                                                                                                                                    |                                          |  |  |
| 11. This Permit does not take the place of any license required by law.                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |  |  |
| Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |  |  |
| I certify that I have read and I hereby accept the above terms and conditions of th<br>agree to comply with all permit conditions, and all City, State, and Federal ordi<br>regulations relating to the storage and handling of hazardous materials.                                                                                                                                                                                                                       |                                          |  |  |
| L. Jean Norovan, President                                                                                                                                                                                                                                                                                                                                                                                                                                                 | XX                                       |  |  |
| Printed Name & Title                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Authorized Signature                     |  |  |
| Hazardous Materials Office Approval                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7-1-91                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ECTIVE DATE:<br>RATION DATE:             |  |  |
| GUANTITY RANGE: EXPIN     Full Term Permit     Temporary Permit                                                                                                                                                                                                                                                                                                                                                                                                            | Provisional Permit                       |  |  |
| Approved by the Hazardous Materials Coordinator, City of Ha                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |  |  |

John Boykin, Battalion Chief

| CITY HAYWARD • FIRE DEPA MENT<br>25 151 Clawiter Road, Hayward, CA 94545-2731<br>TEL (415) 293-8695 • FAX (415) 293-8691 • TDD (415) 537-7593<br>APPLICATION FOR A HAZARDOUS MATERIALS STORAGE PERMIT<br>(For Fiscal Year Ending June 30, 19 2)                                                             | > |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Facility Address:       3433       Investment       Bud. #8         No. & Street       Unit No.         Hayward, CA       94545       183-6960         ZIP Code       Telephone No.         Business Name:       Iracle Analysis       Laborabasis Tric.         Mailing Address (if different from above): |   |
| Brief Description of Business at this Facility:                                                                                                                                                                                                                                                             |   |

hazardous materials stored at your facility, enter the same quantity range in the next box below, as was indicated in your last permit. Otherwise, if this is the first time you are applying for a Hazardous Materials Storage Permit or if there have been substantial changes in the quantities of hazardous materials stored at your facility, complete the following estimated inventory.)

Estimated Quantities of Hazardous Materials Stored at this Facility

| Hazard Class             | Quantity | Unit                                  | Hazard Class           | Quantity | Unit |
|--------------------------|----------|---------------------------------------|------------------------|----------|------|
| Explosives               |          |                                       | Etiological Agents     |          |      |
| Blasting Agents          |          | <del></del>                           | Corrosives, Acids      |          |      |
| Flammable Gases          |          |                                       | Corrosives, Bases      |          |      |
| Nonflammable Gases       |          |                                       | Cryogens               |          |      |
| Poisons                  |          |                                       | Radioactive Materials  |          |      |
| Flammable Liquids        |          |                                       | Pyrophoric Materials   |          |      |
| Flammable Solids         |          |                                       | Unstable Materials     | ······   |      |
| Water-reactive Materials |          |                                       | Listed Extremely       |          |      |
| Oxidizers                |          | West with a state of the second state | Hazardous Materials    | ······   |      |
| Organic Peroxides        |          |                                       | Other Haz. Materials   | ·····    |      |
| Total Number of Classes: |          |                                       | Total Gallons Liquids: |          |      |
| Total Pounds Solids:     | *****    |                                       | Total cu. ft. gases:   |          |      |

Are there underground storage tanks at this facility? 
YES INO If "YES", how many?

### CERTIFICATION

I certify that I have read this application and state that the above information is correct. I agree to comply with all City, State, and Federal laws relating to the storage and use of hazardous materials, and hereby authorize representatives of the City to enter the facility for inspection purposes.

Signature of Applicant

Printed Name and Title

Date Signed

| For Office Use Only         | Machine Validation/Official Receipt |
|-----------------------------|-------------------------------------|
| Date Paid                   | <b>1</b>                            |
| R.V. Number                 |                                     |
| Record Number               |                                     |
| Account Number100-4440      |                                     |
| Permit Number <u>91-379</u> |                                     |
|                             | <u> </u>                            |
|                             |                                     |

| CITY OF HAYWARD • FIRE DEPARTMENT<br>25151 Clawiter Road, Hayward, CA 94545-2731<br>TEL (415) 293-8695 • FAX (415) 293-8691 • TDD (415) 537-7856 IVED BY<br>HAZARDOUS MALERIA'S O | eart<br>Tthe<br>Bay |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|--|--|
| HAZARDOUS MATERIALS STORAGE PERMIT AUG 13 1991                                                                                                                                    |                     |  |  |  |
| ISSUED TO: Trace Analysis Laboratory, Inc.                                                                                                                                        |                     |  |  |  |
| FACILITY ADDRESS: 3423 Investment Blvd., Unit #8                                                                                                                                  | VIENT               |  |  |  |

In accordance with the provisions of Article 8, Chapter 3 of the Hayward Municipal Code, the facility named above is hereby granted a permit to store hazardous materials as indicated in the permit application previously submitted, and as detailed in the facility's current Hazardous Materials Management Plan, subject to the following terms and conditions:

1. The storage and handling of any hazardous material shall conform with all provisions of the Hazardous Materials Storage Ordinance or any other Local, Federal, or State law, statute, code, rule, or regulation relating to hazardous materials and shall not cause an unauthorized release of hazardous materials or pose a significant risk of such unauthorized release;

2. Permittee shall file with the Hazardous Materials Office, for approval, a written Hazardous Materials Management Plan;

3. Permittee shall notify the Hazardous Materials Office of substantial changes in the quantity or nature of the hazardous materials stored in the facility, of substantial modification or repair of the storage facility, of other substantial changes in the facility's Hazardous Materials Management Plan, or of substantial changes in the operations and ownership of the facility which may require a new permit or other additional permits or licenses;

4. Permittee shall take all necessary steps to ensure discovery, containment, and cleanup of any confirmed or unconfirmed unauthorized release of any hazardous material and shall notify the Hazardous Materials Office of such unauthorized release;

5. Permittee shall authorize representatives of the City to enter the permitted facility for inspection purposes to ascertain compliance and cause correction of any violation of hazardous materials storage permit condition, code, law, statute, rule, or regulation;

6. The Permit may be transferred to new owners of the same facility under terms and conditions imposed by, and subject to the approval of the City;

7. This Permit may be subjected to remedial action under Sec. 3-8.54 of the Hayward Municipal Code arising from the acts or omissions of the permittee;

8. Thirty (30) days prior to the expiration date indicated on this Permit, a new permit application must be submitted pursuant to Sec. 3-8.43 of the Hayward Municipal code;

9. This Permit shall not become effective until it has been signed and accepted by the permittee or by a person having the legal authority to sign for the permittee;

10. This Permit shall be kept on the premises of the permitted facility and shall be made available for inspection; and

11. This Permit does not take the place of any license required by law.

| Certification                                                                                                                                                                                                                                                                            |                                                   |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|--|
| I certify that I have read and I hereby accept the above terms and condition<br>agree to comply with all permit conditions, and all City, State, and Feder<br>regulations relating to the storage and handling of hazardous materials.<br><u>L. Sean Moronan</u><br>Printed Name & Title | ral ordinances, laws, statutes, codes, rules, and |  |  |  |  |
| Hazardous Materials Office Approval                                                                                                                                                                                                                                                      |                                                   |  |  |  |  |
| PERMIT NUMBER 91-279                                                                                                                                                                                                                                                                     | EFFECTIVE DATE:                                   |  |  |  |  |
| QUANTITY RANGE: <u>3B</u>                                                                                                                                                                                                                                                                | EXPIRATION DATE:6-30-92                           |  |  |  |  |
| Full Term Permit     Temporary Permit                                                                                                                                                                                                                                                    | 🗌 Provisional Permit                              |  |  |  |  |
| Approved by the Hazardous Materials Coordinator, City of Hayward Fire Department                                                                                                                                                                                                         |                                                   |  |  |  |  |
| John Boykin, Battalion Chief RECEIVED AUG 10 19                                                                                                                                                                                                                                          |                                                   |  |  |  |  |

|                                                             |                                                                                                                                                                        | <b>RD • FIRE DEP</b><br>bad, Hayward, CA 9454<br>(415) 293-8691 • TDD                                                                                                                         | 15-2731                                                                                     | Heart<br>of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ATTERNIE A                                                  | PPLICATION FOR A HAZAI<br>(For Fiscal Year                                                                                                                             | RDOUS MATERIALS S<br>r Ending June 30, 19_                                                                                                                                                    |                                                                                             | Bay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Facility Address:                                           | 3423 Fruesti<br>No. & Street<br>ayward, CA 945L<br>ZIP Code                                                                                                            | ment Bouler<br>15                                                                                                                                                                             | Unit No.                                                                                    | )0.8<br>-6960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Business Name: 🗍                                            | race Analys                                                                                                                                                            | sis Labora                                                                                                                                                                                    |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             | different from above):<br>Business at this Facility:                                                                                                                   | Analytical                                                                                                                                                                                    | chemistry 1                                                                                 | aboratem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| hazardous materials st<br>last permit. Otherwise            | s Materials Storage Permit for the ored at your facility, enter the solit is the first time you are the solit is the quantities of hazardol Estimated Quantities of Ha | ame quantity range in the<br>applying for a Hazardous<br>is materials stored at you                                                                                                           | e next box below, as was in<br>6 Materials Storage Permit<br>r facility, complete the follo | dicated in your<br>or if there have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hazard Class                                                | Quantity Unit                                                                                                                                                          | Hazard C                                                                                                                                                                                      |                                                                                             | lv Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Quantity Range                                              | es: <u>8</u><br><u>1100</u><br>schedule of Permit Fees and co<br>Applied for: <u>3</u><br>d storage tanks at this facility?                                            | Corrosive<br>Corrosive<br>Cryogens<br>Radioacti<br>Pyrophori<br>Unstable<br>Listed Ext<br>Hazardd<br>Other Haz<br>Total Gall<br>Total Gall<br>Total cu.<br>Demplete this box.)<br>Amount Encl | s, Bases                                                                                    | <u>     16.</u> <u>gallon</u> <u></u> |
| State, and Federal laws                                     | read this application and state to relating to the storage and use for inspection purposes.                                                                            |                                                                                                                                                                                               | nd hereby authorize repres                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ear Office                                                  | Use Only                                                                                                                                                               |                                                                                                                                                                                               |                                                                                             | *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date Paid<br>R.V. Number<br>Record Number<br>Account Number | <u>7-/8-9/</u><br><u>699</u><br><u>279</u><br><u>100-4440</u>                                                                                                          | Machini<br>Sub 2014<br>Machini<br>Th                                                                                                                                                          | e Validation/Official Receipt                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Permit Number                                               | 91-279                                                                                                                                                                 |                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             |                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

#### DECEIVED WW 3 0

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#### HAZARDOUS MATERIAL PERMIT APPLICATION CITY OF HAYWARD

| an a | BUSINESS NAME: Trace Analysis Laboratory, Inc. PHON                                                                                                                                                  | E NO: <u>415-783-6960</u> |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                                          | BUSINESS ADDRESS: 3423 Investment Boulevard, Unit N                                                                                                                                                  | Io. 8, Hayward, CA 94545  |
|                                          | NAME OF OWNER/APPLICANT: Trace Analysis Laboratory,                                                                                                                                                  | Inc.                      |
|                                          | MAILING ADDRESS: <u>3423 Investment Boulevard, Unit No</u><br>NO. STREET CITY STAT                                                                                                                   |                           |
|                                          | TYPE OF BUSINESS: Analytical Chemistry Laboratory                                                                                                                                                    |                           |
|                                          | AMOUNT PAID: \$ 500.00                                                                                                                                                                               |                           |
|                                          | $\sim$                                                                                                                                                                                               | DATE: <u>July 7, 1990</u> |
|                                          | L. Jean Noroian, President<br>FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW                                                                                                                          | <b>"</b> UTC ITNE         |
|                                          | **************************************                                                                                                                                                               |                           |
|                                          | HAZARDOUS MATERIALS PERMIT                                                                                                                                                                           |                           |
|                                          | Permit Nu                                                                                                                                                                                            | mber <u>90-296</u>        |
|                                          | Effective Date:                                                                                                                                                                                      |                           |
|                                          | Renewal/Expiration Date:                                                                                                                                                                             |                           |
|                                          | In accordance with the provision of Article 8 of Chapter 3<br>Municipal Code, a permit is hereby granted to business nam<br>hazardous materials as indicated on the previously submitt<br>statement. | ed above to store         |
|                                          | This permit is for storage range:                                                                                                                                                                    |                           |
|                                          | Permit Term is: full provisional                                                                                                                                                                     | temporary                 |
|                                          | This permit shall be kept on premises and made available for                                                                                                                                         | or inspection.            |
|                                          | Special conditions: This permit does not take the place of<br>by law. Any change in hazardous materials storage, occupan<br>may require a new permit.                                                |                           |
|                                          | Signature:                                                                                                                                                                                           | City of Hayward           |
|                                          | Account Number                                                                                                                                                                                       |                           |
|                                          | Application Fee 500 -                                                                                                                                                                                | ACC PR                    |
|                                          | Date Paid $\frac{7/25/90}{}$                                                                                                                                                                         |                           |
| RV 2                                     | 53                                                                                                                                                                                                   |                           |
| RC2-                                     | 19                                                                                                                                                                                                   |                           |
| YR 90                                    |                                                                                                                                                                                                      | 500,00<br>81 4            |

#### HAZARDOUS MATERIAL PERMIT AN PLICATION CITY OF HAYWARD

| BUSINESS NAME: Trace Analysis Laboratory, Inc PHONE NO                                                                                                                                                          | b: <u>415-783-6960</u>   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| BUSINESS ADDRESS:                                                                                                                                                                                               | 545                      |
| NAME OF OWNER/APPLICANT: Trace Analysis Laboratory, Inc.                                                                                                                                                        |                          |
| MAILING ADDRESS: <u>3423 Investment Blvd., #8 Hayward, CA 9454</u><br>NO. STREET CITY STATE                                                                                                                     | 15<br>ZIP                |
| TYPE OF BUSINESS: Analytical Chemistry Laboratory                                                                                                                                                               |                          |
| AMOUNT PAID:                                                                                                                                                                                                    | rs. June 26, 1989        |
| Louis DuPuis                                                                                                                                                                                                    | IE. <u>ounc 10, 1909</u> |
| FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW TH<br>************************************                                                                                                                        |                          |
| HAZARDOUS MATERIALS FEMILI                                                                                                                                                                                      |                          |
| Permit Number                                                                                                                                                                                                   | 89-310                   |
| Effective Date:7/24/89                                                                                                                                                                                          |                          |
| Renewal/Expiration Date: 7/1/90                                                                                                                                                                                 |                          |
| In accordance with the provision of Article 8 of Chapter 3 of<br>Municipal Code, a permit is hereby granted to business named a<br>hazardous materials as indicated on the previously submitted s<br>statement. | above to store           |
| This permit is for storage range: $3B$                                                                                                                                                                          |                          |
| Permit Term is: full provisional                                                                                                                                                                                | temporary                |
| This permit shall be kept on premises and made available for                                                                                                                                                    | inspection.              |
| Special conditions: This permit does not take the place of an<br>by law. Any change in hazardous materials storage, occupancy<br>may require a new permit.                                                      |                          |
| Signature: Steven Fael2/SR                                                                                                                                                                                      | City of Hayward          |
| Account Number _ A A A O                                                                                                                                                                                        | 1                        |
| Application Fee 500.00                                                                                                                                                                                          |                          |
| Date Paid                                                                                                                                                                                                       |                          |
| RCP# 279                                                                                                                                                                                                        |                          |
|                                                                                                                                                                                                                 |                          |

AZARDOUS MATERIAL PERMIT APPLICANON CITY OF HAYWARD

| BUSINESS NAME: Trace Analysis Laboretory In PHONE NO: 415-783-6960                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS ADDRESS: 3423 Investment Blud, # 8, Hayword, CA 94545                                                                                              |
| NAME OF OWNER/APPLICANT: Trace Analysis Laboratory, Inc.                                                                                                    |
| MAILING ADDRESS: <u>3423 Investment Blud</u> #8, Haynard, CA 94545<br>NO. STREET CITY STATE ZIP                                                             |
| TYPE OF BUSINESS: analytic chemistry lab                                                                                                                    |
| AMOUNT PAID: \$400.00                                                                                                                                       |
| AMOUNT PAID: <u>Groothandy sis Laboratory</u> , Inc.<br>SIGNATURE OF APPLICANT: <u>by</u> : Jour Dufin DATE: <u>11/1/88</u><br>Louis Ochois, Vice President |
| FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE                                                                                                     |

#### HAZARDOUS MATERIALS PERMIT

|                |                        |                      | Permit N                                                   | umber     | 88-401                 |
|----------------|------------------------|----------------------|------------------------------------------------------------|-----------|------------------------|
| Effective Date | e:l(                   | 18 88                | ·                                                          |           |                        |
| Renewal/Expira | e:l(                   | 7/1/89               |                                                            |           |                        |
| Municipal Code | e, a permit is         | hereby grant         | cle 8 of Chapter<br>ed to business na<br>previously submit | med above | e to store             |
| This permit is | s for storage          | range:               | 3B                                                         |           | e                      |
| Permit Term is | s:                     | full                 | provisional                                                |           | temporary              |
| This permit sl | nall be kept o         | <u>n premises an</u> | d made available                                           | for insp  | ection.                |
| -              | change in haza         |                      | t take the place<br>ls storage, occup                      | -         | -                      |
| Signature:     | Steven                 | Fael2/S              | A                                                          | C         | ity of Hayward         |
| Account Number | <u> </u>               |                      |                                                            |           |                        |
|                | e _400.00              |                      |                                                            |           | NATTA<br>14145 seranne |
| Date Paid      | 11/8/88                |                      |                                                            |           | 1                      |
| RCDH O         | <u>11/8/88</u><br>0279 |                      |                                                            |           |                        |

11-08/5 Bi 490.00

# RECEIVED JUL 1 1987

# HAZARDOUS MATERIAL PERMIT APPLICA'L ON CITY OF HAYWARD

| BUSINESS NAME: Trace Analysis Laboratory, Inc. PHONE NO: 415-783-6960                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS ADDRESS: 3423 Investment Boulevard, Unit 8, Hayward, CA 94545                                                                                                                                                                                      |
| NAME OF OWNER/APPLICANT:                                                                                                                                                                                                                                    |
| MAILING ADDRESS:                                                                                                                                                                                                                                            |
| NO. STREET CITY STATE ZIP                                                                                                                                                                                                                                   |
| TYPE OF BUSINESS: Analytical Chemistry Laboratory                                                                                                                                                                                                           |
| AMOUNT PAID: _\$400.00 / .                                                                                                                                                                                                                                  |
| SIGNATURE OF APPLICANT: De Por Por Avalusis Laborator, Jr.                                                                                                                                                                                                  |
| FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE                                                                                                                                                                                                     |
| HAZARDOUS MATERIALS PERMIT                                                                                                                                                                                                                                  |
| Permit Number <u>87-358</u>                                                                                                                                                                                                                                 |
| Effective Date:                                                                                                                                                                                                                                             |
| Renewal/Expiration Date:7-1-88                                                                                                                                                                                                                              |
| In accordance with the provision of Part VIII, Article 8 of Chapter 3 of the<br>Hayward Municipal Code, a permit is hereby granted to business named above to<br>store hazardous materials as indicated on the previously submitted inventory<br>statement. |
| This permit is for storage range: <u>3B</u>                                                                                                                                                                                                                 |
| Permit Term is: full provisional temporary                                                                                                                                                                                                                  |
| This permit shall be kept on premises and made available for inspection.                                                                                                                                                                                    |
| Special conditions: This permit does not take the place of any license required<br>by law. Any change in hazardous materials storage, occupancy group or ownership<br>may require a new permit.                                                             |
| Signature: Suzanne harson/212 City of Hayward                                                                                                                                                                                                               |
| Account Number 4440                                                                                                                                                                                                                                         |
| Application Fee 400.00                                                                                                                                                                                                                                      |
| Date Paid <u>8-17-87</u><br>Red # 00279                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                             |

| APPLICATION F<br>NIFIED HAZARDOUS MATERIALS<br>(Before completing this                                                                               | OR A CONSOLID.<br>5 / HAZARDOUS V<br>5 form, please read the | VITIES FORM<br>ATED PERMIT/REGISTRATION<br>WASTE MANAGEMENT REGULATO<br>e instructions printed on a separate page.)                                                                                       | 0 1 2001<br>Eige department<br>DRY PROGRAM |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| ype of Application: (Please check one.) 1. Facility Information                                                                                      | Initial Regist                                               | ration  Modification 5. Aboveground Storage Tank Program                                                                                                                                                  | Renewal                                    |
| Name:Beverage Distributors, Inc.<br>Address: 3423 Investment Blvd. #<br>Hayward, CA (ZIP) <u>945</u>                                                 | )<br>+5                                                      | Do you have aboveground storage tanks<br>containing petroleum products; at least<br>one is greater than 660 gallons; or total<br>aboveground storage capacity for facility<br>greater than 1,320 gallons? | □ Yes<br>¤ No                              |
| Telephone:                                                                                                                                           |                                                              | 6. Hazardous Waste Generator Progra                                                                                                                                                                       | ım (HWG)                                   |
| 2. Hazardous Materials Storage Program                                                                                                               | n                                                            | Do you generate hazardous waste on site?                                                                                                                                                                  | Yes Xá No                                  |
| Do you have on site hazardous materials – solids,<br>extremely hazardous substances specified in 40CF<br>A or B; or radiological materials? $\Box$ Y | RPart 355 Appendix                                           | Quantity generated per month (gal or lbs)                                                                                                                                                                 | No No                                      |
| Number of Hazard Classes                                                                                                                             |                                                              | Do you consolidate hazardous waste from remote sites at this facility?                                                                                                                                    | ☐ Yes<br>⊠ No                              |
| Total Liquids                                                                                                                                        | gallons                                                      | 7. Recycler (Onsite or Off-Site)                                                                                                                                                                          |                                            |
| Total Solids<br>Total Gases (at STP)                                                                                                                 | pounds<br>cu. ft.                                            | Do you recycle your own waste onsite?                                                                                                                                                                     | Yes<br>X No                                |
| Total Radiological Materials                                                                                                                         | curies                                                       | Do you receive hazardous waste from other facilities and recycle it on your site?                                                                                                                         | Yes X No                                   |
|                                                                                                                                                      |                                                              | 8. Tiered Permit Program (On-site Tre                                                                                                                                                                     | atment of HW)                              |
| Do you have any regulated substance listed<br>n Tables 1, 2, and/or 3 of the CalARP .<br>Program (CCR Title 19/Div. 2/Chapter.4.5)?                  | ☐ Yes<br><b>X</b> No                                         | Do you treat, on this site, any hazardous waste you generate?                                                                                                                                             | Yes<br>X No                                |
| . Underground Storage Tank Program                                                                                                                   |                                                              | Do you have a Tiered Permit?                                                                                                                                                                              | Yes<br>I Yo                                |
| Do you own or operate Underground<br>Storage Tanks (USTs) at this facility?                                                                          | Yes Yes                                                      | Number of Treatment Units under Tiered Per<br>Permit-By-Rule                                                                                                                                              |                                            |
| "yes", list material stored and tank capaci                                                                                                          | ty in gallons:                                               | Conditionally Authorized<br>Conditionally Exempt – Specified Waste<br>Conditionally Exempt – Small Quantity<br>Conditionally Exempt – Limited<br>Conditionally Exempt – Commercial Law                    |                                            |

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

| Lorene<br>Signature | De Ornellas, Exec. V. P.<br>Printed Name and Tille | Date Signed            | - |
|---------------------|----------------------------------------------------|------------------------|---|
| Reviewed by:        | no HAA Permit Regn                                 | Date reviewed: 2   200 |   |

# **Hazardous Materials Worksheet**

An attachment to the application for a Unified Hazardous Materials / Hazardous Waste Management Regulatory Program for (Name and Street Address of Facility) Beverage Distributors, Inc. 3423 Investment Blud. #9. Hayward CA

Use the "Hazardous Materials Hazard Categories" pamphlet and tally in the following table the total quantities of materials stored at your facility by hazard class. Summarize your inventory and report totals in the application form. Specify unit of measure under "quantity". Use gallons, pounds, or cu. ft.

| Hazard Category                                                            | Quantity   |  |
|----------------------------------------------------------------------------|------------|--|
| A.1 Explosives and Blasting Agents                                         | Ø          |  |
| A.2(a) Compressed Gases – Flammable                                        |            |  |
| A.2(b) Compressed Gases – Oxidizing                                        |            |  |
| A.2(c) Compressed Gases - Corrosive                                        |            |  |
| A.2(d) Compressed Gases - Highly Toxic                                     |            |  |
| A.2(e) Compressed Gases - Toxic                                            |            |  |
| A.2(f) Compressed Gases - Inert                                            |            |  |
| A.2(g) Compressed Gases - Pyrophoric                                       |            |  |
| A.2(e) Compressed Gases – Unstable                                         |            |  |
| A.3(a) Flammable Liquids Class I-A                                         |            |  |
| A.3(a) Flammable Liquids Class I-B                                         |            |  |
| A.3(a) Flammable Liquids Class I-C                                         |            |  |
| A.3(b) Combustible Liquids Class II                                        |            |  |
| A.3(b) Combustible Liquids Class III-A                                     |            |  |
| A.3(b) Combustible Liquids Class III-B                                     |            |  |
| A.4(a) Flammable Solids - Organic Solids                                   |            |  |
| A.4(b) Flammable Solids – Inorganic Solids                                 |            |  |
| A.4(c) Flammable Solids – Combustible                                      |            |  |
| Metals (except dusts and powders)<br>A.4(d) Flammable Solids – Combustible |            |  |
| Dusts and Powders (incl. metals)                                           |            |  |
| A.5(a) Oxidizers – Gases                                                   | See A.2(b) |  |
| A.5(b/c) Oxidizers - Liquids/Solids Class 4                                |            |  |
| A.5(b/c) Oxidizers - Liquids/Solids Class 3                                |            |  |
| A.5(b/c) Oxidizers - Liquids/Solids Class 2                                |            |  |
| A.5(b/c) Oxidizers - Liquids/Solids Class 1                                |            |  |
| A.6 Organic Peroxides – Unclassified                                       |            |  |
| A.6 Organic Peroxides – Class I                                            |            |  |
| A.6 Organic Peroxides – Class II                                           |            |  |
| A.6 Organic Peroxides – Class III                                          |            |  |
| A.6 Organic Peroxides - Class IV                                           |            |  |
| A.6 Organic Peroxides – Class V                                            |            |  |
| A.7(a) Pyrophoric Materials – Gases                                        | See A.2(g) |  |
| A.7(b) Pyrophoric Materials – Liquids                                      |            |  |
| A.7(c) Pyrophoric Materials – Solids                                       | V          |  |

| Hazard Category                             | Quantity   |
|---------------------------------------------|------------|
| A.8 Unstable (Reactive) Materials – Class 4 | ø          |
| A.8 Unstable (Reactive) Materials – Class 3 |            |
| A.8 Unstable (Reactive) Materials – Class 2 |            |
| A.8 Unstable (Reactive) Materials – Class 1 |            |
| A.9 Water-Reactive Materials – Class 3      |            |
| A.9 Water-Reactive Materials – Class 2      |            |
| A.9 Water-Reactive Materials – Class 1      |            |
| A.10(a) Cryogenic Fluids – Flammable        |            |
| A.10(b) Cryogenic Fluids – Oxidizing        |            |
| A.10(c) Cryogenic Fluids – Corrosive        |            |
| A.10(d) Cryogenic Fluids – Inert            |            |
| A.10(e) Cryogenic Fluids – Highly Toxic     |            |
| B.1(a) Highly Toxic Materials               |            |
| B.1(b) Toxic Materials – Gases              | See A.2(e) |
| B.1(b) Toxic Materials – Liquids            |            |
| B.1(b) Toxic Materials – Solids             |            |
| B.2 Radioactive Materials                   |            |
| B.3 Corrosives                              |            |
| B.4(a) Carcinogens or Suspect Carcinogens   |            |
| B.4(b) Target Organ Toxins                  |            |
| B.4(c) Irritants                            |            |
| B.4(d) Sensitizers                          |            |
| B.5 CalARP or RMP Chemicals                 | V          |

94545

| SUMMARY                        |   |
|--------------------------------|---|
| Total number of hazard classes | Ø |
| Total gallons of liquids       | S |
| Total pounds of solids         | Ø |
| Total cu. ft. at STP of gases  | ø |

HazMat Worksheet/ dmg February 1998

# HAYWARD FIRE DEPARTMENT A Certified Unified Program Age.

TRACKING FORM For New or Prospective Haz Mat Facilities

| Facility Name:  | Benera   | ge Distribu | two Inc  |          |           |       |  |
|-----------------|----------|-------------|----------|----------|-----------|-------|--|
| Street Address: | 3423     | Inustre     | nt Blud. | #9, Hayw | ard, CA _ | 94544 |  |
| Name & Title of | Contact: | GLENN       | HAYAME   | Tel.:    | 783-      | 8444  |  |

| DATE    |      | STATUS/COMMENTS                                                                                      |
|---------|------|------------------------------------------------------------------------------------------------------|
| 1-23-01 | I    | Initiated by <u>d</u> for <u>Steve</u> from<br>New Business License.  D Other source of information. |
| Lo      | п    | NEW FACILITY PACKET  Sent by mail  Delivered personally                                              |
| 1-24-01 |      | Delivered over the counter BY                                                                        |
|         | III  | RESPONSE Received.<br>Submitted Hazardous Materials Inventory Worksheet and Application.<br>GO TO V. |
|         | IV   | NO RESPONSE after four weeks.<br>Referred to Haz Mat Investigator for area. GO TO VIII.              |
|         | V    | Submittal reviewed by                                                                                |
|         | VI   | INVOICE requested by                                                                                 |
|         |      | FOLDER prepared by          COMPUTER file posted by                                                  |
|         |      | LETTER NOTICE sent by                                                                                |
|         | VII  | Folder delivered to Haz Mat Investigator by GO TO END.                                               |
|         | VIII | Facility inspected by                                                                                |
|         | IX   | Manila Folder prepared by GO TO END.                                                                 |
|         | END  | If permitted, FACILITY IN SYSTEM.<br>If NOT permitted, Manila Folder in File Room.                   |



777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

### **INSPECTION REPORT**

| Street Address: 3423 Investment Blvd., Suite 11                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Facility: BLOASSAY Systems, LLC                                                                                                                                  |
| Name of Facility: <u>Bloassay</u> Systems, LLC<br>Shugui<br>Facility Representative: (Frank) Huang, Ph.D Tel. No.: <u>510-782-9988</u> × 301                             |
|                                                                                                                                                                          |
| This is a final walk-through for the closure of this facility to determine extent of hazardous materials removal.                                                        |
| determine extent of hazardoug materials removal.                                                                                                                         |
| All hazardous materials have been properly disposed<br>of Camall quantities of hazardous waste have been disposed<br>of at the Alameda County Household Hazardous waste. |
| This facility's file will be closed.                                                                                                                                     |
|                                                                                                                                                                          |
|                                                                                                                                                                          |
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Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

01 25/2011 Hazardous Materials Investigator Date of Inspection Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

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#### HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE

A Certified Unified Program Agency

01/25/2011 Bio Assay, LLC 3423 Investment Blud. Suite 11 € 12

| INSPECTION REPORT NOTES                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Closure Inspection                                                                                                                                                                                                                               |
| Photos were taken during this inspection.                                                                                                                                                                                                        |
| ·                                                                                                                                                                                                                                                |
| A complete walk-through of the facility was done with<br>Frank Husang. All hazardous materials have been removed<br>to 3191 Corporate Place. (The permit has been transferred).<br>All labels and signs have kept removed from this<br>facility. |
| Frank Husang. All hazardous materials have been removed                                                                                                                                                                                          |
| to 3191 Corporate Place. (The permit has been transferred).                                                                                                                                                                                      |
| All labels and slins have the removed from this                                                                                                                                                                                                  |
| facilitys been                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                  |
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|                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                  |

Page 2 of 2

| Miles Perez    |                                                                                     |
|----------------|-------------------------------------------------------------------------------------|
| Subject:       | Closure Inspection at 3423 Investment Blvd., Ste. 11 (See e-mail message in notes). |
| Start:<br>End: | Tue 1/25/2011 11:30 AM<br>Tue 1/25/2011 1:00 PM                                     |
| Recurrence:    | (none)                                                                              |
| Organizer:     | Miles Perez                                                                         |
| Categories:    | Scheduled Activity or Inspection                                                    |

We recently moved out from 3423 Investment Blvd., Suite 11. I have filed the closure forms with Danny Galang. The landlord needs a release form before the lease can be terminated. Would you please schedule a visit to this address at your earliest convenience? I'd greatly appreciate your getting back to me.

Thanks and have a wonderful day!

Best regards,

Frank Frank Huang, Ph.D. BioAssay Systems 3191 Corporate Place Hayward, CA 94545 Tel: 510-782-9988 x 301 Toll Free: 877-782-3888 Fax: 510-782-1588 Website: www.bioassaysys.com

J OF HAY

Date of Inspection

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 🗆 FAX (510) 583-3641 🗆 TDD (510) 247-3340

#### INSPECTION REPORT SUMMARY

Full CUPA Inspt.

| Street Address:   | 3423  | Investment    | Blud  | Sante      | . 11   |      |    |  |
|-------------------|-------|---------------|-------|------------|--------|------|----|--|
| Name of Facility: | Bioas | say Systems   | , LLC |            |        |      |    |  |
| Contact Person:   | Shugu | i (Frank) Hua | na    | Telephone: | 510-67 | 6-90 | 34 |  |
| Type of Business: |       |               | 2     |            |        |      |    |  |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection | COMMENTS |
|------------------------------------------------|---------|------------|----------|
| Hazardous Materials Storage Permit             | X       | X          | Kange 1A |
| Hazardous Materials Business Plan              |         |            | 0        |
| Risk Management Plan / CalARP                  |         |            |          |
| Underground Storage Tank                       |         |            |          |
| Aboveground Petroleum Storage Tank             |         |            |          |
| Does the facility have an SPCC Plan?           |         |            |          |
| Hazardous Waste Generator                      |         |            |          |
| Tiered Permit: Permit-by-Rule                  |         |            |          |
| Conditionally Authorized                       |         |            |          |
| Conditionally Exempt, Specified Waste Stream   |         |            |          |
| Conditionally Exempt, Small Quantity Treatment |         |            |          |
| Conditionally Exempt, Limited                  | 1       |            |          |
| Conditionally Exempt, Commercial Laundry       |         |            |          |

|      | INSPECTION CHECKLISTS COMPLETED AN                                   | D ATTACHED                               |      |
|------|----------------------------------------------------------------------|------------------------------------------|------|
| Π    | HMBP Inspection Checklist                                            |                                          |      |
|      | Hazardous Waste Generator Inspection Checklist                       |                                          |      |
|      | Tiered Permit Inspection Checklist                                   | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |      |
|      | Uniform Fire Code Checklist for General Provisions and Articles 79 & | & 80                                     |      |
|      | Underground Storage Tank Checklist(s)                                |                                          |      |
| X    | Inspection Notes                                                     |                                          |      |
| X    | Other: Requirements                                                  |                                          |      |
|      | 0                                                                    |                                          |      |
| Wasr | permission granted by a facility representative for this inspection? | X YES                                    | D NO |

| Complete required corrective actions immediately. Submit written Corrective Action Plan on or before/A |  |
|--------------------------------------------------------------------------------------------------------|--|
| Re-inspection of the facility to verify compliance with all requirements may be conducted on or after  |  |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local state and/or federal laws or regulations.

Inspector

1

Page 1 of \prec

Signature of Facility Representative

OF HAY HAYWARD FIRE DEPARTMENT 3423 Threstment Blud. Suite 11 HAZARDOUS MATERIALS OFFICE 414 A Certified Unified Program Agency Prioassay systems. 07/23/09 CALIFORNIE INSPECTION REPORT NOTES Bance Frank Hugns Shugui Inspects 05 Flammah GU Contents Mus 70 fortal N least 2-A:10-BC muthe Every 12 Reguren Fine Extinguish between 3-5f forta rovide label reguren 6

Page \_ 2 of \_ 2

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 = FAX (510) 583-3641 = TDD (510) 247-3340

#### **INSPECTION REPORT SUMMARY**

| Street Address:   | 3423     | Investment   | Blvd          |                  |  |
|-------------------|----------|--------------|---------------|------------------|--|
| Name of Facility: | Bloassa  | y Sustems,   | LLC           |                  |  |
| Contact Person:   | Chuanyus | h Szhao      | Telephone:    | 510 - 782 - 9988 |  |
| Type of Business: | Frank S. | Huang, Ph. I | <b>&gt;</b> . |                  |  |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection | COMMENTS |
|------------------------------------------------|---------|------------|----------|
| Hazardous Materials Storage Permit             | X       | X          | Rance 1A |
| Hazardous Materials Business Plan              |         |            | - mg     |
| Risk Management Plan / CalARP                  |         |            |          |
| Underground Storage Tank                       |         |            |          |
| Aboveground Petroleum Storage Tank             |         |            |          |
| Does the facility have an SPCC Plan?           |         |            |          |
| Hazardous Waste Generator                      |         |            |          |
| Tiered Permit: Permit-by-Rule                  |         |            |          |
| Conditionally Authorized                       |         |            |          |
| Conditionally Exempt, Specified Waste Stream   |         |            |          |
| Conditionally Exempt, Small Quantity Treatment |         |            |          |
| Conditionally Exempt, Limited                  |         |            |          |
| Conditionally Exempt, Commercial Laundry       |         |            |          |

|    | INSPECTION CHECKLISTS COMPLETED AND ATTACHED                            |  |
|----|-------------------------------------------------------------------------|--|
|    | HMBP Inspection Checklist                                               |  |
|    | Hazardous Waste Generator Inspection Checklist                          |  |
|    | Tiered Permit Inspection Checklist                                      |  |
|    | Uniform Fire Code Checklist for General Provisions and Articles 79 & 80 |  |
|    | Underground Storage Tank Checklist(s)                                   |  |
| X  | Inspection Notes 2 Legar remembra                                       |  |
| Ū, | Other:                                                                  |  |

| Was permission granted by a facility representative for this inspection? | X YES | D NO |
|--------------------------------------------------------------------------|-------|------|
|--------------------------------------------------------------------------|-------|------|

| Complete required corrective actions immediately. Submit written Corrective Action Plan on or before  | MA. |
|-------------------------------------------------------------------------------------------------------|-----|
| Re-inspection of the facility to verify compliance with all requirements may be conducted on or after | NA  |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

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Signature of Facility Representative Date of Inspection

Page 1 of



#### HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE 777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

#### **INSPECTION REPORT**

| Street Address:   | 3423 Investment Blud.            |
|-------------------|----------------------------------|
| Name of Facility: | Bracsay Systems, LLC             |
|                   | Frank S! Hubing Ph.D. Tel. No .: |

| l x Flamma<br>No containers<br>Labelling is | able Liquids cabinet in back production room<br>greater than I gallon.<br>good. |
|---------------------------------------------|---------------------------------------------------------------------------------|
|                                             | No requirements at this time.                                                   |
|                                             |                                                                                 |

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

05/25 Signature of Facility/Representative Date of Inspection Hazardous Materials Investigator

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page 4 2 of 2



777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 Gamma FAX (510) 583-3641 Gamma TDD (510) 247-3340

## INSPECTION REPORT SUMMARY

| Street Address: 3423 Investment Blud.          |            |            |          |
|------------------------------------------------|------------|------------|----------|
| Name of Facility: Bioassay Systems, LLC        |            |            |          |
| Contact Person: Chuanyun Szhao                 | Telephone: | 510-67     | 6-9034   |
| Type of Business:                              |            |            |          |
| On-site Rep: Mr. Wanbo Li of                   | Gene       | bateway    | , LLC.   |
| UNIFIED PROGRAM SUMMARY                        | Program    | Inspection | COMMENTS |
| Hazardous Materials Storage Permit             | ×          | ×          | Range IA |
| Hazardous Materials Business Plan              |            |            | 0        |
| Risk Management Plan / CalARP                  |            |            |          |
| Underground Storage Tank                       | 1          |            |          |
| Aboveground Petroleum Storage Tank             | 1          | 1          |          |
| Does the facility have an SPCC Plan?           | 1.2.2.1    |            |          |
| Hazardous Waste Generator                      |            |            |          |
| Tiered Permit: Permit-by-Rule                  |            |            |          |
| Conditionally Authorized                       | 1          |            |          |
| Conditionally Exempt, Specified Waste Stream   |            |            |          |
| Conditionally Exempt, Small Quantity Treatment |            |            |          |
| Conditionally Exempt, Limited                  |            |            |          |
| Conditionally Exempt, Commercial Laundry       |            |            | 12       |

|   | INSPECTION CHECKLISTS COMPLETED AND ATTACHED                            |   |
|---|-------------------------------------------------------------------------|---|
|   | HMBP Inspection Checklist                                               |   |
|   | Hazardous Waste Generator Inspection Checklist                          |   |
|   | Tiered Permit Inspection Checklist                                      |   |
|   | Uniform Fire Code Checklist for General Provisions and Articles 79 & 80 |   |
|   | Underground Storage Tank Checklist(s)                                   |   |
| X | Inspection Notes & Requivements                                         | - |
|   | Other: b                                                                |   |

| Was permission granted by a facility representative for this inspection? | YES | D NO |
|--------------------------------------------------------------------------|-----|------|
|                                                                          |     |      |

| Complete required corrective actions immediately. Submit written Corrective Action Plan on or before NA |   |
|---------------------------------------------------------------------------------------------------------|---|
| Re-inspection of the facility to verify compliance with all requirements may be conducted on or after   | - |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

06/03/04 Date of Inspection

OF HAY



Bicassay Systems, LLC 3423 Investment Blvd. # 11 A Certified Unified Program Agency

06/03/04

Page 2 of 2

INSPECTION NOTES Range IA Wanbo Li of Gene Cateway. , owner Minimal chemical use. However, Mr. Li will complete the Consolidated fermit application and a determination can then made as to whether or not a permit is necessary. Current haz-mats on the site willde -X FL Cabinet w/ all containers 5 2L. Le.S. Methanol 2 alcohol). 5 500 ml × Acid cabriet (small is/ acetic acid only Con cylinder (x 4/2) Compressed X by is shared Gene Gateway his and The latter although Susten the with this be made by\_ inspec Chuanyun Szhao to ask ShVI permit vo wants V she the OF businesses 61 at this time. No regurements Note: Application for a consolidated permit left with Mr. Lee.

