

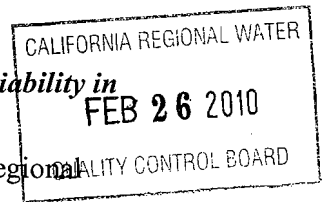
**WAIVER FORM
FOR ADMINISTRATIVE CIVIL LIABILITY COMPLAINT
NO. R2-2010-0008**

By signing this waiver, I affirm and acknowledge the following:

I am duly authorized to represent Norcal Metal Fabricators ("Discharger") in connection with Administrative Civil Liability Complaint No. R2-2010-0008 ("Complaint"). I am informed that California Water Code section 13323, subdivision (b), states that, "a hearing before the regional board shall be conducted within 90 days after the party has been served [with the complaint]. The person who has been issued a complaint may waive the right to a hearing."

OPTION 1: PAY THE CIVIL LIABILITY

(Check here if the Discharger waives the hearing requirement and will pay the civil liability in full.)



- a. I hereby waive any right the Discharger may have to a hearing before the Regional Water Board.
- b. I certify that the Discharger will remit payment for the proposed civil liability in the full amount of \$13,300 by check that references "ACL Complaint No. R2-2010-0008" made payable to the "San Francisco Bay Regional Water Quality Control Board." Payment must be received by the Regional Water Board by not later than 30 days from the date the Complaint was issued or the Regional Water Board may adopt an Administrative Civil Liability Order requiring payment.
- c. I understand the payment of the above amount constitutes a proposed settlement of the Complaint, and that any settlement will not become final until after the 30-day public notice and comment period. Should the Regional Water Board receive significant new information or comments from any source (excluding the Regional Water Board Prosecution Team) during this comment period, the Regional Water Board's Assistant Executive Officer may withdraw the complaint, return payment, and issue a new complaint. I understand that this proposed settlement is subject to approval by the Regional Water Board or its Executive Officer, and that the Regional Water Board may consider this proposed settlement in a public meeting or hearing. I also understand that approval of the settlement will result in the Discharger having waived the right to contest the allegations in the Complaint and the imposition of civil liability.
- d. I understand that payment of the above amount is not a substitute for compliance with applicable laws and that continuing violations of the type alleged in the Complaint may subject the Discharger to further enforcement, including additional civil liability.

Complaint No. R2-2010-0008
Norcal Metal Fabricators

OPTION 2: REQUEST A TIME EXTENSION

(Check here if the Discharger waives the 90-day hearing requirement in order to extend the hearing date and/or hearing deadlines. Attach a separate sheet with the amount of additional time requested and the rationale.)

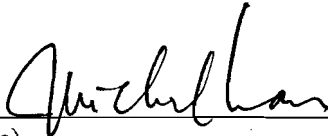
I hereby waive any right the Discharger may have to a hearing before the Regional Water Board within 90 days after service of the Complaint. By checking this box, the Discharger requests that the Regional Water Board delay the hearing and/or hearing deadlines so that the Discharger may have additional time to prepare for the hearing. It remains within the discretion of the Regional Water Board Advisory Team to approve the extension.

OPTION 3: ENGAGE IN SETTLEMENT DISCUSSIONS

(Check here if the Discharger waives the 90-day hearing requirement in order to engage in settlement discussions.)

I hereby waive any right the Discharger may have to a hearing before the Regional Water Board within 90 days after service of the Complaint, but I reserve the ability to request a hearing in the future. I certify that the Discharger will contact the Regional Water Board Prosecution Team within five business days of submittal of this waiver to request that the Prosecution Team engage in settlement discussions to attempt to resolve the outstanding violation(s). By checking this box, the Discharger requests that the Regional Water Board Advisory Team delay the hearing so that the Discharger and the Prosecution Team can discuss settlement. It remains within the discretion of the Regional Water Board Advisory Team to agree to delay the hearing. Any proposed settlement is subject to the conditions described above under "Option 1c and d."

MICHAEL TRAN, PRESIDENT
(Print Name and Title)


(Signature)

2/26/10
(Date)



Nor-Cal Metal Fabricators
1121 3rd Street, Oakland, CA 94607
510/836-1451 FAX 510/208-2838

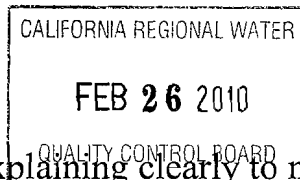
Ca Regional Water Quality Control Board
1515 Clay Street
Oakland, CA 94612

Attn: Mr. Laurent Meillier

COMPLAINT NO R2-2010-0008

02/26/10

Dear Mr. Meillier:



First I would like to thank you for explaining clearly to me our responsibility with regard to the annual report even if we have submitted our NEC application. This is a big misunderstanding on my part. To put our good intentions to comply with Board rules chronically, here are some dates and facts for your record:

- 1) Application for NEC submitted Jan 14, 2009
- 2) Communicate with Danny Pham by mails on 08/24/09 and 08/31/09
- 3) Received phone call by Board staff late Dec 2009 (can't understand the name, phone number 622-2371). Missed call and only got a voice mail, very poor sound quality.
- 4) Last year revenue \$5 millions with a lost \$200K. Employ 48 people. Manta.com data base is incorrect when estimates our revenue between 10-20 mil and employ 50-100 people
- 5) Has no prior violation of any environmental regulations since operating from 1960
- 6) As of today more than a year later we still don't know our NEC status meanwhile FROG Environmental Co. taps into the data base and keep pushing to sell the annual report service to us for up to \$2,500.00 per year. We hope to avoid this cost.

I misunderstood the rule that even if we submit the NEC application, we still have to submit our annual report minus the analytical reports of samples. This was somewhat explained in the voice mail in late Dec 09. I should have called him back and asked for details but got side track and completely forgotten. Based on past experience I thought technical staff will send something in writing at a later day. This was my honest mistake.