(HM53AT00000401FEB11((1102( HM Record 807602( Begin Ye, ) < \*\*\*\*\*\*\* Hazardous Materials Permit Payments \*\*\*\*\*\*

Business Name: BIOASSAY SYSTEMS LLC Billing Data: 1A RANGE 1->0 HAZARDOUS MATERIALS Billing Year: 2011 Range Code Fee: 245.00+ Balance Due:

3423 Investment Blod.

Bill Year Amount RV No Date Code Paid Paid Pd FY 2010/2011 Did not return Permit

*(-NEXT FORMAT* 

RMIS-HM53

81710 08/17/2010 1A 2011 245.00+

ALL TRANSACTIONS HAVE BEEN LISTED FOR RECORD NUMBER 08:45:02:85 INQUIRY REQUEST



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

# **PERMIT TRANSFER FORM**

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION X PERMIT TO OPERATE UNDERGROUND STORAGE TANK

#### **ORIGINALLY ISSUED TO**

| Name of Facility:               | Executive Contact:    |                                                                                                                |
|---------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| BioAssay Systems, LLC           | Shugui Huang, Preside | ent & CEO                                                                                                      |
| Street Address:                 | Mailing Address:      |                                                                                                                |
| 3423 Investment Blvd., Suite 11 | 3423 Investment Blvd. | , Suite 11                                                                                                     |
| Telephone Number at Facility:   | City/State/ZIP:       | a a construction of the second se |
| 510-782-9988                    | Hayward, CA 94545     |                                                                                                                |
| Registration/Permit Number:     | Date of Issue:        | Date of Expiry:                                                                                                |
| 11-0810901-023554               | 8/9/10                | 08/31/2011                                                                                                     |

#### TRANSFERRED TO 11-0807602-023554

| Name of Facility:<br>BioAssay Systems, LLC                                                                 | Executive Contact:<br>Shugui Huang, President & CEO |                                       |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|
| Street Address:                                                                                            | Mailing Address:                                    | · · · · · · · · · · · · · · · · · · · |
| 3191 Corporate Place, Hayward, CA 94545                                                                    | 3191 Corporate Place                                |                                       |
|                                                                                                            | City/State/ZIP:                                     |                                       |
| CHANGE IN OWNERSHIP OF FACILITY / UST SYSTEM                                                               | Hayward, Ca 94545                                   |                                       |
| na na manana ana | Date of Transfer:                                   | Date of Expiry:                       |
| CHANGE IN LOCATION OF BUSINESS, SAME OWNERS                                                                | 1/20/2010                                           | 08/31/2011                            |

#### CERTIFICATION

I certify that I have read and I hereby accept the terms and conditions printed on the original Unified Program Consolidated Permit and Registration and the original Permit to Operate Underground Storage Tank attached to this Transfer Form. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste and the operation of underground petroleum storage tank systems.

| The My                          | Shugui Huang, President & CEO | 1/20/2011   |
|---------------------------------|-------------------------------|-------------|
| Signature of New owner/Operator | Printed Name and Title        | Date Signed |

#### FOR OFFICE USE ONLY Date Payment Received: Payment Reference:

| Date Payment Received: | Payment Reference:    | Machine Validation / Official Receipt           |
|------------------------|-----------------------|-------------------------------------------------|
| NO FEES.               |                       | <b>^</b>                                        |
| Total Amount Paid:     | State Surcharge Paid: |                                                 |
| \$ \$                  | \$0                   | Amealany                                        |
| Comments:              |                       | 1.18.201                                        |
|                        |                       | Approved by the City of Hayward Fire Department |

Approved by the City of Hayward Fire Department

FIRE PREVENTION OFFICE

# THAT WARD

HAYWARD FIRE DEPARTMENT

AUG 0 9 2010

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3 HAYWARD FIRE DEPARTMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                        |                                               |  |
|--------------------------------------------------|-----------------------------------------------|--|
| Name of Facility:<br>BIOASSAY SYSTEMS LLC        | Executive Contact:<br>SHUGUI HUANG, PRESIDENT |  |
| Street Address:<br>3423 INVESTMENT BLVD #11      | Mailing Address:<br>3423 INVESTMENT BLVD #11  |  |
| Telephone Number at Facility:                    | City/State/ZIP:                               |  |
| 782-9988                                         | HAYWARD, CA 94545                             |  |
| Registration/Permit Number:<br>11-0810901-023554 | Email Address:<br>HUANG@BIOASSAYSYS.COM       |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>va</b> kx | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program ()                                                    |
|--------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|              | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|              | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|              | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Suntant<br>Signature of Applicant                                                               | SHUGUL F<br>Printed Name a                                                                 | HUANG, PRESIDENT & CEO<br>and Title   | <u>B12/Jolo</u><br>Date Signed |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|
|                                                                                                 | FOR OFFIC                                                                                  | E USE ONLY                            |                                |
| Effective Date:<br>8/9/10<br>Date Payment Received:<br>8/9/10<br>Total Amount Paid:<br>\$245.60 | Expiration Date:<br>08/31/2011<br>Payment Reference:<br>Part 370/<br>State Surcharge Paid: | Machine Validation / Official Receipt | rd Fire Department             |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

OF HA

A Certified Unified Program Agency 777 B Street, Hayward, CA 94341-2000 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE DEPARTMENT 777 B Street, Hayward, CA 94541-5007

RECEIVED BY FIRE PREVENTION OFFICE

JUL 2 9 2009

# **UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION**

| Issued to                                      |                                                    |  |  |  |
|------------------------------------------------|----------------------------------------------------|--|--|--|
| Name of Facility:                              | Executive Contact:                                 |  |  |  |
| BIOASSAY SYSTEMS LLC<br>Street Address:        | SHUGUI HUANG, PRESIDENT<br>Mailing Address:        |  |  |  |
| 3423 INVESTMENT BLVD #11                       | 3423 INVESTMENT BLVD #11                           |  |  |  |
| Permit Type:  □ Full □ Provisional □ Temporary | City/State/ZIP:                                    |  |  |  |
| Registration/Permit Number:                    | HAYWARD, CA 94545<br>Telephone Number at Facility: |  |  |  |
| 10-0810901-023554                              | 782-9988                                           |  |  |  |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>Q</b> <sub>xx</sub> | Hazardous Materials Storage(Range)                               | Hazardous Waste Generator Program()                                                     |
|------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                        | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|                        | Aboveground Petroleum Storage, SPCC Plan                         | PBR;CA;CE                                                                               |
|                        | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### **Certification**

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant | SHUGUI<br>Printed Name           | HUANG, PRESIDENT                      | <b><u>7/27/09</u></b><br>Date Signed |
|------------------------|----------------------------------|---------------------------------------|--------------------------------------|
|                        | FOR OFFI                         | CE USE ONLY                           |                                      |
| Effective Date:        | Expiration Date:                 | Machine Validation / Official Receipt |                                      |
| Date Payment Received: | 08/31/2010<br>Payment Reference: |                                       | $\cap$                               |
| 07/29/09               | ch # 3615                        | MO Longe L                            | mon                                  |
| Total Amount Paid:     | State Surcharge Paid:            |                                       | V ()                                 |
| \$ 239.00              | ps &                             | Approved by the City of Haywa         | rd Fire Department                   |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 JUL 1 8 2003

HAYWARD FIRE DEPARTMENT

RECEIVED BY

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                               |  |  |
|-----------------------------|-------------------------------|--|--|
| Name of Facility:           | Executive Contact:            |  |  |
| BIOASSAY SYSTEMS LLC        | CHUANYUN ZHAO, PRESIDENT      |  |  |
| Street Address:             | Mailing Address:              |  |  |
| 3423 INVESTMENT BLVD #11    | 34362 EUCALYPTUS TERRACE      |  |  |
| Permit Type:                | City/State/ZIP:               |  |  |
|                             | FREMONT, CA 94555             |  |  |
| Registration/Permit Number: | Telephone Number at Facility: |  |  |
| 09-0810901-023554           | 676-9034                      |  |  |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| Âx | Hazardous Materials Storage(Range)                               | Hazardous Waste Generator Program()                                                     |
|----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|    | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|    | Aboveground Petroleum Storage, SPCC Plan                         | PBR;CA;CE                                                                               |
|    | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant |                       | I HUANG, CEO                          | <u>07//6(08</u><br>Date Signed |
|------------------------|-----------------------|---------------------------------------|--------------------------------|
| •                      | FOR OFFIC             | E USE ONLY                            | · · · · · · · · ·              |
| Effective Date:        | Expiration Date:      | Machine Validation / Official Receipt |                                |
| 7-18.08                | 06/30/2009            |                                       |                                |
| Date Payment Received: | Payment Reference:    |                                       | $\wedge$                       |
| 7-18.08                | CK#3408               | Open Munic                            | 1 aller                        |
| Total Amount Paid:     | State Surcharge Paid: | Openan UIIm                           | KX I                           |
| \$165.00 POSTE         | osØ                   | Approved by the City of Haywa         | rd Fire Department             |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

ATA CALIFORNIA

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

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JUN 0 6 2007

HAYWARD FIRE DEPARTMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                  |                                      |  |  |
|--------------------------------------------|--------------------------------------|--|--|
| Name of Facility:                          | Executive Contact:                   |  |  |
| BIOASSAY SYSTEMS LLC                       | CHUANYUN ZHAO, PRESIDENT             |  |  |
| Street Address:                            | Mailing Address:                     |  |  |
| 3423 INVESTMENT BLVD #11                   | 34362 EUCALYPTUS TERRACE             |  |  |
| Permit Type: □Full □Provisional □Temporary | City/State/ZIP:<br>FREMONT, CA 94555 |  |  |
| Registration/Permit Number:                | Telephone Number at Facility:        |  |  |
| 08-0810901-023554                          | 676-9034                             |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| Xxx | Hazardous Materials Storage (Range <u>1A</u> )                   |   | Hazardous Waste Generator Program ()                                                    |
|-----|------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------|
|     | Hazardous Materials Business Plan                                |   | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|     | Aboveground Petroleum Storage, SPCC Plan                         | , | PBR; CA; ` CE                                                                           |
|     | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 |   | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant                | SHUGUI<br>Printed Name             | <u>06/05/2007</u><br>Date Signed      |                 |  |  |  |
|---------------------------------------|------------------------------------|---------------------------------------|-----------------|--|--|--|
| ,                                     | FOR OFFICE USE ONLY                |                                       |                 |  |  |  |
| Effective Date:<br>7-1-07             | Expiration Date:<br>06/30/2008     | Machine Validation / Official Receipt |                 |  |  |  |
| Date Payment Received: $6 - 6 - 07$   | Payment Reference:<br>CK $\#$ 3224 | Office on                             | man             |  |  |  |
| Total Amount Paid:<br>\$  65.00 POSTI | State Surcharge Paid:              | Approved by the City of Hay           | $\underline{0}$ |  |  |  |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

OF HAYL

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE DEPARTMENT

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JUN 1 4 2005

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                        |                                              |  |  |
|--------------------------------------------------|----------------------------------------------|--|--|
| Name of Facility:                                | Executive Contact:                           |  |  |
| BIOASSAY SYSTEMS LLC                             | CHUANYUN ZHAO, PRESIDENT                     |  |  |
| Street Address:<br>3423 INVESTMENT BLVD #11      | Mailing Address:<br>34362 EUCALYPTUS TERRACE |  |  |
| Permit Type:                                     | City/State/ZIP:<br>FREMONT, CA 94555         |  |  |
| Registration/Permit Number:<br>07-0810901-023554 | Telephone Number at Facility:<br>676-9034    |  |  |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>v</b> tx | Hazardous Materials Storage(Range <u>1A</u> )                    | Hazardous Waste Generator Program ()                                                    |
|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|             | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|             | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|             | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant                                                                                                                           | Shugui Huang, CEO<br>Printed Name and Title |                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|--|--|
| FOR OFFICE USE ONLY                                                                                                                              |                                             |                             |  |  |
| Effective Date:Expiration Date07/01/200606/30/200                                                                                                |                                             | eip!                        |  |  |
| Date Payment Received:Payment Refer6-14-06CK#3Total Amount Paid:State Surcharge\$ 165.00\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | $\frac{0.87}{\text{e Paid:}}$               | of Haywird Fire Departument |  |  |

This permit shall not be construed as proof of compliance with any permitting, registration, ticensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



A Certified Unified Program Agency TTEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 2005

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                                      |  |  |  |
|-----------------------------|--------------------------------------|--|--|--|
| Name of Facility:           | Executive Contact:                   |  |  |  |
| BIOASSAY SYSTEMS LLC        | CHUANYUN ZHAO, PRESIDENT             |  |  |  |
| Street Address:             | Mailing Address:                     |  |  |  |
| 3423 INVESTMENT BLVD        | 34362 EUCALYPTUS TERRACE             |  |  |  |
| Permit Type: ☐Full          | City/State/ZIP:<br>FREMONT, CA 94555 |  |  |  |
| Registration/Permit Number: | Telephone Number at Facility:        |  |  |  |
| 06-0810901-023554           | 676-9034                             |  |  |  |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>X</b> x | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program ()                                                    |
|------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|            | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|            | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|            | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant        | Printed Name a                             | <u>Zhao, preoident</u>                                                                                                                                                                                                                 | <u>06/07105</u><br>Date Signed |  |
|-------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| FOR OFFICE USE ONLY           |                                            |                                                                                                                                                                                                                                        |                                |  |
| Effective Date:<br>07/01/2005 | Expiration Date:<br>06/30/2006             | Machine Validation / Official Receipt                                                                                                                                                                                                  |                                |  |
| Date Payment Received:        | Payment Reference:<br>$\int_{a} F 3 = 5 /$ | $ \rightarrow \rightarrow$ | $\wedge$                       |  |
| Total Amount Paid:            | -State Surcharge Paid:                     | Composition Allina                                                                                                                                                                                                                     | Morris -                       |  |
| \$ 165.00                     | \$ _                                       | Approved by the City of Haywa                                                                                                                                                                                                          | ard Piré Department            |  |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 RECEIVED BY FIRE PREVENTION OFFICE

JUL 0 8 2004

HAYWARD FIRE DEPARTMENT

# UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| , Issued to                 |                                      |  |  |
|-----------------------------|--------------------------------------|--|--|
| Name of Facility:           | Executive Contact:                   |  |  |
| BIOASSAY SYSTEMS LLC        | CHUANYUN \$ZHAO                      |  |  |
| Street Address:             | Mailing Address:                     |  |  |
| 3423 INVESTMENT BLVD        | 34362 EUCALYPTUS TERRACE             |  |  |
| Permit Type:                | City/State/ZIP:<br>FREMONT, CA 94555 |  |  |
| Registration/Permit Number: | Telephone Number at Facility:        |  |  |
| 05-0810901-023554           | 676–9034                             |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardou<u>s Waste Management Program</u>

| XX | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program ()                                                    |
|----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|    | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|    | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|    | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant                                                   | <u></u><br>Printed Name a                                                                      | n Zhao, fresident                     | <b>713/04</b><br>Date Signed |  |  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|--|--|
|                                                                          | FOR OFFICE USE ONLY                                                                            |                                       |                              |  |  |
| Effective Date:<br>07/01/2004                                            | Expiration Date:<br>06/30/2005                                                                 | Machine Validation / Official Receipt |                              |  |  |
| Date Payment Received:<br>7-8-04<br>Total Amount Paid:<br>\$ 165.080STED | Payment Reference:<br>$C \downarrow \ddagger 3019$<br>State Surcharge Paid:<br>$\$ \ddagger 5$ | Approved by the City of Hayw          | ard kine Department          |  |  |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

| CALIFORNIA<br>UNIFIED PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A Certified Unifi<br>777 B Street, Hay<br>TEL: (510) 583-4910 FAX (510                                                                                                                                                                                                                                         | RE DEPARTMENT<br>Sed Program Agency<br>ward, CA 94541-5007<br>0) 583-3641 • TDD (510) 247-3340<br>TED PERMIT AND REGISTRATION<br>RECEIVED UN<br>FIRE PREVENTION DEFIC<br>FEB 2 7 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Issu                                                                                                                                                                                                                                                                                                           | ied to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name of Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                | Executive Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| BIOASSAY SYSTEMS LL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                                                                                                                                                                                                                                                                                              | CHUANYUN SZHAO<br>Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3423 INVESTMENT BLV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D                                                                                                                                                                                                                                                                                                              | 34362 EUCALYPTUS TERRACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Permit Type: DFull                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provisional Temporary                                                                                                                                                                                                                                                                                          | City/State/ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a compounty                                                                                                                                                                                                                                                                                                    | FREMONT, CA 94555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Registration/Permit Number:<br>04-0810901-023554                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                | Telephone Number at Facility<br>676 - 9034                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Underground Storag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eum Storage, SPCC Plan<br>e Tank Program<br>/ No. : 01-003                                                                                                                                                                                                                                                     | Onsite Treatment of Hazardous Waste:<br>PBR;CA;CE<br>California Accidental Release Prevention Program<br>and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Underground Storag<br>tanks; Facility<br>I certify that I have read a<br>Consolidated Permit and<br>ordinances, laws, statutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e Tank Program<br>/ No. : 01-003<br>Ind I hereby accept the terms and<br>Registration. I agree to comply w<br>, codes, policies, rules and regula<br>terials and/or hazardous waste.<br>D<br><i>Chuanyu</i><br><i>Printed Name a</i>                                                                           | PBR;CA;CE     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     and/or Federal Risk Management Plan     California Accidental Release Prevention Program     conditions printed on the other side of this Unified Program     vith all permit conditions and all local. state and federal     tions relating to the storage, use, handling. generation and <u>Max Anop. President Deletion Deletion     Dale Signed     </u> |
| Underground Storag<br>tanks; Facility<br>I certify that I have read a<br>Consolidated Permit and<br>ordinances, laws, statutes<br>disposal of hazardous ma<br>unenyin 2 //<br>Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e Tank Program<br>No. : 01-003-<br>Certif<br>and I hereby accept the terms and<br>Registration. I agree to comply w<br>codes, policies, rules and regula<br>terials and/or hazardous waste.<br>D<br>Chuanyu<br>Printed Name a<br>FOR OFFIC                                                                     | PBR;CA;CE     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program     conditions printed on the other side of this Unified Program with all permit conditions and all local. state and federal tions relating to the storage, use, handling. generation and     M Zhao, President                                                                             |
| Underground Storag<br>tanks; Facility<br>I certify that I have read a<br>Consolidated Permit and<br>ordinances, laws, statutes<br>disposal of hazardous ma<br>disposal of hazardous ma | e Tank Program<br>No. : 01-003-<br>Certif<br>and I hereby accept the terms and<br>Registration. I agree to comply w<br>, codes, policies, rules and regula<br>terials and/or hazardous waste.<br>Chuanyu<br>Printed Name a<br>FOR OFFIC<br>Expiration Date:                                                    | PBR;       CA;       CE         California Accidental Release Prevention Program and/or Federal Risk Management Plan         Fication         conditions printed on the other side of this Unified Program with all permit conditions and all local, state and federal tions relating to the storage, use, handling, generation and         M Zhao       President       02/23/2004         M Zhao       President       02/23/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Underground Storag<br>tanks; Facility<br>I certify that I have read a<br>Consolidated Permit and<br>ordinances, laws, statutes<br>disposal of hazardous ma<br>Undersfign 2 ////<br>Signature of Applicant<br>Effective Date:<br>05/01/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e Tank Program<br>No. : 01-003-<br>Certif<br>and I hereby accept the terms and<br>Registration. I agree to comply w<br>, codes, policies, rules and regula<br>terials and/or hazardous waste.<br>Chuanyu<br>Printed Name a<br>FOR OFFIC<br>Expiration Date:<br>06/30/2004                                      | PBR;CA;CE     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program     conditions printed on the other side of this Unified Program with all permit conditions and all local. state and federal tions relating to the storage, use, handling. generation and     M Zhao, President                                                                             |
| Underground Storag<br>tanks; Facility<br>I certify that I have read a<br>Consolidated Permit and<br>ordinances, laws, statutes<br>disposal of hazardous ma<br><u>Uneryfun</u> 2 //du<br>Signature of Applicant<br>Effective Date:<br>05/01/2004<br>Date Payment Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e Tank Program<br>No. : 01-003<br>Certif<br>and I hereby accept the terms and<br>Registration. I agree to comply w<br>, codes, policies, rules and regula<br>terials and/or hazardous waste.<br>D<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>FOR OFFIC<br>Expiration Date:<br>06/30/2004<br>Payment Reference:<br>H | PBR;CA;CE     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program and/or Federal Risk Management Plan     California Accidental Release Prevention Program     conditions printed on the other side of this Unified Program with all permit conditions and all local. state and federal tions relating to the storage, use, handling. generation and     M Zhao, President                                                                             |
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UNIFIED HAZARDOUS M ....

# FACILITY INFORMATION

BUSINESS ACTIVITIES

PREVENTRODUCIEALME

AUG 0 9 2010

RECEIVED BY

| I. FACILITY IDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IFICATION      | YWARD FIRE DEPARTMENT                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY ID #<br>(Agency Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 EPA ID       | # (Hazardous Waste Only) 2                                                                                                                      |
| BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)<br>BIOASSAY SYSTEMS LLC                                                                                                                                                                                                                                                                                                                                                                                   |                | 3                                                                                                                                               |
| BUSINESS SITE ADDRESS 3423 INVESTMENT BLVD., SU                                                                                                                                                                                                                                                                                                                                                                                                                          | TEIL           | 103                                                                                                                                             |
| BUSINESS SITE CITY HAYWARD                                                                                                                                                                                                                                                                                                                                                                                                                                               | HAYWARD        | <sup>104</sup> CA ZIP CODE 94545                                                                                                                |
| II. ACTIVITIES DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LARATION       |                                                                                                                                                 |
| Does your facility□                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If Yes, y      | you are required to                                                                                                                             |
| A. HAZARDOUS MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                                 |
| Have on site (for any purpose) at any one time, 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    | Complete, submit and maintain a<br>HAZARDOUS MATERIALS<br>BUSINESS PLAN (HMBP).                                                                 |
| B. REGULATED SUBSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                 |
| Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?                                                                                                                                                                                                                                                                                                | 🗆 YES 🕅 NO 4a  | Coordinate with Hayward Fire Department<br>in preparing a Risk Management Plan.                                                                 |
| C. UNDERGROUND STORAGE TANKS (USTs)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                 |
| Own or operate underground storage tanks?                                                                                                                                                                                                                                                                                                                                                                                                                                | YES NO 5       | Submit UST documents required.                                                                                                                  |
| D. ABOVE GROUND PETROLEUM STORAGE                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                                                                                                 |
| Own or operate ASTs above these thresholds:                                                                                                                                                                                                                                                                                                                                                                                                                              | S.a. www. Si   | Prepare and submit a Spill Prevention,                                                                                                          |
| Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.                                                                                                                                                                                                                                                                                                                                                                 | YES NO 8       | Control and Countermeasure (SPCC) Plan.                                                                                                         |
| E. HAZARDOUS WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                 |
| Generate hazardous waste?                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES 🛛 NO 🦻     | Provide EPA ID NUMBER Dat the top of this page.                                                                                                 |
| Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?                                                                                                                                                                                                                                                                                                                                                                           | □ YES 🙀 NO 10  | Submit RECYCLABLE MATERIALS<br>REPORT (one per recycler).                                                                                       |
| Treat hazardous waste on-site?                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES NO 11      | Submit Tiered Permit NOTIFICATION                                                                                                               |
| Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?                                                                                                                                                                                                                                                                                                                                                                | VES 🕅 NO 12    | Submit CERTIFICATION OF<br>FINANCIAL ASSURANCE                                                                                                  |
| Consolidate hazardous waste generated at a remote site?                                                                                                                                                                                                                                                                                                                                                                                                                  | YES X NO 13    | Submit ANNUAL NOTIFICATION                                                                                                                      |
| Need to report the closure/removal of a tank that was classified <b>as</b> hazardous waste and cleaned on-site?                                                                                                                                                                                                                                                                                                                                                          | YES SONO 14    | Submit HAZARDOUS WASTE TANK<br>CLOSURE CERTIFICATION                                                                                            |
| Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or<br>more of federal RCRA hazardous waste, or generate in any single calendar<br>month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous<br>waste; or generate or accumulate at any time more than 100 kg (220 pounds) of<br>spill cleanup materials contaminated with RCRA acute hazardous waste.                                                                        | 🗌 YES 🔽 NO 14a | Obtain federal EPA ID Number, file<br>Biennial Report (EPA Form 8700-<br>13A/B), and satisfy requirements for<br>RCRA Large Quantity Generator. |
| Household Hazardous Waste (HHW) Collection site?                                                                                                                                                                                                                                                                                                                                                                                                                         | 🗆 YES 🎦 NO 146 | Submit required forms.                                                                                                                          |

UPCF Rev. Hayward 2010

## CLAIM OF EXEMPTION For Reporting Year 2010

FIRE PREVENTION OFFICE

FEB 0 3 2010

HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a **consumer product** for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: 5         | HUGUI HUANG              | Signature:      |
|-----------------|--------------------------|-----------------|
| Title:          | OWNER                    | Date Signed:    |
| Facility Name:  | BIOASSAY SYSTEMS LL.     | <u> </u>        |
| Facility Addres | S: 3423 INESTMENT        | BLVD., STE 11   |
| E- Mail Addres  | s: <u>huang@bioacsay</u> | sys. com POSTED |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

### CLAIM OF EXEMPTION For Reporting Year 2009

RECEIVED BY FIRE PREVENTION OFFICE

FEB 1 1 2009

## HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORIAND FIRE DEPARTMENT

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting the start Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

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  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
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- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

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I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: <u>SH</u>   | IUGUI HUANG     | Signature: Struct              |
|-------------------|-----------------|--------------------------------|
| Title: <u>C</u>   | EU              | Date Signed: 2/10/2009         |
| Facility Name:    | BIDASSAY SYSTEM | s llc                          |
| Facility Address: | 3423 INVESTMENT | BLUD., Stell, HAYWARD, CA94545 |
| E- Mail Address:  | humg @ bibassmy | 1545.com<br>Rec. 8109-01       |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

CLAIM OF EXEMPTION

RECEIVED BY PREVENTION OFFICE

HAYWARD FIR

ARTMENI

For Reporting Year 2005

#### HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALLOF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
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- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Claim of Exemption; AND
- (3) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.)

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| Name: <u>Chuany</u>    | m zhao             | Signature:     | Kpre              |
|------------------------|--------------------|----------------|-------------------|
| Title: <u>presiden</u> | t                  | Date Signed:   | 2/1/2005          |
| Facility Name:         | àldssay Systems 22 | C              |                   |
| Facility Address:      | 3423 Investment Bl | ud., Suite 11, | Hayward, CA9454.5 |
|                        |                    |                |                   |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT 777 B Street, Hayward, CA 94541-5007

RECEIVED BY FIRE PREVENTION OFFICE FEB 1 0 2004 AIM EXEMPTION HAYWARD FIRE DEPARTMENT FOR REPORTING YEAR 2004

#### HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALLOF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a consumer product for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Claim of Exemption; AND
- (3) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extre

I CERTIFY UNDER PENALTY OF L

I have personally investigated and am fa this facility. Based on my inquiry, I bel submit a Hazardous Materials Business meets the exemption conditions describe

Name: <u>Chuanyun 2 hao</u>

Title: president

| Facility Name: | BioAssay | Sus |
|----------------|----------|-----|
|                |          |     |

please use the following address for future correspondence:

Chuanyun Zhao BioAssay Systems LLC 34362 Encalyptus Terrace Tremout, CA94555.

cument as it applies to ement to prepare and and this facility no longer 0 days of such change.

Thanks! ast

Facility Address: 3423 meet Blud, suitell Hayward, CA 94545

Complete, sign and return to: HAYWARD FIRE DEPARTMENT 777 B Street, Hayward, CA 94541-5007



# OFFICE OF THE FIRE MARSHAL

Administration 777 B Street Hayward, CA 94541 510.583.4930

Headquarters 22700 Main Street Hayward, CA 94541

Station 2 360 W. Harder Road Hayward, CA 94544

Station 3 31982 Medinah Street Hayward, CA 94544

Station 4 27836 Loyola Ave. Hayward, CA 94545

Station 5 28595 Hayward Blvd. Hayward, CA 94542

Station 6 1401 W. Winton Ave. Hayward, CA 94545

Station 7 28270 Huntwood Ave. Hayward, CA 94544

Station 8 25862 Canyons Pkwy. Hayward, CA 94552

Station 9 24912 Second Street Hayward, CA 94541 January 19, 2011

Dr. Shugui Huang, President BioAssay Systems, LLC 3191 Corporate Place Hayward, CA 94545

Subject: <u>Facility Transfer</u>

Dear Dr. Huang:

Enclosed is the approved completed facility transfer form you submitted for your company which moved its operations from 3423 Investment Blvd., #11 in Hayward to 3191 Corporate Place, also in Hayward. This transfers to the new address the Unified Program Consolidated Permit and Registration originally issued to BioAssay at the old address. The permit expires on August 31, 2011.

You noted in your letter-report on the closure of the facility at 3423 Investment Blvd., #11 that all chemicals and solvents, including waste, were transported to the new facility for continued use and reuse. Walls and floors at the old facility were vacuum-cleaned and wiped with wet cloth.

Although the premises you occupied may have been properly cleaned, we cannot issue you a "no-further-action-required" letter for the cleanup because we did not inspect the premises after the cleanup, no wipe samples were collected from the floors or the walls for analyses, and no professional opinion was rendered by a Registered Industrial Hygienist on its habitability.

If you have any questions, contact us by email at <u>danny.galang@hayward-ca.gov</u> or by telephone at (510) 583-4925.

Sincerely,

Danilo Galang Environmental Specialist, AA-III

Encl: a/s



BIOASSAY SYSTEMS 3191 CORPORATE PLACE HAYWARD, CA 94545. U. S. A

email of Jan. 18

TEL: 510. 782. 9988 FAX: 510. 782. 1588 www.bioassaysys.com info@bioassaysys.com

Hazardous Materials Office Hayward Fire Department 777 B Street Hayward, CA 94541-5007

January 20, 2011

Dear Mr. Danny Galang,

Thank you very much for your letter of January 20, 2011. Please find the two completed forms in the attachments.

This letter relates to the closure of our facility at 3423 Investment Boulevard, Suite 11. For removal and transport, all chemicals and organic solvents in their original bottles were carefully wrapped with foam wraps, placed in sturdy boxes and transported to the new facility on a truck. The new facility is a couple of blocks down the street. All chemicals and organic solvents are all to be used.

Liquid waste containing any chemicals and solvent were handled the same way as with the chemicals and solvents. The waste which was very little is to be reused. Facility walls and floors are vacuumed and cleaned with wet cloth.

Please feel free to contact me should you have any questions. We look forward to working with you.

Best regards,

Sincerely Yours,

Ry My

Shugui F. Huang, Ph.D. Business Owner

July 27, 2010

SHUGUI HUANG, PRESIDENT BIOASSAY SYSTEMS LLC 3423 INVESTMENT BLVD #11 HAYWARD, CA 94545

**RE: 3423 INVESTMENT BLVD** 

Dear BIOASSAY SYSTEMS LLC:

Your Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program or CUPA Program) expires on August 31, 2010 and must be renewed unless you are no longer required to maintain it.

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" or "City of Hayward" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, the invoice stub and the completed "Business Activities" form in the pre-addressed blue envelope provided. Affix correct postage.

If there have been CHANGES in your operations, including changes in your inventory of regulated materials, renew your permit by doing the following:

- (1) write changes directly and neatly on the enclosed "Unified Program Consolated Permit and Registration" such as Executive Contact, Mailing Address, Hazardous Materials Storage Range, Hazardous Waste Generator Level, number of underground storage tanks, etc.
- (2) write changes directly and neatly on the enclosed invoice such as Executive Contact, Mailing Address, Hazardous Materials Storage Range, Hazardous Waste Generator Level, number of underground storage tanks, and the corresponding changes in the amounts billed (if any) and calculate the adjusted amount due.
- (3) write a check payable to "Hayward Fire Department" or "City of Hayward" for the adjusted amount due; and
- (4) mail the signed permit with the changes, the check, the entire invoice with the changes and the completed "Business Activities" form in the pre-addressed blue envelope provided. Affix correct postage.

January 26, 2010

SHUGUI HUANG, PRESIDENT BIOASSAY SYSTEMS LLC 3423 INVESTMENT BLVD #11 HAYWARD, CA 94545

#### Subject: HMBP for 810901 at 3423 INVESTMENT BLVD #11

Dear SHUGUI HUANG, PRESIDENT:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been **exempted** from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements. Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?" If your inventory of hazardous materials still falls below HMBP levels, please complete and submit a Claim of Exemption.

If your inventory exceeds or is at HMBP levels, you are required to file an HMBP with us.

The HMBP forms are available online. Go to <u>www.hayward-ca.gov</u> and search the website for "HMBP" and then click on the hyperlink to "The Hayward HMBP Package". We can also email you the forms in MSWord document format, which you can complete using your computer. You will still need to print and sign your completed HMBP for submittal to us. To request for the HMBP forms you need, send an email to <u>danny.galang@hayward-ca.gov</u>.

The Fire Department should receive your completed "Claim for Exemption" (or new HMBP) on or before March 1, 2010.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

As a reminder, if your business is located on leased or rented property, you are required to notify the property owner that your business is subject to the HMBP requirements and that you have prepared an HMBP. You must also provide the property owner a copy of your HMBP, if requested to do so, within five working days of such request.

July 22, 2009

SHUGUI HUANG, PRESIDENT BIOASSAY SYSTEMS LLC 3423 INVESTMENT BLVD #11 HAYWARD, CA 94545

#### RE: 3423 INVESTMENT BLVD

#### Dear BIOASSAY SYSTEMS LLC:

The Hayward Fire Department has extended the expiration date of your existing Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program) from June 30, 2009 to August 31, 2009. Unless you are no longer required to maintain it, please renew your Unified Program Consolidated Permit by the new expiration date, August 31, 2009.

The City of Hayward has conducted a comprehensive study of the fees it charges for services it provides to businesses and individuals, including those that the Fire Department charges for its services as a Certified Unified Program Agency (CUPA). In July, the City Council adopted a new Master Fee Schedule which includes the CUPA Fees summarized in the attached "Schedule of Fees: September 1, 2009."

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. State Surcharges. All state surcharges are remitted to the state upon collection. As a CUPA, we collect a state surcharge of \$24.00 from each facility that is regulated under any of the Unified Program elements. In addition, those facilities under the UST Program are assessed a state surcharge of \$15.00 per UST and CalARP facilities are assessed a state surcharge of \$270.00.

CERS Surcharge. The California legislature has provided for a temporary additional surcharge of \$25.00 per CUPA facility per year, for three years, to fund the California Electronic Reporting System (CERS). When established, CERS will be available to all regulated businesses and all regulated local government agencies to file required Unified Program information using the Internet. Please refer to the enclosed information sheet on electronic reporting and CERS.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" or "City of Hayward" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, and the invoice stub in the pre-addressed blue envelope provided. Affix correct postage.

BioAssav Systems BIOASSAY SYSTEMS 3423 INVESTMENT BLVD., SUITE 11 HAYWARD, CA 94545. U. S. A TEL: 510.782.9988 FAX: 510.782.1588 www.bioassaysys.com info@bioassaysys.com FIRE PREVENTION OFFICE

FEB 1 1 2009

HAYWARD FIRE DEPARTMENT

Mr. Hugh Murphy City of Hayward Hazardous Materials Program Coordinator

Re: Address Change

February 10, 2009

Dear Mr. Murphy,

Thank you very much for your letter of February 5, 2009. We have changed the mailing address. Would you please address future correspondence to,

Shugui Huang, President BioAssay Systems LLC 3423 Investment Blvd., Ste 11 Hayward, CA 94545. Tel: 510-782-9988 Fax: 510-782-1588

I thank you for your attention to this matter. Please let me know should you have any questions.

Best regards,

Shugui (Frank) Huang

President & CEÓ



February 5, 2009

CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

Subject: HMBP for 810901 at 3423 INVESTMENT BLVD #11

Dear CHUANYUN ZHAO, PRESIDENT:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been <u>exempted</u> from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements. Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?" If your inventory of hazardous materials still falls below HMBP levels, please complete and submit a Claim of Exemption.

If your inventory exceeds or is at HMBP levels, you are required to file an HMBP with us.

The HMBP Package, including a Claim for Exemption, is available online. Go to <u>www.hayward-ca.gov</u> and type in "HMBP Package" in the site's search bar. We can also email you the forms in MSWord document format which can be downloaded and completed using your computer. Please send an email request for the MSWord document forms you need to <u>danny.galang@hayward-ca.gov</u>. The Fire Department should receive your completed HMBP (or "Claim for Exemption") on or before March 1, 2009.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

If you have any questions about the HMBP program, call Danny Galang of the Hazardous Materials Office at (510) 583-4925.

Sincerely Hugh Murnhy

Hazardous Materials Program Coordinator

Encl.: Claim of Exemption Form Are you exempted from filing an HMBP? July 1, 2008

#### CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

#### RE: 3423 INVESTMENT BLVD

#### Dear BIOASSAY SYSTEMS LLC:

Your Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program) expired on June 30, 2008 and should be promptly renewed, unless you are no longer required to maintain one. As your Certified Unified Program Agency (CUPA), we understand that this year's renewal notice is coming to you late - after the expiration date of your FY 2007-08 permit. We apologize for the delay.

Earlier this year, the City of Hayward started a comprehensive study of all services it provides to businesses and individuals and the fees it charges for these services. The services provided and the fees charged by the Fire Department for the CUPA Program are included in this study. We expected that the study would be completed and a new Master Fee Schedule for the City would be adopted in time for the customary 30-day renewal notice you receive before your permit expires. As of today, however, the study is still ongoing.

Therefore, this renewal notice and the enclosed invoice are still based on the enclosed Schedule of Fees, the same fees that your CUPA has charged since July 2004.

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, and the invoice stub in the pre-addressed blue envelope provided. Affix correct postage.

June 1, 2007

CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

#### **RE: 3423 INVESTMENT BLVD**

Dear BIOASSAY SYSTEMS LLC:

Your current Unified Program Consolidated Permit and Registration expires on June 30, 2007 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you do not have to complete a new "Business Activities Form". You may renew your permit by signing only the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail.

If there have been changes in your operations that affected your inventory of hazardous materials, or your generation, use, handling, or onsite treatment of hazardous waste, please file a new "Business Activities Form." Refer to the enclosed Schedule of Fees and make adjustments to the invoice. Return the completed application form, the signed permit/registration, a copy of the entire invoice with your notations, and a check for the adjusted amount payable to "The City of Hayward Fire Department". We will review the completed forms and the adjusted invoice. You will receive your new Permit and Registration and Notices for any additional or excess fees due by return mail.

Our records show that you are presently regulated under the following elements of the Unified Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

June 1, 2006

CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

**RE: 3423 INVESTMENT BLVD** 

Dear BIOASSAY SYSTEMS LLC:

Your current Unified Program Consolidated Permit and Registration expires on June 30, 2005 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you do not have to complete a new "Business Activities Form". You may renew your permit by signing only the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail.

If there have been changes in your operations that affected your inventory of hazardous materials, or your generation, use, handling, or onsite treatment of hazardous waste, please file a new "Business Activities Form." Refer to the enclosed Schedule of Fees and make adjustments to the invoice. Return the completed application form, the signed permit/registration, a copy of the entire invoice with your notations, and a check for the adjusted amount payable to "The City of Hayward Fire Department". We will review the completed forms and the adjusted invoice. You will receive your new Permit and Registration and Notices for any additional or excess fees due by return mail.

Our records show that you are presently regulated under the following elements of the Unified Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.



June 1, 2005

CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

RE: 3423 INVESTMENT BLVD

Dear BIOASSAY SYSTEMS LLC:

Your current Unified Program Consolidated Permit and Registration expires on June 30, 2005 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you do not have to complete a new "Business Activities Form". You may renew your permit by signing only the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail.

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2. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

#### (OVER)

January 27, 2005

#### CHUANYUN ZHAO, PRESIDENT BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

#### Subject: <u>HMBP for 3423 INVESTMENT BLVD #11</u>

#### Dear CHUANYUN ZHAO, PRESIDENT:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been <u>exempted</u> from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements.

Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?"

If your inventory of hazardous materials still falls below HMBP levels, please complete and submit the CLAIM OF EXEMPTION attached to the information sheet by March 1, 2005.

If your inventory exceeds or is at HMBP levels, please call (510) 583-4910 and ask that an HMBP Package be sent to you. In Hayward, state law requires you to file and maintain an HMBP with the Fire Department. Submit your completed HMBP by March 1, 2005. (*The HMBP Package is available online. Go to <u>www.hayward-ca.gov</u> and type in "HMBP Package" in the site's search bar.)* 

Not filing an HMBP when required is a violation of the law. State law also provides for fines of up to \$2,000 for each day of violation. After notice, a knowing violation of this law creates liability of up to \$5,000 for each day of the violation.

If you have any questions about the HMBP program, please call Danny Galang of the Hazardous Materials Office at (510) 583-4925.

Sincerely,

Hugh Murphy Hazardous Materials Program Coordinator

Encl.: Claim of Exemption Form Are you exempted from filing an HMBP? July 1, 2004

CHUANYUN SZHAO BIOASSAY SYSTEMS LLC 34362 EUCALYPTUS TERRACE FREMONT, CA 94555

#### **RE: 3423 INVESTMENT BLVD**

Dear BIOASSAY SYSTEMS LLC:

Your current Unified Program Consolidated Permit and Registration expired on June 30, 2004 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you may renew your permit by signing the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail. (You do not have to complete a new "Business Activities Form". Please save the enclosed form for future use.)

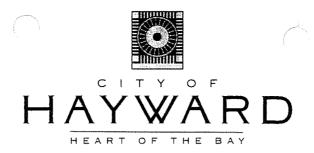
If there have been changes in your operations that affected your inventory of hazardous materials and/or your generation, use, handling, and/or onsite treatment of hazardous waste, please file a new "Business Activities Form." Refer to the enclosed Schedule of Fees and make adjustments to the invoice. Return the completed application form, the signed permit/registration, a copy of the entire invoice with your notations, and a check for the adjusted amount payable to "The City of Hayward Fire Department". We will review the completed form and the adjusted invoice. You will receive your new Permit and Registration and Notices for any additional or excess fees due by return mail.

Our records show that you are presently regulated under the following elements of the Unified Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

(OVER)



February 19, 2004

Shugui Huang BioAssay Systems LLC 34362 Eucalyptus Terrace Fremont, CA 94555

RE: 3423 Investment Blvd., Unit 11

Dear Shugui Huang,

Enclosed is your Unified Program Consolidated Permit and Registration form. Please sign, print name and title, date and send me a copy in the enclosed envelope.

If you have any questions, please call us at 583-4910.

Sincerely,

Laure D.

Laura Travis Hayward Fire Department

enclosures

RECEIVED BY FIRE PREVENTION OFFICE

FEB 1 8 2004

Shugui Huang BioAssay Systems LLC FIRE DEPARTMENT 34362 Eucalyptus Terrace Fremont, CA 94555

City of Hayward Department Hazardous Materials 777 B Street Hayward, CA 94541-5007 Attn: Accounting Division

Fremont, 02/10/2004

RE: Invoice Number: 133158 Customer Number: 23554

Dear Mr. Danny Galang,

As we have spoken over phone, the business will start in April this year. I am enclosing a check of \$25 for the period 01-01-2004 to 06-30-2004, as we discussed over phone. Please let me know if you have any questions.

For future correspondence, please use the above home office address.

With best regards,

Sincerely Yours,

Shugui Huang



February 2, 2004

SHUGUI HUANG BIOASSAY SYSTEMS LLC 3423 INVESTMENT BLVD #11 HAYWARD, CA 94545

#### Subject: HMBP for 3423 INVESTMENT BLVD #11

Dear SHUGUI HUANG:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been <u>exempted</u> from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements.

Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?"

If your inventory of hazardous materials still falls below HMBP levels, please complete and submit the CLAIM OF EXEMPTION attached to the information sheet by March 15, 2004.

If your inventory exceeds or is at HMBP levels, please call (510) 583-4910 and ask that an HMBP packet be sent to you. In Hayward, state law requires you to file and maintain an HMBP with the Fire Department. Submit your completed HMBP by March 15, 2004.

Not filing an HMBP when required is a violation of the law. State law also provides for fines of up to \$2,000 for each day of violation. After notice, a knowing violation of this law creates liability of up to \$5,000 for each day of the violation.

If you have any questions about the HMBP program, please call Danny Galang of the Hazardous Materials Office at (510) 583-4925.

Sincerely,

Hugh Murphy Hazardous Materials Program Coordinator

Encl.: Claim of Exemption Form Are you exempt from filing an HMBP?

| 10 3                                                                                                               | A is                                                                                                                                                                 | 22300 FOOTHILL BLVD HAYWA                                                                                                                                                                                                                                                                                                                                                                                                                                  | ARD, CALIFORNIA 94541 • 784                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4-8690                                                  |                                                                                                  | 1                      | SF' 1                                        |
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| 1                                                                                                                  | 1 (STSTS12)                                                                                                                                                          | HAZARDOUS MATERIALS I                                                                                                                                                                                                                                                                                                                                                                                                                                      | INVENTION STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                                                  | 1                      | LF [                                         |
| Page 1                                                                                                             | A                                                                                                                                                                    | as required pursuant to I                                                                                                                                                                                                                                                                                                                                                                                                                                  | layward Municipal Coo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | le                                                      |                                                                                                  |                        |                                              |
| 8.20                                                                                                               | 11                                                                                                                                                                   | Article 5, Ch                                                                                                                                                                                                                                                                                                                                                                                                                                              | Build · Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F                                                       | QAY                                                                                              |                        | 1                                            |
| SELIG                                                                                                              | CHEMICAL                                                                                                                                                             | INDUSTRIES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · []                                                    | 0-29-84                                                                                          | 4.                     | -                                            |
| Number                                                                                                             |                                                                                                                                                                      | Street Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i)<br>Al :Manufacture                                   | nnt yn pasina<br>g                                                                               |                        | (X)<br>pointed                               |
|                                                                                                                    | Α;                                                                                                                                                                   | pplicani's Nama                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul> <li>b) Found Main</li> <li>c) Hisson AL</li> </ul> |                                                                                                  | 7. 1<br>0.0            | intan<br>Introat                             |
| 1.1.1                                                                                                              |                                                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lange and the second se | di Processing/P                                         |                                                                                                  | n 'M                   | locical/E                                    |
| Number                                                                                                             |                                                                                                                                                                      | Mailing <sup>Aronss</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extension #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | If you show your 5<br>(SIC). Please list                | Standart Indust                                                                                  |                        |                                              |
|                                                                                                                    |                                                                                                                                                                      | City State Zip                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (SIC). Plinavni list                                    | Inu nationation [ ].                                                                             | 1.1.1.1                |                                              |
| teame                                                                                                              | of Patients Owne                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business Prione                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of Em<br>range (A-H)                             | ipiojoria pur shi                                                                                | in Soluci a            | aproprim                                     |
|                                                                                                                    |                                                                                                                                                                      | and and it is a second second                                                                                                                                                                                                                                                                                                                                                                                                                              | ter i see a Jesteri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Ame                                                   | 8 - 1 · 4                                                                                        |                        | t = 11 11                                    |
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| siness                                                                                                             | License/P                                                                                                                                                            | ermit Number                                                                                                                                                                                                                                                                                                                                                                                                                                               | Var I I Ma I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | kange                                                                                            |                        | punq                                         |
| es you                                                                                                             | r facility                                                                                                                                                           | have fire sprinkler protectio                                                                                                                                                                                                                                                                                                                                                                                                                              | n: Yes [ ] No [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                                  | lion                   | 0.16.1.                                      |
|                                                                                                                    | UN/NA#                                                                                                                                                               | Chemical Name or                                                                                                                                                                                                                                                                                                                                                                                                                                           | Common/Trad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e                                                       | Quantity                                                                                         | Optional<br>* Salution | Underground                                  |
| D.O.T.<br>Class                                                                                                    | or E.P.A.<br>Waste Code                                                                                                                                              | Major Constituants<br>in a míxture                                                                                                                                                                                                                                                                                                                                                                                                                         | Name and<br>Manufacture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r                                                       | Quar                                                                                             | Copt Se                |                                              |
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| CORR                                                                                                               | 1789                                                                                                                                                                 | Hydrochloric acid                                                                                                                                                                                                                                                                                                                                                                                                                                          | -Dox-33 2 PH <1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | ,1                                                                                               |                        | X                                            |
| CORR                                                                                                               | 1790                                                                                                                                                                 | Hydrofluoric acid, phosphori                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | 1.1                                                                                              |                        | 1.                                           |
| CORR                                                                                                               | 1830                                                                                                                                                                 | acid and sulfuric acid<br>Sulfuric acid                                                                                                                                                                                                                                                                                                                                                                                                                    | Doxal<br>Drain Jane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | 11                                                                                               |                        | X                                            |
| OXY                                                                                                                |                                                                                                                                                                      | Sulfuric acia                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                  |                        | 10                                           |
|                                                                                                                    | 1 1/1/10                                                                                                                                                             | Trichloro_c_trizzingtriong                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                  | 1                      |                                              |
|                                                                                                                    | 1479                                                                                                                                                                 | Trichloro-s-triazinetrione                                                                                                                                                                                                                                                                                                                                                                                                                                 | NP-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | 1                                                                                                |                        | X                                            |
| CORR                                                                                                               | 1760                                                                                                                                                                 | Phosphinocarboxylic acid                                                                                                                                                                                                                                                                                                                                                                                                                                   | NP-103<br>D C A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | 1 2 2                                                                                            |                        | XX                                           |
| CORR<br>CORR                                                                                                       | 1760<br>1760                                                                                                                                                         | Phosphinocarboxylic acid<br>Sodium hydroxide                                                                                                                                                                                                                                                                                                                                                                                                               | NP-103<br>D C A<br>Maxi-Float                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | 1<br>2<br>2                                                                                      |                        | X<br>X<br>X                                  |
| CORR<br>CORR<br>CORR                                                                                               | 1760<br>1760<br>1760                                                                                                                                                 | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide                                                                                                                                                                                                                                                                                                                                                                                        | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | 2                                                                                                |                        | XXXXX                                        |
| CORR<br>CORR<br>CORR<br>CORR                                                                                       | 1760<br>1760<br>1760<br>1760                                                                                                                                         | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid                                                                                                                                                                                                                                                                                                                                                                   | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | 2<br>1<br>2                                                                                      |                        | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X         |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                                               | 1760<br>1760<br>1760<br>1760<br>1760<br>1760                                                                                                                         | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide                                                                                                                                                                                                                                                                                                                                               | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T<br>Boiler Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         | 2                                                                                                |                        | X X X X X X X X X X X X X X X X X X X        |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                                       | 1760<br>1760<br>1760<br>1760<br>1760<br>1760<br>1759                                                                                                                 | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide                                                                                                                                                                                                                                                                                                                           | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | 2<br>1<br>2                                                                                      |                        | X X X X X X X X X X X X X X X X X X X        |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                                               | 1760<br>1760<br>1760<br>1760<br>1760<br>1760                                                                                                                         | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide<br>Methylene chloride and                                                                                                                                                                                                                                                                                                 | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T<br>Boiler Max<br>Super Free All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | 2<br>1<br>2<br>2<br>1                                                                            |                        | X X X X X X X X X X X X X X X X X X X        |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                               | 1760<br>1760<br>1760<br>1760<br>1760<br>1759<br>1760                                                                                                                 | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide<br>Methylene chloride and<br>Cresylic acid                                                                                                                                                                                                                                                                                | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T<br>Boiler Max<br>Super Free All<br>Super Kleenakarb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | 2<br>1<br>2                                                                                      |                        | X X X X X X X X X X X X X X X X X X X        |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                               | 1760<br>1760<br>1760<br>1760<br>1760<br>1759<br>1760<br>1993                                                                                                         | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide<br>Methylene chloride and<br>Cresylic acid<br>Isopropyl alcohol and Kerose                                                                                                                                                                                                                                                | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T<br>Boiler Max<br>Super Free All<br>Super Kleenakarb<br>me Super Sniper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | 2<br>1<br>2<br>1<br>1<br>2<br>1                                                                  |                        | XXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXX    |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                       | 1760<br>1760<br>1760<br>1760<br>1760<br>1759<br>1760<br>1993<br>1993                                                                                                 | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide<br>Methylene chloride and<br>Cresylic acid<br>Isopropyl alcohol and Kerose<br>Kerosene and Orthodichlorobe                                                                                                                                                                                                                | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T<br>Boiler Max<br>Super Free All<br>Super Kleenakarb<br>ne Super Sniper<br>nzene TAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | 2<br>1<br>2<br>2<br>1<br>2<br>1<br>2<br>1<br>2                                                   |                        | XXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    |
| CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR<br>CORR                                                       | 1760<br>1760<br>1760<br>1760<br>1759<br>1760<br>1993<br>1993<br>1993                                                                                                 | Phosphinocarboxylic acid<br>Sodium hydroxide<br>Potassium hydroxide<br>Hydrochloric acid<br>Sodium hydroxide<br>Sodium hydroxide<br>Methylene chloride and<br>Cresylic acid<br>Isopropyl alcohol and Kerose<br>Kerosene and Orthodichlorobe<br>Kerosene                                                                                                                                                                                                    | NP-103<br>D C A<br>Maxi-Float<br>NC-1219-C<br>P C T-<br>Boiler Max<br>Super Free All<br>Super Kleenakarb<br>ne Super Sniper<br>nzene TAR<br>Tornado Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | 2<br>1<br>2<br>2<br>1<br>2<br>1                                                                  |                        | XXXXXXX<br>XXXXXX<br>XXXXX                   |
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I declare under penalty of law that the fore sing information is true and correct to the best of my knowledge. Any change in hazardous materials will be reported to the Fire Department.