As you can see in the attachments of communications back and forth, we were forthcoming in asking for our application status and reporting our operation details. If we heard from the board

about our NEC status prior to the July 1st deadline, all of this confusion could have been avoid. We hope to be able to move forward and comply with your rules. I am attaching our annual report so that the Board know we have no intention to hide anything or to fight your rules. Instead of going through the time consuming public hearing process, we chose option 3. We understand the staffs have spent additional man power to administrate this case and the cost is \$1,800.00. We are willing to reimburse the Board this amount due to our delayed action. The Board count on the date is somewhat biased; we only got a clearer understanding of the direction through a voice mail in late Dec 09 so if we are accused of this blatant violation it should have been counted on the date the rule was explained verbally on Dec 09, not July 09. But we would rather focus our time and energy on surviving this recession than contesting this case and drag it through the legal process which undoubtedly will cost both sides.

Since 1970 the US has lost more than 40% of it's manufacturing jobs oversea. Nor-Cal is one of a few remaining shops in the Bay Area that survives the brutal outsourcing stampede. We hope the Board will help a small company to comply with the rules rather than punish us for our honest mistake. All we could hope for is the Board understanding and leniency at this point.

Respectfully submitted,



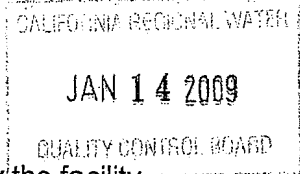
Michael Tran

Enclosures:

- 1) Copy of original NEC application dated 01/14/09
- 2) Letters to Danny Pham regarding application status and inviting staff to visit our shop
- 3) Annual report for 08-09 year
- 4) Signed waiver for with option 3 checked

State of California
State Water Resources Control Board

No Exposure Certification



Submission of this No Exposure Certification (NEC) constitutes notification by the facility operator identified on this form that there is no exposure of the facility's industrial activities, equipment, and materials to storm water in accordance with the requirements in Section B.12.a.i. of the Industrial Activities Storm Water General Permit No. 97-03-DWQ (General Permit). Facility operators who are not in compliance with the General Permit are not eligible to file a NEC. This NEC and supporting documentation must be submitted to the appropriate Regional Water Board (Attachment 3) prior to the wet season (October 1). Unless otherwise notified by the Regional Water Board, the facility operator is exempt from sampling and analysis requirements. Facility operators are required to re-evaluate their facilities annually and certify in their annual reports that the NEC eligibility requirements are continuously being met. If the Regional Water Board denies the NEC, or if the facility operator determines that NEC eligibility requirements are no longer being met, the facility operator must collect and analyze samples from two storm events during each wet season. Please type or print when completing this form and attach any required documents.

I. WDID NO.II. FACILITY OPERATOR INFORMATION

Name NOR-CAL METAL FABRICATORS Contact Person STEPHEN BAILEY
 Mailing Address 1121 THIRD ST Title PLANT MANAGER
 City Oakland State CA Zip 94607 Phone 510-836-1451

III. FACILITY SITE INFORMATION

Facility Name NOR-CAL METAL FABRICATORS Contact Person STEPHEN BAILEY
 Location 1121 THIRD ST Title PLANT MANAGER
 City OAKLAND CA CA Zip 94607 Phone 510-836-1451
 SIC Code(s) 1.3141919 2.111 Type of Business: JOB SHOP, LIGHT METAL FAB

IV. DOCUMENT CHECKLIST (Please check each item to verify that the documents are attached)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Copy of Facility's Storm Water Pollution Prevention Plan | <input checked="" type="checkbox"/> Copy of Facility's Monitoring Program |
| <input checked="" type="checkbox"/> Checklist to Evaluate Potential Storm Water Pollutant Sources (Attachment 1) | <input checked="" type="checkbox"/> SWPPP and Monitoring Program Checklist (Attachment 2) |
| <input type="checkbox"/> Copy of the Last Annual Report | <input checked="" type="checkbox"/> A Report Explaining each Question Answered "Yes" in Attachment 1 |

V. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, is to the best of my knowledge and belief, true, accurate,

and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Additionally, I certify that:

- (1) All prohibited non-storm water discharges have been eliminated or otherwise permitted.
- (2) All authorized non-storm water discharges have been identified and addressed in the SWPPP.
- (3) All areas of past exposure have been inspected and cleaned, as appropriate.
- (4) All significant materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.
- (5) All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges.
- (6) There is no exposure of storm water to significant materials associated with industrial activity through other direct or indirect pathways such as from industrial activities that generate dust and particulates.
- (7) The facility will be re-evaluated at least once a year to establish that conditions (1), (2), (4), (5), and (6) above are continuously met. (Certification in future annual reports is required.)

STEPHEN BAILEY
Printed Name

PLANT MANAGER
Title

Stephen Bailey
Signature

Jan 14, 2009
Date


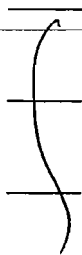
This No Exposure Certification must be signed by, (a) For a Corporation: a responsible corporate officer (or authorized official), (b) For a Partnership or Sole Proprietorship: a general partner or proprietor, respectively, (c) For a Municipality, State, or other Non-Federal Public Agency: either a principal executive officer or ranking elected official, (d) For a Federal Agency: either the chief or senior executive officer of the agency.

REGIONAL WATER BOARD USE ONLY

| | |
|---|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Retained at Regional Board Office <input type="checkbox"/> Returned to Applicant |
| Printed Name _____ | Signature _____ Date <u> / / </u> |

SWPPP AND MONITORING PROGRAM CHECKLIST

Your SWPPP and monitoring program must incorporate all the major elements required by the General Permit. Indicate the page numbers of the following elements of your SWPPP and monitoring program.

| | Page(s) |
|---|---|
| A. SWPPP | |
| 1. Pollution Prevention Team | 1-2 |
| 2. Site Map |  |
| 3. List of Significant Materials | |
| 4. Description of Potential Pollutant Sources | |
| 5. Description of all authorized non-storm water discharges | |
| 6. Assessment of Potential Pollutant Sources | |
| 7. Storm Water Best Management Practices | |
| 8. Summary Table of Pollutant Sources and Corresponding BMPs | |
| 9. Procedures to conduct an Annual Comprehensive Site Compliance Evaluation | |
| B. MONITORING PROGRAM | |
| 1. Procedures for conducting quarterly visual observations of authorized non-storm water discharge. | 1-2 |
| 2. Procedures for conducting quarterly visual observations to detect the presence of unauthorized non-storm water discharges. |  |
| 3. Procedures for conducting monthly wet season visual observations of storm water discharges. | |
| 4. Procedures for re-evaluating the facility to determine whether the NEC eligibility requirements are continually met. | |