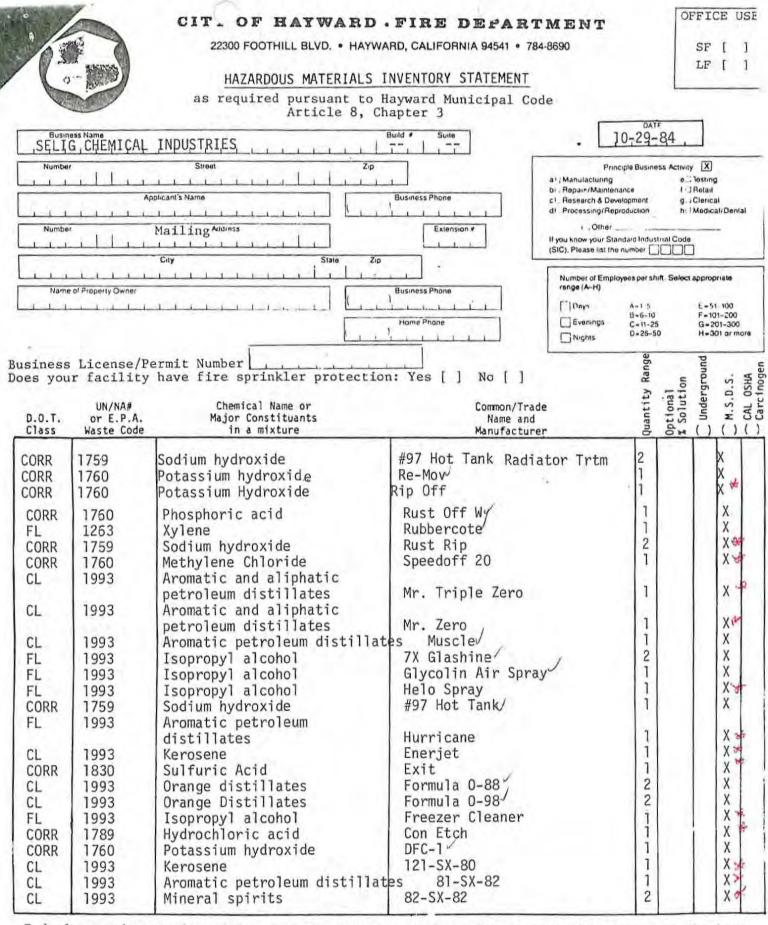
Submitted by:\_\_\_\_

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\* MSDS to be mailed shortly,

Bus. Phone#:\_\_\_\_\_Page \_\_\_\_of \_\_\_\_Pages

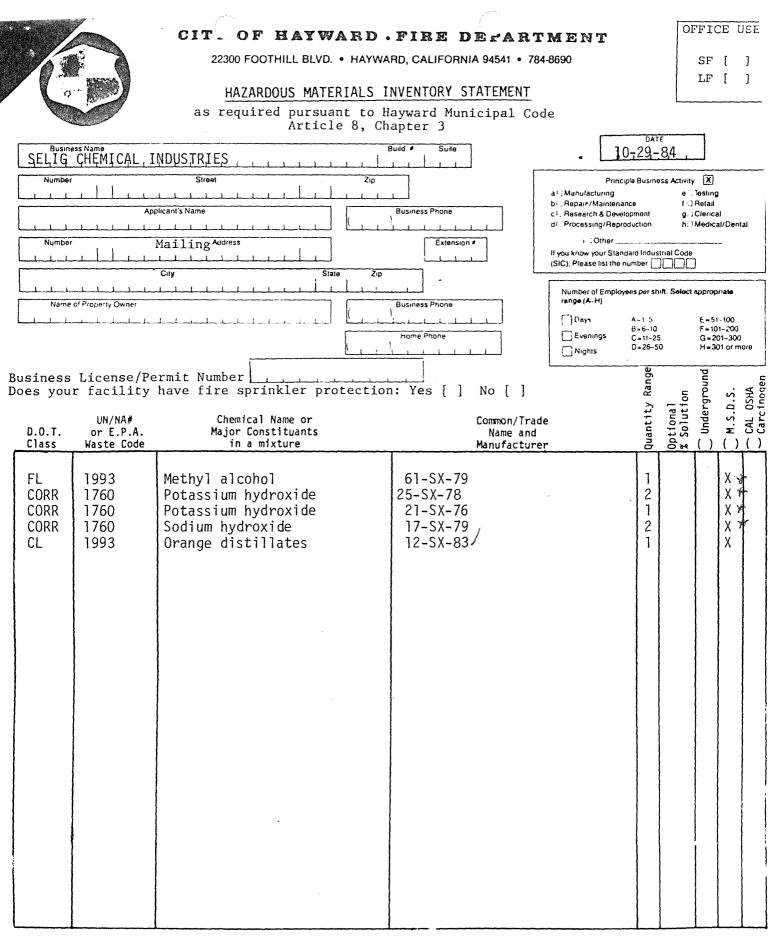


I declare under penalty of law that the foregoing information is true and correct to the best of my knowledge. Any change in hazardous materials will be reported to the Fire Department.

Submitted by:

\_ Bus. Phone#: \_\_\_\_ Page \_\_ of \_\_\_\_ >& MCDS to be shipped shortly.

Pages



I declare under penalty of law that the foregoing information is true and correct to the best of my knowledge. Any change in hazardous materials will be reported to the Fire Department.

Submitted by:

\_\_\_\_\_Bus. Phone#:

Page of Pages \* MONE In he mailed Sharth.

#### ANNUAL HAZARDOUS MATERIALS STORAGE PERMIT APPLICATION AND FEE SCHEDULE

This form must be accompanied by your payment for your annual hazardous materials permit. The fee is assessed upon the quantity of materials stored. Indicate the total quantity range for your facility below and remit the appropriate fee.

| 1. | Business Name Selig Chemical     | new address office old address |
|----|----------------------------------|--------------------------------|
|    | Business Address 3423 Investment |                                |
| 2. | Applicant's Name Michael SAULTS  | Phone No. 213-232-242/         |
|    | Signature Muchan South           | Date 8/21/6                    |

3. Quantity Range and Fee Table

| Ch | ec | k |
|----|----|---|
|    |    |   |

| Appropriate<br>Box | Range<br>(Number) | Solid<br>(Pounds)   | Liquid<br>(Gallons) | Gas<br>(Cu. Ft. STP) | Yearly<br>Fee* |
|--------------------|-------------------|---------------------|---------------------|----------------------|----------------|
|                    | 1                 | Up to 500           | Up to 55            | <b>Ир со 200</b>     | \$ 90.00       |
|                    | 2                 | 501 - 5,000         | 56 - 550            | 201 - 2,000          | \$165.00       |
|                    | з                 | 5,001 - 25,000      | 551 - 2,750         | 2,001 - 10,000       | \$240.00       |
|                    | 4                 | 25,001 - 50,000     | 2,751 - 5,000       | 10,001 - 20,000      | \$315.00       |
|                    | 5                 | More than 50,000    | More than 5,000     | More than 20,000     | \$390.00       |
| wehi               | sue on            | ILY A SAles         | Office, No          | warehouse "          | N HAJWARD      |
| *Vearly fee        | includes 9        | 15.00 application p | recessing fee       | Michael              | South          |

\*Yearly fee includes \$15.00 application processing fee.

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# NEW/PROSPECTIVE HAZ MAT FACILITIES TRACKING FORM

| Facility Name: | Foundation Structures, Fric    |  |
|----------------|--------------------------------|--|
| Address:       | 3447 AVESTMENT BLVA. Suite # 4 |  |
| Contact/Phone: | : 16my S. KWAK 785-4020        |  |

|         |    | # 113881                                                                                                                      |
|---------|----|-------------------------------------------------------------------------------------------------------------------------------|
| DATE    |    | ACTIVITY/STATUS/COMMENTS                                                                                                      |
| 5 28 93 | I  | Initiated by:, HazMat Investigator                                                                                            |
| 111     |    | Not inspected; may or may not require permit.                                                                                 |
|         |    | Inspected on; Permit required, Range<br>(attach inspection report to tracking form.)                                          |
| 5/28/93 | Ш  | Referred to Haz Mat Clerk,, who                                                                                               |
| 5/29/93 |    | Sent "New Facility Information Packet"                                                                                        |
|         |    | Sent "Permit Required" Packet                                                                                                 |
|         | Ш  | No reply after 4 weeks; Referred back to Haz Mat Investigator who initiated process. (Go to V)                                |
| 6-8-93  | IV | Replied: Submitted Certification that no permit is required for facility                                                      |
|         |    | Replied: Submitted completed application and fees. (Go to VII)                                                                |
|         | V  | Certification of "No Permit Required" - forwarded to Haz Mat<br>Investigator for verification                                 |
|         |    | Verified and inspected facility                                                                                               |
|         |    | <ul> <li>Permit not required; filed certification with<br/>inspection report and this form.<br/>(END PROCESS HERE)</li> </ul> |
|         |    | Permit required (see other side)                                                                                              |

#### ATTACHMENT 5

RECEIVED BY HAZARDOUS MATERIALS OFFICE

#### JUN 08 1993

#### CERTIFICATION STATEMENT

HAYWARD FIRE DEPARTMENT

I hereby certify that I have reviewed the processes and activities at:

FOUNDATION STRUCTURES, INC.

 INAME OF FACILITY)
 3447 Investment Blvd., Suite #4
 510-785-4020

 (ADDRESS)
 (TELEPHONE)

and have determined that:

#### (CHECK ONE)

The facility does not need to have a Hazardous Materials Storage Permit.

- The facility needs a Hazardous Materials Storage Permit for quantity range (Encircle applicable range. Refer to Attachment 3.)
  - 1A 2A 3A 3B 4A 4B 5A 5B 5C

I certify further that, under penalty of perjury, the information contained in the attached Hazardous Materials Storage Permit Application and in this Certification Statement, is true and correct.

(SIGNA TURE)

Key Kwak, President

(PRINTED NAME & TITLE)

(DATE SIGNED)

6-2-93

COMPLETE AND RETURN THIS FORM WITH A COMPLETED PERMIT APPLICATION AND THE APPROPRIATE PERMIT FEE TO:

CITY OF HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE 25151 CLAWITER ROAD HAYWARD, CA 94545-2731

| APPLICATIO<br>INIFIED HAZARDOUS MATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BUSINESS ACTI<br>ON FOR A CONSOLIDA<br>IALS / HAZARDOUS V | Program Agency         FIRE PREVEN           cd, CA 94541-5007         583-3641 ■ TDD (510) 247-3340         NOV 2                                                                                        | DEPARTMENT        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Гуре of Application: (Please check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e.) 📈 Initial Registr                                     | ration 🛛 Modification                                                                                                                                                                                     | 🛛 Renewal         |
| 1. Facility Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | 5. Aboveground Storage Tank Program                                                                                                                                                                       | ı (AGT)           |
| Name: RJR TRANSPORTATION INC<br>Address: 3447 INVESTMENT BLUD #6<br>Hayward, CA (ZIP) 94545                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | Do you have aboveground storage tanks<br>containing petroleum products; at least<br>one is greater than 660 gallons; or total<br>aboveground storage capacity for facility<br>greater than 1,320 gallons? | □ Yes             |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           | 6. Hazardous Waste Generator Program                                                                                                                                                                      | n (HWG)           |
| <ol> <li>Hazardous Materials Storage Program</li> <li>Do you have on site hazardous materials – solids, liquids, or gases; or</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           | Do you generate hazardous waste on site?                                                                                                                                                                  | □ Yes<br>⊠ No     |
| extremely hazardous substances specified in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n 40CFRPart 355 Appendix                                  | Quantity generated per month (gal or lbs)                                                                                                                                                                 | -                 |
| A or B; or radiological materials?<br>Number of Hazard Classes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | Do you consolidate hazardous waste from remote sites at this facility?                                                                                                                                    | Yes No            |
| Total Liquids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | gallons                                                   | 7. Recycler (Onsite or Off-Site)                                                                                                                                                                          | W. S. S. S. Links |
| Total Solids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pounds<br>cu. ft.                                         | Do you recycle your own waste onsite?                                                                                                                                                                     | U Yes             |
| Total Gases (at STP)<br>Total Radiological Materials<br>3. Accidental Release Prevention Providential Release Prevential Release Preventi | curies                                                    | Do you receive hazardous waste from other facilities and recycle it on your site?                                                                                                                         | Ves<br>Ves        |

| Total Radiological Materials                                                         | curies                   | Do you receive hazardous waste from                           | -    | res       |
|--------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|------|-----------|
| 3. Accidental Release Prevention Program                                             | (CalARP)                 | other facilities and recycle it on your site?                 | A    | No        |
| Do you have any regulated substance listed                                           |                          | 8. Tiered Permit Program (On-site Treatment o                 |      |           |
| in Tables 1, 2, and/or 3 of the CalARP<br>Program (CCR Title 19/Div. 2/Chapter.4.5)? | , and/or 3 of the CalARP |                                                               |      | Yes<br>No |
| 4. Underground Storage Tank Program (                                                | UST)                     | Do you have a Tiered Permit?                                  |      | Yes       |
| Do you own or operate Underground<br>Storage Tanks (USTs) at this facility?          | ☐ Yes<br>☑ No            | Number of Treatment Units under Tiered Perm<br>Permit-By-Rule | uit: | No        |
| If "yes", list material stored and tank capacity                                     | y in gallons:            | Conditionally Authorized                                      |      |           |
|                                                                                      |                          | Conditionally Exempt – Specified Waste                        |      |           |
|                                                                                      |                          | Conditionally Exempt – Small Quantity                         |      | _         |
|                                                                                      |                          | Conditionally Exempt – Limited                                |      |           |
|                                                                                      |                          | Conditionally Exempt - Commercial Laund                       | dry  |           |

#### 8. Certification and Signature

Reviewed by: Mufuleny

CUPA Application/ dmg April 2000

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

Date reviewed:

No

| Signature Jer Jul -   | RociaDWILLANS GUNMER<br>Printed Name and Tille | Date Sighed |
|-----------------------|------------------------------------------------|-------------|
| Reviewed by: Amfaleng | No Permit (Hartheat) Required Date reviewed    |             |

# ELECTROCOAT

May 22, 1986

City of Hayward 22300 Foothill Blvd Hayward, CA 94541

To Whom it May concern:

Electrocoat proposes to occupy approximately 8,000 sq. ft. of space for the following uses:

General Office Area - approximately 1,000 sq. ft. of space would be utilized for general office duties and functions.

Upholstery Shop - approximately 1,500 sq. ft. of space will be allocated for the upholstery shop. The type of service performed would relate to the disassembly and replacement of fabric and foam cushioning to reupholster office equipment such as chairs and accoustic panel partitions. Principal materials used would be fabric, vinyl, and foam cushioning.

Wood Shop - approximately 2,500 sq. ft. of space will be allocated for the wood shop. The principal activities in this area will relate to the manufacturing of replacement desk tops and laminated office furniture. Products used in this area would consist primarily of industrial grade flakeboard, high pressure plastic laminate, contact adhesive, and miscellaneous related wood products.

Paint Area - approximately 3,500 sq. ft. of space will be allocated for the paint shop. The principal activities in this area will relate to the preparation and repainting of metal office equipment with the Randsburg #2 handgun process. Products used in this area would be epoxy paint, and thinner for flushing paint lines. This area would also be used for warehousing the enamel and urethane paints.

#### **Office Refurbishment**

I have enclosed our specification sheets for painting and inlay top replacement. These should give you a better understanding of how we actually perform these services. To observe the process in operation, please contact Tim Hood at our Hayward Office. The number is (415) 887-1451.

-

Sincerely

y i ha y i why

Chang of Ordering

Craig L. Codding President

CLC/nkw

Encl



#### AYWARD FIRE DEPARTME HAZARDOUS MATERIALS OFFICE A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 FAX (510) 583-3641 TDD (510) 247-3340

# INSPECTION REPORT SUMMARY Full TUSOT.

| Street Address:                              |                             |
|----------------------------------------------|-----------------------------|
| Name of Facility: Princess Dental Laboratory | Telephone: 510-732-8525     |
| Contact Person: Kun Ju Lee awher             | E-mail: Kyusalic@ yahoo.com |
| Type of Business:                            | 0                           |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection | COMMENTS |
|------------------------------------------------|---------|------------|----------|
| Hazardous Materials Storage Permit             | X       | X          | Rance IA |
| Hazardous Materials Business Plan              |         |            | 0        |
| CalARP/ Risk Management Plan                   |         |            |          |
| Underground Storage Tank                       | 1       |            |          |
| Aboveground Petroleum Storage Act (APSA)       |         |            |          |
| Hazardous Waste Generator                      | 1.000   |            |          |
| Tiered Permit: Permit-by-Rule                  |         |            |          |
| Conditionally Authorized                       |         |            |          |
| Conditionally Exempt, Specified Waste Stream   |         |            |          |
| Conditionally Exempt, Small Quantity Treatment |         |            |          |
| Conditionally Exempt, Limited                  |         |            |          |
| Conditionally Exempt, Commercial Laundry       |         |            |          |

| INSPECTION CHECKLISTS COMPLETED AND ATTACHED |                                                                                                                                 |                                                                                                                         |  |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
| HMBP Inspection                              |                                                                                                                                 | APSA Program                                                                                                            |  |
| Hazardous Waste Generator Inspection         |                                                                                                                                 | CalARP                                                                                                                  |  |
| Tiered Permit Inspection                     |                                                                                                                                 | Universal Waste                                                                                                         |  |
| Uniform Fire Code for General Provisions     | M                                                                                                                               | Inspection Notes & Requirements                                                                                         |  |
| Underground Storage Tank                     |                                                                                                                                 | Other (See Below)                                                                                                       |  |
|                                              | HMBP Inspection<br>Hazardous Waste Generator Inspection<br>Tiered Permit Inspection<br>Uniform Fire Code for General Provisions | HMBP InspectionIHazardous Waste Generator InspectionITiered Permit InspectionIUniform Fire Code for General ProvisionsI |  |

| Was permission granted by a facility representative for this inspection?       | YES                | D NO      |  |
|--------------------------------------------------------------------------------|--------------------|-----------|--|
| Complete required corrective actions immediately. Submit written Corrective    | tive Action Plan b | efore N/A |  |
| Re-inspection of the facility to verify compliance with all requirements may b | after M/D          |           |  |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

| 08-22-2011         | Milo      | 0 | In the ide                           |
|--------------------|-----------|---|--------------------------------------|
| Date of Inspection | Inspector | 1 | Signature of Facility Representative |

### HAYWARD FIRE DEPARTM NT HAZARDOUS MATERIALS OFFICE



777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT & Requirements

| Street Address:    | 3447 Investment Blud # 204            |           |
|--------------------|---------------------------------------|-----------|
| Name of Facility:_ | Princess Dental Laboratory            |           |
|                    | tive: Kyn Ju Lee Owner Tel. No.: 570- | 732 -8525 |

| Range 14  | Lab                | Last Juspt. 09/1 | 2/2008 |
|-----------|--------------------|------------------|--------|
|           | write Avea         |                  |        |
| 1 × 02 cy |                    |                  | 4)     |
| - x of ch |                    |                  |        |
| No        | changes since last | - Moneity.       |        |
|           | 0                  |                  |        |
|           |                    |                  |        |
|           |                    |                  |        |
|           |                    |                  |        |
|           |                    |                  |        |
|           |                    |                  |        |

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State Taws or regulations.

08-23-2011 Signature of Facility Representative Hazardous Materials Investigator Date of Inspection

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page 2 of 2



#### HAYWARD FIRE DEPARTMEN f A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 
 FAX (510) 583-3641 
 TDD (510) 247-3340

### INSPECTION REPORT SUMMARY

Full CUPA Inspection

| ne: 732-8525 |
|--------------|
|              |
| 10           |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection | COMMENTS |
|------------------------------------------------|---------|------------|----------|
| Hazardous Materials Storage Permit             | ×       | ×          | Range 1A |
| Hazardous Materials Business Plan              |         |            |          |
| Risk Management Plan / CalARP                  |         |            |          |
| Underground Storage Tank                       |         |            |          |
| Aboveground Petroleum Storage Tank             |         |            |          |
| Does the facility have an SPCC Plan?           |         | 1          |          |
| Hazardous Waste Generator                      |         |            |          |
| Tiered Permit: Permit-by-Rule                  |         |            |          |
| Conditionally Authorized                       |         |            |          |
| Conditionally Exempt, Specified Waste Stream   |         |            |          |
| Conditionally Exempt, Small Quantity Treatment |         |            |          |
| Conditionally Exempt, Limited                  |         |            |          |
| Conditionally Exempt, Commercial Laundry       |         |            | 4        |

#### INSPECTION CHECKLISTS COMPLETED AND ATTACHED

| П | HMBP Inspection Checklist                                               |
|---|-------------------------------------------------------------------------|
|   | Hazardous Waste Generator Inspection Checklist                          |
|   | Tiered Permit Inspection Checklist                                      |
| X | Uniform Fire Code Checklist for General Provisions and Articles 79 & 80 |
|   | Underground Storage Tank Checklist(s)                                   |
| X | Inspection Notes                                                        |

Other:

Was permission granted by a facility representative for this inspection? X YES INO

| Complete required corrective actions immediately. Submit written Corrective A       | tion Plan on or before MA |
|-------------------------------------------------------------------------------------|---------------------------|
| Re-inspection of the facility to verify compliance with all requirements may be con | acted on or after $N/A$   |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

09 VIOKY Signature of Facility Representative Date of Inspection Inspector



HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE 777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

#### **INSPECTION REPORT**

| Street Address: <u>3447</u> I   | investment Blvd. # 20 | ou-                        |
|---------------------------------|-----------------------|----------------------------|
|                                 | s Dental Laboratory   |                            |
| Facility Representative: Kyu Ju | Lee, Owner            | Tel. No.: 510 - 732 - 8525 |
| Vicky                           | Lee, Owner            |                            |
|                                 |                       |                            |
| Range IA                        | 0                     |                            |
| 0                               | a hab                 |                            |
| Last inspection 04-17-06        |                       |                            |
|                                 | WORK AREA             |                            |
|                                 |                       |                            |

| 1 × 02 cylinder (<br>1 × small propane | secured u | with chair | ) |
|----------------------------------------|-----------|------------|---|
| 1x small propane                       | cylinder  |            |   |
|                                        | )         |            |   |
| New fire extingun                      | shin      |            |   |

Regurement \* extrusher show The rt Wis bousht within 12 have the option is to bu a Past evuic 0 months. for the requirements NO

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

 $\mathcal{O}$ 8 VICKY Lee Date of Inspection Hazardous Materials Investigator Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page a of 3



# **Fire Code Inspection Checklist**

| acili<br>acili | ity Name: Princess Denta<br>ity Address: 3447 Investment                  | Blvd #204                       | ory<br>t | _  | Date:<br>Inspec | 09/17/08<br>ctor: M. Perez |
|----------------|---------------------------------------------------------------------------|---------------------------------|----------|----|-----------------|----------------------------|
|                | REQUIREMENTS                                                              | 2001 CFC<br>SECTION             | YES      | NO | N/A             | COMMENTS                   |
| 1. GE          | ENERAL UFC                                                                |                                 |          |    |                 |                            |
| a.             | Premises ID visible                                                       | 901.4.4                         | X        |    |                 |                            |
| b.             | FD access clear                                                           | 902.3                           | X        |    |                 |                            |
| C.             | Fire extinguisher inspection tags current                                 | 1001.5.1                        |          | -  | 1               |                            |
| d.             | Storage ≥18" off sprinkler heads;<br>≥ 24" off ceiling if non-sprinklered | 1103.3.2.2                      | ×        |    |                 |                            |
| e.             | Exits clear / not obstructed                                              | 1203                            | X        |    |                 |                            |
| f.             | Exit signs visible                                                        | 1212                            |          |    | X               |                            |
| g.             | Extension cord used properly                                              | 8506                            |          |    | X               |                            |
| h.             | Electrical panel access ≥ 30"-wide clearance                              | 8509                            | X        |    |                 |                            |
| i.             | Oily rags in approved container with lid                                  | 1103.2.1.3                      |          | 1  | X               |                            |
| j.             | No electrical hazards observed                                            | 8504                            | X        |    | -               |                            |
| k.             | Compressed gases properly restrained / secured                            | 7401.6.4                        | XX       |    |                 |                            |
| 1.             | All required FD permits obtained                                          | 105.8                           | X        |    |                 |                            |
| 2. AR          | TICLE 79 & ARTICLE 80                                                     |                                 | ~        |    |                 |                            |
| a.             | All amounts within allowable limits                                       | 7902 / 7903 / 8001              | X        | 1  |                 |                            |
| b.             | Approved storage cabinets used                                            | 7902.5.9 / 8001.10.6            | ~        | -  | X               |                            |
| c.             | Approved dispensing methods used                                          | 7903                            | X        |    | 2               |                            |
| d.             | Containers properly bonded/grounded                                       | 7903.2.1.3 /<br>8001.11.5       |          |    | ×               |                            |
| e.             | Containers and tanks are labeled or placarded as required                 | 7901.9 /<br>8001.7 / 8003.1.2   | X        |    |                 |                            |
| f.             | Outside storage meets distance restrictions                               | 7902.3.3                        |          |    | X               |                            |
| g.             | Inside storage meets height/amount restrictions                           | 7902.5.10                       | X        |    |                 |                            |
| h.             | "No Smoking" signs posted                                                 | 7902.1.3 / 8001.8 /<br>8003.1.2 | X        | _  |                 |                            |
| i.             | Facility NFPA 704 diamond posted                                          | 7901.9.3 / 8001.7               |          |    | X               |                            |
| j.             | Storage areas labeled and/or placarded                                    | 7901.9 / 8001.7                 |          |    | X               |                            |
| k.             | Storage areas secured                                                     | 7902.3.5 / 8001.11.2            | X        |    |                 |                            |
| 1.             | Records of unauthorized discharges maintained                             | 7901.7 / 8001.5.2.1             |          |    | X               |                            |
| m.             | Emergency shut-off switch/valve labeled                                   | 8001.4.3.2                      |          | -  |                 |                            |
| n.             | MSDSs available                                                           | 8001.6                          |          |    | XX              |                            |
| о.             | Containers in good condition                                              | 8001.4.2                        | X        |    |                 |                            |
| p.             | Incompatible materials segregated/separated                               | 7902.5.4 / 8001.11.8            | ×        |    |                 |                            |
| q.             | Open shelving of adequate construction                                    | 7902.5.6 / 8001.11.9            | X        |    |                 |                            |
| r.             | Spill/drainage controls provided                                          | 7901.8 / 8003.1.3.2             |          |    | X               |                            |
| s.             | Secondary containment provided                                            | 7901.8 / 8003.1.3.3             |          |    | V               |                            |
| t.             | Equipment/area adequately ventilated                                      | 8003.1.4                        | X        | 1  | ~               |                            |
| u.             | Equipment adequately secured                                              | 7902.2.8.4.8/<br>8001.11.3      | X        |    |                 |                            |

| Commen     | ts:   |     |                                               |
|------------|-------|-----|-----------------------------------------------|
|            |       | ate | Vicky                                         |
| Signature: | VYOKY | vee | Name/Title: Kyll Ju Lee lowner Date: 09/17/08 |

Page 3 of 3

## **AAYWARD FIRE DEPARTMENT**

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 
 FAX (510) 583-3641 
 TDD (510) 247-3340

### **INSPECTION REPORT SUMMARY**

Full WPA Inspection

| Street Address:   | 3447 Investment Blv.  | d #204                      |
|-------------------|-----------------------|-----------------------------|
| Name of Facility: | Princess Dental Labor | atory                       |
|                   | Kyn Ju Lee, Owner     | Telephone: 510 - 732 - 8525 |
| Type of Business: |                       |                             |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection | COMMENTS |
|------------------------------------------------|---------|------------|----------|
| Hazardous Materials Storage Permit             | ×       | ×          | Range 1A |
| Hazardous Materials Business Plan              |         |            |          |
| Risk Management Plan / CalARP                  | 1       | 1          |          |
| Underground Storage Tank                       |         |            |          |
| Aboveground Petroleum Storage Tank             |         |            |          |
| Does the facility have an SPCC Plan?           |         |            |          |
| Hazardous Waste Generator                      |         |            |          |
| Tiered Permit: Permit-by-Rule                  |         |            |          |
| Conditionally Authorized                       |         |            |          |
| Conditionally Exempt, Specified Waste Stream   | 1       |            | 1        |
| Conditionally Exempt, Small Quantity Treatment |         |            |          |
| Conditionally Exempt, Limited                  |         | 1          |          |
| Conditionally Exempt, Commercial Laundry       |         |            |          |

|   | INSPECTION CHECKLISTS COMPLETED AND ATTACHED                            |  |
|---|-------------------------------------------------------------------------|--|
| Π | HMBP Inspection Checklist                                               |  |
|   | Hazardous Waste Generator Inspection Checklist                          |  |
|   | Tiered Permit Inspection Checklist                                      |  |
|   | Uniform Fire Code Checklist for General Provisions and Articles 79 & 80 |  |
|   | Underground Storage Tank Checklist(s)                                   |  |
| X | Inspection Notes                                                        |  |
|   | Other:                                                                  |  |

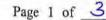
Was permission granted by a facility representative for this inspection?

D NO

| Complete required corrective actions immediately. Submit written Corrective Action Plan on or before        |  |
|-------------------------------------------------------------------------------------------------------------|--|
| Re-inspection of the facility to verify compliance with all requirements may be conducted on or after $N/A$ |  |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

| 64-17-06           | Miles D.  | Peren | Mr & K                               |
|--------------------|-----------|-------|--------------------------------------|
| Date of Inspection | Inspector | 0     | Signature of Facility Representative |





# HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

Princess Dental Lob 3447 Invistment Blue 201

| INSPECTION REPORT SUMMARY                                                       |
|---------------------------------------------------------------------------------|
| Range 1A                                                                        |
| Last inspection done 05/07/03                                                   |
|                                                                                 |
|                                                                                 |
| LAB                                                                             |
|                                                                                 |
| WORK                                                                            |
| Prilleg                                                                         |
|                                                                                 |
|                                                                                 |
| A) I x small propane cylinder 2 1 x 23's Og cylinder.<br>Secured appropriately. |
| Secured appropriater.                                                           |
|                                                                                 |
| Small samples, supplies, minmum chemicals throughout                            |
|                                                                                 |
|                                                                                 |
|                                                                                 |
| No requirements at this time.                                                   |
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| Page of                                                                         |



# 0

# **Fire Code Inspection Checklist**

|       | ity Name: Princess Dental 1<br>ity Address: 3447 Investmen                                                | Jahoshaty Labor                 | rator | y  | Date: _<br>Inspec | 04-17-05<br>tor: M. Perez |
|-------|-----------------------------------------------------------------------------------------------------------|---------------------------------|-------|----|-------------------|---------------------------|
|       | REQUIREMENTS                                                                                              | 2001 CFC<br>SECTION             | YES   | NO | N/A               | COMMENTS                  |
| 1. GI | ENERAL UFC                                                                                                |                                 |       | 7  |                   |                           |
| a.    | Premises ID visible                                                                                       | 901.4.4                         | X     |    |                   |                           |
| b.    | FD access clear                                                                                           | 902.3                           | X     |    |                   |                           |
| c.    | Fire extinguisher inspection tags current                                                                 | 1001.5.1                        | X     |    |                   |                           |
| d.    | Storage $\geq 18^{\circ}$ off sprinkler heads;<br>$\geq 24^{\circ}$ off ceiling if <u>non-sprinklered</u> | 1103.3.2.2                      | ×     |    |                   |                           |
| c.    | Exits clear / not obstructed                                                                              | 1203                            | X     |    |                   |                           |
| f.    | Exit signs visible                                                                                        | 1212                            |       |    | X                 |                           |
| g.    | Extension cord used properly                                                                              | 8506                            |       |    | X                 |                           |
| h.    | Electrical panel access ≥ 30"-wide clearance                                                              | 8509                            | X     |    |                   |                           |
| i.    | Oily rags in approved container with lid                                                                  | 1103.2.1.3                      |       |    | X                 |                           |
| j.    | No electrical hazards observed                                                                            | 8504                            | X     |    |                   |                           |
| k.    | Compressed gases properly restrained / secured                                                            | 7401.6.4                        | X     | -  |                   |                           |
| 1.    | All required FD permits obtained                                                                          | 105.8                           | X     |    |                   |                           |
| 2. AF | RTICLE 79 & ARTICLE 80                                                                                    |                                 | 10    | 1  |                   |                           |
| a.    | All amounts within allowable limits                                                                       | 7902 / 7903 / 8001              | X     |    |                   |                           |
| b.    | Approved storage cabinets used                                                                            | 7902.5.9 / 8001.10.6            |       |    | X                 |                           |
| C.    | Approved dispensing methods used                                                                          | 7903                            | X     | -  |                   |                           |
| d.    | Containers properly bonded/grounded                                                                       | 7903.2.1.3 /<br>8001.11.5       |       |    | ×                 |                           |
| e.    | Containers and tanks are labeled or placarded<br>as required                                              | 7901.9 /<br>8001.7 / 8003.1.2   | ×     |    |                   |                           |
| f.    | Outside storage meets distance restrictions                                                               | 7902.3.3                        |       |    | X                 |                           |
| g.    | Inside storage meets height/amount restrictions                                                           | 7902.5.10                       | X     |    |                   |                           |
| h.    | "No Smoking" signs posted                                                                                 | 7902.1.3 / 8001.8 /<br>8003.1.2 | X     |    |                   |                           |
| i.    | Facility NFPA 704 diamond posted                                                                          | 7901.9.3 / 8001.7               |       |    | X                 |                           |
| j.    | Storage areas labeled and/or placarded                                                                    | 7901.9 / 8001.7                 |       |    | X                 |                           |
| k.    | Storage areas secured                                                                                     | 7902.3.5 / 8001.11.2            | X     |    |                   |                           |
| 1.    | Records of unauthorized discharges maintained                                                             | 7901.7 / 8001.5.2.1             |       |    | X                 |                           |
| m.    | Emergency shut-off switch/valve labeled                                                                   | 8001.4.3.2                      | 1000  |    |                   |                           |
| n.    | MSDSs available                                                                                           | 8001.6                          | 1.2.2 |    | X                 |                           |
| 0.    | Containers in good condition                                                                              | 8001.4.2                        | X     |    |                   |                           |
| p.    | Incompatible materials segregated/separated                                                               | 7902.5.4 / 8001.11.8            | XXX   | -  |                   |                           |
| q.    | Open shelving of adequate construction                                                                    | 7902.5.6 / 8001.11.9            | X     |    |                   |                           |
| r,    | Spill/drainage controls provided                                                                          | 7901.8 / 8003.1.3.2             |       |    | X                 |                           |
| s.    | Secondary containment provided                                                                            | 7901.8 / 8003.1.3.3             |       |    | X                 |                           |
| t.    | Equipment/area adequately ventilated                                                                      | 8003.1.4                        | X     | 1  |                   |                           |
| u.    | Equipment adequately secured                                                                              | 7902.2.8.4.8/<br>8001.11.3      | X     |    |                   |                           |

| Comments:         |                              |                |
|-------------------|------------------------------|----------------|
| Signature: A fide | Name/Title: Kyn Ju Lee/owner | Date: 04-17-06 |
|                   | p                            | Page 3 of 3    |

# HAYWARD FIRE DEPARTM

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 • FAX (510) 583-3641 • TDD (510) 247-3340

### **INSPECTION REPORT SUMMARY**

|                   | 3447 Druestment Blvd. Suite 204     |    |
|-------------------|-------------------------------------|----|
| Name of Facility: | Princess Dantal Lab.                |    |
| Contact Person:   | Joan He Chang Telephone: 510-732-85 | 25 |
|                   | Dented Lab                          |    |

| UNIFIED PROGRAM SUMMARY                        |   | Inspection | COMMENTS  |
|------------------------------------------------|---|------------|-----------|
| Hazardous Materials Storage Permit             | Х | X          | Kauce 1A- |
| Hazardous Materials Business Plan              |   |            | 0         |
| Risk Management Plan / CalARP                  |   |            |           |
| Underground Storage Tank                       |   |            |           |
| Aboveground Petroleum Storage Tank             |   |            |           |
| Does the facility have an SPCC Plan?           |   |            |           |
| Hazardous Waste Generator                      |   |            |           |
| Tiered Permit: Permit-by-Rule                  |   |            |           |
| Conditionally Authorized                       |   |            |           |
| Conditionally Exempt, Specified Waste Stream   |   |            |           |
| Conditionally Exempt, Small Quantity Treatment |   |            |           |
| Conditionally Exempt, Limited                  |   |            |           |
| Conditionally Exempt, Commercial Laundry       |   |            |           |

|    | INSPECTION CHECKLISTS COMPLETED AND ATTACHED                            |
|----|-------------------------------------------------------------------------|
|    | HMBP Inspection Checklist                                               |
|    | Hazardous Waste Generator Inspection Checklist                          |
|    | Tiered Permit Inspection Checklist                                      |
| X  | Uniform Fire Code Checklist for General Provisions and Articles 79 & 80 |
|    | Underground Storage Tank Checklist(s)                                   |
| N/ | Inspection Notes                                                        |
| K  | Inspection Narrative                                                    |

| Did a facility representative grant permission for this inspection?      | YES                    | 🗆 NO    |   |
|--------------------------------------------------------------------------|------------------------|---------|---|
| Submit all required documents, reports and/or plans (including Correctiv | e Action Plan) withir  | NAdays. |   |
| All violations noted are to be corrected immediately. Compliance will be | e verified on or after | NA      | • |
|                                                                          |                        |         |   |

Failure to comply with requirements established in this inspection report and in all attachments to this report, or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and or federal laws or regulations.

Date of Inspection Inspector Signature of Facility Representative ۷ 1 n---

~ f

NOF HAY

3447 Drugstment Bl. 05-07-03 Primcess Doutsl Lab. OF HAYWARD FIRE DEPARTMENT A Certified Unified Program Agency 512 CALIFORNI INSPECTION NOTES office. 03/19/03: needed No one was at the TIC 05 Kange IA \* Inspection to wall Seened propose 1.00 alcoh 5 alan .