CHECKLIST TO EVALUATE POTENTIAL STORM WATER POLLUTANT SOURCES

The purpose of this checklist is to 1) help you determine whether the exposure of industrial activities, materials, and equipment to storm water has been eliminated at the facility, and 2) help Regional Water Board staff evaluate the adequacy of your compliance activities and No Exposure Certification (NEC). Please answer all questions. Answering "YES" to a question does not negate your NEC. For each "yes" answer, explain what you are doing to eliminate or prevent exposure from the potential source. For example, if there are liquid storage tanks outdoors but all the storm water is collected behind secondary containment structures and discharged to the sanitary sewer, then the potential source for storm water exposure may be satisfactorily eliminated. For the purpose of this questionnaire, "outdoors" are areas of the facility that are not beneath permanent roofed structures.

1. All prohibited non-storm water discharges have been eliminated or otherwise permitted.

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| a. Are materials or equipment cleaned outdoors? | ___ | <input checked="" type="checkbox"/> |
| b. Are wash or rinse waters generated on-site? | <input checked="" type="checkbox"/> | ___ |
| c. Are there any discharges (other than storm water) entering the storm drain system? | ___ | <input checked="" type="checkbox"/> |
| d. Do any drains under roofed areas discharge to the storm drain system? | ___ | <input checked="" type="checkbox"/> |
| e. Have there been any accidental spills into the storm drain system in the last year? | ___ | <input checked="" type="checkbox"/> |
| f. Are any process waste waters disposed of outdoors? | ___ | <input checked="" type="checkbox"/> |

2. All significant materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| a. Are there any materials stored outdoors? | ___ | <input checked="" type="checkbox"/> |
| b. Are there any materials handled outdoors? | ___ | <input checked="" type="checkbox"/> |
| c. Are there any outdoor loading docks? | ___ | <input checked="" type="checkbox"/> |
| d. Are there any above ground liquid or non-liquid storage tanks outdoors? | <input checked="" type="checkbox"/> | ___ |
| e. Are there any outdoor loading/unloading operations? | <input checked="" type="checkbox"/> | ___ |
| f. Are there any products or by-products manufactured or used outdoors? | ___ | <input checked="" type="checkbox"/> |
| g. Are there any waste products manufactured or used outdoors? | ___ | <input checked="" type="checkbox"/> |
| h. Are there any outdoor waste disposal areas? | ___ | <input checked="" type="checkbox"/> |

| | Yes | No |
|---|-------|-------|
| i. Is any process wastewater disposed of outdoors? | _____ | ✓ |
| j. Are there any drums, pallets, or containers outdoors? | _____ | ✓ |
| k. Are materials handled/stored on immediate access roads/railways? | _____ | ✓ |
| l. Are vehicles maintained or fueled outdoors? | _____ | ✓ |
| m. Are any materials stored or disposed of in outdoor ponds or impoundments? | _____ | ✓ |
| n. Are materials stored outdoors temporarily? | ✓ | _____ |
| o. Does any manufacturing take place outdoors? | _____ | _____ |
| p. Have there been any spills or leaks outdoors in the last year? | _____ | ✓ |
| q. Are there areas where materials remain exposed to storm water from past industrial activity? | _____ | ✓ |

3. All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges.

| | Yes | No |
|---|-------|-------|
| a. Are any material handling vehicles (such as forklifts) parked outdoors? | _____ | ✓ |
| b. Is permanent industrial equipment located outdoors? | _____ | ✓ |
| c. Is portable industrial equipment used outdoors? | _____ | ✓ |
| d. Do any material handling vehicles (such as forklifts and trucks) or outdoor industrial equipment come into contact with materials? | ✓ | _____ |
| e. Is there any unhooded rooftop equipment (such as air conditioners, scrubbers, etc.)? | _____ | ✓ |

4. There is no exposure of storm water to significant materials associated with industrial activities through direct or indirect pathways such as from industrial activities that generate dust and particulates.

| | Yes | No |
|--|-------|----|
| a. Are there any emissions of dust or particles from stacks or air exhaust systems? | _____ | ✓ |
| b. Are there any emissions of dust or particles from other outlets such as windows, loading docks, etc.? | _____ | ✓ |
| c. Have there been any spills or leaks associated with maintenance of stacks or air exhaust systems? | _____ | ✓ |

CHECKLIST YES ANSWERS

1.b. All wash or rinse waters generated on site are completely captured, stored and removed from facility by Evergreen Environmental Services, Inc.

2.d. We have two large outdoor certified pressures storage tanks for liquid nitrogen and liquid oxygen.

2.e. The majority of our loading/unloading happens indoors. Some material handling does occur in our middle yard on sunny days.

2.n. ~~Materials that are stored temporarily outside are covered by tarps during the rainy~~
season.

3.d. Our trucks deliver finished products. Products are either powder-coated (paint) or are covered with tarps (on rainy days) to protect the product.

STORM WATER POLLUTION PREVENTION PLAN and MONITORING PROGRAM REVIEW SHEET

GENERAL INDUSTRIAL ACTIVITIES STORM WATER PERMIT
WATER QUALITY ORDER NO. 97-03-DWQ

FACILITY NAME NOR-CAL METAL FABRICATORS

WDID# _____

REVIEW DATE 1-14-09

FACILITY CONTACT

Name STEPHEN BAILEY
 Title PLANT MANAGERS
 Company NOR-CAL METAL FABRICATORS
 Street Address 1121 Third St.
 City, State OAKLAND, CA
 Zip 94607

CONSULTANT CONTACT

Name _____
 Title _____
 Company _____
 Street Address _____
 City, State _____
 Zip _____