# **Fire Code Inspection Checklist**

Facility Name: Facility Address:

Princess Dental Laboratory 3447 Investment Blvd., Suite 204

Date: <u>05-07-03</u> Inspector: <u>M. Bere</u>7-

| REQUIREMENTS |                                                                                        | UFC<br>SECTION               | YES      | NO | N/A | COMMENTS |
|--------------|----------------------------------------------------------------------------------------|------------------------------|----------|----|-----|----------|
| 1. GE        | NERAL UFC                                                                              |                              | 1        |    |     |          |
| a.           | Premises ID visible                                                                    | 901.4.4                      | X        |    |     |          |
| b.           | FD access clear                                                                        | 902.3                        | X        |    |     |          |
| с.           | Fire extinguisher inspection tags current                                              | 1001.5.1                     | X        |    |     |          |
| d.           | Storage $\geq 18$ " off sprinkler heads;<br>$\geq 24$ " off ceiling it non-sprinklered | 1103.3.2.2                   | X        |    |     |          |
| e.           | Exits clear / not obstructed                                                           | 1203                         | X        |    |     |          |
| f.           | Exit signs visible                                                                     | 1212                         |          |    |     |          |
| g.           | Extension cord used properly                                                           | 8506                         |          |    |     |          |
| h.           | Electrical panel access ≥ 30"-wide clearance                                           | 8509                         |          |    |     |          |
| i.           | Oily rags in approved container with lid                                               | 1103.2.1.3                   | 1        |    |     |          |
| j.           | No electrical hazards observed                                                         | 8504                         | X        |    | 1   |          |
| k.           | Compressed gases properly restrained / secured                                         | 7401.6.4                     | X        |    |     |          |
| l.           | All required FD permits obtained                                                       | 105.8                        | X        |    |     |          |
| 2. AR        | TICLE 79 & ARTICLE 80                                                                  |                              |          |    |     |          |
| a.           | All amounts within allowable limits                                                    | 7902 / 7903 / 8001           | X        |    |     |          |
| b.           | Approved storage cabinets used                                                         | 7902.5.9 / 8003.1.10         |          |    |     |          |
| C.           | Approved dispensing methods used                                                       | 7903                         | 1        |    |     |          |
| d.           | Containers properly bonded/grounded                                                    | 7903.2                       |          |    |     |          |
| e.           | Containers and tanks are labeled or placarded as required                              | 7901.9 /<br>8001.7./8003.1.2 | X        |    |     |          |
| f.           | Outside storage meets distance restrictions                                            | 7902.3.3                     |          |    |     |          |
| g.           | Inside storage meets height/amount restrictions                                        | 7902.5.10                    | X        |    |     |          |
| h.           | "No Smoking" signs posted                                                              | 7902.1.3.1                   |          |    |     |          |
| i.           | Facility NFPA 704 diamond posted                                                       | 8001.7                       |          |    |     |          |
| j.           | Storage areas labeled and/or placarded                                                 | 8001.7                       |          |    |     |          |
| k.           | Storage areas secured                                                                  | 8001.9.2                     | X        |    |     |          |
| <u>l</u> .   | Records of unauthorized discharges maintained                                          | 8001.5.2.1                   | <b>,</b> |    |     |          |
| m.           | Emergency shut-off switch/valve labeled                                                | 8001.4.3.2                   |          |    |     |          |
| n.           | MSDSs available                                                                        | 8001.6                       |          |    |     |          |
| 0.           | Containers in good condition                                                           | 8001.4.2                     | X        |    |     |          |
| <u>р.</u>    | Incompatible materials segregated/separated                                            | 8001.9.8 / 8003.1.17         | X        |    |     |          |
| q.           | Open shelving of adequate construction                                                 | 8001.9.9                     |          |    |     |          |
| г.           | Spill/drainage controls provided                                                       | 8003.1.7                     |          |    |     |          |
| S.           | Secondary containment provided                                                         | 8003.1.7.4                   |          |    |     |          |
| t.           | Equipment/area adequately ventilated                                                   | 8003.1.8.1                   | X.       |    |     |          |
| u.           | Equipment adequately secured                                                           | 8004.1.10                    | X        |    |     |          |

| Comments:                             |         |          |
|---------------------------------------|---------|----------|
|                                       |         |          |
|                                       |         |          |
|                                       |         |          |
| Signature: Jame/Title: Joon Hee Chang | Date: _ | 05/07/03 |

Page 3 of 4



HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE

777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

#### **INSPECTION REPORT**

| Street Address: 3447 Dwestment     | Bhd. , 9 | Az. 204                    |
|------------------------------------|----------|----------------------------|
| Name of Facility: Princess Deutel  |          |                            |
| Facility Representative: Jan Chang | 0        | Tel. No.: 510 - 732 - 8525 |
| <u> </u>                           |          |                            |

This inspection was done to determine compliance The following requirements were guinate Insbergent

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

<u>05`0+`05</u> Date of Inspection Hazardous Materials Investigato Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page 4 of 4

UNIFIED HAZARDOUS N

### ERIALS AND HAZARDOUS WASTE MA FACILITY INFORMATION

RECEIVED BY

GRMENTEPROGRAM

## **BUSINESS ACTIVITIES**

AUG 3 0 2010

| I. FACILITY IDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IFICATION      | AYWARD FIRE DEPARTMENT                                                                                                                          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| FACILITY ID #<br>(Agency Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | # (Hazardous Waste Only) 2                                                                                                                      |  |  |
| BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)<br>Princess donta Lab                                                                                                                                                                                                                                                                                                                                                                                     |                | 3                                                                                                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3/vd #204      |                                                                                                                                                 |  |  |
| BUSINESS SITE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HAYWARD        | 104 CA ZIP CODE 944-4-4                                                                                                                         |  |  |
| II. ACTIVITIES DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LARATION       |                                                                                                                                                 |  |  |
| Does your facility□                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If Yes,        | you are required to                                                                                                                             |  |  |
| A. HAZARDOUS MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                                 |  |  |
| Have on site (for any purpose) at any one time, 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   | Complete, submit and maintain a<br>HAZARDOUS MATERIALS<br>BUSINESS PLAN (HMBP).                                                                 |  |  |
| B. REGULATED SUBSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                 |  |  |
| Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?                                                                                                                                                                                                                                                                                                | □YES X NO 48   | Coordinate with Hayward Fire Department<br>in preparing a Risk Management Plan.                                                                 |  |  |
| C. UNDERGROUND STORAGE TANKS (USTs)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                 |  |  |
| Own or operate underground storage tanks?                                                                                                                                                                                                                                                                                                                                                                                                                                | YES NO 5       | Submit UST documents required.                                                                                                                  |  |  |
| D. ABOVE GROUND PETROLEUM STORAGE                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                                                                                                 |  |  |
| Own or operate ASTs above these thresholds:                                                                                                                                                                                                                                                                                                                                                                                                                              |                | Prepare and submit a Spill Prevention,                                                                                                          |  |  |
| Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.                                                                                                                                                                                                                                                                                                                                                                 | VES NO 8       | Control and Countermeasure (SPCC) Plan.                                                                                                         |  |  |
| E. HAZARDOUS WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                 |  |  |
| Generate hazardous waste?                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES NO 9       | Provide EPA ID NUMBER Lat the top of this page.                                                                                                 |  |  |
| Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?                                                                                                                                                                                                                                                                                                                                                                           | □ YES 🖾 NO 10  | Submit RECYCLABLE MATERIALS<br>REPORT (one per recycler).                                                                                       |  |  |
| Treat hazardous waste on-site?                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES NO II      | Submit Tiered Permit NOTIFICATION                                                                                                               |  |  |
| Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?                                                                                                                                                                                                                                                                                                                                                                | □ YES 🖄 NO 12  | Submit CERTIFICATION OF<br>FINANCIAL ASSURANCE                                                                                                  |  |  |
| Consolidate hazardous waste generated at a remote site?                                                                                                                                                                                                                                                                                                                                                                                                                  | 🗆 YES 🔀 NO 13  | Submit ANNUAL NOTIFICATION                                                                                                                      |  |  |
| Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?                                                                                                                                                                                                                                                                                                                                                                 | □ YES 🛛 NO 14  | Submit HAZARDOUS WASTE TANK<br>CLOSURE CERTIFICATION                                                                                            |  |  |
| Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or<br>more of federal RCRA hazardous waste, or generate in any single calendar<br>month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous<br>waste; or generate or accumulate at any time more than 100 kg (220 pounds) of<br>spill cleanup materials contaminated with RCRA acute hazardous waste.                                                                        | □ YES 🖄 NO 14a | Obtain federal EPA ID Number, file<br>Biennial Report (EPA Form 8700-<br>13A/B), and satisfy requirements for<br>RCRA Large Quantity Generator. |  |  |
| Household Hazardous Waste (HHW) Collection site?                                                                                                                                                                                                                                                                                                                                                                                                                         | YES NO 14b     | Submit required forms.                                                                                                                          |  |  |

UPCF Rev. Hayward 2010

### CLAIM OF EXEMPTION For Reporting Year 2010

MAR (1 4 2010

# HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY DE DEPARTMENT

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a consumer product for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name:             | 1 Ju loe Signature: In fid               |
|-------------------|------------------------------------------|
| Title: 0          | maler Date Signed: 2-24-20               |
| Facility Name:    | Princess dental Lab                      |
| Facility Address: | 3447 Investment Blud #204 Harnad CA 9454 |
| E- Mail Address:  | Kansalic @ Yahoo, com                    |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

## NIFIED PROGRAM CONSOLIDATED FOL HAYWARD FIRE DEPARTMENT

FILE PREVENTION OFFICE

MAD

| Lin | TTO | GINTIN | con | 100LD | DATEL | 10 | a sugar |
|-----|-----|--------|-----|-------|-------|----|---------|
|     |     |        |     |       |       |    |         |
|     |     |        | -   |       |       |    | -       |

## BUSINESS OWNER/OPERATOR IDENTIFICATION

| I. IDENTIF                                                                                                                   |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the second                          |          |
|------------------------------------------------------------------------------------------------------------------------------|----------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|
| UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER                                                                      | 1 BEGI         | INNING I | DATE 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ENDING DATE                             | 101      |
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)                                                             |                |          | 3 BUSIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ESS PHONE                               | 102      |
| Princess dontal Lab                                                                                                          |                | _        | 510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12 732-8524                             |          |
|                                                                                                                              | ENAL           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 103      |
| 3447 Investment Blud #                                                                                                       | مر المر<br>104 |          | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | 105      |
| Hayward                                                                                                                      |                | CA       | 945                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |          |
| DUN & BRADSTREET                                                                                                             |                | 105      | SIC CODE (4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | digit #)                                | 107      |
| OUNTY<br>Alameda County                                                                                                      |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 108      |
| SUSINESS OPERATOR NAME                                                                                                       |                | 109      | BUSINESS O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PERATOR PHONE                           | 110      |
| II. BUSINES                                                                                                                  | SOWNER         | 1        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |          |
| UWNER NAME                                                                                                                   | SOWNER         | 111      | OWNER PHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INE                                     | 112      |
| KYU JU Lee                                                                                                                   |                |          | and the second second second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32-8-12+                                |          |
|                                                                                                                              | or             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 113      |
| 3447 Investment Blud #2                                                                                                      | 114 5          | STATE    | 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP CODE                                | 116      |
| Hayward                                                                                                                      |                | C        | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 94545                                   |          |
| III. ENVIRONMEN                                                                                                              |                | TACT     | CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HONE                                    | 118      |
| ONTACTNAME                                                                                                                   |                |          | CONTACT PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOME                                    | 110      |
| CONTACT MAILING ADDRESS                                                                                                      |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 119      |
| ЛТҮ                                                                                                                          | 120 S          | STATE    | 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP CODE                                | 122      |
| - PRIMARY - IV. EMERGENC                                                                                                     | Y CONTAC       | CTS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - SECONDARY -                           |          |
| AME 123<br>Kyu Ju Ler                                                                                                        | NAME           | ick      | y Le.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P.                                      | 128      |
| ITLE 124                                                                                                                     | TITLE          | 1019     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 129      |
| OWNER                                                                                                                        |                | rker     | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |          |
| USINESS PHONE 123                                                                                                            | BUSINESS P     |          | 10 -22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prat                                    | 130      |
| 4-HOUR PHONE 126                                                                                                             | 24-HOUR PH     | IONE     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2-85-55                                 | 131      |
| 1510) 449-6932                                                                                                               |                | Ĺ        | 10 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9-6933                                  |          |
| AGER or CELL PHONE # 127<br>(176) 4449-6932-                                                                                 | PAGER or CI    |          | NE#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7-6933                                  | 132      |
|                                                                                                                              | hanaar         |          | 10 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , , , , , , , , , , , , , , , , , , , , |          |
| DDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable<br>This form is accompanied by new or modified Hazardous Mater     |                | n. Cha   | mical Desarie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ntion Form(s)                           | 13       |
| This form is the annual submittal and there are no changes to the                                                            |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | d.       |
| This location is on property owned by someone other than the bu                                                              |                |          | CARLES OF A CONTRACTOR OF A CONTRA |                                         |          |
| This facility is a recycler. Attachment 8 enclosed.                                                                          |                | a prese  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |          |
| Certification: Based on my inquiry of those individuals responsible f                                                        | or obtaining   | the info | rmation, I cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ify under penalty of lav                | w that I |
|                                                                                                                              | itted and beli | ieve the | information is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s true, accurate, and co                | omplete. |
| ave personally examined and am familiar with the information submi                                                           |                |          | NAME OF DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CUMENT PREPARER                         | 13       |
| ave personally examined and am familiar with the information submi                                                           | DATE           | 134      | india of bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a contract of a state of the state of   |          |
| ave personally examined and am familiar with the information submi<br>IGNATUR OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE | 2-25           |          | KXU S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |          |
| ave personally examined and am familiar with the information submi                                                           |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 13       |

OES FORM 2730

UPCF

HMBP Standard Form / HFD/dmg 2004

## CLAIM OF EXEMPTION For Reporting Year 2009

FIRE PREVENTION OFFICE

FEB 2 5 2009 POSTE

# HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a consumer product for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT:

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: <u>KYL</u>  | 1 Ju Lee       | Signature:   | -AA  | · fu    | ×          |
|-------------------|----------------|--------------|------|---------|------------|
| Title:            | Owner          | Date Signed: | -Te  | 6-23-09 | )          |
| Facility Name:    | PRINCERS       | Pental       | Lab  |         | S          |
| Facility Address: | 3447 Inver-    | tment        | Blud | #204    | Haynand ch |
| E- Mail Address:  | Kyu Salic @ Yo | how com      | 1    |         | 94144      |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

# FOR REPORTING YEAR OL

8685-01

FIRE PREVENTION

FEH // R 2005

HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

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| Name: <u>Kyu</u>  | Ju Le   | e s       | ignature:   | hor jo do  | er         |
|-------------------|---------|-----------|-------------|------------|------------|
| Title:            | ner     | D         | ate Signed: | _ Heb- 3-0 | ot         |
| Facility Name:    | Princes | s Denta   | l Labo      | oratory    |            |
| Facility Address: | 344.7   | Invertmen | + BINd      | Saite Zok  | Hayward CA |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT 777 B Street, Hayward, CA 94541-5007



2004

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| Name: JOON HEE CHAN                  | Signature:    |                    |
|--------------------------------------|---------------|--------------------|
| Title:                               | Date Signed:  | 2/29/04            |
| Facility Name:                       | enter Lab     |                    |
| Facility Address: <u>3447 meeten</u> | nont Blud 200 | I Hajuard, CA. 945 |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT 777 B Street, Hayward, CA 94541-5007

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE DEPARTMENT

RECEIVED BY FIRE PREVENTION OFFICE

AUG 2 9 2011

## **UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION**

| Issued to                     |                           |  |  |
|-------------------------------|---------------------------|--|--|
| Name of Facility:             | Executive Contact:        |  |  |
| PRINCESS DENTAL LABORATORY    | KYU JU LEE, OWNER         |  |  |
| Street Address:               | Mailing Address:          |  |  |
| 3447 INVESTMENT BLVD #204     | 3447 INVESTMENT BLVD #204 |  |  |
| Telephone Number at Facility: | City/State/ZIP:           |  |  |
| 732-8525                      | HAYWARD, CA 94545         |  |  |
| Registration/Permit Number:   | Email Address:            |  |  |
| 12-0808501-025063             | KYUSALIC@YAHOO.COM        |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| XX | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program()                                                     |
|----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|    | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|    | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|    | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

## Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant | <u>Kyn</u> <u>Kyn</u> Ju<br>Printed Name                 | and Title Owner $g_{-} \perp 2 - 1/$<br>Date Signed |
|------------------------|----------------------------------------------------------|-----------------------------------------------------|
|                        | FOR OFFIC                                                | CE USE ONLY                                         |
| Effective Date:        | Expiration Date:<br>08/31/2012                           | Machine Validation / Official Receipt               |
| Date Payment Received: | Payment Reference:<br>Ck # 1906<br>State Surcharge Paid: | Shall Munghung                                      |
| \$ 245.00              | \$\$                                                     | Approved by the City of Hayward Fire Department     |



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 RECEIVED BY FIRE PREVENTION OFFICE

AUG 3 0 2010

HAYWARD FIRE DEPARTMENT

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                    |                                               |  |  |
|----------------------------------------------|-----------------------------------------------|--|--|
| Name of Facility:                            | Executive Contact:                            |  |  |
| PRINCESS DENTAL LABORATORY                   | KYU JU LEE, OWNER                             |  |  |
| Street Address:<br>3447 INVESTMENT BLVD #204 | Mailing Address:<br>3447 INVESTMENT BLVD #204 |  |  |
| Telephone Number at Facility:                | City/State/ZIP:                               |  |  |
| 732-8525                                     | HAYWARD, CA 94545                             |  |  |
| Registration/Permit Number:                  | Email Address:                                |  |  |
| 11-0808501-025063                            | KYUSALIC@YAHOO.COM                            |  |  |

# For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>x</b> kx | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program()                                                     |
|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|             | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
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|             |                                                                  |                                                                                         |

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| Signature of Applicant               | <u> </u>                       |                                       | <b>A</b> - 20-10<br>Date Signed |  |  |
|--------------------------------------|--------------------------------|---------------------------------------|---------------------------------|--|--|
|                                      | FOR OFFICE USE ONLY            |                                       |                                 |  |  |
| Effective Date:<br>8 - 30- 10        | Expiration Date:<br>08/31/2011 | Machine Validation / Official Receipt | •                               |  |  |
| Date Payment Received: $8 - 36 - 10$ | Payment Reference:             | made                                  | mon                             |  |  |
| Total Amount Paid:                   | State Surcharge Paid:          |                                       | . 0 ()                          |  |  |
| \$ 245.00                            |                                | Approved by the City of Hayw          | ard Fire Department             |  |  |

ATA CALIFORNIA

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 RECEIVED BY FIRE PREVENTION OFFICE

AUG 3\_1 2009

HAYWARD FIRE DEPARTMENT

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                               |  |  |  |
|-----------------------------|-------------------------------|--|--|--|
| Name of Facility:           | Executive Contact:            |  |  |  |
| PRINCESS DENTAL LABORATORY  | KYU JU LEE, OWNER             |  |  |  |
| Street Address:             | Mailing Address:              |  |  |  |
| 3447 INVESTMENT BLVD #204   | 3447 INVESTMENT BLVD #204     |  |  |  |
| Permit Type:                | City/State/ZIP:<br>Y          |  |  |  |
|                             | HAYWARD, CA 94545             |  |  |  |
| Registration/Permit Number: | Telephone Number at Facility: |  |  |  |
| 10-0808501-025063           | 732-8525                      |  |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| . <del>G</del> xx | Hazardous Materials Storage(Range)                               | Hazardous Waste Generator Program()                                                     |
|-------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                   | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
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| Signature of Applicant | <u> </u>              | A LEE OWNEY                                                                                                                     | A-25-09<br>Date Signed |
|------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------|
|                        | FOR OFFIC             | E USE ONLY                                                                                                                      |                        |
| Effective Date:        | Expiration Date:      | Machine Validation / Official Receipt                                                                                           |                        |
| 08-31-09               | 08/31/2010            |                                                                                                                                 |                        |
| Date Payment Received: | Payment Reference:    | $\frown$ $\frown$ $\frown$ $\frown$                                                                                             | $\wedge$               |
| 08-31-09               | CR71 1688             | $(\Lambda, \Lambda, \Lambda$ | marshin /              |
| Total Amount Paid:     | State Surcharge Paid: |                                                                                                                                 | K X                    |
| \$239.00               | \$ 0                  | Approved by the City of Hayw                                                                                                    | ard Fire Department    |



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

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JUL 1 6 2003

HAYWARD FIRE DEPARTMENT

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

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|-----------------------------|-------------------------------|--|--|
| Name of Facility:           | Executive Contact:            |  |  |
| PRINCESS DENTAL LABORATORY  | KYU JU LEE, OWNER             |  |  |
| Street Address:             | Mailing Address:              |  |  |
| 3447 INVESTMENT BLVD #204   | 3447 INVESTMENT BLVD #204     |  |  |
| Permit Type:                | City/State/ZIP:               |  |  |
|                             | HAYWARD, CA 94545             |  |  |
| Registration/Permit Number: | Telephone Number at Facility: |  |  |
| 09-0808501-025063           | 732-8525                      |  |  |

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|------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
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| Signature of Applicant                       | Printed Name a                  | ULEE Owner<br>nd Title                | 7-10-04<br>Date Signed |
|----------------------------------------------|---------------------------------|---------------------------------------|------------------------|
|                                              | FOR OFFIC                       | E USE ONLY                            | •                      |
| Effective Date:<br>7-15-08                   | Expiration Date:<br>06/30/2009  | Machine Validation / Official Receipt |                        |
| Date Payment Received:<br>7-16-08            | Payment Reference:<br>CK # 1529 | 0.000                                 | . 0.                   |
| Total Amount Paid:<br>\$ 165.00 <b>POSTI</b> | State Surcharge Paid:           | Approved by the City of Hay           | ward Fire Department   |



A Certified Unified Program Agency JUN 2 7 2007 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3**##**WARD FIRE DEPARTMENT

RECEIVED BY FIRE PREVENTION OFFICE

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                                      |  |  |
|-----------------------------|--------------------------------------|--|--|
| Name of Facility:           | Executive Contact:                   |  |  |
| PRINCESS DENTAL LABORATORY  | KYU JU LEE, OWNER                    |  |  |
| Street Address:             | Mailing Address:                     |  |  |
| 3447 INVESTMENT BLVD #204   | 3447 INVESTMENT BLVD #204            |  |  |
| Permit Type:                | City/State/ZIP:<br>HAYWARD, CA 94545 |  |  |
| Registration/Permit Number: | Telephone Number at Facility:        |  |  |
| 08-0808501-025063           | 732-8525                             |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| Xxx | Hazardous Materials Storage (Range <u>1A</u> )                   |   | Hazardous Waste Generator Program ()                                                    |
|-----|------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------|
|     | Hazardous Materials Business Plan                                |   | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|     | Aboveground Petroleum Storage, SPCC Plan                         |   | PBR; CA; CE                                                                             |
| D   | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | Ģ | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

## Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicher                      | Printed Name a                 | TULEE OWNER                           | 6-20-0)<br>Date Signed |  |  |
|---------------------------------------------|--------------------------------|---------------------------------------|------------------------|--|--|
| · .                                         | FOR OFFICE USE ONLY            |                                       |                        |  |  |
| Effective Date:<br>7-1-07                   | Expiration Date:<br>06/30/2008 | Machine Validation / Official Receipt |                        |  |  |
| Date Payment Received: $6 - 27 - 07$        | Payment Reference:<br>CK# 1358 | 0 0 0 m                               | 0.                     |  |  |
| Total Amount Paid <b>POSTER</b><br>§ 165.00 | State Šurcharge Paid:          | Approved by the City of Haywar        | d Fire Department      |  |  |



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 RECEIVED BY FIRE PREVENTION OFFICE

JUN 1 3 2006

HAYWARD FIRE DEPARTMENT

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                   |                               |  |  |
|-----------------------------|-------------------------------|--|--|
| Name of Facility:           | Executive Contact:            |  |  |
| PRINCESS DENTAL LABORATORY  | KYU JU LEE, OWNER             |  |  |
| Street Address:             | Mailing Address:              |  |  |
| 3447 INVESTMENT BLVD #204   | 3447 INVESTMENT BLVD #204     |  |  |
| Permit Type:                | City/State/ZIP:               |  |  |
|                             | HAYWARD, CA 94545             |  |  |
| Registration/Permit Number: | Telephone Number at Facility: |  |  |
| 07-0808501-025063           | 732-8525                      |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>G</b> x | Hazardous Materials Storage(Range <u>1A</u> ))                   | Hazardous Waste Generator Program ()                                                    |
|------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|            | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|            | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|            | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Sighature of Applicant                                                          | KYU J<br>Printed Name a                                           | nd Title Dwner 6-8-06<br>Date Signed            |  |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|--|
| FOR OFFICE USE ONLY                                                             |                                                                   |                                                 |  |
| Effective Date:<br>07/01/2006                                                   | Expiration Date:<br>06/30/2007                                    | Machine Validation / Official Receipt           |  |
| Date Payment Received:<br><u>6-13-06</u><br>Total Amount Paid:<br>\$165.00POSTI | Payment Reference:<br>CK # 1194<br>State Surcharge Paid:<br>SD \$ | Approved by the City of Hayward Fire Department |  |

| TEBPERMIT AND GISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| HAYWARD FIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| A Certified Unifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed Program Agency JUN 1 5 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| الهوكي 🗢 الولاد الكائية معانيا بالحالية المستراه بيتو الموالة المعاد مالا متلاقيات المحالية المحالية المحالي التاريخ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ard, CA 94541-5007 and a success of the and the second of the second s |
| TEL: (510) 583-4910 FAX (510)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | vard, CA 94541-5007<br>) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE DEPARTME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ALIFORNIA CONSTRUCTION CONSTRUCTION OF A CONSTRU |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| and so to an an an and the state state in a second private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | wills table as he had not be fullier a set it stop of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| UNIFIED PROGRAM CONSOLIDAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ED PERMIT AND REGISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| e de la companya de<br>Parte de la companya d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | han da ing katalon ng kang dan tahun da sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| steriore de la company de l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed to in Aufore care per state the approxy page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Executive Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PRINCESS DENTAL LABORATORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KYU JU LEE, OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3447 INVESTMENT BLVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3447 INVESTMENT BLVD #204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Permit Type:  Full  Provisional  Temporary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City/State/ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Permit Type. Drun Drivisional Bromporary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HAYWARD, CA 94545                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Registration/Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone Number at Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 06-0808501-025063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 732-8525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hazardous Materials Storage (Range <u>1A</u> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hazardous Waste Generator Program (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hazardous Materials Business Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tiered Permit Program for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Onsite Treatment of Hazardous Waste:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Aboveground Petroleum Storage, SPCC Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PBR: CA: CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Underground Storage Tank Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | California Accidental Release Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| tanks; Facility No. : 01-003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Program and/or Federal Risk Management Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I certify that I have read and I hereby accept the terms and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onditions printed on the other side of this Unified Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onditions printed on the other side of this Unified Program the all permit conditions and all local, state and federal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onditions printed on the other side of this Unified Program the all permit conditions and all local, state and federal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with<br>ordinances, laws, statutes, codes, policies, rules and regulation<br>disposal of hazardous materials and/or hazardous waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onditions printed on the other side of this Unified Program<br>th all permit conditions and all local, state and federal<br>ons relating to the storage, use, handling, generation and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with<br>ordinances, laws, statutes, codes, policies, rules and regulation<br>disposal of hazardous materials and/or hazardous waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bonditions printed on the other side of this Unified Program<br>th all permit conditions and all local, state and federal<br>ons relating to the storage, use, handling, generation and<br>$\frac{L_{dec}}{d Title} \qquad \qquad$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with<br>ordinances, laws, statutes, codes, policies, rules and regulation<br>disposal of hazardous materials and/or hazardous waste.<br><u>Signature of Applicant</u><br><u>FOR OFFICE</u><br>Effective Date:<br><u>Effective Date:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | bonditions printed on the other side of this Unified Program<br>th all permit conditions and all local, state and federal<br>cons relating to the storage, use, handling, generation and<br>$\frac{CCCC}{Dwner} \qquad \qquad$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with<br>ordinances, laws, statutes, codes, policies, rules and regulation<br>disposal of hazardous materials and/or hazardous waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bonditions printed on the other side of this Unified Program<br>th all permit conditions and all local, state and federal<br>ons relating to the storage, use, handling, generation and<br>$\frac{L_{L-C}}{d Title} \qquad \qquad$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I certify that I have read and I hereby accept the terms and co<br>Consolidated Permit and Registration. I agree to comply with<br>ordinances, laws, statutes, codes, policies, rules and regulation<br>disposal of hazardous materials and/or hazardous waste.<br><u>Jun Jun Len</u><br><u>Signature of Applicant</u><br><u>Kyn Jun</u><br><u>Printed Name and</u><br>FOR OFFICE<br>Effective Date:<br>07/01/2005<br>Date Payment Received:<br>Payment Reference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | bonditions printed on the other side of this Unified Program<br>th all permit conditions and all local, state and federal<br>ons relating to the storage, use, handling, generation and<br>$\frac{L_{dec}}{d Title} \qquad \qquad$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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OF HAY!

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY FIRE PREVENTION OFFICE

0EC 2 2 2004

HAYWARD FIRE CEPARTMENT

## UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issued to                                  |                                      |  |  |
|--------------------------------------------|--------------------------------------|--|--|
| Name of Facility:                          | Executive Contact:                   |  |  |
| PRINCESS DENTAL LABORATORY                 | KYU JU LEE, OWNER                    |  |  |
| Street Address:                            | Mailing Address:                     |  |  |
| 3447 INVESTMENT BLVD                       | 3447 INVESTMENT BLVD #204            |  |  |
| Permit Type: □Full □Provisional □Temporary | City/State/ZIP:<br>HAYWARD, CA 94545 |  |  |
| Registration/Permit Number:                | Telephone Number at Facility:        |  |  |
| 05 - 0808501 - 000000                      | 732-8525                             |  |  |

## For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| Xxx | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program ()                                                    |
|-----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|     | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|     | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|     | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

## Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste. Λ. 1 1

1.0

| Ma Jo let                          |                                |                                       |                          |
|------------------------------------|--------------------------------|---------------------------------------|--------------------------|
| Signature of Applicant             | Printed Name and Title         |                                       |                          |
| /                                  | FOR OFFI                       | CE USE ONLY                           |                          |
| Effective Date:<br>11/30/2004      | Expiration Date:<br>06/30/2005 | Machine Validation / Official Receipt | •                        |
| Date Payment Received:<br> 2 22 34 | Payment Reference:             | Only M                                | madas                    |
| Total Amount Paid:                 | State Surcharge Paid:          |                                       | $\mathbf{O}(\mathbf{O})$ |
| \$ 82.5000                         | \$ 5                           | Approved by the City of Hay           | ward Fire Department     |
| This permit shall not be           | construed as proof of co       | mpliance with any permitting.         | registration. licensing  |

and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

| ♦ AR15AT00001107DEC04 ♦ 0412 Accounts Re ivable Invoice Transaction Inquiry | ►                    |
|-----------------------------------------------------------------------------|----------------------|
| Name PRINCESS DENTAL (OLD OWNER) Invoice # 136637                           | Dept HAZARDOUS MATEF |
| Addr 3447 INVESTMENT BLVD, #204 Inv Date 07/01/2004 Inv                     |                      |
| City HAYWARD CA 94545 Last Pmt Rcv 12/07/2004                               | Amt 87.50-           |
| Phone (510) 732-8525 Ext Amount Due                                         | 6.70+                |
| Customer # 20756 01 HAZARDOUS MATERIALS STORAGE, RANGE 1A                   |                      |
| Activity # FOR 3447 INVESTMENT BLVD #204, FY 2005                           |                      |
| Permit # Parcel #                                                           |                      |
| Date Type Description Hours Amount                                          | Entry Date           |
| 06/30/2004 4440 165.00+                                                     | 06/30/2004           |
| 07/01/2004 INVOICE 165.00+                                                  | 06/30/2004           |
| 09/23/2004 4999 LATE CHARGE 5.00+                                           | 09/23/2004           |
| 10/14/2004 4999 LATE CHARGE 5.00+                                           | 10/14/2004           |
| 10/14/2004 4999 INTEREST 1.70+                                              | 10/14/2004           |
| 10/20/2004 ADJSMNT Entered by RAQUEL G 82.50-                               | 10/20/2004           |
| 12/07/2004 PAYMENT C#00001072 R#1198 87.50-                                 | 12/07/2004           |

STATUS=40T - OTH INVS: 124054 121979 15:56:45:02 INQUIRY REQUEST John Mark Mark Job Tuby Of Tuby Of >0<

#### 04100001025 -NEXT FOR HM Recc 80850 Begin Year \*\*\*\*\*\* Hazardous Materials Perhin Payments \*\*\*\*\*\* RMIS-HM53

Business Name: PRINCESS DENTAL LABORATORY Billing Data: 1A RANGE 1->0 HAZARDOUS MATERIALS Billing Year: 2005 Range Code Fee: 165.00+ Balance Due:

| RV No | Bill Year<br>Date Cod |   | Amount<br>Paid | Paid    | 1 |
|-------|-----------------------|---|----------------|---------|---|
| 10252 | 10/25/2004 1          | A | 2005           | 87.50+  |   |
| 10223 | 10/22/2003 1          | A | 2004           | 167.50+ |   |
| 03103 | 03/10/2003 1          | A | 2003           | 92.50+  |   |

ALL TRANSACTIONS HAVE BEEN LISTED FOR RECORD NUMBER 10:44:06:87 INQUIRY REQUEST

Principal dertellab 136637

510-101 20150

Joon Her Chank

Jew owner S

()AR15AT00004022(())031(  $\mathbb{D}$ -NEXT FOR Accounts Receivable Invoice Tr. action Inquiry FMIS-AR15 1922 Name PRINCESS DENTAL LABOR Invoice # 12405 Dept HAZARDOUS M Addr 3447 INVESTMENT BLVD, #204 Inv Date 05/27/2003 Inv Amt 179.2 CA 94545 Last Pmt Rcv 10/17/2003 Amt 179.23-City HAYWARD Phone (510) 732-8525 Ext Amount Due Customer # 20756 01 HAZARDOUS MATERIALS STORAGE, RANGE 1A Activity # FOR 3447 INVESTMENT BLVD #204, FY 2004 Permit # Parcel # Date Type Description Hours Amount Entry Date 05/27/2003 4440 150.00+ 05/27/2003 05/27/2003 4440 05/27/2003 05/27/2003 2271001 17.50+ 05/27/2003 05/27/2003 INVOICE 167.50+ 05/27/2003 09/03/2003 4999 LATE CHARGE 5.00+09/03/2003 5.00+ 10/10/2003 10/10/2003 4999 LATE CHARGE 10/10/2003 4999 INTEREST 1.73+ 10/10/2003 10/17/2003 PAYMENT C#00001073 R#82723 179.23-10/17/2003

(STATUS=10 - OTH INVS: 121979 10:02:24:12 INQUIRY REQUEST  $\mathbb{Q}$ 

| A Certified Unifie<br>A Certified Unifie<br>777 B Street, Hayw                                                                                                                                                                                                                                                                                                                                                                                                | E DEPARTMENT<br>ed Program Agency<br>Mard, CA 94541-5007<br>583-3641 • TDD (510) 247-3340<br>TED PERMIT AND REGISTRATION |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Issu                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ed to                                                                                                                    |  |  |  |
| Name of Facility:<br>PRINCESS DEDTAL UNBORATORY                                                                                                                                                                                                                                                                                                                                                                                                               | Executive Contact:<br>JOON CHANG                                                                                         |  |  |  |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mailing Address:                                                                                                         |  |  |  |
| 3447 Investment Blod, 201                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3447 INVESTMENT BLUD, # 204                                                                                              |  |  |  |
| Permit Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HAYWARD, CA 94545<br>Telephone Number at Facility:                                                                       |  |  |  |
| Registration/Permit Number:<br>03-808501-020756                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone Number at Facility:<br>732-8525                                                                                |  |  |  |
| 0 3- 000 101 010 76                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |  |  |  |
| For the following                                                                                                                                                                                                                                                                                                                                                                                                                                             | g elements of the                                                                                                        |  |  |  |
| Unified Hazardous Materials d                                                                                                                                                                                                                                                                                                                                                                                                                                 | and Hazardous Waste Program                                                                                              |  |  |  |
| Hazardous Materials Storage (Range <u>1</u> A)                                                                                                                                                                                                                                                                                                                                                                                                                | Hazardous Waste Generator Program ()                                                                                     |  |  |  |
| Hazardous Materials Business Plan                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul> <li>Tiered Permit Program for<br/>Onsite Treatment of Hazardous Waste:</li> </ul>                                   |  |  |  |
| Aboveground Petroleum Storage, SPCC Plan                                                                                                                                                                                                                                                                                                                                                                                                                      | PBR;CA,CE                                                                                                                |  |  |  |
| Underground Storage Tank Program<br>tanks; Facility No. : 01-003                                                                                                                                                                                                                                                                                                                                                                                              | California Accidental Release Prevention Program<br>and/or Federal Risk Management Plan                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |  |  |  |
| Certification         I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, rules and regulations relating to the storage, handling, generation and disposal of hazardous materials and/or hazardous waste.         JOON HEE CHANG |                                                                                                                          |  |  |  |
| Signature of Applicant Printed Name and                                                                                                                                                                                                                                                                                                                                                                                                                       | Title Date Signed                                                                                                        |  |  |  |
| FOR OFFICE For OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                         | USE ONLY<br>Machine Validation / Official Receipt                                                                        |  |  |  |
| 01-01-2023 06-30-2023                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |  |  |  |
| Date Payment Received: Payment Reference:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |  |  |  |
| 03-12-2003 CKT 822                                                                                                                                                                                                                                                                                                                                                                                                                                            | $\cap \cap \cap \cap$                                                                                                    |  |  |  |
| Total Amount Paid:     State Service Charge Paid:                                                                                                                                                                                                                                                                                                                                                                                                             | Druger Ministry                                                                                                          |  |  |  |
| \$ 92.50 \$ 17.50                                                                                                                                                                                                                                                                                                                                                                                                                                             | Approved by the City of Hayward Fire Department                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |  |  |  |

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| INIFIED HAZARDOUS MATERIALS                                                                                                  | S / HAZARDOUS V     | VASTE MANAGEMENT REGULATOR<br>instructions printed on a separate page.)                                                                                                                                   | FIRE DEPARTMENT                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Facility Information                                                                                                      |                     | 5. Aboveground Storage Tank Program                                                                                                                                                                       | (AGT)                           |
| Name: Privcess Dental<br>Address: 3447 Investment<br>Surte 204 Hayward, CA (ZIP) G4                                          | + BIVD              | Do you have aboveground storage tanks<br>containing petroleum products; at least<br>one is greater than 660 gallons; or total<br>aboveground storage capacity for facility<br>greater than 1,320 gallons? | Ves                             |
| Telephone: 510 732-8525                                                                                                      |                     | 6. Hazardous Waste Generator Program                                                                                                                                                                      | n (HWG)                         |
| 2. Hazardous Materials Storage Progra                                                                                        | m                   | Do you generate hazardous waste on site?                                                                                                                                                                  | Yes<br>No                       |
| Do you have on site hazardous materials - solids<br>extremely hazardous substances specified in 40C                          | FRPart 355 Appendix | Quantity generated per month (gal or lbs)                                                                                                                                                                 |                                 |
| A or B; or radiological materials?                                                                                           | es 🛛 No             | Do you consolidate hazardous waste from remote sites at this facility?                                                                                                                                    | Yes<br>No                       |
| Total Liquids                                                                                                                | -O gallons          | 7. Recycler (Onsite or Off-Site)                                                                                                                                                                          | And a start of the start of the |
| Total Solids<br>Total Gases (at STP)                                                                                         |                     | Do you recycle your own waste onsite?                                                                                                                                                                     | Yes<br>Ves<br>Vo                |
| Total Radiological Materials 3. Accidental Release Prevention Progra                                                         | 1 curies            | Do you receive hazardous waste from other facilities and recycle it on your site?                                                                                                                         | Yes<br>No                       |
| Do you have any regulated substance listed                                                                                   |                     | 8. Tiered Permit Program (On-site Trea                                                                                                                                                                    | tment of HW)                    |
| in Tables 1, 2, and/or 3 of the CalARP<br>Program (CCR Title 19/Div. 2/Chapter.4.5).                                         | P Yes<br>No         | Do you treat, on this site, any hazardous waste you generate?                                                                                                                                             | Yes<br>A No                     |
| 4. Underground Storage Tank Program                                                                                          | (UST)               | Do you have a Tiered Permit?                                                                                                                                                                              | Yes<br>Volume                   |
| Do you own or operate Underground<br>Storage Tanks (USTs) at this facility?<br>If "yes", list material stored and tank capac | ity in gallons:     | Number of Treatment Units under Tiered Perr<br>Permit-By-Rule<br>Conditionally Authorized<br>Conditionally Exempt – Specified Waste<br>Conditionally Exempt – Small Quantity                              | 87                              |
|                                                                                                                              |                     | Conditionally Exempt – Small Quantity<br>Conditionally Exempt – Limited<br>Conditionally Exempt – Commercial Laun                                                                                         | ıdry                            |

#### 8. Certification and Signature

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

anec iA

Signature

**Reviewed by:** 

CUPA Application/ dmg April 2000

Printed Name and Title HAK

<u>Olume</u> Date Signed

Date reviewed:

D

A Certified Unified Program Age.

## TRACKING FORM For New or Prospective Haz Mat Facilities

| Facility Name: PRINC     | ESS DENTAL                                                                                                       | - LABORATORY |            |      |
|--------------------------|------------------------------------------------------------------------------------------------------------------|--------------|------------|------|
| Street Address: 3447     |                                                                                                                  |              |            | 4545 |
| Name & Title of Contact: | and the second |              | 1.: 732- 8 |      |

| DATE      |      | STATUS/COMMENTS                                                                                      |
|-----------|------|------------------------------------------------------------------------------------------------------|
| 1-16-2003 | I    | Initiated by <u>danny fr Miles</u> from<br>New Business License.   Other source of information.      |
| LO        | п    | NEW FACILITY PACKET  Sent by mail  Delivered personally                                              |
| 1-21-03   |      | Delivered over the counter BY                                                                        |
|           | III  | RESPONSE Received.<br>Submitted Hazardous Materials Inventory Worksheet and Application.<br>GO TO V. |
|           | IV   | NO RESPONSE after four weeks.<br>Referred to Haz Mat Investigator for area. GO TO VIII.              |
|           | V    | Submittal reviewed by                                                                                |
|           | VI   | INVOICE requested by                                                                                 |
|           |      | FOLDER prepared by                                                                                   |
|           |      | COMPUTER file posted by                                                                              |
|           |      | LETTER NOTICE sent by                                                                                |
|           | VII  | Folder delivered to Haz Mat Investigator by<br>GO TO END.                                            |
|           | VIII | Facility inspected by                                                                                |
|           | IX   | Manila Folder prepared by GO TO END.                                                                 |
|           | END  | If permitted, FACILITY IN SYSTEM.<br>If NOT permitted, Manila Folder in File Room.                   |

|                                                    |                                                                                              | rec'2<br>5/6/87                                                                                                  |                                                                                             |                                                                                                    |
|----------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
|                                                    | 22300 Foo                                                                                    | HAYWARD<br>vention Bureau<br>othill Blvd.<br>CA 94541 (415) 784-                                                 | (see back of                                                                                | ERIAL MANAGEMENT PLAN<br>sheet for instructions)<br>ONG FORM                                       |
|                                                    |                                                                                              | and a second s |                                                                                             |                                                                                                    |
| Official U                                         | se Only                                                                                      | 1                                                                                                                |                                                                                             |                                                                                                    |
|                                                    |                                                                                              | 1                                                                                                                |                                                                                             |                                                                                                    |
| Business                                           |                                                                                              | AUTOMATION SER. C                                                                                                | 0 (                                                                                         | Business Phone Numbe<br>2) 415-785-4005                                                            |
| <b>.</b>                                           |                                                                                              | ******                                                                                                           |                                                                                             |                                                                                                    |
| ( - )                                              | Street Addres                                                                                | ss<br>VD, SUITE #1, HAY                                                                                          | WARD, CA 94545                                                                              |                                                                                                    |
| Mailing                                            |                                                                                              |                                                                                                                  | City                                                                                        | State Zip Cod                                                                                      |
| (4) SAME AS                                        |                                                                                              |                                                                                                                  | CICy                                                                                        |                                                                                                    |
| <u></u>                                            |                                                                                              |                                                                                                                  | ······································                                                      |                                                                                                    |
| Persons R                                          | esponsible for                                                                               |                                                                                                                  |                                                                                             |                                                                                                    |
|                                                    |                                                                                              | Name                                                                                                             |                                                                                             | Phone Number                                                                                       |
| AP:                                                | PLICATION                                                                                    | CARL R. MANNIN                                                                                                   | G                                                                                           | <b>(</b> 415 <sup>)</sup> 785-4005                                                                 |
|                                                    |                                                                                              |                                                                                                                  | <u> </u>                                                                                    |                                                                                                    |
| BU                                                 | SINESS                                                                                       | JOHN SAMPSON                                                                                                     | - PRESIDENT                                                                                 | (404) 442-8305                                                                                     |
| •                                                  |                                                                                              | ↓<br><i>↓</i>                                                                                                    |                                                                                             |                                                                                                    |
| PR                                                 | OPERTY                                                                                       | R & B COMMERCE                                                                                                   | ' DARK                                                                                      | (415) 783-1513                                                                                     |
|                                                    |                                                                                              |                                                                                                                  |                                                                                             |                                                                                                    |
|                                                    |                                                                                              |                                                                                                                  |                                                                                             |                                                                                                    |
| (6) Persons                                        | Responsible f                                                                                | or Responding in An 3                                                                                            | Emergency After No:                                                                         | rmal Work Hours                                                                                    |
| (6) Persons                                        | Responsible f                                                                                | -                                                                                                                | Emergency After No:<br>me Phone Number                                                      | mal Work Hours<br>Work Phone Numb                                                                  |
| <b>I</b>                                           | Responsible f                                                                                | Hor                                                                                                              |                                                                                             |                                                                                                    |
| <b>I</b>                                           |                                                                                              | Hor                                                                                                              | me Phone Number                                                                             | Work Phone Numr                                                                                    |
| CARL F                                             |                                                                                              | MANAGER (415                                                                                                     | me Phone Number                                                                             | Work Phone Numr                                                                                    |
| CARL F                                             | R. MANNING -                                                                                 | MANAGER (415                                                                                                     | me Phone Number<br>5)838-1412                                                               | Work Phone Numb<br>415)785-4005                                                                    |
| CARL F                                             | R. MANNING -<br>LLE BLAZIAN<br>CRAVEN - SE                                                   | MANAGER (415<br>- SECRETARY (415<br>CNIOR SERVICE (                                                              | me Phone Number<br>5)838-1412                                                               | Work Phone Numb<br>415)785-4005                                                                    |
| CARL F<br>MICHEI<br>PERRY                          | R. MANNING -<br>LLE BLAZIAN<br><u>CRAVEN - SE</u><br>TE                                      | - MANAGER (415<br>- SECRETARY (415<br>CNIOR SERVICE (<br>CCHNICAN                                                | <pre>me Phone Number 5)838-1412 5) 483-6631 ) N/A</pre>                                     | Work Phone Numi<br>415)785-4005<br>415)785-4005<br>(413)785-4005                                   |
| CARL F<br>MICHEI<br>PERRY<br>(7) Permits           | R. MANNING -<br>LLE BLAZIAN<br>CRAVEN - SE<br>TE<br>Relating to H                            | MANAGER (415<br>- SECRETARY (415<br>CNIOR SERVICE (                                                              | me Phone Number<br>5)838-1412<br>5) 483-6631<br>) N/A<br>Pastes from other ju               | Work Phone Numb<br>415)785-4005<br>415)785-4005<br>(413)785-4005<br>(413)785-4005<br>arisdictions: |
| CARL F<br>MICHEI<br>PERRY<br>(7) Permits<br>Agency | R. MANNING -<br>LE BLAZIAN<br>CRAVEN - SE<br>TE<br>Relating to H<br>N/A                      | - MANAGER (415<br>- SECRETARY (415<br>CNIOR SERVICE (<br>CCHNICAN                                                | me Phone Number<br>5)838-1412<br>5) 483-6631<br>) N/A<br>Vastes from other ju<br>Agency N/A | Work Phone Numb<br>415)785-4005<br>415)785-4005<br>(413)785-4005<br>urisdictions:                  |
| CARL F<br>MICHEI<br>PERRY<br>(7) Permits           | R. MANNING -<br>LE BLAZIAN<br>CRAVEN - SE<br>TE<br>Relating to H<br>N/A<br>Permit <u>N/A</u> | - MANAGER (415<br>- SECRETARY (415<br>CNIOR SERVICE (<br>CCHNICAN                                                | me Phone Number<br>5)838-1412<br>5) 483-6631<br>) N/A<br>Pastes from other ju               | Work Phone Numb<br>415)785-4005<br>(415)785-4005<br>(413)785-4005<br>urisdictions:                 |

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CITY OF HAYWARD

FIRE PREVENTION BUREAU 22300 Foothill Blvd. Hayward CA 94541 (see back of sheet for example)

BUSINESS NAME

| DA | TE |  |
|----|----|--|
|    |    |  |

| MAY | 1. | 1987 |  |
|-----|----|------|--|

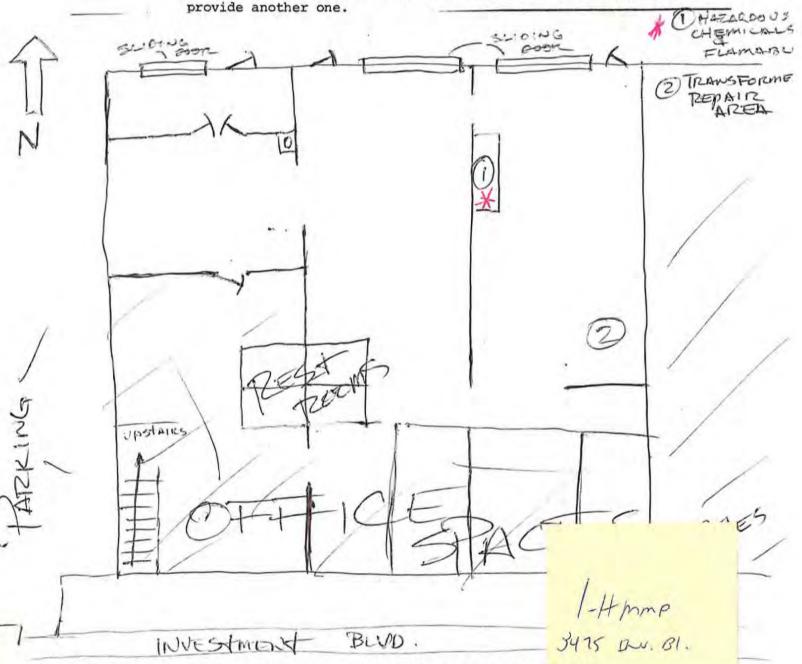
FACILITY STREET NUMBER STREET NAME

SIEMENS ENERGY & AUTOMATION

3475 INVESTMENT BLVD, SUITE #1, HAYWARD, CA

Provide a simple line drawing below following the example shown on the back of this form.

PLEASE NOTE: If you have previously submitted a general facility map with the Hazardous Material Inventory Statement, it is not necessary to



An as-built architectural drawing may be substituted for this map.

#### OFFICE USE CITY OF HAYWARD . FIRE DE ARTMENT 22300 FOOTHILL BLVD. . HAYWARD, CALIFORNIA 94541 . 784-8690 SF [ ] LF [· ] HAZARDOUS MATERIALS INVENTORY STATEMENT as required pursuant to Hayward Municipal Code Article 8, Chapter 3 DATE Business Name Build # 5/1/87 SIE, MENS, EN ERGY AUTO 13,4,75 . 1 Numbe Sines Zip Principle Business Activity 3 4,7,5 INVESTICENT 9,4,5,4,5 a [] Manufacturing e Testing bocRepair/Maintenance I Betail Applicant's Name Business Phone g: Clerical cL Research & Development 41,5) 7,8,5,4 A.R.I. HANNIN, CALG 0,0,5 dL: Processing/Reproduction h Medical/Dental Mailing Address i'l Other. Extension # 4,7,5 FINIVIEISIFIMEIVIC If you know your Standard Industrial Code (SIC), Please list the number City State Zip A . Y.W 1C, A 9,4,5,4,5 A.R.D. Number of Employees per shift. Select appropriate range (A-H) Name of Property Owner Business Phone B C, O, m, me, r, c, c 19 . H . Days A=1-5 B=6-10 E=51-100 F=101-200 Home Phone Evenings C=11-25 D=26-50 G=201-300 H=301 or more Nights Business License/Permit Number 3,9,5,2,0,3 Range Underground CAL OSHA Carcinogen Does your facility have fire sprinkler protection: Yes [ ] No [X] Optional % Solution M.S.D.S. Quantity Chemical Name or UN/NA# Common/Trade D.O.T. or E.P.A. Major Constituants Name and Class Waste Code in a mixture () ()()Manufacturer X PAINT / VALSpar Corp. 3.5% FL Solvent NAPHILAA 111 TOICHLOROETHANE CHLORONATED SOIVENT TELECON RESOURCES 1 100% PETROLEUM DISTILLATES PAINT THINNER SEARS FL I declare under penalty of law that the foregoing information is true and correct to the best of my knowledger, Any change in hazardous materials will be reported to the Fire Department.

Submitted by:

| Bus. | Phone#: | 785- | 1005 | Page _ | of | _ Pages |
|------|---------|------|------|--------|----|---------|
| 5    |         | e l  |      |        |    |         |

3. <u>Monitoring Plan</u> (please describe how the containers holding materials are monitored or check for leaks).

| Location/Hazardous<br>Materials                                     | Type of Monitoring (visual,<br>electronic, well). If elec-<br>tronic, give manufacturer | Frequency                                               |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| Stored in Shop<br>TRICHLOROETHANE                                   | VISUAL                                                                                  | DAILY                                                   |
|                                                                     |                                                                                         |                                                         |
|                                                                     |                                                                                         |                                                         |
|                                                                     |                                                                                         |                                                         |
|                                                                     | andra anti-anti-<br>anti-anti-anti-anti-anti-anti-anti-anti-                            |                                                         |
|                                                                     |                                                                                         |                                                         |
| Example:<br>Outside/drums of<br>hydrochloric acid<br>& caustic soda | Visual                                                                                  | Weekly                                                  |
| Underground tank/ ~<br>gasoline                                     | Monitoring Well                                                                         | Monthly sheen test;<br>every 6 months - lab<br>analysis |

4. <u>Recordkeeping</u> (please submit an example of the inspection checklist used for observing/testing the hazardous material storage areas). Also submit copies of unauthorized release reports. The checklist must include the following:

| <u></u>          |            |              | Date & type of |           | Safety    |
|------------------|------------|--------------|----------------|-----------|-----------|
|                  | Date of    |              | Corrective     | Inspector | Manager   |
| Storage Facility | Inspection | Observations | Actions taken  | Signature | Signature |

- 5. <u>Emergency Response Plan</u>. AB2185 which passed 9-28-85 requires businesses to prepare "business plans" to respond to hazardous material release emergencies. The plan must include:
  - 1. Notification of local emergency rescue personnel (i.e. fire, police)
  - 2. In-house procedures that your employees would follow if there were a safety emergency of any kind (i.e. fire, spills, earthquake).
  - 3. Evacuation plans including procedures to immediately notify the business site and affected public if there is a release of hazardous materials.
  - 4. Training for all new employees and annual training for all employees in safety procedures, and familiarity with the emergency response plan.
  - 5. A list of all emergency equipment (e.g. absorbents, fire extinguishers, first aid, eye wash stations, breathing apparatus, etc.)

6. Waste Disposal Procedures

| Waste Type    | Amount generated<br>per month | Method of<br>Disposal | Disposal<br>Schedule         |
|---------------|-------------------------------|-----------------------|------------------------------|
| TRICHCOROMETH | IANE 1 QUART                  |                       |                              |
| LUBE OIL      | lquart                        |                       |                              |
|               |                               |                       |                              |
| 7 Useswdowe M | storials Handling (D          |                       | ezardous materials are handl |

7. <u>Hazardous Materials Handling</u> (Please describe how hazardous materials are handled to prevent accidental release).

All flammable and hazardous materials are kept in closed containers are

stored at room temperature out of direct sunlight. Handling done in

accordance to manufacter recommendation on material safety data sheets.

The preceding information is true and correct. If there is any change which would materially affect any answer above, I will inform the City and apply for an appropriate amendment to this permit.

I declare under penalty of perjury that the foregoing information is true and correct.

Executed this 1 day of May , 1987 at

SIEMENS ENERGY & AUTOMATION SERVICE COMPANY Name of Business

3475 INVESTMENT BLVD, SUITE #1, HAYWARD, CA 94577 Address

CARL R. MANNING - MANAGER - WESTERN REGION Printed Name and Title of Applicant

laun Signature of Applicant

Completed forms should be submitted to:

Hayward Fire Department 22300 Foothill Blvd. - Suite 814 Hayward, CA 94541

#### ALAMEDA ()NTY HEALTH CARE SERVICES AGEN DIVISION OF ENVIRONMENTAL HEALTH ENVIRONMENTAL HEALTH LABORATORY

#### ANALYTICAL REQUEST

Laboratory No. 87-048

| Sample Identification | on Wipe Samples from 1612           | 2 Whipple Rd. and 1712  | Calais Ct.     |
|-----------------------|-------------------------------------|-------------------------|----------------|
| Analyses Requested    | by: E. Howell                       |                         | <u>M. King</u> |
| Date Collected:       | 4-21-87                             | Collected by: E. Howell |                |
| Date Received:        | 5-1-87                              | Received by: B. Chan    |                |
| Analyses Requested    | Look for contaminants by ctroscopy. | y gas chromatography a  | nd             |
| -                     | ion Samples were taken fr           |                         | ported         |
| 2                     |                                     |                         |                |

ANAL MESONS DECIDER

| ARALTIIL                                                                            | CAL RESULTS                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parameter                                                                           | Observation or Result                                                                                                                                                                                                                                                    |
| Gas Chromatography for Solvents-<br>Carbon Disulfide extraction of<br>wipe samples. | Sample Identification<br>*1612 1712P 1712C 1712Cov<br>from Sabin from from from<br>copier printer computer cove                                                                                                                                                          |
| Infrared Spectroscopy- on the<br>residue from the carbon disulfide<br>extraction.   | No hydrocarbon solvents detected from<br>any wipe sample, detection limit is<br>approximately 10 ppm.<br>No compounds detected other than that<br>from the wipe blank material.<br>* 1612 sample was contaminated during the<br>analysis and was therefore not analyzed. |

Conclusions: Nothing was found from the wipe samples.

Date Analyses Completed: 5-8-87 Chemist: B. Chan/S. Hugo

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د. التكريميسية بديني بالتكثيرينية بين الكركويين ال

Approved: B. Chan BC

Distribution: L.Seto, R.Shahid, T.Shirasawa, G.Winn

8C/cdb 7/85

MAY 1 9 1987

HAZARDOUS MATERIALS/ WASTE PROGRAM

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| *******}* <b>*</b>            | ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY<br>470-27th Street, Oakland, CA 94612<br>(415) 874-6434                          |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                               | OCCUPATIONAL HEALTH SERVICES<br>LABORATORY SERVICE REQUEST                                                                  |
| Plant or Place 161            | 2 whipple Rd M-King                                                                                                         |
| Address # 1712                | Calais CT Haywould                                                                                                          |
| Sample Submitted              | to <u>Barney</u> Chan Date Submitted <u>5-1-87</u>                                                                          |
| Send Analytical<br>Report to: | Alameda County Health Care Services Agency/<br>Occupational Health<br>470-27th Street, Room 324, Oakland, CA 94612<br>Attn: |
| Send Invoice To:              |                                                                                                                             |

| <u></u> |         |                 |         |                                                  |              |
|---------|---------|-----------------|---------|--------------------------------------------------|--------------|
| Item    | Date    | Type of Sample  | Volume/ |                                                  | Analysis     |
| No.     | Coll.   | (Air, Material) | Weight  | Field Observation                                | Requested    |
|         | 11      |                 |         | P Stillanni                                      | Solven 6     |
| 1612    | 4/21/87 | WYRQ            |         | from both effec                                  | FER          |
| 1712P   | 4/21/87 | . Wild          | (       | from penter                                      | 4            |
| 1712C   | A/21/87 | Wipe            |         | from Salin Copier<br>from penter<br>from Compute | <u>я</u>     |
| 1112Ca  | 4/21/07 | Wipe            |         | from inside Computer                             | ) j          |
| ·       | //      |                 |         | Cove                                             | $\mathbf{i}$ |
|         |         |                 |         |                                                  |              |
|         |         |                 |         |                                                  |              |
|         |         |                 |         |                                                  |              |
|         |         |                 |         |                                                  | $\setminus$  |
|         |         |                 |         |                                                  |              |

| Cha  | in of Çustody: |                  |                 |
|------|----------------|------------------|-----------------|
| 1. ( | 2BHOwell +     | SR, NAZ MAT SPEC | 4-21-87 5-1-87  |
|      | Signature      | Title            | Inclusive Dates |
| 2.   | Earney Cha     | Chemist III      | 5/1/87          |
| •    | Signature      | Title            | Inclusive Dates |
| 3.   |                |                  |                 |

|   |   |   | _ | _ |   |   | _ |   | - |
|---|---|---|---|---|---|---|---|---|---|
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Inclusive Dates

#### TO: RAFAT SHAHID CHIEF, HAZMAT DIV.

FROM: EDGAR HOWELL, SR. HAZMAT SPEC.

SUBJECT: 3475 INVESTMENT BLVD. HAYWARD, REQUEST FROM MR. SANTANA SUPERVISOR, ALAMEDA COUNTY TO CHECK THIS SITE FOR HEALTH HAZARDS

4/14/87

1300 CONTACTED BY MR. SANTANA BOFS AT THE GARAGE TO GO WITH HIM TO 3475 INVESTMENT BLVD. HAYWARD AND CHECK OUT A SITE WHERE THE TENANTS UPSTAIRS HAD HAD SOME MEDICAL PROBLEMS.

1530 MET MR. SANTANA AT THE SITE AND FOUND THAT MR. KING THE TENANT HAD BEEN TAKEN TO THE EMERGENCY ROOM AT EDEN HOSPITAL THIS AFTERNOON. HE IS NOW RELEASED. MR. AL MARTINEZ (489-4650) MET MR. SANTANA AND MYSELF AT THE SITE. HE STATED THAT MR. KING AND MRS. KING WOULD BE AT THE SITE SOON AS THEY LEFT THE HOSPITAL

CONTACTED MR. CARL SEIGERT, MAINTENACE MAN FOR R AND B COMMERCE PARK. THE LANDLORDS FOR THE KING CO. OFFICE AT 3475 INVESTMENT BLVD. HAYWARD. MR. SEIGERT OPENED THE DOOR FOR US TO INSPECT THE SITE. IT IS A SECOND STORY THREE (3) ROOM SUITE. A MAIN ENTRY ROOM, A SECOND ROOM OFF TO THE LEFT OF THE ENTRY DOOR WITH AIR-CONTROL CURTAINS USED AS A COMPUTER ROOM AND AN OFFICE TO THE REAR OF THIS COMPUTER ROOM. THIS OFFICE IS APPROXIMATELY THE SAME SIZE AS THE COMPUTER ROOM. THE OFFICE WAS ENTERED BY MR. SANTANA MR. MARTINEZ, MR. SEIGERT AND MYSELF. MRS. KING CAME INTO THE ROOM WHEN THEY ARRIVED AT APPROXIMATELY 1630 HRS. THE ROOMS WHEN WE ENTERED WERE EMPTY OF FURNITURE AND THE AIR CONDITIONING SEEMS TO HAVE BEEN OFF FOR SOME TIME AS THE ROOMS SMELLED "MUSTY" TO THOSE OF US IN THE ROOM.

MR. KING AND MRS KING WERE INTERVIEWED AT THEIR CAR IN THE LOT AT APPROXIMATELY 1700 HRS. MR AND MRS KING STATED THAT THEY HAD BEEN IN THIS OFFICE FOR ABOUT TWO (2) YEARS AND THAT A SEC. WORKING FOR THEM HAD HAD TO OUIT AFTER SIX (6) MONTHS IN THE SITE THE EMPLOYEES FIRST NAME WAS KIM. MR. KING STATED THAT HE HAD TAKEN THEIR OFFICE EQUIPMENT TO A STORAGE SHED ON WHIPPLE ROAD HAYWARD WHEN THEY HAD VACATED THIS SITE. SOME OF THE EQUIPMENT, COMPUTER AND PRINTER HAD BEEN TAKEN TO HIS HOME AT 1712 CALAIS CT., HAYWARD. HE STATED THAT HE HAD STARTED USING THE COMPUTER AND PRINTER THIS DAY AND FOUND THAT AFTER USING THE EQUIP. FOR ABOUT TWO (2) HOURS THAT THE EQUIP. HAD STARTED TO "SMOKE" AND THAT HE HAD TURNED OFF THE EQUIP. AND THAT SOME OF THE "SMOKE" HAD GOTTEN ONTO THEIR COUCH. HE HAD TAKEN THE COUCH AND OTHER FURNITURE AND PLANTS TO THE STORAGE ROOM AND HAD GOTTEN ILL AFTER TOUCHING THE STORED FURNITURE AND BEING IN THE STORAGE ROOM. HE CAME HOME , HAD A SHOWER AND FELT WEAK AS IF TO FAINT.

#### PAGE 2, 3475 INVESTMENT BLVD., HAYWARD

MRS. KING THEN CALLED THE PARAMEDICS TO TAKE HER HUSBAND TO EDEN EMERGENCY ROOM FOR TREATMENT. COPY OF MR. KINGS MEDICAL RECORD IS ATTACHED. SEEN BY DR. OLSON OF EDEN MEDICAL. MRS KING FURTHER STATED THAT THE LANDLORD HAD HAD THE ROOF REPLACED BY COMMERCIAL ROOFING CO. BUT THE WORK HAD STOPPED BECAUSE THE ROOFERS WERE BEING AFFECTED BY WHATEVER THEY WERE BEING AFFECTED BY. THE ROOFERS HAD BEEN ON THE SCENE ABOUT 3 TO 4 WEEKS EARLIER AND THERE HAD BEEN A REACTION ON THE ROOF DURING THE CONSTRUCTION AND SAMPLES HAD BEEN TAKEN BY MR. KING FROM THE VENTS ON THE ROOF AND SENT TO MR. MEL CARTER OF CARTER LABS.

4/15/87

1300 CONTACTED SUSANNE LARSON, HAYWARD FIRE DEPT. HAZMAT SPEC. FOR DUAL INSPECTION OF THE COMPANY LOCATED BELOW THE SUITE FORMERLY OCCUPIED BY KING AND COMPANY. IT WAS ALSO FOUND THAT ALL TENANTS ON THE SECOND FLOOR OF 3475 INVESTMENT BLVD. HAY. HAD VACATED. THE UNITS VACATED WERE:

207 204 WEST STAR FINANCIAL INC. 202 KING AND CO. 201 IS STILL OCCUPIED BY PMS. MAILROOM.

#### 4/16/87

1530 CONTACTED DR. MEL CARTER OF CARTER LABS AND FOUND THAT HE HAD SAMPLED AND ANALYZED MATERIAL FROM 3475 INVESTMENT BLVD. HE STATED THAT HE HAD FOUND HYDRO CARBONS ONLY IN THE SAMPLES HE HAD. HE RAN THE SAMPLES USING EPA STANDARD TEST 601 FOR HALOGENATED HYDROCARBONS AND 625 FOR PHENOICS.

#### 4/17/87

0900 CONTACTED SEIMENS INC. LOCATED ON THE GROUND FLOOR OF 3475 INVESTMENT BLVD. HAYWARD. THE OFFICE WAS CLOSED DUE TO GOOD FRIDAY. CONTACTED DR. OLSON EDEN EMERGENCY ROOM, NEED A RELEASE FROM MR. KING FOR HIS MEDICAL RECORDS. OBTAINED FORM FROM EDEN MED.

#### 4/20/87

RECORDS.

0900 INSPECTED SEIMENS INC. INSPECTION COPY ATTACHED. IN ESSENCE FOUND A ELECTRICAL REPAIR SHOP WITH SOME SOLVENTS AND ADHESIVES IN SMALL QUANTITIES. THEY DO SOME SPRAY PAINTING AND WERE TOLD BY" CAL OSHA TO DO THAT OUTSIDE" THE MATERIAL SAFETY DATA SHEETS WERE OBTAINED FROM THE OFFICE OF ALL MATERIAL WHICH IS HAZARDOUS AND USED IN THE OPERATION. SEE ATTACHED. THE MAJOR PROBLEM THAT I NOTED IS THAT THE VENTS TO THE ROOF WERE JUST OPENINGS IN THE CEILING AND THAT THE VENTS DO NOT EXTEND ABOVE THE ROOF LINE OF THE UPPER STORY WHERE THE OFFICES WERE LOCATED. RECOMMEDATION T( SEIMENS TO HAVE THE AREA VENTED WITH POWER AND EITHER EXTEND THI VENTS ABOVE THE UPPER STORY ROOF OR INSTALL A CARBON FILTER SYSTEM TO KEEP ANY FUMES FROM ESCAPING TO THE ATMOSPHERE. CALOSHA HAD INSPECTED ON 6/23/86 AND HAD NOTED THAT THERE WAS A PAGE 3 3475 INVESTMENT BLVD. HAYWARD.

NEED TO PROVIDE AN AREA FOR SPRAYPAINTING ie A BOOTH, PROVIDE EMERGENCY EYEWASH AND PROVIDE A RESPIRATOR FOR EMPLOYEE USING TCE.

4/21/87

0900 MET MR. KING AND WITH LARRY SETO THIS OFFICE WE WENT TO 1612 WHIPPLE ROAD, HAYWARD. PUBLIC STORAGE UNIT H-59 RENTAL OF KINGS WAS ENTERED WITH USE OF CPE SUIT, RESPIRATOR AND NITRIL GLOVES. THE UNIT WAS FILLED WITH OFFICE EQUIPMENT, PLANTS AND HOME FURNISHINGS. THE ONLY PIECE OF EQUIPMENT THAT A WIPE SAMPLE COULD BE OBTAINED WAS THE SABIN COPIER. IT WAS NEAR THE DOOR AND COULD BE REACHED. A KIMWIPE WAS USED AND DUST WAS OBTAINED FROM THE TOP, FEEDER AREA AND COLATING AREA AS WELL AS UNDER THE DOCUMENT FEEDER. THE DUST SAMPLES WERE THEN PLACED IN A JAR AND LABELED AS 1612 C.

1100 WENT TO MR. KINGS HOME 1712 CALAIS CT., HAYWARD. MR KING OPENED THE GARAGE AND SHOWED US TWO GARBAGE BAG COVERED PIECES OF EQUIPMENT. THEY WERE THE COMPUTER AND PRINTER THAT HE HAD USEL 4/14/87 AND HAD SMOKE COME FROM THEM. WIPE SAMPLES WERE TAKEN FROM THESE TWO PIECES OF EQUIP. MR. KING WITH NO PROTECTION ENTERED THE GARAGE AND THE HOUSE WITH NO FEAR AND SHOWED ME WHERE TO REMOVE THE COVER OF THE COMPUTER TO TAKE A SAMPLE FROM INSIDE THE UNIT. MR. SETO OBSERVED THIS ALSO. SAMPLES TAKEN WERE

1712 P FROM THE PRINTER

1712 C FROM THE COMPUTER INSIDE AND OUTSIDE

1712 Ca FROM THE COMPUTER COVER WHICH EVIDENCED SOME DIS-COLORATION MAYBE SMOKE.

MR. KING WAS ASKED ABOUT HIS REACTION TO THE HOUSE AND EQUIP. NOW AND HE STATED "HE IS NOT BOTHERED AS MUCH NOW." NO SAMPLES WERE TAKEN INSIDE THE HOUSE. DUE TO THE PROBLEM WITH THE PRINTER SMOKING AFTER 10 MIN. USE WE LEFT THE PRINTER ON FOR ABOUT 25 MINUTES WITH NO REACTION. MR. KING FELT THAT THE REACTION WITH THE PRINTER WOULD ONLY OCCUR WITH IT UNDER STRESS WE SUGGESTED THAT HE HAVE DR. CARTER RUN IT UNDER THE HOOD AND SEE IF THE SAME REACTION OCCURED AND A SAMPLE COULD THEN BE TAKE AND ANALYZED. MR. KING AGREED THAT THIS WAS THE BEST WAY.

4/30/87

0900 CHECKED THE MSDS OF THE MATERIALS USED BY SEIMENS AND FOUND THE FOLLOWING.

SUPER SAFE-T-SOL, FORMILA C2H3Cl3, GENERIC NAME SOLVENT/DEGREASER MIXTURE OF 1,1,1 TRICHLOROETHANE WITH A TLV 350 ppm. HAS ANESTHETIC EFFECT WITH SOME EYE IRRITATION.

PRODUCED BY TELECON, SELDEN N.Y. TELE.# 516-928-8900

SILASTIC (R) 732 RTV SEALANT, GENERIC NAME SILICONE HAZARD INGREDIENT ACETOXYSILANE 5% WITH A TLV 10 ppm PEL. HAS THE ABILITY TO CAUSE EYE IRRITATION, SKIN REDDINING AND INHALATION IRRITATION.

PRODUCED BY DOW CORNING, MIDLAND MI. TELE.# 517-496-5900

PAGE 4 3475 INVESTMENT BLVD. HAYWARD.

557 ALUMINUM LUBRICANT, GENERIC MATERIALS SILOXANE IN SOLVENT CONTAINS:

| 111 TRICHLOROETHANE                       | 54% 350 PEL |
|-------------------------------------------|-------------|
| ACETONE                                   | 8% 75 TLV   |
| ISOPROPANOL                               | 3% 400 PEL  |
| PROPANE                                   | 30% 1000ppm |
| CAUSES EYE IRRITATION AND REDDENING O     | F THE SKIN  |
| PRODUCED BY DOW CORNING, MIDLAND MI. 517- | -496-5900   |

4/30/87

1600 CALLED BARNEY CHAN ENVIRONMENTAL HEALTH CHEMIST AND ASKED I HE COULD RUN THE SAMPLES FOR 111 TRICHLOROETHANE AND ACETOXYSILANE, HE STATED THAT HE COULD RUN THE 111 TRI. BUT THE OTHER PROBABLY NOT. HE IS TO CALL MR. CARTER OF CARTER LABS AND GET FURTHER INFO FOR ME. TO TAKE SAMPLES TO BARNEY FRI. 5/1/87.

5/20/87 A copy of this report was sent to G. Jensen, Assn't DA, Consumer fraud unit at his request. Mr. King had called his office.

5/21/87

Received a call from Mr. Fred Powers, assn't general council for SIEMENS Corp. He questioned what we found at their site during our inspection as he had been informed of a spot on channel 36 San Jose station news report last week with Mrs. King stating she had physical problems due to xylene from 3475 Investment and the electronic company housed there. Mel Carter was on the television spot as well identifying the solvent found in the couch with a "sniffer". I informed Mr. Bowers that our records should be supcened if needed as this may be a case involving litigation. Mr. Powers is going to the TV station this afternoon and asked if I had been contacted I responded that I had not been contacted by that station.

#### A. EXPLANATION:

This authorization to receive or release medical information is being requested of you to comply with the terms of Confidentiality of Medical Information Act of 1981, Section 56, et. seq., California Civil Code.

**B. AUTHORIZATION:** ALSON (ETTEN Emergenu I hereby authorize\_ (name of physician, hospital, or health care provider) Alameda ED Howell DIAISL medical to furnish to\_\_\_\_ (name of requester) records pertaining to medical history, services rendered, or treatment given to ١ Mic II Al S. King This authorization is limited to the following type of information:\_\_\_\_ C. USES: The requester may use the medical information authorized, only for the following purpose(s): D. DURATION: This authorization shall become effective immediately and shall remain in effect until\_ (the date) **RESTRICTIONS:** E. I understand that the requester may not further release the medical information unless another authorization is obtained from me or unless such release is specifically required or permitted by law. F. ADDITIONAL COPY: 1 1 I further understand that I have a right to receive a copy of this authorization upon my request. Copy requested and received: YES\_\_\_\_\_ \_ NO\_ Initial: G. SIGNATURE: Signed:\_ Date: nt/Parent/Legal Representative/Spouse/ (Pati Financially Responsible Party)

| If YOU 1se * // 1 * 1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1       1/1      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| NNGALMOTES       [XAAY         HX:37/y/o/m who presents with his wife and 2 children with complicated       [XAAY         HX:37/y/o/m who presents with his wife and 2 children with complicated       story of possible unknown chemical emposure over the past year.         PC claims that for the past year their offices in the building       above a. chemical company, and noted subtle unwould smells, associated         with some burning of eyes and threat and variety of symptoms       in cluding depression, lethargy. They claim chac even after         moving out of the building that the computer which had been       in the office had dark smokey material on its insides, and when         unred on it contaminated their living room including their       sofa. Today, pt went to retrieve some items from a storage shed         sofa. Today, pt went to retrieve some items from a storage shed       GGMA -16         where the sofa is kept with other items and while in the back       of this darkened room he suddenly felt extremely tense and "started         freqking out" and "had to get out quickly". Described burning       eyes and nose, throat, once he raced outside he felt his nose         was completely closed, had headacke and felt panicky. After       showering at home, the still felt extremely panickla and felt         that he lost of his strength, fell down on the bathroom floog       THEATMENT/ORDERS:         feele-completely.vell-except for some residual eye hurning.       Apparently, they have had samples of the snokey material from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |             |                                                    | <i>y</i> , ,,,,   |                   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| HX:37/y/o/m who presents with his wife and 2 children with completered         story of possible unknown chemical exposure over the past year.         Pt Gildmä that for the past year cheric offices in the building         above a chemical company, and noted subtle unusual smells, associated         with some burning of eyes and chroat and variety of symptoms         in cluding depression, lethargy. They claim that even after         moving.out.of the building that the computer which had been         in the office had dark smokey material on its insides, and when         turned on If contaminated their living roon including their         sofa. Today, pt went to tetrieve some items from a storage shed         where the sofa id kept with other items and while in the back         of This darkened room he suddenly felt extremely tense and "started         freqking-out".and "Mad to get out quickly". 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CONDITION: AMBULANCE       CARRIED         CHARGED:       IMPROVED       UNCHANGED       CITICAL         DEPT       CONDITION: AMBULANCE       CARRIED       MEDULATORY         IFIED: CORONER       MEATH       MORAL       MEDULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| substance found. They have attempted to obtained assistance         from Cal OSHA and County environmental health and apparently         without success. They are considering legal action, against         the landlord. Past medical hx: negative. Of note however: pt         is a heavy smoker, 2 packs per day. On no medications.         PE: alert, articulate, no apparent distress although moderately         anxious. Pt has mildly injected conjunctiva, no lacrimation,         no rhinorrhea, no stridor or coughing, wheezing. There is no         skin rash other than a small dried patch of dermatitis on the         forearm and palm. He also has 1-2 small pimples in his right         axilla. none on the neck area.         CHARGED:       CHARGED         IMPROVED       ONCHANCED         CHARGED:       CONDITION: AMBULANCE         CARRIED       W/C         G       G         IFIED: CORONER       MEALTH ANIMAL         DEFT.       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| (415) 537-1234                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | af<br>Legis a                                                                                                            |                                                                                                                                   |                                                                                                                |                                                                                                                  |                                                                   |                                             | EMER                                                                                      | N<br>GENCY-I                                     | OUTP | TIENT RECO                                                                                                       |
| ACCOUNT<br>NUMBER                                                                                                                                                            | DATE OF ADMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TIME                                                                                                                      | F/C CLERK                                                                                                                |                                                                                                                                   | 20103 LAKE                                                                                                     | CHABOT RO                                                                                                        | OAD                                                               |                                             | R OR<br>YES                                                                               | HART<br>DERED N<br>NO                            |      |                                                                                                                  |
| NAME                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                          |                                                                                                                                   |                                                                                                                | ALLONINA                                                                                                         | 34540-0                                                           |                                             |                                                                                           |                                                  |      | EX AGE                                                                                                           |
| ADDRESS                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                          |                                                                                                                                   | . * .                                                                                                          |                                                                                                                  |                                                                   |                                             |                                                                                           |                                                  |      |                                                                                                                  |
| BIRTHDATE<br>EMPLOYER                                                                                                                                                        | BIRTHPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ACE                                                                                                                       |                                                                                                                          | SC                                                                                                                                | C. SEC. NO.                                                                                                    |                                                                                                                  |                                                                   | COUPATION                                   |                                                                                           |                                                  |      |                                                                                                                  |
| ADDRESS                                                                                                                                                                      | DATE OF ADMIT TIME FIG CLERN EDEN MOSPITAL MEDICAL CENTER CHARGE NOOMER FIE<br>20100 LAKE CHARGE TROAD<br>CASTRO VALLEY, CALIFORNIA 94546-5367<br>REL RACE MS SEX<br>PHONE SC. SEC. NO. OCCUPATION<br>PHONE SCO. SEC. NO. OCCUPATION PHONE<br>SCO. SEC. NO. OCCUPATION PHONE |                                                                                                                           | an an tao an           |                                                                                                                                   |                                                                                                                |                                                                                                                  |                                                                   |                                             |                                                                                           |                                                  |      |                                                                                                                  |
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| EMPLOYER<br>ADDRESS                                                                                                                                                          | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                                                                                                          | sc                                                                                                                                | C. SEC. NO.                                                                                                    |                                                                                                                  | 00                                                                | COPATION                                    | • .                                                                                       |                                                  |      |                                                                                                                  |
| NEAREST RELATIVE C                                                                                                                                                           | DR FRIEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                          | ······································                                                                                            |                                                                                                                |                                                                                                                  |                                                                   |                                             |                                                                                           |                                                  |      | •                                                                                                                |
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| NS. NO. 1<br>NS. NO. 2                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                          |                                                                                                                                   |                                                                                                                | 4 4 L                                                                                                            |                                                                   |                                             |                                                                                           |                                                  |      | · •                                                                                                              |
| HOW ARRIVED                                                                                                                                                                  | DATE OI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INJ. / ACCIDENT                                                                                                           | T TIME:                                                                                                                  | LOCATION                                                                                                                          |                                                                                                                | AUTH                                                                                                             | ORITIES                                                           | DOCTOR'S                                    | :                                                                                         |                                                  |      |                                                                                                                  |
| CHIEF COMPLAINT                                                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | <u> </u>                                                                                                                 | 1                                                                                                                                 |                                                                                                                | 1                                                                                                                | ·                                                                 | 1. I                                        |                                                                                           |                                                  |      |                                                                                                                  |
| an di seri di di                                                                                                                                                             | 199 <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                                                          | et and                                                                                                                            |                                                                                                                |                                                                                                                  |                                                                   |                                             |                                                                                           |                                                  |      |                                                                                                                  |
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| NICAL NOTES:                                                                                                                                                                 | i opalizati stali so u sa kasar sa kas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an t de liter de l'ange an an aige an a           | anan din takan terapatan di kacamatan di kacamatan di kacamatan di kacamatan di kacamatan di kacamatan di kacam          | annada ber G. Yasar States (179) yasar Shek (AV-DA                                                                                |                                                                                                                | ar or the Table State State of the |                                                                   | 17.87                                       | interi<br>V                                                                               |                                                  |      |                                                                                                                  |
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| ABD: so                                                                                                                                                                      | ft, slight]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y tende                                                                                                                   |                                                                                                                          |                                                                                                                                   |                                                                                                                |                                                                                                                  |                                                                   |                                             |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic                                                                                                                                                           | ft, slightl<br>enlargemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y tende                                                                                                                   |                                                                                                                          |                                                                                                                                   |                                                                                                                |                                                                                                                  |                                                                   |                                             | n <sub>gan</sub> ( a <sub>1</sub> , a , b , b , b , b , g , <sub>1</sub> , <sub>1</sub> , |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no                                                                                                                                                | ft, slightl<br>enlargemer<br>rmal,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tendo<br>                                                                                                               | er right                                                                                                                 | t upper qu                                                                                                                        | adrant. 1                                                                                                      | No appar                                                                                                         | ent                                                               |                                             |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:                                                                                                                                      | ft, slight]<br>enlargemen<br>rmal,<br>including s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y tende<br>t.<br>ymmetr:                                                                                                  | er right<br>ic face,                                                                                                     | t upper qu<br>, intact r                                                                                                          | adrant. 1<br>apid move                                                                                         | No appar<br>ements i                                                                                             | ent<br>n fin                                                      | ger LAB:                                    |                                                                                           | •                                                |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose                                                                                                                           | ft, slight]<br>enlargemer<br>rmal,<br>including s<br>testing, p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | y tendo<br>it.<br>ymmetr<br>Tonato                                                                                        | er right<br>ic face,<br>r drift                                                                                          | t upper qu<br>, intact r<br>test, for                                                                                             | adrant. 1<br>apid move<br>ward and                                                                             | No appar<br>ements i                                                                                             | ent<br>n fin                                                      | ger LAB:                                    |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a                                                                                                                | ft, slight]<br>enlargemer<br>rmal,<br>including s<br>testing, p<br>11 normal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y tendo<br>it.<br>ymmetr:<br>ronator                                                                                      | er right<br>ic face,<br>r drift                                                                                          | t upper qu<br>, intact r<br>test, for                                                                                             | adrant. 1<br>apid move<br>ward and                                                                             | No appar<br>ements i<br>reverse                                                                                  | ent<br>n fin<br>tand                                              | ger LAB:                                    |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind                                                                                                    | ft, slight]<br>enlargemer<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y tende<br>t.<br>ymmetr:<br>ronator<br>showing                                                                            | er right<br>ic face,<br>r drift<br>g HCT 15                                                                              | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1                                                                               | adrant. 1<br>apid move<br>ward and                                                                             | No appar<br>ements i<br>reverse                                                                                  | ent<br>n fin<br>tand                                              | ger LAB:                                    |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i                                                                                        | ft, slight]<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y tendo<br>t.<br>ymmetr:<br>ronator<br>showing<br>no inc                                                                  | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f                                                                  | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT                                                                     | adrant. 1<br>apid move<br>ward and<br>4.8 , 68                                                                 | No appar<br>ements i<br>reverse<br>segs, 3                                                                       | n fin<br>tand<br>0 lym                                            | ger LAB;<br>um<br>phs.                      |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU                                                                             | ft, slight]<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | y tendo<br>tt.<br>ymmetr:<br>ronator<br>showing<br>no ind<br>ATTACK,                                                      | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE                                                       | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT                                                                     | adrant. 1<br>apid move<br>ward and<br>4.8 , 68                                                                 | No appar<br>ements i<br>reverse<br>segs, 3                                                                       | n fin<br>tand<br>0 lym                                            | ger LAB;<br>um<br>phs.                      |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16<br>DX: ACU<br>UNKNOWN                                                                    | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y tendo<br>t.<br>ymmetr:<br>Tonato<br>showing<br>no ind<br>ATTACK<br>XPOSURI                                              | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE                                                       | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ                                                        | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI                                                    | No appar<br>ements i<br>reverse<br>segs, 3<br>CS, HX 0                                                           | ent<br>n fin<br>tand<br>0 lym<br>F POS:                           | ger LAB:<br>um<br>phs.<br>SIELE             |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv                                                       | ft, slight]<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>ll normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y tende<br>t.<br>ymmetr:<br>ronator<br>showing<br>no ind<br>ATTACK,<br>XPOSURE<br>low_thr                                 | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>E.<br>cough wi                                     | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ<br>ith enviro                                          | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental h                                       | No appar<br>ements i<br>reverse<br>segs, 3<br>IS, HX O<br>nealth d                                               | n fin<br>tand<br>0 lym<br>F POSS<br>ept,                          | ger LAB:<br>um<br>phs.<br>SIELE             |                                                                                           |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv                                           | ft, slight]<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y tende<br>t.<br>ymmetr:<br>Tonator<br>showing<br>no ind<br>ATTACK<br>XPOSURI<br>low the<br>tain lo                       | er right<br>ic face,<br>r drlft<br>g HCT 15<br>crease f<br>, ACUTE<br>cough wi<br>cough wi<br>cough phy                  | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ<br>ith enviro<br>vsician, g                            | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental h<br>iven Dr.                           | No appar<br>ements i<br>reverse<br>segs, 3<br>IS, HX O<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POS:<br>ept,<br>rn's                  | ger LAB:<br>um<br>phs.<br>SIELE             |                                                                                           | DRDERS:                                          |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and                               | ft, slight]<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>ll normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>d to possib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y tende<br>t.<br>ymmetr:<br>Tonator<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low_thr<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drlft<br>g HCT 15<br>crease i<br>, ACUTE<br>E.<br>cough wi<br>ocal phy<br>iest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>ferral to               | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa              | No appar<br>ements i<br>reverse<br>segs, 3<br>IS, HX O<br>eealth d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIBLE<br>cian7RE4 |                                                                                           | ORDERS:                                          |      |                                                                                                                  |
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| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt                   | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>2.<br>cough wi<br>bcal phy<br>lest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIBLE<br>cian7RE4 |                                                                                           | DRDERS:                                          |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt                   | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>2.<br>cough wi<br>bcal phy<br>lest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatTREA | TMENT/                                                                                    |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt                   | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>2.<br>cough wi<br>bcal phy<br>lest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatTREA | TMENT/                                                                                    |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt                   | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>2.<br>cough wi<br>bcal phy<br>lest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatTREA | TMENT/                                                                                    |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt                   | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>2.<br>cough wi<br>bcal phy<br>lest ref             | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatTREA | TMENT/                                                                                    |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt<br>kg<br>K. Olsor | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>TE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther_evalua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y tende<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low the<br>tain lo<br>ly requ           | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>Cough wi<br>bcal phy<br>lest ref<br>No speci       | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa-<br>present- | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbu                                    | n fin<br>tand<br>0 lym<br>F POSS<br>ept,<br>rn's<br>physic        | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatTREA | TMENT/                                                                                    |                                                  |      |                                                                                                                  |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt<br>kg<br>K. Olsor | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>IE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther_evalua<br>n, M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y tendo<br>t.<br>ymmetr:<br>Tonaton<br>showing<br>no ind<br>ATTACK<br>XPOSURI<br>low_thr<br>tain lo<br>ly requ            | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease n<br>, ACUTE<br>1.<br>cough wi<br>bcal phy<br>lest ref<br>No speci | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>In LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>terral to<br>tfic tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa<br>-present. | No appar<br>ements i<br>reverse<br>segs, 3<br>IS, HX 0<br>health d<br>Blackbus<br>tional                         | ent<br>n fin<br>tand<br>0 lym<br>F POS:<br>ept,<br>rn's<br>physic | ger LAB:<br>um<br>phs.<br>SIBLE<br>ciatiREA | TMENT/                                                                                    |                                                  |      | AMBULATOR                                                                                                        |
| ABD: so<br>hepatic<br>EXT: no<br>Neuro:<br>to nose<br>gait, a<br>Labs ind<br>SMA 16 i<br>DX: ACU<br>UNKNOWN<br>Tx: adv<br>also adv<br>name and<br>for furt<br>kg<br>K. Olsor | ft, slight<br>enlargemen<br>rmal,<br>including s<br>testing, p<br>11 normal.<br>clude: CBC<br>normal with<br>IE ANXIETY<br>CHEMICAL E<br>ised to fol<br>vised to ob<br>ther_evalua<br>h, M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y tendo<br>tt.<br>ymmetr:<br>Fonaton<br>showing<br>no ind<br>ATTACK,<br>XPOSURI<br>low_thr<br>tain lo<br>ly requ<br>tionN | er right<br>ic face,<br>r drift<br>g HCT 15<br>crease f<br>, ACUTE<br>Cough wi<br>bcal phy<br>lest ref<br>No speci       | t upper qu<br>, intact r<br>test, for<br>5.2, WBC 1<br>in LVT<br>MILD CONJ<br>ith enviro<br>vsician, g<br>Terral to<br>Ific tx at | adrant. 1<br>apid move<br>ward and<br>4.8 , 68<br>UNCTIVITI<br>nmental -<br>iven Dr.<br>an occupa<br>-present. | No appar<br>ements i<br>reverse<br>segs, 3<br>25, HX 0<br>health d<br>Blackbus<br>tional p                       | ent<br>n fin<br>tand<br>0 lym<br>F POS:<br>ept,<br>rn's<br>physic | ger LAB:<br>um<br>phs.<br>SIELE<br>ciatiREA |                                                                                           | IMENTS:<br>GURNE                                 |      |                                                                                                                  |

|                                  |                                                                                                                | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                 |                                                                                                                  | )                             |                                                                |                             | D            |           |
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|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cal               |                                                                                                                  | OLOGY                         |                                                                |                             |              |           |
| -                                |                                                                                                                | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EDEN HO           |                                                                                                                  | IEDICAL<br>ATORY<br>Y, CALIEC | CENTER                                                         |                             |              | in in     |
|                                  |                                                                                                                | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CASIF             |                                                                                                                  | Y, CAURC                      |                                                                |                             | <u> </u>     | <u> </u>  |
|                                  | 4                                                                                                              | يو ج<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                  | 4                             |                                                                | EST NO                      | <u> </u>     | <u> </u>  |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SÁ                |                                                                                                                  | OP COL                        | unc O                                                          | - 5                         | <u>స</u> ్ గ |           |
|                                  |                                                                                                                | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                 | <u>14.</u><br>4.9                                                                                                |                               | x10 <sup>3</sup> 4.507<br>RBC M 4.66<br>x10 <sup>6</sup> F 4.2 | F.                          | 10 Ek        |           |
|                                  |                                                                                                                | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ļ                 | 15.                                                                                                              |                               | HGB M 135-1<br>gm/dL F 12-16                                   | - 00<br>1                   | 3 0          | -         |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 44.                                                                                                              | 4 劉                           | HCT M 42-52                                                    | 1 SA                        | NICH<br>DRG  | 3<br>2    |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9                 | 90.                                                                                                              | 2                             | MCV<br>µ <sup>3</sup> 80-100                                   |                             | 7<br>7       |           |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                  | 9                             | MCH 26-34                                                      | 4                           | r-           |           |
|                                  | $\sim$                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 34.                                                                                                              | 1.00                          | MCHC 32-36                                                     |                             | 60 (M        |           |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 1.4.<br>381                                                                                                      |                               | RDW 13.544.5                                                   | No.                         |              |           |
| Patient Name: KING, MICHAEL      |                                                                                                                | Phys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>t.</i>         |                                                                                                                  | •*<br>                        | x10 <sup>3</sup> 130-400                                       | 12                          | 5.4          |           |
| ID: ID: 151<br>Address: 4/14/86  |                                                                                                                | ه در اد مر                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 6                                                                                                                | 94                            | MPV<br>1/3 7.4-10.4                                            | 6.0                         | Ň            |           |
| DRAWN 315PM BY SM                |                                                                                                                | Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>          | •                                                                                                                | -                             |                                                                | -<br>                       | •            |           |
| Ase: 37 Sex: M Room:             | ER                                                                                                             | 5. A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2                 | 21.                                                                                                              | 0                             | MPH 15-41                                                      |                             |              |           |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                 | 1 4                                                                                                              |                               | MONO -0-8                                                      | REQUEST<br>RECEIVED:        | PHERO        | AI:       |
|                                  | Fluid: SI                                                                                                      | ERUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                 | •••                                                                                                              |                               | GRAN 40-80                                                     | IVED:                       | PHONE        | X         |
| TEST COMPLETED BY CL / DATE TIME | Misc:<br>r                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 3.                                                                                                               |                               | x103                                                           | -                           | RESU         | PECIM     |
| Test /nd 4/14 50                 | Resul                                                                                                          | tUNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                 |                                                                                                                  |                               | x10 <sup>3</sup> 0-1<br>GRAN<br>x10 <sup>3</sup> 2-7           |                             | LIS TO       | 2         |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIFFER            | ENTIAL                                                                                                           |                               | HROCYTE                                                        |                             |              |           |
|                                  | 464.                                                                                                           | U/L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SEG               | 68                                                                                                               |                               | PHOLOGY                                                        |                             |              |           |
|                                  |                                                                                                                | 1 1.25<br>1 | BAND<br>LYMPH     | 30                                                                                                               | POLYCHR<br>'NYPOCHF           |                                                                |                             |              | 7         |
|                                  | :27:05                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MONO              | 1                                                                                                                | ANISC                         |                                                                | -<br>                       | de la        | n<br>L    |
|                                  | a sita kas                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EOSIN             | 1                                                                                                                | POIK                          |                                                                | REPORT<br>SENT:             |              | V A       |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BASO              |                                                                                                                  | MICRO                         |                                                                | -                           | TIME C       | 깉달        |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | META              |                                                                                                                  | MACR                          |                                                                |                             | 10 #         | <b>FT</b> |
|                                  | tan ar an                                                                  | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ATYPICAL<br>LYMPH | and the second | TARGE                         |                                                                |                             | 102          | Ā         |
|                                  |                                                                                                                | S. LICENSE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NRBC              |                                                                                                                  | BURR                          | -                                                              |                             | Ţ F          | 7         |
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|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DOHLE<br>BODIES   |                                                                                                                  | NORM                          | AL                                                             |                             | 20           | AT        |
|                                  | and a second | 15 CT - 13 B (315-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GRAN<br>1+ SLIG   | HT/FEW                                                                                                           | 2+ MO                         | DERATE/SC                                                      | DME                         |              |           |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3+ MAR            | KED/MA                                                                                                           | NY                            | <u> </u>                                                       |                             |              | <u> </u>  |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLATELE           |                                                                                                                  | ECREAS                        |                                                                |                             |              | ASEC      |
|                                  |                                                                                                                | l.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RETIC             | ABSO                                                                                                             | Ļ                             | co                                                             | DRR                         |              | % N       |
|                                  |                                                                                                                | ļ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SE                |                                                                                                                  | 1                             | .1                                                             | mm/hr                       | <u>N=0-</u>  | 0         |
| BLOOD CHEMISTRY                  |                                                                                                                | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                  | `                             |                                                                | 1418<br>REQUES              | TIME: E      | <u>5</u>  |
|                                  | TRO VALLEY, (                                                                                                  | CALIFORNI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | А                 |                                                                                                                  |                               |                                                                | REQUES<br>FILLED<br>OUT BY: | YIII I       | М         |
|                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                  |                               | <u>&gt;_</u> π                                                 |                             | ×.           |           |
| EDEN HOSPITAL LABORATORY CAST    |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>N</b> .        |                                                                                                                  | 10000                         | CARNEY, KE                                                     | INICTUI                     | TIDOCO Dath  | Inlacia   |