Indication of WDID# YES NO

| STORM WATER POLLUTION PREVENTION PLAN | | Not Applicable | Not Included | Not Included | Not Incomplete | Comments |
|---|----------------|----------------|--------------|--------------|----------------|-------------------------|
| Signed Certification | (C.9 and C.10) | | | | | |
| Pollution Prevention Team | (A.3.a) | | ✓ | | | |
| Existing Facility Plans | (A.3.b) | | ✓ | | | |
| Facility Site Map(s) | | | | | | |
| Facility boundaries | (A.4.a) | | ✓ | | | SITE MAP INCLUDED |
| Drainage areas | (A.4.a) | | ✓ | | | |
| Direction of flow | (A.4.a) | | ✓ | | | |
| On-site water bodies | (A.4.a) | ✓ | | | | |
| Areas of soil erosion | (A.4.a) | ✓ | | | | |
| Nearby water bodies | (A.4.a) | ✓ | | | | |
| Municipal storm drain inlets | (A.4.a) | | ✓ | | | |
| Points of discharge | (A.4.b) | | ✓ | | | |
| Structural control measures | (A.4.b) | ✓ | | | | |
| Impervious areas (paved areas, buildings, covered areas, roofed areas) | (A.4.c) | | ✓ | | | |
| Location of directly exposed materials | (A.4.d) | | ✓ | | | |
| Locations of significant spills and leaks | (A.4.d) | ✓ | | | | |
| Storage areas / Storage tanks | (A.4.e) | | ✓ | | | |
| Shipping and receiving areas | (A.4.e) | | ✓ | | | |
| Fueling areas | (A.4.e) | ✓ | | | | |
| Vehicle and equipment storage and maintenance | (A.4.e) | | ✓ | | | |
| Material handling / Material processing | (A.4.e) | | ✓ | | | |
| Waste treatment / Waste disposal | (A.4.e) | | ✓ | | | |
| Dust generation / Particulate generation | (A.4.e) | ✓ | | | | |
| Cleaning areas / Rinsing areas | (A.4.e) | | ✓ | | | |
| Other areas of industrial activities | (A.4.e) | | ✓ | | | |
| STORM WATER | | Not | | Not | | |

Items in parentheses refer to specific sections of the General Permit

Reviewer _____

POLLUTION PREVENTION PLAN

| Applicable | Included | Included | Incomplete | Comments |
|------------|----------|----------|------------|----------|
|------------|----------|----------|------------|----------|

List of Significant Materials (A.5)

For each material listed:

SEE SECTION IIA OF OUR SAFETY & LOSS CONTROL Policy

| Storage location | | ✓ | | | SITE MAP INCLUDED |
|---------------------------------|--|---|--|--|-------------------|
| Receiving and shipping location | | ✓ | | | |
| Handling location | | ✓ | | | |
| Quantity | | | | | |
| Frequency | | | | | |

Description of Potential Pollution Sources(A.6)

| | | | | | |
|--|--|--|--|--|---|
| Industrial processes (A.6.a.i) | | | | | SEE SITE MAP PROCESSES and MATERIALS ARE UNDER COVER |
| Material handling and storage areas (A.6.a.ii) | | | | | |
| Dust and particulate generating activities (A.6.a.iii) | | | | | |
| Significant spills and leaks (A.6.a.iv) | | | | | |
| Non-storm water discharges (A.6.a.v) | | | | | |
| Soil erosion (A.6.a.vi) | | | | | |

Assessment of Potential Pollutant Sources(A.7)

| | | | | | |
|--|--|---|--|--|--------------|
| Areas likely to be sources of pollutants (A.7.a.i) | | ✓ | | | SEE SITE MAP |
| Pollutants likely to be present (A.7.a.ii) | | ✓ | | | |

Storm Water Best Management Practices (A.8)

| | | | | | |
|---|-----|---|--|--|--|
| Existing BMPs | | ✓ | | | |
| Existing BMPs to be revised and/or implemented | | | | | |
| New BMPs to be implemented | | | | | |
| Non-structural BMPs (A.8.a) | | | | | |
| Good housekeeping (A.8.a.i) | | ✓ | | | |
| Preventative maintenance (A.8.a.ii) | | ✓ | | | |
| Spill response (A.8.a.iii) | | | | | |
| Material handling and storage (A.8.a.iv) | | ✓ | | | |
| Employee training (A.8.a.v) | | ✓ | | | |
| Waste handling / Waste recycling (A.8.a.vi) | | ✓ | | | |
| Recordkeeping and internal reporting (A.8.a.vii) | | ✓ | | | |
| Erosion control and site stabilization (A.8.a.viii) | | | | | |
| Inspections (A.8.a.ix) | | ✓ | | | |
| Quality assurance (A.8.a.x) | | | | | |
| Structural BMPs (A.8.b) | | | | | |
| Overhead coverage (A.8.b.i) | N/A | | | | |
| Retention ponds (A.8.b.ii) | | | | | |
| Control devices (A.8.b.iii) | | | | | |
| Secondary containment structures (A.8.b.iv) | | | | | |
| Treatment (A.8.b.v) | | | | | |

Annual Comprehensive Site Compliance Evaluation

| | | | | | |
|---|--|---|--|--|--|
| Review of visual observations, inspections, and sampling analysis (A.9.a) | | ✓ | | | |
| Visual inspection of potential pollution sources (A.9.b) | | ✓ | | | |
| Review and evaluation of BMPs (A.9.c) | | ✓ | | | |
| Evaluation report (A.9.d) | | | | | |

MONITORING PROGRAM

| Not Applicable | Included | Not Included | Incomplete | Comments |
|----------------|----------|--------------|------------|----------|
|----------------|----------|--------------|------------|----------|

| Quarterly Non-Storm Water Discharge Visual Observations (B.3) | | | | |
|--|---------|--|--|--|
| Observations to be conducted (Jan-March, April-June, July-September, October-December) | (B.3.c) | | | |
| All drainage areas | (B.3.a) | | | |
| Look for presence of unauthorized NSWDS | (B.3.a) | | | |
| Observe authorized NSWDS | (B.3.b) | | | |
| Maintain observation records | (B.3.d) | | | |

| Storm Water Discharge Visual Observations (B.4) | | | | |
|--|---------|--|--|--|
| Once per month during wet season (October 1-May 31) | (B.4.a) | | | |
| Observe during first hour of discharge | (B.4.a) | | | |
| All drainage areas | (B.4.a) | | | |
| Observe stored or contained storm water at time of discharge | (B.4.a) | | | |
| Preceded by three working days dry weather | (B.4.c) | | | |
| Document discharge characteristics | (B.4.c) | | | |