, b

|                                                                                                                                                                                                                                          | $\frown$                  | $\sum_{i=1}^{n}$                                                                                                    |                                                                                                                         | $\sim$                                                                                                          |                                                                                                                  |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                          |                           |                                                                                                                     |                                                                                                                         |                                                                                                                 |                                                                                                                  |                                                                                                     |
|                                                                                                                                                                                                                                          | $\frown$                  |                                                                                                                     |                                                                                                                         | $\frown$                                                                                                        |                                                                                                                  |                                                                                                     |
| Patient Name: KING,<br>ID: ID: 1<br>Address: 4/14/<br>DRAWN<br>Age: 37 Sex:                                                                                                                                                              | 51<br>87<br>  315PM BY \$ | SM<br>n= ER                                                                                                         | Physic<br>Addr                                                                                                          | ian: P JO:<br>ID:<br>ess:                                                                                       | 3EPH                                                                                                             |                                                                                                     |
| Sample ID: KING, MI<br>Misc: CL<br>TEST COMPLETED BY C DAT                                                                                                                                                                               | CHAEL<br>E UNYTIME I ( d  | Fluid: S                                                                                                            | ERUM                                                                                                                    |                                                                                                                 | Priority:<br>Misc:                                                                                               | ROUTI                                                                                               |
| Test PS                                                                                                                                                                                                                                  |                           |                                                                                                                     | tUNITS                                                                                                                  |                                                                                                                 | Norma                                                                                                            | Rans                                                                                                |
| GLUCOSE<br>UREA NITROGEN<br>CREATININE<br>SODIUM<br>POTASSIUM<br>CHLORIDE<br>CARBON DIOXIDE<br>CALCIUM<br>CHOLESTEROL<br>URIC ACID<br>TOTAL PROTEIN<br>ALBUMIN<br>AST<br>ALK PHOS<br>TOTAL BILI<br>LDH to follow<br>Test Init Date: 04/1 | LÖ                        | 89.<br>10.<br>.9<br>140.<br>3.5<br>102.<br>30.<br>9.0<br>156.<br>4.7<br>6.8<br>4.1<br>17.<br>75.<br>.9<br>5: 36: 18 | ms/dL<br>ms/dL<br>ms/dL<br>mmol/L<br>mmol/L<br>mmol/L<br>ms/dL<br>ms/dL<br>ms/dL<br>s/dL<br>s/dL<br>U/L<br>U/L<br>ms/dL |                                                                                                                 | 72 6                                                                                                             | 116.<br>22.<br>145.<br>5.:<br>106.<br>30.<br>10.<br>272.<br>7.2<br>8.1<br>4.2<br>31.<br>117.<br>1.4 |
|                                                                                                                                                                                                                                          | •                         |                                                                                                                     |                                                                                                                         | and the second secon |                                                                                                                  | n nganan gan<br>Paristi                                                                             |
| BLOOD                                                                                                                                                                                                                                    | CHEMIST                   | RY REPOR                                                                                                            | т                                                                                                                       | ESULTS PHONE                                                                                                    | DATE                                                                                                             | TIME                                                                                                |
|                                                                                                                                                                                                                                          | ABORATORY C               |                                                                                                                     | CALIFORNIA                                                                                                              |                                                                                                                 | N CARNEY, KENNETH LEIPPEF                                                                                        | Pathologists                                                                                        |
|                                                                                                                                                                                                                                          |                           | 17                                                                                                                  |                                                                                                                         |                                                                                                                 | a de la compañía de la | ي المراجع<br>مير تطوي المراجع                                                                       |
|                                                                                                                                                                                                                                          |                           |                                                                                                                     |                                                                                                                         |                                                                                                                 |                                                                                                                  |                                                                                                     |

Patient Name: KING, MICHAEL Physician: P JOSEPH ID: ID: 151 Treft and a subscreen a set Address: 4/14/86 Address: DRAWN 315PM BY SM Ase: 37 Sex: M Room: ER Sample ID: KING, MICHAEL Priority: ROUTINE Fluid: SERUM TEST COMPLETED BY CL / Misc: Misc: DATE TIME Pur 4174 5 Indi Test ResultUNITS Normal Ranse 539. 464. LDH U/Lawser and 251. Test Init Date: 04/14/87 16:27:05 'RESULTS PHONE DATE \_\_\_\_\_\_ TIME вү \_\_\_\_\_ то \_\_\_\_ **BLOOD CHEMISTRY REPORT** JOHN CARNEY, KENNETH LEIPPER Pathologists EDEN HOSPITAL LABORATORY CASTRO VALLEY, CALIFORNIA TIT TIET OITT EDEN HOSPITAL LABORATORY CASTRO VALLEY, CALIFORNIA JOHN CARNEY, KENNETH LEIPPER Pathologists Π 743/7 (rev 78) 2 Conta

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY Dave Kears Agency Director 470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237 4/11/8 DATE SITE ID PHONE NAME Siemens EPA ID ADDRESS 3475 Dowedmen CITY/ZIP The marked items represent violations of the Calif. Administrative Code: General 66428 Comments: 1. [] Application 2. [] Insurance 66428 3. [] Cert. of Comp66448 66448 4. [] CHP Insp 3475 Suvertment NA 5. [] Containers 66465 6. [] Vehicles 66465 Manifest 7. [] EPA ID #'s 66531 Nasa 66541 8. [] Correct DMOMD 9. [] HW Delivery 66543 66544 10. [] Records Containers 66545 ll. [] Name 66545 12. [] Covers 13. [] Recyclables 66800 Prevention 67121 14. [] Communica 15. [] Aisle space 67124 16. [] Local Emer 67126 17. [] Maintenance 67120 18. [] Training 67105 On Contingency 19. [] Prepared 67140 20. [] Name List 67141 21. [] Copies 67141 67144 22. [] EmerCoorTng Containers, Tanks 67241 23. [] Condition 24. [] Compatibility67242 25. [] Maintenance 67243 26. [] Inspection 67244 27. [] Buffer zone 67246 28. [] Tank Insp 67259 29. [] Closure 67260 30. [] Safe Store 67261 67257 31. [] Freeboard 33. [] Other

CONTACT PERSON

TITLE

SIGN

SIGN

INSPECTOR Edgar B, Howell

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Agency Director

Dave Kears

AGENCY

470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237 4-20-89 DATE SITE ID 785-4000 SIEMENS PHONE - (913) NAME EPA ID ADDRESS CITY/ZIP HAYWARd Anvesment Flid The marked items represent violations of the Calif. Administrative Code: a pravation + working will General Ventilation 66428 Comments: 1. [] Application moto 104 66428 2. [] Insurance 3. [] Cert. of Comp66448 1-840 4. [] CHP Insp 66448 [] Containers 66465 5. 66465 6. [] Vehicles Manifest かわ 66531 7. [] EPA ID #'s 66541 8. [] Correct 131 2000 66543 9. [] HW Delivery 66544 10. [] Records Containers 66545 11. [] Name 12. Covers 66545 13. [] Recyclables 66800 / Prevention 67121 14. [] Communica 15. [] Aisle space 67124 16. [] Local Emer 67126 17. [] Maintenance 67120 67105 18. [] Training Contingency 67140 19. [] Prepared 67141 20. [] Name List 67141 21. [] Copies 67144 22. [] EmerCoorTng Containers, Tanks 23. [] Condition 67241 24. [] Compatibility67242 25. [] Maintenance 26. [] Inspection 67243 67244 27. [] Buffer zone 67246 28. [] Tank Insp 67259 29. [] Closure 67260 30. [] Safe Store 67261 67257 31. [] Freeboard 33. []/ Other M AL 222 IANNIA CONTACT PERSON ANAGP INSPECTOR Edgar B. Howell 111 TITLE SIGN SIGN



II.

705 North Mountain Road Newington, Connecticut 06111 Telephone: (203) 278-1280 Telex: 99348

## MATERIAL SAFETY DATA SHEET

ty <u>1.1 at 75°F</u> > 300°F

## I. PRODUCT IDENTIFICATION

| Product Name <u>ADHESIVE/SEALANT 24</u><br>Product Type <u>Anaerobic</u>                                                               |                                               | No. 242<br>ula No |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
| COMPOSITION                                                                                                                            |                                               |                   |
| Ingredients                                                                                                                            | <u>% by Wt.</u>                               | Hazard            |
| Polyglycol Dimethacrylates<br>Polyglycol Oleates<br>Saccharin**<br>Silicon Dioxide***<br>Cumene Hydroperoxide*<br>N,N-Dialkyltoluidine | 60-65<br>25-30<br>3-5<br><2<br><2<br><2<br><1 | See Section IV.   |

\*In a single test, pure cumene hydroperoxide caused tumors in one of thirty experimental animals when injected under the skin. \*\*Saccharin has been shown to cause tumors in experimental animals when fed in large amounts for prolonged periods. \*\*\*Inhalation of pure silicon dioxide dust has been shown to cause pulmonary effects. In light of the low concentration of these components in the product, it is our best technical judgment that normal use of this product poses no such hazards. These warnings are present only to comply with OSHA regulations.

## III. CHEMICAL AND PHYSICAL PROPERTIES

| Vapor Pressure < 5 mm at 80°F | Specif  | ic Gravi |
|-------------------------------|---------|----------|
| Vapor Density Unknown         | Boiling | g Point  |
| Solubility in Water Slight    | рН      | dna      |
| AppearanćeBlue Liquid         | Odor M  | 1ild     |

## IV. TOXICITY AND HEALTH HAZARD DATA

| Toxicity<br>Oral LD50 >5000 mg/kg                                     |              |       | TLV        |    | Does not a |         |              |  |
|-----------------------------------------------------------------------|--------------|-------|------------|----|------------|---------|--------------|--|
| Dermal LD50 >2000 mg/kg<br>Symptoms of Overexposure _<br>individuals. | May          | cause | dermatitis | on | prolonged  | contact | in sensitive |  |
| Emergency Treatment Proced                                            | ure <b>s</b> |       |            |    | *******    |         |              |  |

| Ingestion: Do not induce vomiting.  | Keep individual calm. | Obtain medical attention. |
|-------------------------------------|-----------------------|---------------------------|
| Inhalation: <u>Does not apply</u> . |                       |                           |
| Skin Contact: Flush with water.     |                       |                           |
| Eye Contact:Flush with water.       |                       |                           |

Personal Protection

Eyes: <u>Safety glasses recommended.</u>

| Skin:   | Rubber | r or | plastic  | gloves | recommended. |      | <br> |
|---------|--------|------|----------|--------|--------------|------|------|
| Ventila | tion:  | Not  | normally | necess | ary.         | <br> | <br> |

| ADHES                     | SIVE/SEALANT 242                                                                                                                                                                                                                                                                 |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ¥,                        | FLAMMABILITY AND EXPLOSIVE PROPERTIES                                                                                                                                                                                                                                            |
|                           | Flash point > 200°FMethod T.C.C.Explosive Limits (% by volume in air)Lower dna % Upper dna %Recommended Extinguishing Agents CO2, Foam, Dry ChemicalHazardous Products Formed by Fire or Thermal Decomposition: Irritating organicvapors.Unusual Fire or Explosion Hazards: None |
|                           | Compressed Gasses Name None<br>Pressure at Room Temperature                                                                                                                                                                                                                      |
| VI.                       | REACTIVITY DATA                                                                                                                                                                                                                                                                  |
|                           | Stability [X] Stable [] Un with<br>Hazardous Polymerization [] May Occur [X] We we Occur<br>Hazardous Decomposition Products (non-thermal)<br>None                                                                                                                               |
|                           | IncompatibilityNone                                                                                                                                                                                                                                                              |
| VII.                      | SPILL OR LEAK AND DISPOSAL PROCEDURES                                                                                                                                                                                                                                            |
|                           | Steps to be taken in case of spill or leak: <u>Soak up in an inert absorbent. Store</u><br>in partly filled, closed container until disposal.                                                                                                                                    |
| •                         | Recommended methods of disposal: <u>Bury or incinerate in accordance with EPA and</u> local regulations.                                                                                                                                                                         |
| VIII.                     | STORAGE AND HANDLING PROCEDURES                                                                                                                                                                                                                                                  |
|                           | Storage: <u>Store below 110°F to preserve shelf-life.</u><br>Handling: <u>Avoid prolonged skin contact.</u>                                                                                                                                                                      |
| IX.                       | SHIPPING REGULATIONS                                                                                                                                                                                                                                                             |
| · .                       | Type or Class DOT <u>Unrestricted</u><br>IATA <u>Unrestricted</u>                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                  |
| Prepar<br>Title:<br>Date: | Vice President - Environmental Health and Safety<br>November 1, 1985                                                                                                                                                                                                             |
|                           |                                                                                                                                                                                                                                                                                  |
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II.

705 North Mountain Road Newington, Connecticut 06111 Telephone: (203) 278-1280 Telex: 99348

MATERIAL SAFETY DATA SHEET

## I. PRODUCT IDENTIFICATION

| Product Name <u>ADHESIVE/SEALANT</u><br>Product Type <u>Anaerobic</u>                       |                           | No<br>1a No     |
|---------------------------------------------------------------------------------------------|---------------------------|-----------------|
| COMPOSITION                                                                                 |                           |                 |
| Ingredients                                                                                 | % by Wt.                  | Hazard          |
| Polyglycol dimethacrylates<br>Cumene Hydroperoxide*<br>Saccharin**<br>N,N-Dialkyltoluidines | 90-95<br>3-4<br>2-3<br><1 | See Section IV. |

\*In a single test, pure cumene hydroperoxide caused tumors in one of thirty experimental animals when injected under the skin. \*\*Saccharin has been shown to cause tumors in experimental animals when fed in large amounts for prolonged periods. In light of the low concentration of these components in the product, it is our best technical judgment that normal use of this product poses no such hazards. These warnings are present only to comply with OSHA regulations.

## III. CHEMICAL AND PHYSICAL PROPERTIES

| Vapor Pressure < 5 mm at 80°F | Specific Gravity 1.07 at 80°F |
|-------------------------------|-------------------------------|
| Vapor Density Unknown         | Boiling Point > 300°F         |
| Solubility in Water Slight    | pH dna                        |
| Appearance Green Liquid       | Odor Mild                     |

## IV. TOXICITY AND HEALTH HAZARD DATA

Toxicity Oral LD50 >5000 mg/kg Dermal LD50 >2000 mg/kg Symptoms of Overexposure <u>May cause dermatitis on prolonged contact in sensitive</u> individuals.

| Emergency Treatment Procedures<br>Ingestion: Do not induce vomiting. | Keep individual | calm. | Obtain medical | attention |
|----------------------------------------------------------------------|-----------------|-------|----------------|-----------|
| Inhalation: Does not apply.                                          |                 |       |                |           |
| Skin Contact: Flush with water.                                      |                 |       |                |           |
| Eye Contact: Flush with water.                                       |                 |       |                |           |
| Personal Protection                                                  |                 |       |                |           |

Lyes: Safety glasses recommended. Skin: Rubber or plastic gloves recommended. Ventilation: \_.Not normally necessary.

## ADHESIVE/SEALANT 290

# V. FLAMMABILITY AND EXPLOSIVE PROPERTIES

|        | Flash point > 200°F Method T.C.C.                                                                                                                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Explosive Limits (% by volume in air) Lower <u>dna %</u> Upper <u>dna %</u>                                                                                     |
|        | Recommended Extinguishing Agents <u>CO2</u> , Foam, Dry Chemical<br>Hazardous Products Formed by Fire of Thermal Decomposition: <u>Irritating organic</u>       |
|        | vapors.                                                                                                                                                         |
|        | Unusual Fire or Explosion Hazards: <u>None</u>                                                                                                                  |
|        | Communication Name Name                                                                                                                                         |
|        | Pressure at Room Temperature                                                                                                                                    |
| VI.    | REACTIVITY DATA                                                                                                                                                 |
|        | Stability [X] Stable [ ] Unstable<br>Hazardous Polymerization [ ] May Occur [X] Will Not Occur<br>Hazardous Decomposition Products (non-thermal)<br><u>None</u> |
|        | Incompatibility None                                                                                                                                            |
| VII.   | SPILL OR LEAK AND DISPOSAL PROCEDURES                                                                                                                           |
|        | Steps to be taken in case of spill or leak: <u>Soak up in an inert absorbent. Store</u><br>in partly filled, closed container until disposal.                   |
|        | Recommended methods of disposal: <u>Bury or incinerate in accordance with EPA and</u> local regulations.                                                        |
| VIII.  | STORAGE AND HANDLING PROCEDURES                                                                                                                                 |
|        | Storage: <u>Store below 110<sup>o</sup>F to preserve shelf-life</u> .<br>Handling: <u>Avoid prolonged skin contact</u> .                                        |
| IX.    | SHIPPING REGULATIONS                                                                                                                                            |
|        | Type or Class DOT Unrestricted<br>IATA Unrestricted                                                                                                             |
|        |                                                                                                                                                                 |
| Dronav | and By: Mantin Hauson                                                                                                                                           |
| Title: | ved By: Martin Hauser<br>Vice President - Environmental Health and Safety                                                                                       |
| Date:  | November 1, 1985                                                                                                                                                |
|        |                                                                                                                                                                 |



'05 North Mountain Road .ewington, Connecticut 06111 Telephone: (203) 278-1280 Telex: 99348

## MATERIAL SAFETY DATA SHEET

PRODUCT IDENTIFICATION Ι.

| Product | Name | ADHESIVE/SEALANT 262 | Part No. 262 |
|---------|------|----------------------|--------------|
| Product | Туре | Anaerobic            | Formula No.  |

II. COMPOSITION

| Ingredients                                     | % by Wt.     | Hazard          |
|-------------------------------------------------|--------------|-----------------|
| Polyglycol dimethacrylates                      | 70-75        | See Section IV. |
| Bis-Phenol A Fumarate Resins<br>Polyethylene*** | 15-20<br>2-3 |                 |
| Saccharin**                                     | <2           |                 |
| Cumeme Hydroperoxide*                           | <2           |                 |
| Silicon Dioxide****                             | <1           | J.              |
| N,N-Dialkyltoluidines                           | <1           | Ť               |

\*In a single test, pure cumene hydroperoxide caused tumors in one of thirty experimental animals when injected under the skin. \*\*Saccharin has been shown to cause tumors in experimental animals when fed in large amounts for prolonged periods. \*\*\*Pure polyethylene has been shown to cause tumors in experimental animals when implanted beneath the skin. \*\*\*\*Inhalation of pure silicon dioxide dust has been shown to cause pulmonary effects. In light of the low concentration of these compnents in the product, it is our best technical judgment that normal use of this product poses no such hazards. These warnings are present only to comply with OSHA regulations.

III. CHEMICAL AND PHYSICAL PROPERTIES

| Vapor Pressure < 5 mm at 80°F | Specific Gravity 1.05 at 80°F |
|-------------------------------|-------------------------------|
| Vapor Density Unknown         | Boiling Point > 300°F         |
| Solubility in Water Slight    | pH dna                        |
| Appearance <u>Red Liquid</u>  | Odor Mild                     |

#### IV. TOXICITY AND HEALTH HAZARD DATA

Toxicity Oral LD50 >5000 mg/kg Does not apply TLV Dermal LD50 >2000 mg/kg Symptoms of Overexposure — Pry cause dermatitis on prolonged contact in sensitive individuals.

Emergency Treatment Procedures Ingestion: Do not induce vomiting. Keep individual calm. Obtain medical attention. Inhalation: <u>Does not apply</u>. Skin Contact: <u>Flush with water</u>. Eye Contact: Flush with water. Personal Protection

Eyes: Safety glasses recommended.

Skin: <u>Rubber or plastic gloves recommended.</u> Ventilation: <u>Not normally necessary.</u>

# V. FLAMMABILITY AND EXPLOSIVE PROPERTIES

|        | Flash point <u>&gt; 200°F</u> Method <u>T.C.C.</u><br>Explosive Limits (% by volume in air) Lower <u>dna %</u> Upper <u>dna %</u><br>Recommended Extinguishing Agents <u>CO2, Foam, Dry Chemica</u> l                    |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Hazardous Products Formed by Fire of Thermal Decomposition: <u>Irritating organic</u><br>vapors.<br>Unusual Fire or Explosion Hazards: <u>None</u><br>Compressed Gasses Name <u>None</u><br>Pressure at Room Temperature |
| VI.    | REACTIVITY DATA                                                                                                                                                                                                          |
|        | Stability [X] Stable [] Unstable<br>Hazardous Polymerization [] May Occur [X] Will Not Occur<br>Hazardous Decomposition Products (non-thermal)<br><u>None</u>                                                            |
|        | Incompatibility None                                                                                                                                                                                                     |
| VII.   | SPILL OR LEAK AND DISPOSAL PROCEDURES                                                                                                                                                                                    |
|        | Steps to be taken in case of spill or leak: <u>Soak up an inert absorbent. Store in partly filled, closed container until disposal.</u>                                                                                  |
|        | Recommended methods of disposal: <u>Bury or incinerate in accordance with EPA and</u><br>local regulations.                                                                                                              |
| VIII.  | STORAGE AND HANDLING PROCEDURES                                                                                                                                                                                          |
|        | Storage: <u>Store below 110<sup>0</sup>F to preserve shelf-life.</u><br>Handling: <u>Avoid prolonged skin contact.</u>                                                                                                   |
| IX.    | SHIPPING REGULATIONS                                                                                                                                                                                                     |
|        | Type or Class DOT Unrestricted<br>IATA Unrestricted                                                                                                                                                                      |
|        |                                                                                                                                                                                                                          |
| Title: | red By: <u>Martin Hauser</u><br>Vice President - Environmental Health and Safety<br>November 1, 1985                                                                                                                     |
| Date:  | NOVEMBET 1, 1903/                                                                                                                                                                                                        |
|        |                                                                                                                                                                                                                          |

| DIXIE BEARINGS INC<br>STATUTION THE PROPERTION STATUTION<br>MEMPIAIS, TH JEAN<br>DUC CORNING CORPORATION<br>MEMPIAIS, TH JEAN<br>DUC CORNING CORPORATION<br>DUC CORNING CORPORATION<br>MATERIAL SAFETY DATA SHET<br>DUC CORNING CORPORATION<br>MATERIAL SAFETY DATA SHET<br>MATERIAL SAFETY SHE SAFETY DATA SHET<br>MATERIAL SAFETY SHE SAFETY DATA SHET<br>MATERIAL SAFETY SHE SAFETY SHE<br>MATERIAL SAFETY SHE SHE SAFETY SHE SAFETY SHE SAFETY SHE<br>MATERIAL SAFETY SHE SHE SAFETY SHE SAFETY SHE SAFETY SHE SAFETY SHE SAFETY SHE<br>MATERIAL SAFETY SHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                            | •       |  |
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| S729 DISTRIBUTION OR<br>MEMPHIS. TN 38115<br>DOW CORNING CORPORATION<br>MATERIAL SAFETY DATA SHEET<br>MATL NAME: DOW CORNING(R) 557 ALUMINUM LUBRICANT (AEROSOL)<br>EMERGENCY TELEPHONE NO. (517) 496-5900<br>SECTION I - GENERAL INFORMATION<br>MANUFACTURERS NAME: DOW CORNING CORPORATION<br>MANUFACTURERS NAME: DOW CORNING CORPORATION<br>MANUFACTURE PROTECTION ASSOCIATION - TO<br>MANUFACTURERS NAME: DOW CORNING MARNING CODE: 12,44<br>CONTINUER<br>DOW CORNING MARNING CODE: 12,44<br>CONTINUER<br>MATURER<br>MERCION IXI'NER<br>MERCION IXI'NER<br>ME | 10-3-0                                                                                                                                                                                                           |         |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AS DEFINED IN 29 CFR 1910.1200. AN INGREDIENT MARKED WITH AN ASTERISK(*)                                                                                                                                         | DOUS    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |         |  |
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| MATL NAME: DOW CORNING(R) 557 ALUMINUM LUBRICANT (AEROSOL)                                                                                                                                                                                                                                                                                         |
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| SECTION III - EFFECTS OF OVEREXPOSURE                                                                                                                                                                                                                                                                                                              |
| EYES: MAY IRRITATE WITH SLIGHT PAIN, REDNESS, AND POSSIBLE MINOR CORNEAL INJURY                                                                                                                                                                                                                                                                    |
| SKIN: A SINGLE EXPOSURE FOR SEVERAL HOURS MAY CAUSE SLIGHT REDDENING. LONGER<br>OR REPEATED CONTACTS MAY CAUSE MODERATE IRRITATION AND POSSIBLY A MILD BURN A<br>INJURY DUE TO ABSORPTION.                                                                                                                                                         |
| INHALATION: NO IRRITATION TO NOSE OR THROAT EXPECTED. NO INJURY IS LIKELY FROM<br>Relatively short exposure. Prolonged exposure may anesthetize completely, ev<br>death.                                                                                                                                                                           |
| ORAL: AMOUNTS TRANSFERRED TO THE MOUTH BY FINGERS. ETC., DURING NORMAL OPERATIONS SHOULD NOT CAUSE INJURY.                                                                                                                                                                                                                                         |
| COMMENT: NO KNOWN ADVERSE CHRONIC HEALTH EFFECTS, BUT UNNECESSARY EXPOSURE TO<br>ANY CHEMICAL SHOULD BE AVOIDED.<br>THIS PRODUCT, AS WITH ANY CHEMICAL, MAY ENHANCE ALLERGIC CONDITIONS ON CERTAIN<br>PEOPLE. WE DO NOT KNOW OF ANY MEDICAL CONDITIONS THAT MIGHT BE AGGRAVATED BY<br>EXPOSURE TO THIS PRODUCT.                                    |
| SECTION IV - EMERGENCY AND FIRST AID PROCEDURES                                                                                                                                                                                                                                                                                                    |
| EYES: FLUSH WITH WATER.                                                                                                                                                                                                                                                                                                                            |
| SKIN: WIPE OFF AND FLUSH WITH WATER.                                                                                                                                                                                                                                                                                                               |
| INHALATION: REMOVE TO FRESH AIR. OBTAIN IMMEDIATE MEDICAL ATTENTION.                                                                                                                                                                                                                                                                               |
| RAL: OBTAIN IMMEDIATE MEDICAL ATTENTION.                                                                                                                                                                                                                                                                                                           |
| COMMENT: NONE.                                                                                                                                                                                                                                                                                                                                     |
| SECTION V - FIRE AND EXPLOSION DATA                                                                                                                                                                                                                                                                                                                |
| LASH POINT (METHOD USED): POSITIVE DRUM TEST<br>UTOIGNITION: NOT DETERMINED<br>LAMMABILITY LIMITS IN AIR : LOWER:N.D. UPPER: N.D.                                                                                                                                                                                                                  |
| XTINGUISHING MEDIA: WATER WATER FOG X CO2 X DRY CHEMICAL X FOAM X OTHER                                                                                                                                                                                                                                                                            |
| PECIAL FIRE FIGHTING PROCEDURES: SELF_CONTAINED BREATHING APPRARATUS AND<br>PROTECTIVE CLOTHING SHOULD BE WORN IN FIGHTING FIRES INVOLVING CHEMICALS                                                                                                                                                                                               |
| NUSUAL FIRE AND EXPLOSION HAZARDS: TOXIC CHLORINE GASES MAY FORM. VAPORS ARE<br>HEAVIER THAN AIR AND WILL TRAVEL ALONG GROUND TO REMOTE IGNITION SOURCES.                                                                                                                                                                                          |
| OMMENTS: N.D.=NOT DETERMINED.                                                                                                                                                                                                                                                                                                                      |
| SECTION VI - PHYSICAL DATA                                                                                                                                                                                                                                                                                                                         |
| DILING POINT(@ 760 MM HG): NOT APPLICABLE<br>PECIFIC GRAVITY (AT 77 DEG F/25 DEG C): NOT APPLICABLE                                                                                                                                                                                                                                                |
| ELTING POINT: NOT APPLICABLE<br>APOR PRESSURE (AT 77 DEG F/25 DEG C): NOT APPLICABLE<br>APOR DENSITY (AIR = 1 AT 77 DEG F/25 DEG C): NOT DETERMINED<br>ERCENT VOLATILE BY VOLUME (%): 95<br>VAPORATION RATE (ETHER = 1): LESS THAN 1<br>DLUBILITY IN WATER(%): LESS THAN 0.1<br>DOR, APPEARANCE, COLOR: SOLVENT ODOR, AEROSOL SPRAY, SLIGHT COLOR. |

| MATL NAME: DOW CORNING(R) 557 ALUMINUM LUBRICANT (AEROSOL)                                                                                                                                                                                                                                                                                                             |
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| SECTION VII - REACTIVITY DATA                                                                                                                                                                                                                                                                                                                                          |
| STABILITY: STABLE                                                                                                                                                                                                                                                                                                                                                      |
| INCOMPATABILITY(MATERIAL TO AVOID): OXIDIZING MATERIAL CAN CAUSE A REACTION.                                                                                                                                                                                                                                                                                           |
| CONDITIONS TO AVOID: OPEN FLAMES, WELDING ARCS CAN CAUSE THERMAL DECOMPOSITION<br>PRODUCING TOXIC GASES OF HYDROGEN CHLORIDE AND PHOSGENE.                                                                                                                                                                                                                             |
| HAZARDOUS DECOMPOSITION PRODUCTS: CHLORINE PRODUCTS, SILICON DIOXIDE, CARBON<br>DIOXIDE, AND TRACES OF INCOMPLETELY BURNED CARBON PRODUCTS.                                                                                                                                                                                                                            |
| HAZARDOUS POLYMERIZATION: WILL NOT OCCUR                                                                                                                                                                                                                                                                                                                               |
| CUMBITIONS TO AVOID. NOT AFFLICABLE                                                                                                                                                                                                                                                                                                                                    |
| COMMENTS: NONE                                                                                                                                                                                                                                                                                                                                                         |
| SECTION VIII - SPILL, LEAK AND DISPOSAL PROCEDURES                                                                                                                                                                                                                                                                                                                     |
| STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: USE ABSORBENT<br>MATERIAL TO COLLECT AND CONTAIN FOR SALVAGE OR SIDPOSAL. REMOVE ALL SOURCES O<br>IGNITION AND WEAR PROPER PROTECTION EQUIPMENT.                                                                                                                                                            |
| PROTECTIVE EQUIPMENT:<br>EYES: USE CHEMICAL WORKER GOGGLES.                                                                                                                                                                                                                                                                                                            |
| SKIN: REMOVE CONTAMINATED CLOTHING AND SHOES AS SOON AS PRACTICAL AND CLEAN<br>THOROUGHLY BEFORE REUSE.                                                                                                                                                                                                                                                                |
| INHALATION: USE RESPIRATORY PROTECTION UNLESS LOCAL EXHAUST VENTILATION IS<br>Adequate or air smapling data show exposures are within TLV and Pel Guidelines                                                                                                                                                                                                           |
| WASTE DISPOSAL METHOD: DOW CORNING SUGGESTS THAT ALL LOCAL, STATE AND FEDERAL<br>Regulations concerning health and pollution be reviewed to determine approved<br>DISPOSAL PROCEDURES. CONTACT DOW CORNING IF THERE ARE ANY DISPOSAL QUESTIONS.                                                                                                                        |
| D.D.T. (49CFR 171.8)/E.P.A. (40CFR 117) SPILL REPORTING INFORMATION<br>NAZARDOUS SUBSTANCE: SEE COMMENT BELOW REPORTABLE QUANTITY: SEE COMMENT<br>ONCENTRATION GF HAZARDOUS SUBSTANCE: SEE COMMENT<br>EPORTABLE QUANTITY OF PRODUCT: SEE COMMENT                                                                                                                       |
| OMMENTS: EPA/CERCLA REPORTABLE HAZARDOUS SUBSTANCES, NOT DOT:<br>1,1,1-TRICHLOROETHANE RQ 1000 LBS CONC. 54% RQ OF PRODUCT 1850 LBS<br>ACETONE RQ 5000 LBS CONC. 8% RQ OF PRODUCT 62500 LBS                                                                                                                                                                            |
| SECTION IX - ROUTINE HANDLING PRECAUTIONS                                                                                                                                                                                                                                                                                                                              |
| ROTECTIVE EQUIPMENT:<br>Yes: use proper protection safety glasses, as a minimum.                                                                                                                                                                                                                                                                                       |
| KIN *: WASHING AT MEALTIME AND OF SHIFT IS ADEQUATE.                                                                                                                                                                                                                                                                                                                   |
| NHALATION: USE RESPIRATORY PLOTECTION UNLESS LOCAL EXHAUST VENTILATION IS<br>Adequate or air sampling data show exposures are within tlv and pel guidelines                                                                                                                                                                                                            |
| ENTILATION:<br>LOCAL EXHAUST: MAY BE NEEDED<br>MECHANICAL (GENERAL): RECOMMENDED                                                                                                                                                                                                                                                                                       |
| UITABLE RESPIRATOR: ORGANIC VAPOR TYPE.                                                                                                                                                                                                                                                                                                                                |
| HESE PRECAUTIONS ARE FOR ROOM TEMPERATURE HANDLING, USE AT ELEVATED TEMPERATURE<br>AY REQUIRE ADDED PRECAUTIONS.<br>GOOD PRACTICE REQUIRES THAT GROSS AMOUNT OF ANY CHEMICAL BE REMOVED<br>ROM THE SKIN AS SOON AS PRACTICAL, ESPECIALLY BEFORE EATING OR SMOKING.<br>OMMENTS: AVUID BREATHING VAPORS AND EYE AND SKIN CONTACT. USE ONLY WITH<br>ACEQUATE VENTILATION. |

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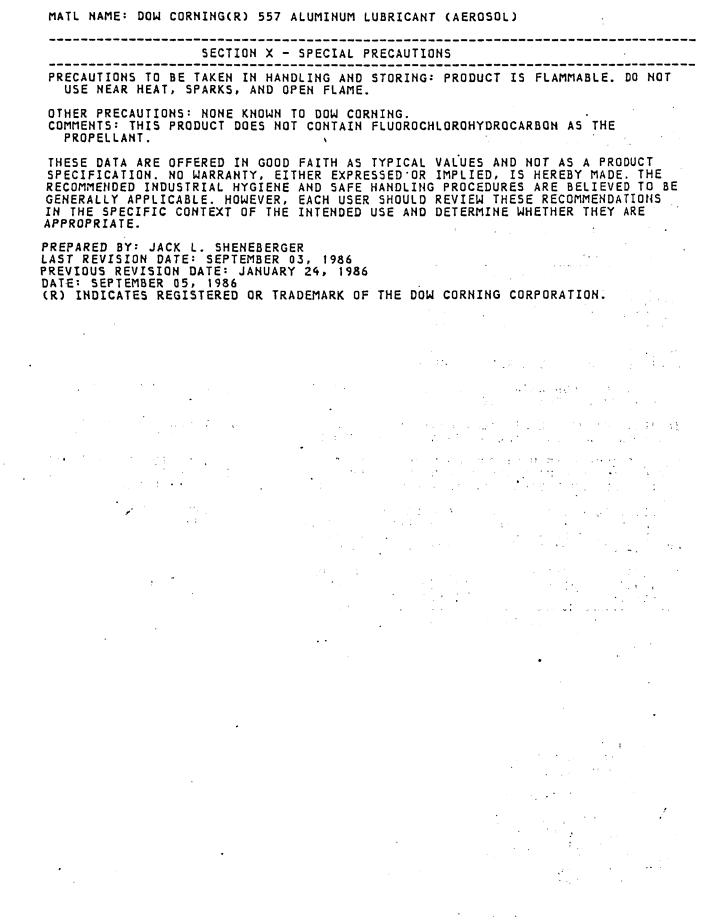
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MATL NAME: SILASTIC(R) 732 RTV SEALANT - CLEAR EMERGENCY TELEPHONE NO. (517) 496-5900 SECTION I - GENERAL INFORMATION MANUFACTURERS NAME: DOW CORNING CORPORATION ADDRESS: SOUTH SAGINAW ROAD, MIDLAND MI 48686 PROPER SHIPPING NAME(49CFR 172.101): NONE D.O.T. HAZARD NAME(49CFR 172.101): NONE D.O.T. HAZARD NAME(49CFR 172.101): NONE D.O.T. ID NO(49CFR 172.101): NONE RCRA HAZARD CLASS(49CFR 172.101): NONE RCRA HAZARD CLASS(40CFR 261)(IF DISCARDED): NONE E.P.A. PRIORITY POLLUTANTS(40CFR 122.53): NONE NFPA = NATIONAL FIRE PROTECTION ASSOCIATION - 704 HEALTH (NFPA): 1 FLAMMABILITY (NFPA): 1 REACTIVITY (NFPA): 1 CAS NO: MIXTURE DOW CORNING WARNING CODE: 57 GENERIC DESCRIPTION: .SILICONE \_\_\_\_\_ SECTION II - HAZARDOUS INGREDIENT · ACETOXYSILANE % 5 TLV (UNITS): 10 PPM; PEL TLV (UNITS): 10 PPM %

ONLY THOSE INGREDIENTS LISTED IN THIS SECTION HAVE BEEN DETERMINED TO BE HAZARDOUS AS DEFINED IN 29 CFR 1910.1200. AN INGREDIENT MARKED WITH AN ASTERISK(\*) IS ALSO LISTED IN 29 CFR 1910.1200(D) #4 AS KNOWN OR SUSPECTED CARCINOGEN.

COMMENT:TLV FOR ACETOXYSILANE BASED ON ACETIC ACID.

MATL NAME: SILASTIC(R, 732 RIV SEALANT - CLEAR

SECTION III - EFFECTS OF OVEREXPOSURE

EYES: MAY IRRITATE WITH SLIGHT PAIN, REDNESS, AND POSSIBLE MINOR CORNEAL INJURY.

SKIN: A SINGLE EXPOSURE FOR SEVERAL HOURS MAY CAUSE SLIGHT REDDENING. LONGER OR REPEATED CONTACTS MAY CAUSE MODERATE IRRITATION AND POSSIBLY A MILD BURN.

INHALATION: NO EFFECTS EXCEPT VERY SLIGHT IRRITATION OR PAIN TO THE EYES OR RESPIRATORY PASSAGES.

ORAL: AMOUNTS TRANSFERRED TO THE MOUTH BY FINGERS, ETC., DURING NORMAL OPERA-TIONS SHOULD NOT CAUSE INJURY. SWALLOWING SUBSTANTIAL AMOUNTS MAY CAUSE SOME INJURY.

COMMENT: NO KNOWN ADVERSE CHRONIC HEALTH EFFECTS, BUT UNNECESSARY EXPOSURE TO ANY CHEMICAL SHOULD BE AVOIDED. THIS PRODUCT, AS WITH ANY CHEMICAL, MAY ENHANCE ALLERGIC CONDITIONS ON CERTAIN

PEOPLE. WE DO NOT KNOW OF ANY MEDICAL CONDITIONS THAT MIGHT BE AGGRAVATED BY EXPOSURE TO THIS PRODUCT.

SECTION IV - EMERGENCY AND FIRST AID PROCEDURES

EYES: FLUSH WITH WATER FOR 15 MINUTES. OBTAIN IMMEDIATE MEDICAL ATTENTION.

SKIN: WIPE OFF AND FLUSH WITH WATER.

INHALATION: REMOVE TO FRESH AIR. OBTAIN IMMEDIATE MEDICAL ATTENTION.

ORAL: OBTAIN IMMEDIATE MEDICAL ATTENTION.

COMMENT: NONE

SECTION V - FIRE AND EXPLOSION DATA

FLASH POINT (METHOD USED): OPEN CUP ABOVE 250°F/120°C AUTOIGNITION: NOT DETERMINED FLAMMABILITY LIMITS IN AIR : LOWER:N.D. UPPER: N.D.

EXTINGUISHING MEDIA: WATER WATER FOG X CO2 X DRY CHEMICAL X FOAM X OTHER

SPECIAL FIRE FIGHTING PROCEDURES: SELF\_CONTAINED BREATHING APPRARATUS AND PROTECTIVE CLOTHING SHOULD BE WORN IN FIGHTING FIRES INVOLVING CHEMICALS

UNUSUAL FIRE AND EXPLOSION HAZARDS: NOT KNOWN TO DOW CORNING

COMMENTS: N.D. - NOT DETERMINED.

SECTION VI - PHYSICAL DATA

BOILING POINT(@ 760 MM HG): ABOVE 300°F/149°C SPECIFIC GRAVITY (AT 77 DEG F/25 DEG C): 1.05 MELTING POINT: NOT APPLICABLE VAPOR PRESSURE (AT 77 DEG F/25 DEG C): LESS THAN 5 MM VAPOR DENSITY (AIR = 1 AT 77 DEG F/25 DEG C): NOT APPLICABLE PERCENT VOLATILE BY VOLUME (%): LESS THAN 5% EVAPORATION RATE (ETHER = 1): LESS THAN 1 SOLUBILITY IN WATER(%): LESS THAN 0.1% ODOR, APPEARANCE, COLOR: ACETIC ACID-LIKE, PASTE, CLEAR.

NOTE: THE ABOVE INFORMATION IS NOT INTENDED FOR USE IN PREPARING PRODUCT SPECIFICATIONS. CONTACT DOW CORNING BEFORE WRITING SPECIFICATIONS DOW CORNING CORPORATION MATE NAME: SILASTIC(R) 732 RIV SEALANT - CLEAR

SECTION VII - REACTIVITY DATA

STABILITY: STABLE

INCOMPATABILITY(MATERIAL TO AVOID): OXIDIZING MATERIAL CAN CAUSE A REACTION.

CONDITIONS TO AVOID: AIR OR MOISTURE CAUSES POLYMERIZATION AND ACETIC ACID VAPORS ARE FORMED.

HAZARDOUS DECOMPOSITION PRODUCTS: SILICON DIOXIDE, CARBON DIOXIDE, AND TRACES OF INCOMPLETELY BURNED CARBON PRODUCTS.

HAZARDOUS POLYMERIZATION: WILL NOT OCCUR

CONDITIONS TO AVOID: NOT APPLICABLE

COMMENTS: NONE

SECTION VIII - SPILL, LEAK AND DISPOSAL PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: REMOVE PRODUCT AND USE ABSORBENT MATERIAL TO TAKE CARE OF ANY OIL-LIKE RESIDUES.

PROTECTIVE EQUIPMENT: EYES: USE CHEMICAL WORKER GOGGLES

SKIN: AVOID CONTACT BY USING IMPERVIOUS PROTECTIVE CLOTHING: RUBBER OR PLASTIC GLOVES, APRONS, BOOTS, ETC. USE PROTECTIVE GLOVES AS A MINIMUM AND WASH IMMEDIATELY UPON ANY DETECTABLE CONTACT.