| Sampling and Analysis | | | | |
|--|-------------|--|--|--|
| Samples to be collected during first hour of discharge | (B.5.a) | | | |
| Sample from first storm of the wet season | (B.5.a) | | | |
| Sample from one additional storm during wet season | (B.5.a) | | | |
| Samples collected from all discharge locations | (B.5.a) | | | |
| Sampling of contained storm water at time of discharge | (B.5.a) | | | |
| Sampling preceded by at least three working days without storm water discharges | (B.5.b) | | | |
| Sampling for pH, TSS, SC, TOC or O&G | (B.5.c.i) | | | |
| Sampling for toxic chemicals and other pollutants likely present in storm water discharges in significant quantities | (B.5.c.ii) | | | |
| Other analytical parameters listed in Table D | (B.5.c.iii) | | | |
| Storm Water Effluent Limitation Guidelines parameters | (B.6) | | | |
| Description of sampling locations | (B.7) | | | |
| Description of sampling methods | (B.10) | | | |
| Identification of analytical methods and method detection limits | (B.10.b) | | | |
| Retention of all records for at least five years | (B.13) | | | |
| Annual Report to be submitted by July 1 each year | (B.14) | | | |

General Comments:

WE HAVE IMPLEMENTED OUR SWPPP UNDER SECTION 11A ON OUR SAFETY & LOSS CONTROL POLICY. PLEASE SEE DETAILS ON THESE 2 PAGES

NOR-CAL METAL FABRICATORS' SAFETY AND LOSS CONTROL POLICY

Nor-Cal Metal Fabricators is committed to pursuing and installing procedures related to the protection of its employees' health, safety, and from accidental loss of the company's resources and physical assets. In order to fulfill this commitment to protect people and property, we will provide and maintain a safe and healthful work place. We will comply with acceptable standards, and strive to eliminate any foreseeable hazards which may result in personal injuries and property damage accidents.

Loss control is the responsibility of all company managers, supervisors and employees. However, loss control succeeds only when management and workers join together to accept the responsibility and express desire to maintain a continuous loss control program.

Let's join together to achieve an effective safety control program. As an employee, you should be constantly aware of the potential accidents on your job. Your safety suggestions are welcome. In order to maintain a successful safety program, we ask that you participate in the safety education training and follow the control procedures established for the program. The success of the Safety Program will benefit all employees.



Michael Tran
President
2004

-
- Revision 1, Jan 2009: add section IIA, SWPPP

SECTION II A

SWPPP and MONITORING PROGRAM

Nor-Cal Metal Fabricators has developed this program to ensure that all storm water from our company's facility is NOT polluted by our operations before being discharge into the city's storm drains.

1) POLLUTION PREVENT TEAM:

Steve Bailey, Plant Manager
Troy Nickles, Manufacturing Manager
John Boyce, Maintenance

2) LIST OF SIGNIFICANT MATERIALS:

- Primary metals in sheet, bar, angle & tube stock (stored under roof)
- Finished metals polished, painted or plated (plating is outsourced)
- Hazardous substances: MEK (less than 5 gallons)
Isopropyl alcohol (less than 10 gallons)
Hydraulic fluid (one 55 gal drum)
- Metal scraps (store outside in covered bins)
- Waste products:
 - a) Waste water/coolant/oil/hydraulic fluid to be stored in covered/sealed drums/containers which are recycled/disposed of quarterly by Evergreen Environmental Services, Inc
 - b) Solid NON-RCRA sandblast media, finishing compounds & phosphate sediments to be stored in covered/sealed 55-gal drums which are disposed of quarterly by Waste Management
 - c) Trash is collected into an enclosed commercial compactor and hauled off site monthly by Waste Management.

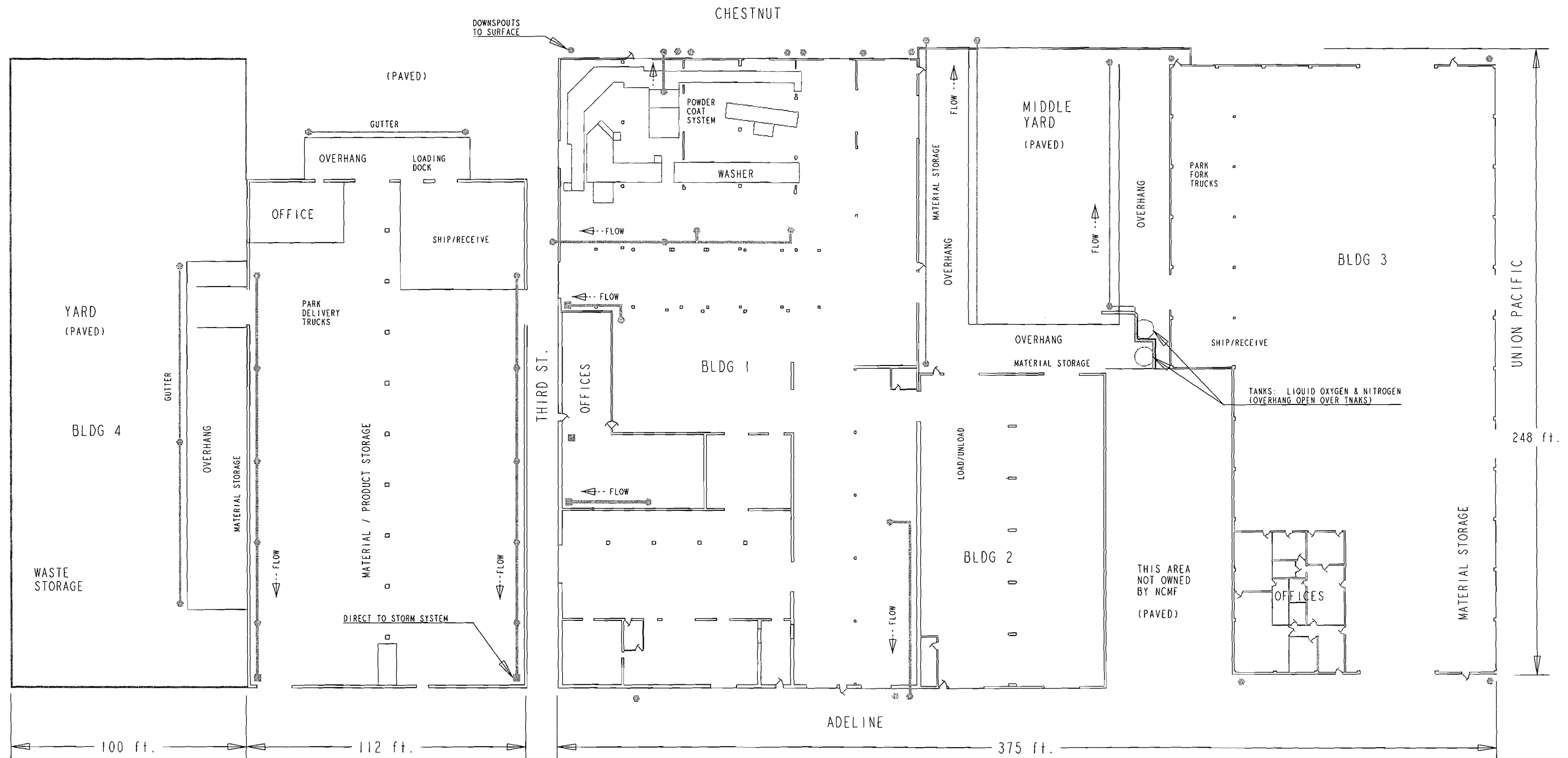
3) POTENTIAL POLLUTANT SOURCES:

- Loading/unloading materials in middle yard when raining
- transfer in-process materials between buildings when raining
- sandblaster
- hazardous storage area(s)
- scrap metal bins
- materials stored temporarily outside

NOR-CAL METAL FABRICATORS ; 1121 THIRD ST. ; OAKLAND, CA ; 510-836-1451

(POWDER BLUE: RAIN WATER SYSTEM)

SHOP: ncmf_site_dwg-b.drw



4) STORM WATER BEST MANAGEMENT PRACTICES:

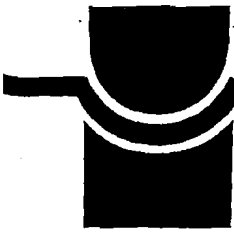
- a) When it is raining, load/unload raw materials and finished goods under covered areas whenever possible.
- b) Cover in-process materials when transferring between buildings when it is raining.
- c) Inspect and change sandblaster filter/capture bags per manufacturer's recommend schedule to eliminate exhaust sand discharge on roof.
- d) Keep all waste drums/bins/containers covered at all times.
- e) Cover scrap metal bins during rainy season
- f) Cover or dispose of materials stored outside.
- g) All process that generate waste materials also contain those waste materials.

5) PROCEDURE TO CONDUCT COMPREHENSIVE SITE EVALUATION:

- a) Steve Bailey is responsible for monitoring waste materials and for arranging to have them disposed of by waste management companies.
- b) Troy is responsible for keeping the shop clean & orderly and for managing the storage and handling of raw materials and finished products.
- c) Keep sandblaster maintained as per mfg's schedule
- d) Shop to be swept daily. Debris shall be disposed of in enclosed trash compactor.
- e) Inspect and clean roofs, gutters and downspouts before each wet season. Make any necessary repairs.
- f) Observe potential pollutants during our daily shop tours.
- g) Report any potential pollution to management immediately.

6) LONG TERM MONITORING PROGRAM:

Beginning in 2009, conduct formal annual inspection and evaluation of facility in the first week of September. Maintain inspection records on premises for review upon request.

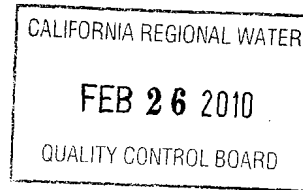


Nor-Cal Metal Fabricators
1121 3rd Street, Oakland, CA 94607
510/836-1451 FAX 510/208-2838

August 24, 2009

San Francisco Bay Regional Water Control Board
1515 Clay Street , Suite 1400
Oakland, CA 94612

Attn: Danny Pham



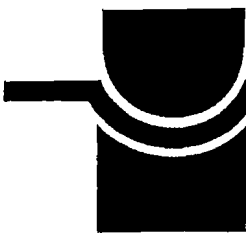
Dear Mr. Pham,

We have received your Notice of Violation to submit annual report by July 1st 2009. We are totally confused by this action from the board. On Jan 14 of this year we have received the NO EXPOSURE CERTIFICATION package after a brief conversation with one of your project manager/inspector/engineer. We filled it out, implemented internal control procedure (Section IIA, SWPPP) to our SAFETY and LOSS CONTROL POLICY and submitted to the board. Since then we have not heard anything back whether we are accepted or rejected. This is why we did not submit the annual report since an NEC facility operator is not required to do so. Here are some of the key facts regarding our operations: 1) all manufacturing operations are done under cover, 2) our sandblast & powder coat are exempted by Bay Area Air Quality Management Dist., 3) water & chemical wastes are being recycle by Evergreen and Chem Waste Mngmt., and 4) materials are being stored under roof or covered.

I do not mean to ignore the rule. I am re-submitting copies of our NEC application for your review. After your review, please call me or visit our facility here in Oakland to inspect our operations. Once you have conduct an inspection and still feel that we are not qualify for NEC, we will be happy to follow the applicable rules set by the board.

Sincerely,

Michael Tran
President



Nor-Cal Metal Fabricators
1121 3rd Street, Oakland, CA 94607
510/836-1451 FAX 510/208-2838

August 31st, 2009

SF Bay Regional Water Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612

PROJECT TRACKING ID #54

Attn: Danny Pham

Dear Mr. Pham,

We are respectfully submitting our contest to this NON on our failure to submit the annual report. Beginning in December 2008 I have been in contact with one of your staff members, Cecilio Felix, and through 2 or 3 emails (attached) we have down loaded the NEC (non exposure certification) application. We've turned in our application on Jan 14th, 2009 and have not heard back from the Board since. Base on the NEC criteria published by the Board, we should be qualified and operating on the NEC rules, not the general permit rules therefore we did not submit the annual report.