INHALATION: USE RESPIRATORY PROTECTION UNLESS LOCAL EXHAUST VENTILATION IS ADEQUATE OR AIR SAMPLING DATA SHOW EXPOSURES ARE WITHIN TLV AND PEL GUIDE-LINES.

WASTE DISPOSAL METHOD: DOW CORNING SUGGESTS THAT ALL LOCAL, STATE AND FEDERAL REGULATIONS CONCERNING HEALTH AND POLLUTION BE REVIEWED TO DETERMINE APPROVED DISPOSAL PROCEDURES. CONTACT DOW CORNING IF THERE ARE ANY DISPOSAL QUESTIONS.

D.O.T. (49CFR 171.8)/E.P.A. (40CFR 117) SPILL REPORTING INFORMATION HAZARDOUS SUBSTANCE: NONE CONCENTRATION OF HAZARDOUS SUBSTANCE: NOT APPLICABLE REPORTABLE QUANTITY OF PRODUCT: NOT APPLICABLE

COMMENTS: NONE

SECTION IX - ROUTINE HANDLING PRECAUTIONS

PROTECTIVE EQUIPMENT:

EYES: USE PROPER EYE PROTECTION -- SAFETY GLASSES, AS A MINIMUM.

SKIN X: WASHING AT MEALTIME AND END OF SHIFT IS ADEQUATE.

INHALATION: USE RESPIRATORY PROTECTION UNLESS LOCAL EXHAUST VENTILATION IS ADEQUATE OR AIR SAMPLING DATA SHOW EXPOSURES ARE WITHIN TLV AND PEL GUIDE-LINES.

VENTILATION: LOCAL EXHAUST: NONE MECHANICAL (GENERAL): RECOMMENDED

SUITABLE RESPIRATOR: ACID GAS/ORGANIC VAPOR TYPE.

THESE PRECAUTIONS ARE FOR ROOM TEMPERATURE HANDLING, USE AT ELEVATED TEMPERATURE MAY REQUIRE ADDED PRECAUTIONS \* GOOD PRACTICE REQUIRES (DAL, DROSS AMOUNT OF ANY CHEMICAL BE REMOVED FROM THE SKIN AS SOON AS PRACTICAL, ESPECIALLY BEFORE EATING OR SMOKING. COMMENTS: NONE

SECTION X - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STURING: STORE BELOW 90F/32C. USE REASONABLE CARE AND CAUILON.

OTHER PRECAUTIONS: NONE KNOWN TO DOW CORNING. COMMENTS: NONE

### DOW CORNING CORPORATION MATE NAME: SILASTIC(R) 732 RTV SEALANT - CLEAR

THESE DATA ARE OFFERED IN GOOD FAITH AS TYPICAL VALUES AND NOT AS A PRODUCT SPECIFICATION. NO WARRANTY, EITHER EXPRESSED OR IMPLIED, IS HEREBY MADE. THE RECOMMENDED INDUSTRIAL HYGIENE AND SAFE HANDLING PROCEDURES ARE BELIEVED TO BE GENERALLY APPLICABLE. HOWEVER, EACH USER SHOULD REVIEW THESE RECOMMENDATIONS IN THE SPECIFIC CONTEXT OF THE INTENDED USE AND DETERMINE WHETHER THEY ARE APPROPRIATE.

PREPARED BY: JACK L. SHENEBERGER LAST REVISION DATE: SEPTEMBER 18, 1985 PREVIOUS REVISION DATE: APRIL 30, 1981 DATE: NOVEMBER 07, 1985 (R) INDICATES REGISTERED OR TRADEMARK OF THE DOW CORNING CORPORATION.

| , upatic                                                                                                                                                                                                       |                          |                  | d Health Adminis                                            |                                        | No. 4   | 4-R1367                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|-------------------------------------------------------------|----------------------------------------|---------|-------------------------|
| MATERIA                                                                                                                                                                                                        | L                        | SAFE             | TYDATA                                                      | SHEET NOR                              | L CEIVE | 1986<br>Alis<br>Annpany |
|                                                                                                                                                                                                                |                          |                  | lealth Regulations for<br>ng (29 CFR 1915, 19               | Ship Repairing,                        | Harne   | rd, Ch                  |
|                                                                                                                                                                                                                |                          | SECT             | ION I                                                       |                                        |         | •                       |
| MANUFACTURER'S NAME                                                                                                                                                                                            |                          |                  |                                                             | EMERGENCY TELEPHON                     | E NO.   |                         |
| Telecon Reso                                                                                                                                                                                                   |                          |                  |                                                             | (516) 928-890                          | 00      | •                       |
| ADDRESS (Number, Street, City, State, and ZIP C<br>P.O. BOX M                                                                                                                                                  | Seld                     | len, N.          |                                                             |                                        |         |                         |
| CHEMICAL NAME AND SYNONYMS<br>Safety Solver                                                                                                                                                                    | t II                     | •                |                                                             | er Safe-T-Solv"                        |         |                         |
| CHEMICAL FAMILY<br>Solvent Degreaser                                                                                                                                                                           | Lai ye                   |                  | FORMULA C2 H3                                               | CL <sub>3</sub>                        |         |                         |
| SECTION                                                                                                                                                                                                        | 111 -                    | HAZAR            | DOUS INGREDI                                                | ENTS                                   | ,       |                         |
| PAINTS, PRESERVATIVES, & SOLVENTS                                                                                                                                                                              | ×                        | TLV              | ALLOYS AND A                                                | AETALLIC COATINGS                      | ×       | TLV                     |
| PIGMENTS                                                                                                                                                                                                       | +                        | (Unita)          | BASE METAL                                                  |                                        |         |                         |
| CATALYST                                                                                                                                                                                                       |                          |                  | ALLOYS                                                      |                                        | †       | · :                     |
| VEHICLE                                                                                                                                                                                                        |                          |                  | METALLIC COATING                                            | : <b>S</b>                             | +       | <u> </u>                |
| SOLVENTS                                                                                                                                                                                                       |                          |                  | FILLER METAL<br>PLUS COATING OR G                           | ORE FLUX                               | 1       |                         |
| ADDITIVES                                                                                                                                                                                                      |                          |                  | OTHERS                                                      |                                        | 1       |                         |
| OTHERS                                                                                                                                                                                                         |                          |                  | 1                                                           | •                                      |         |                         |
| HAZARDOUS MIXTURE                                                                                                                                                                                              | S OF (                   | THER LI          | LUIDS, SOLIDS, OR GA                                        | SES                                    | ×       | TL'<br>(Uni             |
|                                                                                                                                                                                                                |                          |                  |                                                             | Trichloroethane                        | 1100    |                         |
|                                                                                                                                                                                                                |                          |                  |                                                             |                                        | 1       |                         |
|                                                                                                                                                                                                                |                          |                  |                                                             |                                        |         |                         |
|                                                                                                                                                                                                                |                          | ·                |                                                             |                                        |         |                         |
| SE                                                                                                                                                                                                             | יחודי                    | V 111 - 5        | PHYSICAL DATA                                               | ······································ |         | •••                     |
|                                                                                                                                                                                                                |                          | <b>•</b> 111 • 1 |                                                             |                                        |         | •                       |
| BOILING POINT ("F.)                                                                                                                                                                                            | 1.                       |                  | SPECIFIC GRAVITY                                            |                                        | 11      | 322                     |
| BOILING POINT ( <sup>6</sup> F.)                                                                                                                                                                               |                          | 165°F            | SPECIFIC GRAVITY                                            | A75 C                                  |         | .322<br>00%             |
| VAPOR PRESSURE (mm Hg.) 30°C                                                                                                                                                                                   |                          | 165°F<br>157     | PERCENT, VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT        | E<br>E                                 | 10      | 908                     |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)                                                                                                                                                          |                          |                  | PERCENT, VOLATIL<br>BY VOLUME (%)                           | E<br>E                                 | 10      |                         |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU                                                                                                                          | ble                      | 157              | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(=1 | E<br>E                                 | 10      | 908                     |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU<br>APPEARANCE AND ODOR Clear liqu                                                                                        | ble<br>id,               | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   | E                                      | 10      | 908                     |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU<br>APPEARANCE AND ODOR Clear liqu<br>SECTION IV -                                                                        | ble<br>id,               | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   | ARD DATA                               | 10      | )0%<br>,0               |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER Not Solu<br>APPEARANCE AND ODOR Clear liqu<br>SECTION IV -<br>FLASH POINT (Method used)<br>Nor applical                           | ble<br>id,<br>FIR        | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   | ARD DATA                               | 10      | 908                     |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU<br>APPEARANCE AND ODOR Clear liqu<br>SECTION IV -<br>FLASH POINT (Method used)<br>NOT applicat<br>N/A                    | ble<br>id,<br>FIR        | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   | ARD DATA                               | 10      | )0%<br>,0               |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU<br>APPEARANCE AND ODOR Clear liqu<br>SECTION IV -<br>FLASH POINT (Method used)<br>Nor applicate<br>EXTINGUISHING MEDIA   | ble<br>id,<br>FIR<br>ble | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   |                                        | 10      | )0%<br>,0               |
| VAPOR PRESSURE (MM Hg.) 30°C<br>VAPOR DENSITY (AIR-1)<br>SOLUBILITY IN WATER NOT SOLU<br>APPEARANCE AND ODOR Clear liqu<br>SECTION IV -<br>FLASH POINT (Method used)<br>Nor applica<br>EXTINGUISHING MEDIA N/A | ble<br>id,<br>FIR<br>ble | 157<br>Mild      | PERCENT. VOLATIL<br>BY VOLUME (%)<br>EVAPORATION RAT<br>(   | ARD DATA                               | 10      | )0%<br>.0               |

(Continued on reverse side)

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Rev. May 72

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|                                              | SECTION V · HEAL  | TH HAZARD DAT    | 4           |          |         |
|----------------------------------------------|-------------------|------------------|-------------|----------|---------|
| ITHESHULD LIMIT VALUE                        | 350ppm            |                  | ,<br>,      |          |         |
| EFFECTS OF OVEREXPOSURE<br>Over inhalation n | ay cause an anest | betic affect E   | yes will ca | use      |         |
| irritation.                                  | -                 |                  |             |          | <u></u> |
| EMERGENCY AND FIRST AID PROCE                | Over expos        | sure inhalation: | Remove to   | fresh ai | ŕ       |
| Get Medical attention.                       | Eyes: Flush wit   | h large quantiti | es of water | and get  | ,       |
| medical attention.                           |                   |                  | • .         | 2        |         |
|                                              |                   |                  |             | ÷        | • <     |
|                                              |                   |                  |             |          |         |

| STABILITY           | UNSTABLE        |           | CONDITIO | NS TO AVOID |          | ه موند از ا                 |            |
|---------------------|-----------------|-----------|----------|-------------|----------|-----------------------------|------------|
|                     | STABLE          | X         |          |             | • •      | ه در وهر هر مهر وهرو و<br>د | . 1        |
| INCOMPATABILITY     | (Materials to a | vold)     |          |             |          |                             | , <b>.</b> |
| HAZARDOUS DECO      | MPOSITION'P     | RODUCTŞ   |          |             | •        |                             |            |
| HAZARDOUS MAY OCCUR |                 | OCCUR     |          | CONDITIONS  | TO AVOIQ |                             | • • •      |
| POLYMERIZATION      | WILL            | NOT OCCUR | X        |             | •        | -                           | •          |

SECTION VIL - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED If spilled, add oil absorbant

Ventilate area material and sweep up.

WASTE DISPOSAL METHOD Give waste material back to solvent reclaimer

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|                | SECTION VIIL - SPECIA  | L PROTECTION IN          | FORMATION | ١                |
|----------------|------------------------|--------------------------|-----------|------------------|
| RESPIRATORY P  | Gas mask-hos           | se mask breathing        | apparatas | may be necessary |
| VENTILATION    | LOCAL EXHAUST          |                          | SPECIAL   | • ``             |
|                | MECHANICAL (General) X |                          | OTHER     |                  |
| PROTECTIVE OLD | Should be worn         | EVE PROTECTION<br>Should | be worn   |                  |
| OFFICE PROFECT |                        |                          | •         | · • ·            |

SECTION IX - SPECIAL PRECAUTIONS

Store at room temp

OTHER PRECAUTIONS

PHECAUTIONS TO BE TAKEN IN HANDLING AND STORING

Avoid contact with open flames, very hot surfaces

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#### NITRIDING

Uses: Intermediate in production of nitric acid from ammonia; preparation of nitrosyl carbonyls; bleaching rayon.

Shipping regulations: (Rail) Poison Gas label. Not accepted passenger. (Air) Not acceptable.

- nitriding. A process of case hardening in which a ferrous alloy, usually of special composition, is heated in an atmosphere of ammonia or in contact with nitrogenous material to produce surface hardening by absorption of the nitrogen without quenching. The alloys used for nitriding are known as nitroalloys. Several types are available with ranges of composition as follows: aluminum 0.85-11.2%; carbon 0.20-0.45%; chromium none to 1.8%; molybdenum 0.15-1.00%; manganese 0.4-0.7%; silicon 0.2-0.4%.
- nitrile. An organic compound containing the -CN grouping, for example, acrylonitrile H<sub>2</sub>C: CHCN; it may also contain a triple bond as an acetonitrile (CH<sub>3</sub>C $\equiv$ N).

Hazard: Some organic cyanide compounds are toxic and flammable (acetonitrile, acrylonitrile).

nitrile rubber (acrylonitrile rubber; acrylonitrilebutadiene rubber; nitrile-butadiene rubber; NBR). A synthetic rubber made by random polymerization of acrylonitrile with butadiene by free radical catalysis. Alternating copolymers using Natta-Ziegler catalyst have been developed. About 20% of the total is used as latex; also available in powder form. lts repeating structure may be represented as --CH<sub>2</sub>CH=CHCH<sub>2</sub>CH<sub>2</sub>CH(CN)-.

Typical properties: (Medium acrylonitrile): Sp. gr. (polymer) 0.98; tensile strength (psi) 1000 to 3000; elongation (%) 100 to 700; maximum service temperature 121-148° C. Combustible.

Uses: (High acrylonitrile): Oil well parts; fuel tank liners; fuel hose; gaskets; packing oils seals; hydraulic equipment.

(Medium acrylonitrile): General-purpose oil-resistant applications; shoe soles; kitchen mats, sink topping, and printing rolls.

(Low acrylonitrile): Gaskets, grommets, and Orings (flexible at a very low temperature); adhesives. Binder-fuel in solid rocket propellants.

- nitrile-silicone rubber (NSR). Combines the characteristic properties of silicones with the oil resistance of nitrile rubber. Resistant to jet fuels, solvents and hot oils.
- nitrilotriacetic acid (NTA; triglycine; TGA; triglycollamic acid) N(CH<sub>2</sub>COOH)<sub>3</sub>.

Properties: White crystalline powder; m.p. 240°C (with decomposition); insoluble in water and most organic solvents; forms mono-, di-, and tribasic salts which are water-soluble. Combustible; 70% biodegradable.

Hazard: May be carcinogenic.

Uses: Synthesis; chelating agent; eluting agent in

purification of rare-earth elements der (restricted). Also available as the di- and trisodium

nitrilotriacetonitrile (NTAN) N(CHCCH talline solid; m.p. 130-134°C; msolu soluble in acetone. Used as an interchelating agent.

Hazard: May be toxic. See nitrile.

- para-nitroacetanilide NO<sub>2</sub>C<sub>6</sub>H<sub>4</sub>NHCOC Properties: White crystals; soluble in the ether; very slightly soluble in cold vatehot water, in potassium hydroxide rom 214-216°C. Combustible. Derivation: By acetylating aniline, then no Use: Manufacture of nitraniline.
- para-nitro-ortho-aminophenol C.H.OHN Properties: Yellow-brown leaflets contraof crystallization melting at 80 to 90° c melts at 154° C. Soluble in acid. Derivation: From dinitrophenol. Hazard: Probably toxic. Use: Dyes.

meta-nitroaniline (meta-nitraniline) NOC Properties: Yellow needles; sp. gr. 143 m. b.p. 306°C; soluble in alcohol and ch soluble in water.

Derivation: From aniline by nitration are tion, with subsequent removal of the acen hydrolysis; from *m*-nitrobenzoic acid.

Hazard: Toxic; absorbed by skin. Modern

Uses: Dye intermediate.

Shipping regulations: (Rail, Air) Poison

ortho-nitroaniline (ortho-nitraniline) NO. Properties: Orange-red needles; 50, 7 69.7° C. Soluble in alcohol and ether, 10 in water. Not light-fast. Flashpoint 339 Autoignition temp. 970° F (521° C).

Derivation: From aniline by nitration, the tion, with subsequent removal of the tary hydrolysis; from o-dinitrosobenzation

Containers: Drums; kegs. Hazard: Toxic; absorbed by skin Erpe Uses: Dye intermediate; synthesis of antifogging agent, ortho-phenylenedia

diostats. Shipping regulations: (Rail, Air) Portuge

para-nitroaniline (para-nitraniline) Properties: Yellow needles; sp. grflash point 390° F (198° C). Combu alcohol and ether, insoluble in wat Derivation: (a) From *p*-chloronitrob aniline by nitration after aceivit acetanilide. Containers: Drums; carloads. Hazard: Toxic, absorbed by skin in air. Explosion risk.

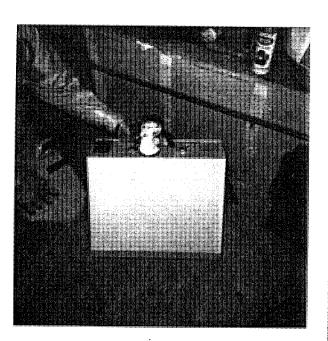
Uses: Dye intermediate, especially

M. KING 1712 CALAIS AVE. HAYWARD, CA.





STORAGE OF COMPUTER AND PRINTER AT HOME OF M. KING SAMPLES TAKEN FROM SAME





ALAMEDA COUNTY HEALTH CARE SERVICES

DAVID J. KEARS AGENCY



470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237

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June 29, 1987

Mr. Robert L. Zaletel 155 Sansome St., Suite 800 San Francisco, CA 94104

Dear Mr. Zaletel:

This letter is sent per your request to Mr. Rafat Shahid, for our Master File Record from Siemens concerning the chemicals they have on hand.

The list of chemicals & waste submitted to our office is:

1.1.1 Trichloroethane
Petroleum Naptha
Paint Thinner
Paint Waste
Tank Bottom Sediment

If you have any questions, please call Edgar Howell, Senior Hazardous Materials Specialist, at 874-7237.

Sincerely,

PLEA SWL

Rafat A. Shahid, Chief, Hazardous Materials Division

RAS:mnc

cc: Gerald Winn, Director Gil Jensen, Alameda County District Attorney, Consumer & Environmental Protection Agency Mr. Manning Siemens

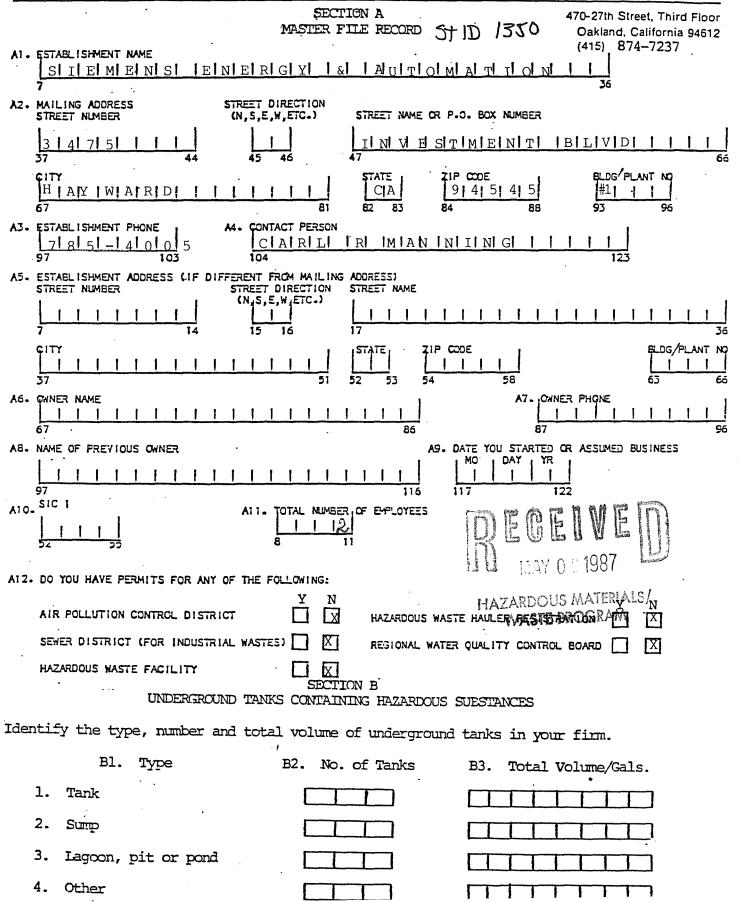
## ALAMEDA COUNTY HEALTH CARE SERVICES



DIVISION OF ENVIRONMENTAL HEATTH

HAZARDOUS MATERIALS MANAGEMENT UNIT

CARL N. LESTER, Agency Director



#### SECTION C HAZARDOUS SUBSTANCES

# STID 1350

Cl. Please check if any of the following categories of hazardous substances is used or handled by your firm:

| TOXIC                 |     | CORROSIVE |  |
|-----------------------|-----|-----------|--|
| FLAMMABLE OR IGNITABI | E 📈 | REACTIVE  |  |

C2. Please check the attached list for any of the chemical substances you receive, store, mix, treat, formulate, generate, manufacture, transport or dispose of, and enter each by the number identified on the list in the spaces below:

| sampre:      |                      |            |       |
|--------------|----------------------|------------|-------|
| 137          | III Trichloroethane  |            |       |
| <u>PH131</u> | Patroleum Noptha     |            |       |
| 512131       | Bint Thinner         |            |       |
| 181314       | Point Woote          | <u>ш</u> ш | ப்பட் |
| BBIST        | Tour Bottom Medineas |            | ци Ц  |
| 815121       | Come -               |            | чччч  |
| ш            |                      | ш          |       |
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|              |                      |            |       |

## CERTIFICATION

.....

I hereby certify that the information on this form is to the best of my knowledge, true and complete

Signature

| MANAGER | ÷ | WESTERN | REGION |
|---------|---|---------|--------|
| Title   |   |         |        |

| CARL R. MANNING       |   |
|-----------------------|---|
| Typed or Printed Name |   |
| 5/1/87                |   |
| Date                  | - |

Please return completed form to:

Alameda County Division of Environmental Health 470-27th Street, Room 322 Oakland, CA 94612 (415) 874-7237

# ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY

Dave Kears AGENCY

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| SITE ID<br>NAME SIEMEAS DATE OF THE STATES<br>ADDRESS 3475 Survey and Bear CITY/ZIP Mayward Ch<br>The marked items represent violations of the Calif. Administrative Code:.<br>General Mayward 94045<br>2. [] Insurance 66428<br>2. [] Insurance 66428<br>3. [] Cert. of Comp6648<br>3. [] Cert. of Comp6648<br>3. [] Cert. of Comp6648<br>3. [] Containers 66465<br>6. [] Vehicles 66465<br>6. [] Vehicles 66465<br>3. [] Correct 66531<br>3. [] Correct 66531<br>3. [] Correct 66545<br>3. [] Correct 66545<br>3. [] Correct 66545<br>3. [] Correct 66545<br>3. [] Correct 66541<br>3. [] Correct 66541<br>3. [] Correct 66541<br>3. [] Correct 66543<br>3. [] Correct 66545<br>3. [] Recyclables 66540<br>3. [] Comminica 67121<br>3. [] Recyclables 66540<br>3. [] Comminica 67124<br>3. [] Comminica 67124<br>3. [] Communica 67124<br>3. [] Communica 67140<br>3. [] Communica 67140<br>3. [] Condition 67241<br>3. [] Condition 67244<br>3. [] Condition 67245<br>3. [] Condition 67246<br>3. [] Condition 67246<br>3. [] Condition 67247<br>3. [] Condition 67247<br>3. [] Condition 67248<br>3. [] Condition 67249<br>3. [] Condition 67249<br>3. [] Condition 67249<br>3. [] Condition 67249<br>3. [] Condition 67249<br>4. [] Condition 67249<br>5. |                          | DATE 4-20-87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 470-27th Street, Third Floor<br>Oakland, California 94612<br>(415) 874-7237 |
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| Manifest<br>7. [] EPA ID #'s 66531<br>8. [] Correct 66541<br>9. [] HW Delivery 66543<br>10. [] Records 66544<br>Containers<br>11. [] Name 66545<br>12. [/ Covers 66545<br>13. [] Recyclables 66800<br>Prevention<br>14. [] Communica 67121<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67126<br>18. [] Training 67105<br>18. [] Training 67105<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Congatibility 67242<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67259<br>29. [] Closure 67246<br>21. [] Safe Store 67246<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67259<br>29. [] Closure 67246<br>20. [] Safe Store 67246<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67259<br>29. [] Closure 67246<br>20. [] Safe Store 67246<br>21. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING Very Law and Mainten<br>CONTACT PERSON CARL MANNING Very Law and Mainten<br>TITLE MAINTEN MANNING Very Law and Mainten<br>CONTACT PERSON CARL MANNING Very Law and Mainten<br>TITLE MAINTEN MANNING VERY LAW AND MAINTEN AND AND AND AND AND AND AND AND AND AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | the second | ery of reduced                                                              |
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| 8. [] Correct 66541 in bread blad norm lattled<br>9. [] HW Delivery 66543<br>10. [] Records 66544<br>Containers<br>11. [] Name 66545<br>12. Ur Covers 66545<br>13. [] Recyclables 66800 (IN Udbaled one galled contracted<br>Prevention<br>14. [] Communica 67121 Shypsi, resp and<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67120<br>18. [] Training 67105 only taked 55 galler down little,<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Congatibility 67242<br>23. [] Congatibility 67242<br>25. [] Maintenance 67243<br>23. [] Congatibility 67242<br>25. [] Maintenance 67243<br>23. [] Congatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Trak Insp 67259<br>Little Constance 67260<br>30. [] Safe Store 67260<br>31. [] Freeboard 67257<br>15. Maintug Constant Constant Constant Constant<br>CONTACT PERSON Carl Many weightabe<br>TITLE Plant Manger INSPECTOR Edgar B. Howell 111<br>TITLE Plant Manger INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | 31 maieria o a narana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cos acoce                                                                   |
| 9. [] HW Delivery 66543<br>10. [] Records 66544<br>Containers<br>11. [] Name 66545<br>12. If Covers 66545<br>13. [] Recyclables 66800<br>Prevention<br>14. [] Communica 67121<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67126<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorting 67144<br>23. [] Condition 67241<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67226<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67245<br>26. [] Train Insp 67259<br>29. [] Closure 67266<br>20. [] Safe Store 67266<br>21. [] Freeboard 67257<br>23. [] Other<br>CONTACT PERSON CARL MANNING Very Labored and maintain<br>CONTACT PERSON CARL MANNING Very Labored and maintain<br>TITLE PIANT MANAGEK INSPECTOR Edgar B. Rowell 111<br>21. [] Annt Managek INSPECTOR Edgar B. Rowell 111<br>23. [] Annt Managek INSPECTOR Edgar B. Rowell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dabelad                                                                     |
| 10. [] Records 66544 <u>performs a hlorin aled selvents minoppin</u><br>Containers<br>11. [] Name 66545 <u>Contains oil vale</u> ?<br>12. [/ Covers 66545<br>13. [] Recyclables 66800 <u>un added ano galled container</u><br>Prevention<br>14. [] Communica 67121 <u>Shypsing proprised</u><br>15. [] Aisle space 67124 <u>un ladded 55 galles down adde</u><br>16. [] Local Emer 67126 <u>un ladded 55 galles down adde</u><br>17. [] Maintenance 67120 <u>and ladd property of Summers Ibm</u> 646<br>18. [] Training 67105 <u>only ladd property of Summers Ibm</u> 646<br>20. [] Prepared 67141 <u>Containers oil vale</u><br>19. [] Prepared 67141<br>21. [] Compatibility67242<br>23. [] Condition 67244<br>24. [] Compatibility67242<br>25. [] Maintenance 67243 <u>Training for handing of handing frage</u><br>19. [] Inspection 67244<br>27. [] Buffer zone 67246 <u>Training for handing frage</u><br>29. [] Closure 67260<br>30. [] Safe Store 67261 <u>Complete guidian and maintain</u><br>CONTACT PERSON <u>Carl Manning weigedate</u><br>TITLE <u>Plant Manage</u> INSPECTOR Edgar B. Howell 111<br><b>Manning Manage</b> Inspection II II <u>Manning Weigedate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 og i fors                                                                 |
| Containers<br>11. [] Name 66545<br>12. If Covers 66545<br>13. [] Recyclables 66800<br>Prevention<br>14. [] Communica 67121<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67126<br>17. [] Maintenance 67126<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp<br>67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67277<br>33. [] Other<br>CONTACT PERSON CAR Manny my Vegetator<br>TITLE PLANT MANAGEK INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | colorento Til inpo end                                                      |
| 11. [] Name 66545 (Contains oil varte;)<br>12. [J Covers 66545<br>13. [] Recyclables 66800 (IM land and galled contained<br>Prevention<br>14. [] Communica 67121 Shypein reap and<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126 unlabded 55 gallex down blue,<br>17. [] Maintenance 67120 only label property of Jumieus that the<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67144<br>22. [] EmerCoorting 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [J' Maintenance 67243<br>26. [J' Inspection 67244<br>27. [] Buffer zone 67244<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67260<br>30. [] Safe Store 67260<br>31. [] Freeboard 67257<br>33. [] Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | The destations into concludes -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country In Support                                                          |
| 12. If Covers 66545<br>13. [] Recyclables 66800 (IM added and galled contained<br>Prevention<br>14. [] Communica 67121 Shysein free and<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>I. Local Emer 67126<br>I. Local Emer 67126<br>17. [] Maintenance 67120<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorting 67144<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67259<br>29. [] Closure 67246<br>29. [] Closure 67246<br>29. [] Closure 67246<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CAR MANNING RESCUE Edgar B. Howell 111<br>TITLE MAINTERSON INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | 45 ( Contains oil warte !)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
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| Prevention<br>14. [] Comunica 67121<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67120<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANAGER INSPECTOR Edgar B. Howell 111<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>24. [] PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | conthing.                                                                   |
| 14. [] Communica 67121 Shyse, map and<br>15. [] Aisle space 67124<br>16. [] Local Emer 67126 unitable of 55 gallox forum (fue).<br>17. [] Maintenance 67120<br>18. [] Training 67105 only falm property of Liemiens item (fue)<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTing 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67269<br>29. [] Closure 67261<br>31. [] Freeboard 67257<br>33. [] Other Inspection County Health<br>CONTACT PERSON CARL MANNING wise for mainteneed maintaine<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>11. [] PART MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | and the television                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contrabance -                                                               |
| 15. [] Aisle space 67124<br>16. [] Local Emer 67126<br>17. [] Maintenance 67120<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>19. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANAGER INSPECTOR Edgar B. Howell 111<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>21. [] PART MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 21 Shyssin Ries and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |
| 16. [] Local Emer 67126 <u>unitabled 55 gallox dawn blub</u> .<br>17. [] Maintenance 67120<br>18. [] Training 67105 <u>anly label property of Summers Tem 666</u><br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>TITLE <u>Man Managek</u> INSPECTOR Edgar B. Howell 111<br>CONTACT PERSON <u>Carl Managek</u> INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.                                                                          |
| 17. [] Maintenance 67120<br>18. [] Training 67105<br>Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Tank Insp 67249<br>27. [] Buffer zone 67244<br>27. [] Buffer zone 67244<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING Very Later and Maintain<br>TITLE PLANT MANAGEK INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | 26 unlabelled 55 gallore Ann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MI OTROS                                                                    |
| Contingency<br>19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING Veryslate<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>Manual Manual Control Edgar B. Howell 111<br>20. [] Manual Ma                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 · THU                                                                     |
| 19. [] Prepared 67140<br>20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>TITLE <u>PLANT MANAGEK</u> INSPECTOR Edgar B. Howell 111<br>Maintenance 67140<br>CONTACT PERSON CARL MANAGEK INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18. [] Training 67       | 05 only label proporti of y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10 micus ilon 616                                                           |
| 20. [] Name List 67141<br>21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING REGISTION and Maintain<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>Autor Manager INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |
| 21. [] Copies 67141<br>22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility 67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING VERSULATE<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>Manual Contact Manual Contact And Maintain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |
| 22. [] EmerCoorTng 67144<br>Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING REIGHT AND MAINTAIN<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 '1                                                                        |
| Containers, Tanks<br>23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other<br>CONTACT PERSON CARL MANNING LEIGHT And Maintain<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>Manual Control Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | is out spillage                                                             |
| 23. [] Condition 67241<br>24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other Defete gruptionain and submit<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | 44 / 0 / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 Tali IS                                                                   |
| 24. [] Compatibility67242<br>25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other Defe gustionain and submit<br>TITLE MANNING Reput for and maintain<br>CONTACT PERSON CARL MANNING Reput for and maintain<br>TITLE MANNING Reput for and maintain<br>TITLE MANNING Reput for and maintain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | m log noy wath (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | not central                                                                 |
| 25. [] Maintenance 67243<br>26. [] Inspection 67244<br>27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other Duplote quistionain and submit<br>TO Alganizeda Conint Health<br>wolk groups for and maintain<br>CONTACT PERSON CARL MANNING respectator<br>TITLE MANNING RESPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /                                                                           |
| 26. [] Inspection<br>27. [] Buffer zone<br>28. [] Tank Insp<br>29. [] Closure<br>30. [] Safe Store<br>31. [] Freeboard<br>33. [] Other<br>CONTACT PERSON CARL MANNING REGENCY For and maintain<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 0                                                                         |
| 27. [] Buffer zone 67246<br>28. [] Tank Insp 67259<br>29. [] Closure 67260<br>30. [] Safe Store 67261<br>31. [] Freeboard 67257<br>33. [] Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tra a large                                                                 |
| 28. [] Tank Insp<br>29. [] Closure<br>30. [] Safe Store<br>31. [] Freeboard<br>33. [] Other<br>Complete guistionain and submit<br>67261<br>67261<br>67267<br>Dalanieda Count Health<br>Note: propulation<br>Note: propulation<br>Note: propulation<br>Note: propulation<br>TITLE <u>PLANT MANNING</u> LEGGAR B. Howell 111<br>MANNING LEGGAR B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | maparocho                                                                   |
| 29. [] Closure<br>30. [] Safe Store<br>31. [] Freeboard<br>33. [] Other<br>CONTACT PERSON CARL MANNING REIPULATE<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                           |
| 30. [] Safe Store<br>31. [] Freeboard<br>33. [] Other<br>CONTACT PERSON CARL MANNING REPORT for and maintain<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                           |
| 31. [] Freeboard 67257 B Alanieda Count Health<br>33. [] Other <u>note</u> <u>propuls</u> for and maintain<br>CONTACT PERSON <u>CARL MANNING</u> respirator<br>TITLE <u>PLANT MANAGER</u> INSPECTOR <u>Edgar B. Howell 111</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | renard automical                                                            |
| 33. [V Other TO Illamilda County Hallo<br>Note: propuly for and maintain<br>CONTACT PERSON CARL MANNING Respitator<br>TITLE MANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and and man                                                                 |
| CONTACT PERSON CARL MANNING RESPIRATOR and maintaid<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | To Alanieda Cousta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Health                                                                      |
| CONTACT PERSON CARL MANNING VERPLANCE<br>TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | - to it it it is and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 main laid                                                                 |
| TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                        | hole property sport and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e macanen                                                                   |
| TITLE PLANT MANAGER INSPECTOR Edgar B. Howell 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONTACT PERSON CARL      | MANNING LEGELACIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| Auto i Para Al Ala 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| SIGN MULTING TORASISN Edge BHOWALD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE PANT 11,           | INSPECTOR Edgar B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Howell 111                                                                  |
| SIGN MALIANNA SHORT SIGN Edge 12 MONTHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Autority - and           | and the Rectary AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pulantes                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SIGN <u>MALIAIIIII</u>   | up villig 2 SIGN Edga,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DITOWZIE                                                                    |
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- 7.5

JOHN C. ELSBREE ATTORNEY AT LAW OPERA PLAZA 601 VAN NESS AVENUE, SUITE 2000 SAN FRANCISCO, CALIFORNIA 94102 (415) 928-5100

February 23, 1989

2/24/89

ALAMEDA COLOURY DEST. OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS

Edgar Howell Hazardous Materials Division 80 Swan Way, Room 200 Oakland, CA 94621

Re: King v. South Bay Club Apartments

Dear Mr. Howell:

This will confirm that the continuation of your deposition is scheduled for 1:00 p.m., March 15, 1989, at

Ropers, Majeski, Kohn, Bentley, Wagner & Kane 655 Montgomery Street, Suite 1600 San Francisco, CA 94111.

Very truly yours, John/C. Elsbree

JCE/sj

JOHN C. ELSBREE ATTORNEY AT LAW OPERA PLAZA 601 VAN NESS AVENUE, SUITE 2000 SAN FRANCISCO, CALIFORNIA 94102 (415) 928-5100

2/7/83

ALAMEDA COUNTY DEPT. OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS

February 3, 1989

Edgar Howell Hazardous Materials Division 80 Swan Way, Room 200 Oakland, CA 94621

Re: King v. South Bay Club Apartments

Dear Mr. Howell:

This will confirm that the continuation of your deposition has been scheduled for 10:00 a.m., March 8, 1989, at

Ropers, Majeski, Kohn, Bentley, Wagner & Kane 655 Montgomery Street, Suite 1600 San Francisco, CA 94111.

Please give me a call if you have any questions.

Very truly yours, John C. Elsbree

Montgomeny ST Ske

JCE/sj

CK EGAN REPORTING SERVICE

CERTIFIED SHORTHAND REPORTER 568 Arrowhead Drive Lafayette, CA 94549 (415) 283-3172

January 13, 1989

Edgar B. Howell, III Department of Environmental Health Division of Hazardous Materials 80 Swan Way, Room 200 Oakland, CA 94621

Dear Mr. Howell:

Re: Michael King, et al. vs. South Bay Club Apartments, et al. Date taken: December 7, 1988 - Volume I

HAZANDUS MAICHALS,

WASTERNER

The transcript of your deposition taken in the above-entitled matter has been completed.

If you wish to review it, note any changes or corrections by page and line number on a separate sheet of paper and sign at the space provided for your signature, please call me within 30 days at (415) 283-3172 so that arrangements may be made for you to do so.

Very truly yours, John W Egen (13)

John W. Egan Jack Egan Reporting Service

cc: John C. Elsbree, Attorney at Law Dennis D. Strazulo, Attorney at Law Victoria Cahill, Attorney at Law HAROLD ROPERS (1904-1966)

LAW OFFICE OF RON W. FIELDS 655 MONTGOMERY STREET, SUITE 1600 SAN FRANCISCO, CALIFORNIA 94111

> OF COUNSEL HAROLD CLINTON BROWN

LAW OFFICES ROPERS, MAJESKI, KOHN, BENTLEY, WAGNER & KANE A PROFESSIONAL CORPORATION

655 MONTGOMERY STREET, SUITE 1600

SAN FRANCISCO, CALIFORNIA 94111 (415) 788-2600 TWX 9103785211 ROPERS RDCY

November 21, 1988

REDWOOD CITY OFFICE 1125 MARSHALL STREET REDWOOD CITY, CALIFORNIA 94063 TELEPHONE (415) 364-8200

SAN JOSE OFFICE 80 NORTH FIRST STREET, SUITE 300 SAN JOSE, CALIFORNIA 95113 TELEPHONE (408) 287-6262

Edgar Howell Environmental Health Hazardous Materials Division 80 Swan Way, Room 200 Oakland, California 94621

> Re: Michael King, et al. v. Siemens Energy and Automation Service, et al.

Dear Mr. Howell:

Thank you for taking the time to discuss the above-captioned matter.

This correspondence will confirm our telephone conversation of November 16, 1988, wherein we arranged to take your deposition on Wednesday, December 7, 1988 at 1:30 p.m. in our Redwood City Office and have schedule a meeting for 10:00 a.m. at your office on November 30, 1988 to discuss this case and your deposition testimony. This will also confirm you have agreed to accept service of this Deposition Subpoena For Personal Appearance and Production of Doucments and Things by mail enclosed herewith. This subpoena requires you to produce all documents in your files pertaining to inspection and testing of property and premises controlled by Mr. Michael King, the plaintiff in the abovereferenced matter.

We would appreciate it if you could gather the documents regarding Mr. King prior to our November 30, 1988 meeting so that we can have a chance to discuss them with you.

Thank you again for your cooperation and we look forward to meeting you.

Very truly yours,

Dennis D Strieguro

Dennis D. Strazulo

DDS:cab Enclosure

| · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\langle \rangle$                      | -                                                                       |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| ATTORNEY DR PARTY WITHOUT ATTORNEY PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | prine and Approved                     | TELEPHONE ND                                                            | CASL ABER                                                                                                                         |
| DENNIS D. STRAZULO,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ESQ.                                   | (415) 788-260                                                           | o ·                                                                                                                               |
| ROPERS, MAJESKI, KO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HN, BENTLEY, WAG                       | NER & KANE                                                              |                                                                                                                                   |
| 555 Montgomery Stre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                         | H-132028-8                                                                                                                        |
| TTORNEY FOR Mume Defenant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIEMENS ENERGY &                       | AUTOMATION SER                                                          | VICE CO.                                                                                                                          |
| NAME OF COURT Superior Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ourt, County of A                      | lameda                                                                  |                                                                                                                                   |
| POST OFFICE and Hayward Bra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | anch, Southern Di                      | ivision                                                                 | DEPOSITION SUBPENA                                                                                                                |
| STREET ADDRESS 24405 Amade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or Street, Haywar                      | cd, CA 94544                                                            | 2, <sup>11</sup><br>- 297                                                                                                         |
| PLAINTIFF/PETITIONER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                                         | For Personal Appearance                                                                                                           |
| MICHAEL KING, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t_al.,                                 |                                                                         | XX and Production of                                                                                                              |
| DEFENDANT/RESPONDENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                                         | Documents and Things                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | APARTMENTS, et al                      |                                                                         |                                                                                                                                   |
| HE PEOPLE OF THE STATE OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                         |                                                                                                                                   |
| EDGAR HOWELL, Env.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ironmental Health                      | h, Hazardous Ma                                                         | terials Division,                                                                                                                 |
| 80 Swan Way, Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                         |                                                                                                                                   |
| TOU ARE URDERED TO APPEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IN IN PERSON TO TESTIFY                |                                                                         | tion at the following time and place:                                                                                             |
| Date: December 7,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | Address: 44.05                                                          | MAJESKI, KOHN, et al.                                                                                                             |
| December /,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1900 me. 1:50 p.m.                     | ,                                                                       | shall Street, Redwood Cit                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         | CA 94063                                                                                                                          |
| A. As a deponent who is r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | not a natural person, vou are o        | rdered to designate one o                                               | r more persons to testify on your behalf as                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed in item 3. (Code of Civil Pr        | -                                                                       |                                                                                                                                   |
| and the second se | duce the documents and thin            |                                                                         |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | recorded by audiotape                  |                                                                         | stenographically.                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         | Civil Procedure section 2025 (u)(4).                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                      |                                                                         | and the production of the original documents                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         | Code sections 1560 (b), 1561, and 1562 will                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | compliance with this subpeni           | •                                                                       |                                                                                                                                   |
| and an and an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                      |                                                                         | ought are described as follows:                                                                                                   |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,     .                                |                                                                         | •                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         |                                                                                                                                   |
| May, 1987.<br>notes, memo<br>materials,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | This includes, borandum, correspondent | ntrolled by Mr.<br>ut is not limit<br>ndence, test re<br>es and/or resu | r inspection performed on<br>. Michael King in April or<br>ted to, all documents,<br>esults, reference<br>lts, reports, writings, |
| photographs<br>inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , or other mater:                      | ials regarding                                                          | such testing and/or                                                                                                               |
| Continued on attachm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent 3.                                 |                                                                         |                                                                                                                                   |
| A deposition permits an attorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to ask questions of a witnes           | s who is sworn to tell the                                              | truth. An attorney for other parties may then                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         | ion; later they are transcribed for possible use                                                                                  |
| <b>L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                         | signing the deposition. The witness is entitled                                                                                   |
| to receive witness fees and mile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | age actually traveled both wa          | ys. The money must be pl                                                | oid, at the option of the party giving notice of                                                                                  |
| the deposition, either with servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ce of this subpena or at the t         | time of the deposition.                                                 |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | civil matter in your capacity as       | s a peace officer or other p                                            | erson described in Government Code section                                                                                        |
| 68097.1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                         |                                                                                                                                   |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cł                                     | erk, by                                                                 |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NA BAN DE DUBUCHED AC F                | CALTEARDT BY THIS CO.                                                   | IT MOULAND ALOO DE LIADIE FOD THE                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                         | IRT. YOU WILL ALSO BE LIABLE FOR THE                                                                                              |
| SUM OF FIVE HUNDRED DOLLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RS AND ALL DAMAGES RES                 |                                                                         | ILURE TO UBEY.                                                                                                                    |
| ate issued: Novembor . 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                         |                                                                                                                                   |
| Novémber:21,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1988                                   |                                                                         |                                                                                                                                   |
| DENNIS D. STRAZUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                      | P Dem                                                                   | Detroit                                                                                                                           |
| CTYPE OR PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | (B)(                                                                    | NATURE OF PERSON INSUING SUBPENAL                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                      | -                                                                       |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | -                                                                       | ATTORNEY<br>Mile                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (See reverse f                         | or proof of service)                                                    |                                                                                                                                   |
| Form Adopted by Rule 382                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                         | Code of Civil Procedure, \$\$ 2020, 2025                                                                                          |
| Judicia' Council of California<br>B2(a)(15.1) (New July 1, 1987)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEPOSITION SUBPENA                     | -PERSONAL APPEAR                                                        | ANCE                                                                                                                              |

EUGENE J. MAJESKI JOHN M. BENTLEY BRUCE D. WAGNER ROBERT S. LUFT JAMES H. McKIBBEN DANIEL J. LANAHAN FRANK J. PAGLIARO, JR. JOHN S. SIMONSON ROBERT J. COSTELLO JOHN A. KOEPPEL MARK G. BONINO DAVID SIEUERMAN STEPHEN M. HAYES JOHN A. ROWLAND DENNIS J. WARD RICHARD M. WILLIAMS STEPHAN A. BARBER ALAN L. MARTINI GAIL Y. NORTON FRANK T. SABAITIS JAMES E. GALLAGHER LAWRENCE M. GUSLANI JAMES E. GALLAGHER LAWRENCE M. GUSLANI DEXTER BEN LOUIE DAVID B. DRAPER CHARLES J. SMITH GEORGE E. CLAUSE TED J. HANNIG CURTIS R. TINGLEY CHI-HUNG A. CHAN ROBERT M. BUSTAMANTE CHARLES D. JENKINS DAVID J. MICLEAN BRADLEY M. CORSIGLIA SALLY C. MEDONALD PAUL D. HERBERT BRUCE E. CHAN LISA D. LEVIN LEORA J. PERKOWSKI LEORA J. PERKOWSKI LISA D. LOREA JAMES F. SWEENEY STACEY L. PRATT STACEY L. PRATT MARYANNE Z. MURPHY RICARDO J. AMOR JAMES A. SHORE ROBERT P. ANDRIS II DAWNELLA GILZEAN JOHN T. KINN PATRICIA McKENZIE TODD A. ROBERTS LAUREN G. SHEFT

WALTER C. KOHN MICHAEL ROPERS ROBERT F. KANE JOHN M. RUBENS MICHAEL J. BRADY CHARLES G. RIGG W. BYRON LEVY FRANK L. HANNIG STEPHEN A. SCOTT DANIEL E. ALBERTI RICHARD K. WILSON GARY R. NAGLE JUDITH L. FIELDING MARTIN T. RELLEY CHARLES M. LOUDERBACK MICHAEL J. IOANNOU KATHERINE S. CLARK JEFFREY W. ALLEN KEVIN P. CODY EMMET G. WARD JAMES A. LASSART PAUL E. SMITHERS RICHARD J. FINN CLOUPY VELINAN JANDE AL LESANTHERS RICHARD J. FINN FARLEY J. NEUMAN WILLIAM A. RICHNIOND J. JEFFREY EGAN THEODORE C. ZAYNER MARY H. ATWELL MARY H. ATWELL MARY H. ATWELL GIGI M. KNUDTSON DEAN A. PAPPAS JOHN R. BERNAL STEPHEN J. ERIGERO LUKE B. MARSH JESPER RASMUSSEN DOUGLAS L. SMITH SAMUEL D. PORTER DAVID R. PEARL DAGUER D. PORTER DAVID R. PEARL BRAD W. BLOCKER EDWIN B. MEDLIN DARREL J. VANDEVELD PETER S. DOODY JANIS J. O. BIKSA WILLIAM R. GARRETT RAYMOND A. GREEN III HEATHER ANNE McKEE BOBERT R. POHLS BERNARD J. SCHWARTZ DENNIS D. STRAZULO

#### LAW OFFICES

## ROPERS, MAJESKI, KOHN, BENTLEY, WAGNER & KANE

A PROFESSIONAL CORPORATION 655 MONTGOMERY STREET, SUITE 1600

SAN FRANCISCO, CALIFORNIA 94111 (415) 788-2600

> TELECOPIER (415) 788-8265 TWX 9103785211 ROPERS RDCY

August 30, 1988

REDWOOD CITY OFFICE 1125 MARSHALL STREET REDWOOD CITY, CALIFORNIA 94063 TELEPHONE (415) 364-8200

#### SAN JOSE OFFICE

**80 NORTH FIRST STREET, SUITE 300** SAN JOSE, CALIFORNIA 95113 TELEPHONE (408) 287-6262

> OF COUNSEL HAROLD CLINTON BROWN RON W. FIELDS

> > HAROLD ROPERS (1904-1966)

> > > 1.1

Edgar Howell Environmental Health Hazardous Materials Division 80 Swan Way, Room 200 Oakland, California 94621

> Michael King, et al. v. Siemens Energy and Automation Re: Service, et al.