Our decision to contest this NON is not to challenge the Board decision, but rather to ask for the Board understanding of our position. We have been operating in Oakland since 1955 and never intentionally violate any rules at agencies, cities, state or federal level. In the current national economic crisis there are at least 50 families at Nor-Cal fighting for survival. We do not need unnecessary rules and expenses to drive us out of business. Furthermore seven months after submitting our NEC application, we still don't know where we stand.

Please review our case again, and if you wish, send your inspector to our facility. I will be happy to show him/her our operation. Once you determine where we stand, we will follow your rules.

Regards,



Michael Tran

ENCLOSED: (1) E-MAIL CORRESPONDENCES
(1) NEC APPLICATION SUBMITTED ON 01.14.09

Michal Tran

From: Danny Pham [dapham@waterboards.ca.gov]
Sent: Friday, August 28, 2009 9:27 AM
To: michael@nc-mf.com
Subject: Re:

Michael,

I can go in depth more with you about the administrative nature of this situation as well as the NEC procedure, but at a later date. I recommend you reply to the NON letter as soon as possible with your annual report by 9/4/2009.

Danny Pham, Staff Services Analyst
Stormwater Unit / Watershed Division
California Regional Water Quality Control Board, San Francisco Bay Region (2)
1515 Clay St, Suite 1400
Oakland, CA 94612
Phone: (510) 622-2402 (M-Th and 4th Fridays; 9am-5pm)
Fax: (510) 622-2460
<http://www.waterboards.ca.gov/sanfranciscobay/>

"Waste is a resource out of place."

>>> "Michal Tran" <michael@nc-mf.com> 8/28/2009 11:08 AM >>>
Hi Danny,

Thanks for discussing the options on our NON yesterday. Before submitting our Acceptance and Waiver, I

want to be clear about Nor-Cal position. I have attached my correspondences by e mails with Cecilio Felix since

Jan 2009 for your review. We have absolutely submitted our application for NEC but did not hear any opinions

from the Water Board. That was why we did not submit the annual report as required under the General Permit

rules. Base the no exposure certification description attached, we should be covered under this certification,

not under the General Permit.

Therefore by accepting your offer, we are not admitting to any wrong doing, and ^{should}~~will~~ not be required to forced

into the General Permit rules. We just want to settle the matter without engaging in an argument with the board.

Our hope and goal here is to be granted our NEC and we will abide the board rules in that area.

If you feel that we can achieve the above objective, and that we can be treated fairly in this case, I will be glad

to submit the annual report and the \$1,000.00 fee. Otherwise, I have to contest this case

in order to protect
our company from exposure to unnecessary regulations.

I hope you understand my position.

Regards,

Michael Tran

CALIFORNIA REGIONAL WATER

FEB 26 2010

QUALITY CONTROL BOARD

State of California
STATE WATER RESOURCES CONTROL BOARD200~~8~~⁹-2010
ANNUAL REPORTFOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2009 through June 30, 2010

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at <http://www.waterboards.ca.gov/stormwtr/contact.html>. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:**A. Facility Information:**

Facility Business Name: Nor-Cal Metal Fabricators
Physical Address: 1121 Third St.
City: Oakland
Standard Industrial Classification (SIC) Code(s): 3499

Facility WDID No: 2 01I 020701

Contact Person: Michael Tran
e-mail: michael@nc-mf.com
State: CA Zip: 94607 Phone: 510-836-1451

B. Facility Operator Information:

Operator Name: Nor-cal Metal Fabricators
Mailing Address: 1121 Third St
City: Oakland

Contact Person: Michael Tran
e-mail: michael@nc-mf.com
State: CA Zip: 94607 Phone: 510-836-1451

C. Facility Billing Information:

Operator Name: Nor-cal Metal Fabricators
Mailing Address: 1121 Third St.
City: Oakland

Contact Person: Michael Tran
e-mail: michael@nc-mf.com
State: CA Zip: 94607 Phone: 510-836-1451

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

YES Go to Item D.2 **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. Participating in an Approved Group Monitoring Plan **Group Name:** _____

ii. Submitted **No Exposure Certification (NEC)** **Date Submitted:** 01 / 14 / 2009
Re-evaluation Date: / /

Does facility continue to satisfy NEC conditions? **YES** **NO**

iii. Submitted **Sampling Reduction Certification (SRC)** **Date Submitted:** / /
Re-evaluation Date: / /

Does facility continue to satisfy SRC conditions? **YES** **NO**

iv. Received Regional Board Certification **Certification Date:** / /

v. Received Local Agency Certification **Certification Date:** / /

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

YES Go to Section E **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? _____

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

YES **NO** **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? _____

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, **attach explanation**
- If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated ____ / ____ / ____
6. Were all samples collected during the first hour of discharge? YES NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- _____ Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
 - Name and title of sampler
 - Parameters tested
 - Name of analytical testing laboratory
 - Discharge location identification
 - Testing results
 - Test methods used
 - Test detection limits
 - Date of testing
 - Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

YES NO Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September YES NO N/A October-December YES NO N/A
January-March YES NO N/A April-June YES NO N/A

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September YES NO October-December YES NO
January-March YES NO April-June YES NO

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

YES NO Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

YES NO **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

- i. name of each unauthorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each unauthorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

| | YES | NO | | YES | NO |
|----------|-------------------------------------|-------------------------------------|----------|-------------------------------------|-------------------------------------|
| October | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | February | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| November | <input checked="" type="checkbox"/> | <input type="checkbox"/> | March | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| December | <input type="checkbox"/> | <input checked="" type="checkbox"/> | April | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| January | <input type="checkbox"/> | <input checked="" type="checkbox"/> | May | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
- d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? YES NO
The following areas should be inspected:

- areas where spills and leaks have occurred during the last year
- outdoor wash and rinse areas
- process/manufacturing areas
- loading, unloading, and transfer areas
- waste storage/disposal areas
- dust/particulate generating areas
- erosion areas
- building repair, remodeling, and construction
- material storage areas
- vehicle/equipment storage areas
- truck parking and access areas
- rooftop equipment areas
- vehicle fueling/maintenance areas
- non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? YES NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: YES NO

- facility boundaries
- outline of all storm water drainage areas
- areas impacted by run-on
- storm water discharges locations
- storm water collection and conveyance system
- structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