Dear Mr. Howell:

Thank you for discussing the above-captioned matter with us on August 26, 1988. It is likely that we will be in contact with you in the future to further discuss your knowledge of this case.

In the meantime, if any additional information regarding this matter comes to mind, please give us a call immediately. For your convenience, we have attached a number of our business cards to help us keep in contact.

Thank you again for your cooperation and we look forward to speaking with you again.

Very truly yours,

Dannis D.Strogalo Dennis D. Strazulo

DDS:cab Enclosures



AGENCY

470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237

May 15, 1987

ALAMEDA COUNTY

DAVID J. KEARS

HEALTH CARE SERVICES

Mr. Mike King 1712 Calais Ct. Hayward, CA 94541

Dear Mr. King:

After your request of April 14, 1987, concerning the symptoms you and your family have been experiencing, the following action have been taken:

- A visit to the suite of offices formerly occupied by your company at 3475 Investment Blvd. Hayward, 2nd Floor.
- 2. An inspection of the company occupying the ground floor at 3475 Investment Blvd., Hayward, on April 20, 1987.
- Checked and took a sample of dust from Savin Copier at 1612 Whipple Road, Hayward, unit H-59. Copier had been used at the Investment Blvd. office on April 21, 1987.
- 4. Took wipe dust samples from portable computer (inside and outside cover) and from printer at 1712 Calais Ct., Hayward, on April 21, 1987. These pieces of equipment were stored in your garage in double garbage bags wraps.
- 5. Contacted Mr. Mel Carter of Carter Labs, concerning samples taken by himself and you. No written reports have been received from him to date.
- Contacted and received a copy of medical record released by you, from Eden Emergency Room, Eden Hospital, Castro Valley. Seen on April 14, 1987, by Dr. Olson.
- 7. Environmental Health Lab has run the samples collected by both, Gas Chromatography for solvents and Infrared Spectrocopy for non-volatile organics. Nothing was found by our lab.

The inspection of 3475 Investment Blvd., Hayward, first floor and subsequent samples taken from equipment at your storage site on Whipple Road and your garage, could not reveal the presence of hazardous chemicals in the samples tested. Mr. Mike King Hayward, CA 94541 May 15, 1987 Page 2 of 2

If you have any questions, please contact Edgar B. Howell, III, Senior Hazardous Materials Specialist, at 874-7237.

Sincerely,

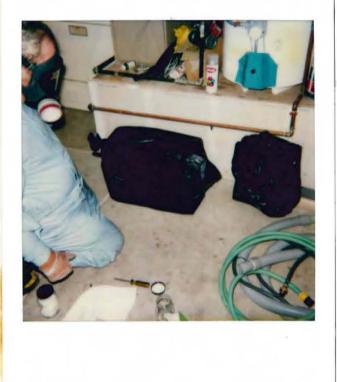
16

PMA SU

Rafat A. Shahid, Chief, Hazardous Materials Program

RAS:mnc

cc: Dwight Hoenig, DOHS P. Coyle, DOHS - HESIS M. KING 1712 CALAIS AVE. HAYWARD, CA.





STORAGE OF COMPUTER AND PRINTER AT HOME OF M. KING SAMPLES TAKEN FROM SAME





-looid?



## CITY OF HAYWARD

JUNE 23, 1989

SIEMENS #1, ENERGY & AUTOMATION 3475 INVESTMENT BLVD HAYWARD CA 94545

\*\*\*\*\* HAZARDOUS MATERIALS PERMIT ANNUAL FEE NOTICE \*\*\*\*\*

ANNUAL FEE :\$ 270.00 BUSINESS: SIEMENS #1, ENERGY & AUTOMATIO RANGE: 2A ADDRESS: 3475 INVESTMENT BLVD

THE ANNUAL FEE FOR YOUR HAZARDOUS MATERIALS STORAGE PERMIT IS DUE. THIS FEE IS VALID FROM JULY 1, 1989 THROUGH JUNE 30, 1990. PLEASE COMPLETE THE TOP SECTION OF THE ENCLOSED PERMIT APPLICATION AND RETURN THE ENTIRE FORM WITH A CHECK FOR THE FEE AMOUNT INDICATED ABOVE WITHIN 30 DAYS TO THE CITY OF HAYWARD, REVENUE DIVISION, ROOM 733, ATTN: N. CHIANESE, 22300 FOOTHILL BLVD., HAYWARD, CA 94541.

THE PERMIT FEES ARE ESTABLISHED BY THE HAYWARD FIRE DEPARTMENT IN ACCORDANCE WITH THE HAZARDOUS MATERIALS ORDINANCE E84-029]. AND ARE BASED ON THE QUANTITY AND VARIETY OF STORED MATERIALS ON YOUR PREMISES AS DETERMINED BY PREVIOUS INSPECTION OR BY INFORMATION YOU HAVE PROVIDED. A FEE SCHEDULE IS ATTACHED FOR YOUR INFORMATION.

SHOULD YOU FAIL TO PAY YOUR PERMIT FEES, YOU WILL BE OPERATING YOUR BUSINESS WITHOUT A CURRENT PERMIT, IN VIOLATION OF SECTION 3-8.34 OF THE HAYWARD MUNICIPAL CODE AND SUBJECT TO LEGAL ENFORCEMENT ACTION.

TO MEET THESE REQUIREMENTS, PLEASE:

- SUBMIT YOUR CHECK FOR THE FEE INDICATED.
- \* SUBMIT PERMIT APPLICATION WITH TOP SECTION COMPLETED.

IF ADDITIONAL INFORMATION IS DESIRED, TELEPHONE THE HAZARDOUS MATERIALS UNIT AT 784-8695. THANK YOU FOR YOUR TIMELY RESPONSE.

> STEVEN FAELZ, BATTALION CHIEF HAZARDOUS MATERIALS COORDINATOR

ENCLOSURES

\*

22300 FOOTHILL BOULEVARD, HAYWARD, CA 94541 . (415) 581-2345 TDD 537-7593



July 13, 1988

Mr. Steven Faelz Battalion Chief 22300 Foothill Blvd Hayward, CA 94541

Re: Hazardous Materials Permit Your letter dated 6/28/88

Dear Mr. Faelz:

Siemens Energy & Automation Service Company is no longer located at:

3475 Investment Blvd, #1 Hayward, CA 945454

We have relocated our office and shop to:

| OFFICE: | 1333 Broadwa | y, #1050 |
|---------|--------------|----------|
|         | Oakland CA   | 94612    |

SHOP:

1520 E. Edinger Ave Building A Santa Ana, CA 92705

Please change your records in regards to our location. Thank you for your cooperation. If you have any questions please contact me at (415) 835-0900.

Sincerely,

Hoglan

Michelle Blazian Siemens Energy & Automation

MB/mmb

CC: Attached letter



JUL 11 1989

SIEMENS/OAKJAND

J CITY OF HAYWARD

JUNE 28, 1988

SIEMENS #1, ENERGY & AUTOMATION 3475 INVESTMENT BLVD HAYWARD CA 94545

\*\*\*\*\* HAZARDOUS MATERIALS PERMIT ANNUAL FEE NOTICE \*\*\*\*\*

ANNUAL FEE :\$ 220.00 RANGE: 2A

BUSINESS: SIEMERS #1, ENERGY & AUTOMATIO ADDRESS: 3475 INVESTMENT BLVD

THE ANNUAL FEE FOR YOUR HAZARDOUS MATERIALS STORAGE PERMIT IS DUE. THIS FEE IS VALID FROM JULY 1, 1988 THROUGH JUNE 30, 1989. PLEASE COMPLETE THE TOP SECTION OF THE ENCLOSED PERMIT APPLICATION AND RETURN THE ENTIRE FORM WITH A CHECK FOR THE FEE AMOUNT INDICATED ABOVE WITHIN 30 DAYS TO THE CITY OF HAYWARD, REVENUE DIVISION, ROOM 733, ATTN: N. CHIANESE, 22300 FOOTHILL BLVD., HAYWARD, CA 94541.

THE PERMIT FEES ARE ESTABLISHED BY THE HAYWARD FIRE DEPARTMENT IN ACCORDANCE WITH THE HAZARDOUS MATERIALS ORDINANCE E84-029], AND ARE BASED ON THE QUANTITY AND VARIETY OF STORED MATERIALS ON YOUR PREMISES AS DETERMINED BY PREVIOUS INSPECTION OR BY INFORMATION YOU HAVE PROVIDED. A FEE SCHEDULE IS ATTACHED FOR YOUR INFORMATION.

SHOULD YOU FAIL TO PAY YOUR PERMIT FEES, YOU WILL BE OPERATING YOUR BUSINESS WITHOUT A CURRENT PERMIT, IN VIOLATION OF SECTION 3-8.34 OF THE HAYWARD MUNICIPAL CODE AND SUBJECT TO LEGAL ENFORCEMENT ACTION.

TO MEET THESE REQUIREMENTS, PLEASE:

SUBMIT YOUR CHECK FOR THE FEE INDICATED. SUBMIT PERMIT APPLICATION WITH TOP SECTION COMPLETED.

IF ADDITIONAL INFORMATION IS DESIRED, TELEPHONE THE HAZARDOUS MATERIALS UNIT AT 784-3695. THANK YOU FOR YOUR TIMELY RESPONSE.

> STEVEN FAELZ, BATTALION CHIEF HAZARDOUS MATERIALS COORDINATOR

ENCLOSURES

22300 FOOTHILL BOULEVARD, HAYWARD, CA 94541 • (415) 581-2345 TDD 537-7593

## AZARDOUS MATERIAL PERMIT APPLI fion CITY OF HAYWARD

| BUSINESS NAME:                                 | PHONE NO:                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS ADDRESS:                              |                                                                                                                                                |
| NAME OF OWNER/APPLICANT:                       |                                                                                                                                                |
| MAILING ADDRESS:                               |                                                                                                                                                |
| NO. STREET                                     |                                                                                                                                                |
| TYPE OF BUSINESS:                              |                                                                                                                                                |
| AMOUNT PAID:                                   |                                                                                                                                                |
| SIGNATURE OF APPLICANT:                        | DATE:                                                                                                                                          |
|                                                | bous materials permit Permit Number                                                                                                            |
| Municipal Code, a permit is hereb              | of Article 8 of Chapter 3 of the Hayward<br>by granted to business named above to store<br>on the previously submitted inventory               |
| Permit Term is: full                           | provisional temporary                                                                                                                          |
|                                                |                                                                                                                                                |
| Special conditions: This permit                | nises and made available for inspection.<br>does not take the place of any license required<br>materials storage, occupancy group or ownership |
| Signature:                                     | City of Hayward                                                                                                                                |
| Account Number<br>Application Fee<br>Date Paid |                                                                                                                                                |



## YWARD FIRE DEPARTMEN F HAZARDOUS MATERIALS OFFICE

A Certified Unified Program Agency



777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 FAX (510) 583-3641 TDD (510) 247-3340

## INSPECTION REPORT SUMMARY

| Street Address: _ 3475 Investment Blud.,        | Unit 7                    |
|-------------------------------------------------|---------------------------|
| Name of Facility: Jaci Sie Automotive Solutions | Telephone: 415-793-7989   |
| Contact Person: Youse Nouri, CEO                | E-mail: Joe@ smognot. com |
| Type of Business:                               | 0                         |

| On-site Rep. Stephanie                         | Micch   | 211        |           |
|------------------------------------------------|---------|------------|-----------|
| UNIFIED PROGRAM'SUMMARY                        | Program | Inspection | COMMENTS  |
| Hazardous Materials Storage Permit             | ×       | X          | Ranse 1 A |
| Hazardous Materials Business Plan              |         |            | 0         |
| CalARP/ Risk Management Plan                   |         |            |           |
| Underground Storage Tank                       |         | 1          |           |
| Aboveground Petroleum Storage Act (APSA)       |         |            |           |
| Hazardous Waste Generator                      |         |            |           |
| Tiered Permit: Permit-by-Rule                  |         |            |           |
| Conditionally Authorized                       |         |            |           |
| Conditionally Exempt, Specified Waste Stream   |         |            |           |
| Conditionally Exempt, Small Quantity Treatment |         |            | A         |
| Conditionally Exempt, Limited                  |         |            |           |
| Conditionally Exempt, Commercial Laundry       |         |            |           |

| INSPECTION CHECKLISTS COMPLETED AND ATTACHED |                                  |  |  |
|----------------------------------------------|----------------------------------|--|--|
| □ HMBP Inspection                            | APSA Program                     |  |  |
| □ Hazardous Waste Generator Inspection       | CalARP                           |  |  |
| Tiered Permit Inspection                     | Universal Waste                  |  |  |
| Uniform Fire Code for General Provisions     | A Inspection Notes & Requirement |  |  |
| Underground Storage Tank                     | □ Other (See Below)              |  |  |

| Was permission granted by a facility representative for this inspection?       | YES                | D NO     |
|--------------------------------------------------------------------------------|--------------------|----------|
| Complete required corrective actions immediately. Submit written Correc        | tive Action Plan b | efore MA |
| Re-inspection of the facility to verify compliance with all requirements may b | e conducted on or  | after    |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

10 Date of Inspection Inspector Signature of Facility Representative ζ

#### AYWARD FIRE DEPARTME HAZARDOUS MATERIALS OFFICE



777 B Street, Hayward, CA 94541-5007 Telephone: (510) 583-4910 • Fax: (510) 583-3641

#### **INSPECTION REPORT**

| Street Address: 3475 Divestment Blud, Unit 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Succer Address. 2:15 Indestructor and units T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Name of Facility: Pacific Automotive Solutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Facility Representative: Alex Shiraz Tel. No.: 510-300-4360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| autsite NEPA 704 Placard on window 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I X Blue. Flammable. Liquid Cabinet:<br>Aerosol cans 6.5m ea. (U3F Clear Hodcast)<br>Terra Diesel 8.0g (Compustible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Aerosol cans 6.5 m lea. (U3F Clar Indeast)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Terra Diesel 8.0 a (Compustible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Headlamp cleaner (Flam 1A Liquid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| IX small Hammable Liguids Calonet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 × small Flammable Liguids Cabriet.<br>C Terraclean & Fael Sujection Cleann (Flam & Comb Liquid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ? (Aerosols)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VELLA Patrick Fin Ellipsi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| * No Britable Fire Extinguisher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| * Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| * Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| D'Manual a patrile line a linewisher a d'antit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1) Mount a portable fire extinguisher and provide a<br>location identification label. The extinguisher shall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| location town laber. The entrugation shall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| be rated at least 2=A-10:B-C, and shall be checked<br>by a qualified service provider at least once each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No Purther requirements at This time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| to the territor to the state of |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations,

2012 09 10 Date of Inspection Hazardous Materials Investigator Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page 2 of 3



## **Fire Code Inspection Checklist**

|                                                                                           | 2007 CFC §                                     | YES    | NO | N/A | COMMENTS                     |
|-------------------------------------------------------------------------------------------|------------------------------------------------|--------|----|-----|------------------------------|
| GENERAL CFC                                                                               |                                                |        |    |     |                              |
| a. Premises ID visible                                                                    | 505.1                                          | X      |    | 1   |                              |
| o. FD access clear                                                                        | 504.1                                          | X      |    |     |                              |
| . Fire extinguisher inspection tags current                                               | 901.6                                          | -      |    | X   |                              |
| d. Storage $\geq 18$ " off sprinkler heads:<br>$\geq 24$ " off ceiling if non-sprinklered | 315.2.1                                        | ×      |    |     |                              |
| e. Exits clear / not obstructed                                                           | 1003                                           | X      |    | 1   |                              |
| f. Exit signs visible                                                                     | 1011                                           | ~      | -  | V   |                              |
| g. Extension cord used properly                                                           | 605.5                                          |        | -  | 0   | 1                            |
| <ol> <li>Electrical panel access ≥ 30"-wide<br/>clearance</li> </ol>                      | 605.3                                          |        | ×  | ~   | Retain access<br>to E-panel. |
| . Oily rags in approved container with lid                                                | 304.3.1                                        | 1      |    | X   | io apriner.                  |
| . No electrical hazards observed                                                          | 605.1                                          | X      |    | ~   |                              |
| c. Compressed gases properly restrained /                                                 | 3003.5                                         | ~      |    | ×   |                              |
| secured                                                                                   |                                                | ×      | -  | ~   |                              |
| All required FD permits obtained CHAPTER 27 & CHAPTER 34                                  | Appendix Chapter 1, 105.1                      |        | -  | -   |                              |
| a. All amounts within allowable limits                                                    | 2703.1                                         | ××     | -  |     |                              |
| <ul> <li>Approved storage cabinets used</li> </ul>                                        | 3404.3.2/2703.8.7                              | X      |    |     |                              |
| . Approved dispensing methods used                                                        | 3405.2                                         |        |    | ×   |                              |
| d. Containers properly bonded/grounded                                                    | 2703.9.5/3406.5.1.7                            | -      | -  | X   |                              |
| <ul> <li>Containers and tanks are labeled or<br/>placarded as required</li> </ul>         | 2703.6/2703.2.5/3403.5                         | ×      |    | ~   |                              |
| <ul> <li>Outside storage meets distance<br/>restrictions</li> </ul>                       | 3404.4.2                                       |        |    | X   |                              |
| g. Inside storage meets height/amount restrictions                                        | 2703.11.3.2/<br>3404.3.6.3                     | ×      |    |     |                              |
| n. "No Smoking" signs posted                                                              | 2703.7.1/3403.5                                | 12 - 1 | -  |     |                              |
| . Facility NFPA 704 diamond posted                                                        | 2703.5                                         | X      |    | -   |                              |
| . Storage areas labeled and/or placarded                                                  | 2703.3.5.1/2703.6/3403.5                       | V      |    |     |                              |
| c. Storage areas secured                                                                  | 2703.9.2                                       | X      | -  | -   |                              |
| <ul> <li>Records of unauthorized discharges<br/>maintained</li> </ul>                     | 2703.3.1/3403.3                                |        |    | X   |                              |
| n. Emergency shut-off switch/valve labeled                                                | 2203.2                                         | 1      |    | ×   |                              |
| n. MSDSs available                                                                        | 2703.4                                         | X      |    | 5   |                              |
| <ul> <li>Containers in good condition</li> </ul>                                          | 2703.2.6.2                                     | V      | -  |     |                              |
| <ul> <li>Incompatible materials<br/>segregated/separated</li> </ul>                       | 2703.9.8                                       | X      |    |     |                              |
| . Open shelving of adequate construction                                                  | 2703.9.9/2703.11.3                             | ×      |    |     |                              |
| Spill/drainage controls provided                                                          | 2701.3.3.4/2704.2.2                            |        |    | X   | 1                            |
| Secondary containment provided                                                            | 2704.2/3403.4                                  |        |    | X   |                              |
| . Equipment/area adequately ventilated                                                    | 2701.3.3.10/3404.3.7.3/3405.3.7.5.1/<br>2704.3 | ×      |    | ~   |                              |
| a. Equipment adequately secured                                                           | 2703.2.8                                       | X      |    |     | 11                           |
|                                                                                           |                                                |        |    |     |                              |

#### HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007 TEL (510) 583-4910 
 FAX (510) 583-3641 
 TDD (510) 247-3340

|                   | INSPECTION REPORT SUMMARY                      |   |
|-------------------|------------------------------------------------|---|
| G                 |                                                | ٦ |
| Street Address:   | 8475 Investment Bud., Unit 7                   | 4 |
| Name of Facility: | Pacific Automotive Solutions                   |   |
| Contact Person:   | Yousef Nouri, Owner Telephone: 42 415-793-7989 |   |
| Type of Business: | Automotive fuel & emission cleaning products.  |   |

| UNIFIED PROGRAM SUMMARY                        | Program | Inspection                            | COMMENTS |
|------------------------------------------------|---------|---------------------------------------|----------|
| Hazardous Materials Storage Permit             | X       | X                                     | Range 1A |
| Hazardous Materials Business Plan              |         |                                       | 0        |
| Risk Management Plan / CalARP                  |         |                                       |          |
| Underground Storage Tank                       |         |                                       |          |
| Aboveground Petroleum Storage Tank             |         |                                       |          |
| Does the facility have an SPCC Plan?           |         |                                       |          |
| Hazardous Waste Generator                      |         |                                       |          |
| Tiered Permit: Permit-by-Rule                  |         |                                       |          |
| Conditionally Authorized                       |         |                                       |          |
| Conditionally Exempt, Specified Waste Stream   |         |                                       |          |
| Conditionally Exempt, Small Quantity Treatment |         | · · · · · · · · · · · · · · · · · · · |          |
| Conditionally Exempt, Limited                  |         |                                       |          |
| Conditionally Exempt, Commercial Laundry       |         |                                       |          |

#### INSPECTION CHECKLISTS COMPLETED AND ATTACHED

|   | Г | ٦ | HMRP | Inst | pection | Checklist |
|---|---|---|------|------|---------|-----------|
| _ | _ | _ |      | _    |         |           |

- Hazardous Waste Generator Inspection Checklist
- Tiered Permit Inspection Checklist
- □ Uniform Fire Code Checklist for General Provisions and Articles 79 & 80
- Underground Storage Tank Checklist(s)
- Inspection Notes

AT OF HAY

A Other: Requirements

Was permission granted by a facility representative for this inspection?

YES YES

D NO

| Complete required corrective actions immediately. Submit written Corrective Action Plan on or before  |  |
|-------------------------------------------------------------------------------------------------------|--|
| Re-inspection of the facility to verify compliance with all requirements may be conducted on or after |  |

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

30/09 Miles 07 0 Bate of Inspection Inspector Signature of Facility Representative Page 1 of 3



#### HAYWARD FIRE DEPARTMENT HAZARDOUS MATERIALS OFFICE 777 B Street, Hayward, CA 94541-5007

Telephone: (510) 583-4910 • Fax: (510) 583-3641

#### **INSPECTION REPORT**

| Street Address:        | 3475 :     | Investment | Blud  | , unit | 7 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------|------------|------------|-------|--------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Facility:      | Pacific    | Automotive | Solut | ions   |   | and the second sec |
| Facility Representativ | ve: Yousef | Nauri, Own | er    |        |   | Tel. No.: 415 - 793 - 7989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| * Requirements<br>D'Complete a Ctosure "Facility Closure Notification" for<br>The former business location at 26291 Production Avenue, unit 1<br>Jinclude a written confirmation that all hozardoas materials<br>have been properly removed. |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| No Suntha requirements at this time.                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                              |  |

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, on other opplicable Federal and State laws or regulations.

07/30/09 Date of Inspection Hazardous Materials Investigator Signature of Facility/Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Page 1 of 3



#### MAYWARD FIRE DEPARTMENT Pacific Automotive Solutions HAZARDOUS MATERIALS OFFICE 3475 Investment Blud., Unit 7

A Certified Unified Program Agency

07/30/09

INSPECTION REPORT NOTES Nouri, Owner Youse Bulding Cleaning by sprukland ble: Involces coming term August, in 26291 Production Averue, locate Business at ormanu \* Inspection OTA 0: T stopped a ad ress hu tho curren wordod ma MISSAGO CUN me Cellular a 100 mu D The Status an inspection da + 07/30/09 boxos Capine  $(\simeq$ WITT box aerosol Tevy - Cabint 15x boxes F( Te rracles 56 with naradaus waster No Spren 01 Page 3 of 3

#### CITY OF HAYWARD FIRE DEPARTMENT

to miles

#### BUSINESS LICENSE APPLICATION REVIEW

#### Attention Business License Applicant:

The Revenue Division has referred you to the Fire Department because you had checked certain boxes in Sections 7-10 on the Business Tax Form Supplement. Please complete and sign Part I below. More detailed information on your business will assist us in scheduling inspections necessary to satisfy local Fire, Building, Planning, and Hazardous Materials codes and regulations. If the reviewer checks any box in Part II below, it is your responsibility to obtain the necessary permits or to follow up on any inspections required.

This "over the counter" review does not provide any Fire Department approvals for your business nor does it constitute a "Permit to Operate."

| PART I                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Business: (Please include explanation of checked boxes on Business Tax Form Supplement,<br>Sections 7-10). <u>Storage of small quantities of Automotive fuel and emission</u><br>cleaning products. We distribute them to auto dealers |
| Business Name: Pacific Automotive Solutions Owner: Yousef Nour:<br>Business Address: 3475 Investment Blud unit#7 Telephone: 415-793-7989<br>Applicant's Signature: 4005 Aver,<br>Applicant's Name: 4005 Aver,<br>(Printed)                            |
| Do not write below this line                                                                                                                                                                                                                          |
| PART II                                                                                                                                                                                                                                               |
| Inspection Required:       Yes X       No       HM X       FPO       Tentative Date:         Permits Required:       Yes X       No       HM X       FPO       Reviewer:       Plan                                                                   |
| Comments: (E) HAYWARD BUSINESS MOUING TO (N) LOCATION _ (E) 400SF NON-SPRINKLERED<br>MASONRY BUDG. BUSINESS IS AUTOMOTIVE DISTRIBUTION - STORES QTY'S OF FUEL C                                                                                       |
| EMMISSION CLEANING PRODUCTS. STORAGE IS IN CABINETS. CURRENT CUPA                                                                                                                                                                                     |
| TRANSFER REQUEST ALREADY SUBMITTED TO HAZMAT. APPLICANT TO                                                                                                                                                                                            |
| CONTACT MILES PEREZ TO SCHEDVLE INSPECTION. PRICE TO ASAP.                                                                                                                                                                                            |

#### CLAIM OF EXEMPTION For Reporting Year 2011

#### HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

AUG

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a consumer product for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: Youse=      | F Nouri         | _ Signature: _   | yet Nourig/       |
|-------------------|-----------------|------------------|-------------------|
| Title: Quin       | e v             | _ Date Signed: _ | June 10 2011      |
| Facility Name:    | Pacific Automot |                  |                   |
| Facility Address: | 3475 Invest     |                  |                   |
| E- Mail Address:  | joe @ pacifi    | cautomotic       | less lutions, com |

Hay ward Fire Department Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

#### GEMENT PROGRAM 'ERIALS AND HAZARDOUS WASTE M. UNIFIED HAZARDOUS N. FACILITY INFORMATION

#### **BUSINESS ACTIVITIES**

AD 2011

| I. FACILITY IDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | HAYWARD FIRE DEPARTMENT                                                                                                                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| FACILITY ID #<br>(Agency Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <sup>1</sup> EPA ID # | (Hazardous Waste Only) (Minicipal 2                                                                                                             |  |  |
| BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Inc.                  | 3                                                                                                                                               |  |  |
| BUSINESS SITE ADDRESS 3475 Investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | te #7 103                                                                                                                                       |  |  |
| BUSINESS SITE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAYWARD               | 104 CA ZIP CODE 24545 105                                                                                                                       |  |  |
| II. ACTIVITIES DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                 |  |  |
| Does your facility□                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If Yes, y             | ou are required to                                                                                                                              |  |  |
| A. HAZARDOUS MATERIALS<br>Have on site (for any purpose) at any one time, hazardous materials at or above<br>55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed<br>gases (include liquids in ASTs and USTs); or the applicable Federal threshold<br>quantity for an extremely hazardous substance specified in 40 CFR Part 355,<br>Appendix A or B; or handle radiological materials in quantities for which an<br>emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? | 🗆 YES 🕱 NO 4          | Complete, submit and maintain a<br>HAZARDOUS MATERIALS<br>BUSINESS PLAN (HMBP).                                                                 |  |  |
| B. REGULATED SUBSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                 |  |  |
| Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?                                                                                                                                                                                                                                                                                                                                         | □ YES 🕅 NO 48         | Coordinate with Hayward Fire Department<br>in preparing a Risk Management Plan.                                                                 |  |  |
| C. UNDERGROUND STORAGE TANKS (USTs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                                 |  |  |
| Own or operate underground storage tanks?                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TYES X NO 5           | Submit UST documents required.                                                                                                                  |  |  |
| D. ABOVE GROUND PETROLEUM STORAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                                                                 |  |  |
| Own or operate ASTs above these thresholds: Prepare and submit a Spill Prevention,                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                 |  |  |
| Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.                                                                                                                                                                                                                                                                                                                                                                                                          | TYES X NO 8           | Control and Countermeasure (SPCC) Plan.                                                                                                         |  |  |
| E. HAZARDOUS WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                 |  |  |
| Generate hazardous waste?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DYES X NO 9           | Provide EPA ID NUMBER Lat the top of this page.                                                                                                 |  |  |
| Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?                                                                                                                                                                                                                                                                                                                                                                                                                    | □ YES 🗶 NO 10         | Submit RECYCLABLE MATERIALS<br>REPORT (one per recycler).                                                                                       |  |  |
| Treat hazardous waste on-site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYES X NO 11          | Submit Tiered Permit NOTIFICATION                                                                                                               |  |  |
| Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?                                                                                                                                                                                                                                                                                                                                                                                                         | VES X NO 12           | Submit CERTIFICATION OF<br>FINANCIAL ASSURANCE                                                                                                  |  |  |
| Consolidate hazardous waste generated at a remote site?                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TYES X NO 13          | Submit ANNUAL NOTIFICATION                                                                                                                      |  |  |
| Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?                                                                                                                                                                                                                                                                                                                                                                                                          | □ YES 🕅 NO 14         | Submit HAZARDOUS WASTE TANK<br>CLOSURE CERTIFICATION                                                                                            |  |  |
| Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or<br>more of federal RCRA hazardous waste, or generate in any single calendar<br>month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous<br>waste; or generate or accumulate at any time more than 100 kg (220 pounds) of<br>spill cleanup materials contaminated with RCRA acute hazardous waste.                                                                                                                 | □ YES 🕅 NO 14a        | Obtain federal EPA ID Number, file<br>Biennial Report (EPA Form 8700-<br>13A/B), and satisfy requirements for<br>RCRA Large Quantity Generator. |  |  |
| Household Hazardous Waste (HHW) Collection site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VES NO 146            | Submit required forms.                                                                                                                          |  |  |

UPCF Rev. Hayward 2010

#### CLAIM OF EXEMPTION For Reporting Year 2010

## FIRE PREVENTION OFFICI

MAR 0 4 2010

#### HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

HAYWARD FIRE DEPARTMENT

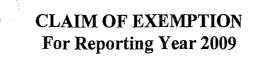
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- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a **consumer product** for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: Yousef (Joseph) Nouri Signature: Junt Nouri                 |
|-------------------------------------------------------------------|
| Title: Owner/CEO Date Signed: Feb/21/2010                         |
| Facility Name: Pacific Automotive Solutions Inc.                  |
| Facility Address: 3475 Investment Blud Suite # 7 Hayward CA 9454. |
| E-Mail Address: joe @ smognot.com                                 |



RECEIVED BY FIRE PREVENTION OFFICE

FEB 27 2009

## HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... ONLY IF ALL OF THE FOLLOWING APPLY:

- (1) You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:
  - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of medical gases like oxygen, nitrogen, or nitrous oxide you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
  - B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
  - C. Hazardous materials contained solely in a **consumer product** for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND
- (3) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.

#### I CERTIFY UNDER PENALTY OF LAW THAT:

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

| Name: Yousef      | Nouri               | Signature:    | Junt Nouri 1                     | 1.0000 Marcal Contract of Cont |
|-------------------|---------------------|---------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title:            |                     | Date Signed:  | Feb/20/2009                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Facility Name:    | Pacific Autom       | otive Solut   | tions                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Facility Address: | 26291 Production Au | e suite 11 -> | New address)                     | Suite # 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| E- Mail Address:  |                     | t.com         | (New address)<br>as of March 109 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                     |               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007



#### HAYWARD FIRE DEPARTMENT A Certified Unified Program Agency

RECEIVED BY FIRE PREVENTION OFFICE

AUG 2 5 2011

777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE DEPARTMENT

### UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issu                          | ed to                   |
|-------------------------------|-------------------------|
| Name of Facility:             | Executive Contact:      |
| PACIFIC AUTOMOTIVE SOLUTIONS  | YOUSEF (JOSEPH) NOURI   |
| Street Address:               | Mailing Address:        |
| 3475 INVESTMENT BLVD #7       | 3475 INVESTMENT BLVD #7 |
| Telephone Number at Facility: | City/State/ZIP:         |
| 415-793-7989                  | HAYWARD, CA 94545       |
| Registration/Permit Number:   | Email Address:          |
| 12-0829801-029036             | JOE@SMOGNOT.COM         |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| XX | Hazardous Materials Storage(Range <u>1A</u> )                    | Hazardous Waste Generator Program()                                                     |
|----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|    | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|    | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|    | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposabof hazardous materials and/or hazardous waste

| Junt Nouri 4                          | Youset (                             | Joseph) Nouri CEO                     | Hug 20 2011                |
|---------------------------------------|--------------------------------------|---------------------------------------|----------------------------|
| Signature of Applicant                | Printed Name and Title               |                                       | Date Signed                |
| · · · · · · · · · · · · · · · · · · · | FOR OFFIC                            | E USE ONLY                            |                            |
| Effective Date:                       | Expiration Date:<br>08/31/2012       | Machine Validation / Official Receipt |                            |
| Date-Payment/Received:                | Payment Reference:<br>$Ch \neq 1/22$ | Oping Om                              | wan                        |
| Total Amount Paid:                    | State Surcharge Paid:                | ()                                    | $\mathcal{O}(\mathcal{I})$ |
| \$ 245.00                             | ↓ ° ℓ                                | Approved by the City of Hayward       | d Fire Department          |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



## HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-300, TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 HAYWARD FIRE CEPARTMENT

FINE PREVENTION OFFICE AUG 2 7 2010

#### UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to Executive Contact: Name of Facility: PACIFIC AUTOMOTIVE SOLUTIONS YOUSEF (JOSEPH) NOURI Street Address: Mailing Address: 3475 INVESTMENT BLVD #7 3475 INVESTMENT BLVD #7 Telephone Number at Facility: Citv/State/ZIP: 415-793-7989 HAYWARD, CA 94545 Registration/Permit Number: Email Address: 11-0829801-029036 JOE@SMCGNOT.COM

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>x</b> kx | Hazardous Materials Storage (Range <u>1A</u> )                   | Hazardous Waste Generator Program ()                                                    |
|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|             | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|             | Aboveground Petroleum Storage, SPCC Plan                         | PBR; CA; CE                                                                             |
|             | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

#### Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

| Signature of Applicant                             | <u>Youse</u><br>Printed Name a | Joseph) Nouri President Aug/15/2010<br>nd Title Date Signed |
|----------------------------------------------------|--------------------------------|-------------------------------------------------------------|
|                                                    | FOR OFFIC                      | E USE ONLY                                                  |
| Effective Date:<br>8-27- 10                        | Expiration Date:<br>08/31/2011 | Machine Validation / Official Receipt                       |
| Date Payment Received:<br>8-27-10                  | Payment Reference:             | Munda Mundur                                                |
| Total Amount Paid:<br>\$ 245. ひざ <sup>()STED</sup> | State Surcharge Paid:<br>\$    | Approved by the City of Hayward Fire Department             |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

## HAYWARD FIRE DEPARTMENT



A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340 AUG 1 2 2009

HAYWARD FIRE DEPARTMENT UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

| Issu                                     | ed to                         |
|------------------------------------------|-------------------------------|
| Name of Facility:                        | Executive Contact:            |
| PACIFIC AUTOMOTIVE SOLUTIONS             | YOUSEF (JOSEPH) NOURI         |
| Street Address:                          | Mailing Address:              |
| 3475 INVESTMENT BLVD #7                  | 3475 INVESTMENT BLVD #7       |
| Permit Type:  Full Provisional Temporary | City/State/ZIP:               |
| Deriver (Derecht Marchen                 | HAYWARD, CA 94545             |
| Registration/Permit Number:              | Telephone Number at Facility: |
| 10-0829801-029036                        | 415-793-7989                  |

#### For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

| <b>Q</b> xx | Hazardous Materials Storage (Range)                              | Hazardous Waste Generator Program()                                                     |
|-------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|             | Hazardous Materials Business Plan                                | Tiered Permit Program for<br>Onsite Treatment of Hazardous Waste:                       |
|             | Aboveground Petroleum Storage, SPCC Plan                         | PBR;CA;CE                                                                               |
| D           | Underground Storage Tank Program<br>tanks; Facility No. : 01-003 | California Accidental Release Prevention<br>Program and/or Federal Risk Management Plan |

| Consolidated Permit and ordinances, laws, statutes, | nd I hereby accept the terms and c<br>Registration. I agree to comply w | ication<br>conditions printed on the other side of this Unified Program<br>ith all permit conditions and all local, state and federal<br>ions relating to the storage, use, handling, generation and<br>$\underbrace{J_0 \text{ seph}}_{nd \text{ Title}} \underbrace{J_0 \text{ yri}}_{\text{ Date Signed}} \underbrace{J_0 \text{ yri}}_{\text{ Date Signed}}$ |
|-----------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     | FOR OFFIC                                                               | E USE ONLY                                                                                                                                                                                                                                                                                                                                                       |
| Effective Date:                                     | Expiration Date:                                                        | Machine Validation / Official Receipt                                                                                                                                                                                                                                                                                                                            |
| 08-12-09                                            | 08/31/2010                                                              | _                                                                                                                                                                                                                                                                                                                                                                |
| Date Payment Received:                              | Payment Reference:                                                      | $\square$ $\square$ $\square$ $\square$ $\square$ $\square$                                                                                                                                                                                                                                                                                                      |
| 08-12-09                                            | Ch. 17/029                                                              | Hude Ullurshur                                                                                                                                                                                                                                                                                                                                                   |
| Total Amount Paid:                                  | State Surcharge Paid:                                                   |                                                                                                                                                                                                                                                                                                                                                                  |
| \$ 239,00                                           | \$ &                                                                    | Approved by the City of Hayward Fire Department                                                                                                                                                                                                                                                                                                                  |

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

#### NOF HAY HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency 777 B Street, Hayward, CA 94541-5007 TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

## PERMIT TRANSFER FORM UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION PERMIT TO OPERATE UNDERGROUND STORAGE TANK

#### ORIGINALLY ISSUED TO

N

N

N

N

Signature of

á

| Name of Facility:<br>Pacific Automotive Solutions | Executive Contact: Yousef (Joseph) Nouri |
|---------------------------------------------------|------------------------------------------|
| Street Address:<br>26291 Production Ave Suite 11  | Mailing Address:<br>Hoyward CA 94545     |
| Permit Type:  Full  Provisional  Temporary        | Hayward CA 94545                         |
| Registration/Permit Number:                       | Date of Issue: Date of Expiry:           |
| 09-0823301-029036                                 | 8/6/08 06/30/2009                        |

## TRANSFERRED TO 09-824801-024036

| Name of Facility:<br>Pacific Automotive Solutions | Executive Contact:<br>Yousef (Jo   | seph) Nouri                        |
|---------------------------------------------------|------------------------------------|------------------------------------|
| Street Address:<br>3475 Investment Blud # 7       | Mailing Address:<br>3475 Investmen | + Blud unit #7                     |
| CHANGE IN OWNERSHIP OF FACILITY / UST SYSTEM      | Hayward, CA                        | 94545                              |
| CHANGE IN LOCATION OF BUSINESS, SAME OWNERS       | Date of Transfer:<br>D3/01/2009    | Date of Expiry:<br>06   30   200 9 |
| CERTIFICATION                                     | Toli HS                            | 1937989                            |

I certify that I have read and I hereby accept the terms and conditions printed on the original Unified Program Consolidated Permit and Registration and the original Permit to Operate Underground Storage Tank attached to this Transfer Form. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste and the operation of underground petroleum storage tank systems.

09 an 30 Nour Printed Name and Title New owner/Operator Date Signed

| Date Payment Receiverse PREVENTION OFFICE | Machine Validation / Official Receipt           |
|-------------------------------------------|-------------------------------------------------|
| FEB 27<br>State Surcharge Paid:           |                                                 |
| S HAYWARD FIRE DEPARTMENT                 | - finealane                                     |
| no fee to remit toonafer                  | Approved by the City of Hayward Fire Department |

#### CITY OF HAYWARD FIRE DEPAR'I MENT

BUSINESS LICENSE APPLICATION REVIEW

# \$2980 1NV285

#### Attention Business License Applicant:

The Revenue Division has referred you to the Fire Department because you had checked certain boxes in Sections 7-10 on the Business Tax Form Supplement. Please complete and sign Part I below. More detailed information on your business will assist us in scheduling inspections necessary to satisfy local Fire, Building, Planning, and Hazardous Materials codes and regulations. If the reviewer checks any box in Part II below, it is your responsibility to obtain the necessary permits or to follow up on any inspections required.

This "over the counter" review does not provide any Fire Department approvals for your business nor does it constitute a "Permit to Operate."

| PART I                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Business: (Please include explanation of checked boxes on Business Tax Form Supplement,<br>Sections 7-10). <u>Storage of small quantities of Automotive fuel and emission</u><br>cleaning products. We distribute them to auto dealers |
| Business Name: Pacific Automotive Solutions Owner: Yousef Nouri<br>Business Address: 3475 Investment Blud unit#7 Telephone: 415-793-7989<br>Applicant's Signature: 4 Nouri<br>Applicant's Name: 4005ef Nouri<br>(Printed)                             |
| Do not write below this line                                                                                                                                                                                                                          |
| PART II                                                                                                                                                                                                                                               |
| Inspection Required:       Yes       No       HM       X       FPO       Tentative Date:         Permits Required:       Yes       Yes       No       HM       X       FPO       Reviewer: $\rho_{bc}$                                                |
| Comments: (E) HAYWARD BUSINESS MOUING TO (N) LOCATION _ (E) 400 SF NON-SPRINKLERED<br>MASONRY BUDG. BUSINESS IS AUTOMOTIVE DISTRIBUTION - STORES QTY'S OF FUEL &                                                                                      |
| EMMISSION CLEANING PRODUCTS. STORAGE IS IN CABINETS. CURRENT CUPA                                                                                                                                                                                     |
| TRANSFER REQUEST ALREADY SUBMITTED TO HAZMAT. APPLICANT TO                                                                                                                                                                                            |
| CONTACT MILES PEREZ TO SCHEDVLE WSPECTION. PRIDE TO ASAP.                                                                                                                                                                                             |