YES NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

YES NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

YES NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

YES NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

YES NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ANNUAL REPORT

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

- 1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? YES (Mandatory)
- 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? YES NO NA
- 3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? YES NO NA
- 4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? YES NO NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: MICHAEL TRAN
Signature: *Michael Tran* Date: 2/26/10
Title: PRESIDENT

ANNUAL REPORT
FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

| | | | |
|---|--|--|--|
| <p>QUARTER: JULY-SEPT.</p> <p>DATE/TIME OF OBSERVATIONS 7/9/08 : <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> | <p>Observers Name: <u>STEVE BAILEY</u></p> <p>Title: <u>PLANT MANAGER</u></p> <p>Signature: <u>[Signature]</u></p> | <p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES to either question, complete reverse side.</p> |
| <p>QUARTER: OCT.-DEC.</p> <p>DATE/TIME OF OBSERVATIONS 10/29/08 : <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> | <p>Observers Name: <u>STEVE BAILEY</u></p> <p>Title: <u>PLANT MGR</u></p> <p>Signature: <u>[Signature]</u></p> | <p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES to either question, complete reverse side.</p> |
| <p>QUARTER: JAN.-MARCH</p> <p>DATE/TIME OF OBSERVATIONS * 05/05/09 : <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> | <p>Observers Name: <u>STEVE BAILEY</u></p> <p>Title: <u>PLANT MGR</u></p> <p>Signature: <u>[Signature]</u></p> | <p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES to either question, complete reverse side.</p> |
| <p>QUARTER: APRIL-JUNE</p> <p>DATE/TIME OF OBSERVATIONS # 12/03/09 : <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> | <p>Observers Name: <u>STEVE BAILEY</u></p> <p>Title: <u>PLANT MANAGER</u></p> <p>Signature: <u>[Signature]</u></p> | <p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES to either question, complete reverse side.</p> |

(* THESE 2 QUARTERS WERE COORDINATED W/ HAZARDOUS PICK UP DATES - WILL FOLLOW W/ PROPER MONTH IN 2009-2010.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number CAT000046117 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 424-2346 | 4. Manifest Tracking Number 005581794 JJK | |
|--|--|--|--|---|---|-----------------|
| 5. Generator's Name and Mailing Address NORCAL 1122 BRD ST OAKLAND CA 94607-2509 | | | Generator's Site Address (if different than mailing address) | | | |
| Generator's Phone: (915) 836-1451 | | | | | | |
| 6. Transporter 1 Company Name NORCAL INDUSTRIAL SERVICES | | | U.S. EPA ID Number CA0000177527 | | | |
| 7. Transporter 2 Company Name | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 35241 OLD SKYLINE ROAD METHUEN CITY CA 93049 | | | U.S. EPA ID Number CAT000046117 | | | |
| Facility's Phone: (209) 386-9711 | | | | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit WL/Vol. | 13. Waste Codes |
| | | No. | Type | | | |
| 1. | NON AQUEOUS HAZARDOUS WASTE SOLID BF0343 | 4 | DRM | 3445 | P | 181 RCRA |
| 2. | NON AQUEOUS HAZARDOUS WASTE SOLID BF0344 | 2 | DRM | 0508 | P | 223 RCRA |
| 3. | | | | | | |
| 4. | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. 181 - 4X SS 2. 223 - 2X SS (S.R. 17 279) | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | |
| Generator's/Offeror's Printed/Typed Name Stephen Barby | | | Signature Stephen Barby | | Month Day Year 12 23 09 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Transporter 1 Printed/Typed Name JUAN GARCIA | | | Signature | | Month Day Year 12 23 09 | |
| Transporter 2 Printed/Typed Name | | | Signature | | Month Day Year | |
| 18. Discrepancy | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | | U.S. EPA ID Number | |
| Facility's Phone: | | | | | RECEIVED DEC 28 2009 | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| 1. | 2. | 3. | 4. | | | |
| 1. | U137 | U137 | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | |
| Printed/Typed Name James Vasola | | | Signature James Vasola | | Month Day Year 12 09 09 | |

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | |
|---|--|--------------------------|---|---|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number C A D 0 0 9 1 4 8 6 3 9 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 424- 9300 | 4. Manifest Tracking Number 003309397 JJK |
|---|--|--------------------------|---|---|

| | |
|--|--|
| 5. Generator's Name and Mailing Address NORCAL 1121 3RD ST OAKLAND CA 94607-2509 | Generator's Site Address (if different than mailing address) |
| Generator's Phone: (415) 836- 1451 | |

| | |
|---|--|
| 6. Transporter 1 Company Name PHILIP WEST INDUSTRIAL SERVICES | U.S. EPA ID Number C A R 0 0 0 1 7 7 5 2 7 |
| 7. Transporter 2 Company Name | U.S. EPA ID Number |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 35251 OLD SKYLINE ROAD KETTLEMAN CITY CA 93239 | U.S. EPA ID Number C A T 0 0 0 6 4 6 1 1 7 |
| Facility's Phone: (559) 386- 9711 | |

| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
|--------|--|----------------|-------------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 1. | NON RCRA HAZARDOUS WASTE SOLID (SANDBLASTING MATERIAL CONTAMINATED WITH METAL OXIDES) BF3343 | 7 | DRDM | 5600 | P | 181 | | |
| 2. | NON RCRA HAZARDOUS WASTE SOLID (USED BARREL FINISHING COMPOUND WITH CHROMIUM, COPPER AND NICKEL) BF3344 | 2 | DM | 600 | P | 181 | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

| | |
|--|-----------------|
| 14. Special Handling Instructions and Additional Information 1. BF3343 — 7 X 55 2. BF3344 — 2 X 55 | SRF06443 |
|--|-----------------|

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

| | | |
|--|-------------------------------------|-----------------------------------|
| Generator's/offeror's Printed/Typed Name Craig MacDonald | Signature <i>Craig MacDonald</i> | Month Day Year 05 05 09 |
|--|-------------------------------------|-----------------------------------|

| | | | |
|---|---|---|---------------------------|
| 16. International Shipments | <input type="checkbox"/> Import to U.S. | <input type="checkbox"/> Export from U.S. | Port of entry/exit: _____ |
| Transporter signature (for exports only): _____ | | Date leaving U.S.: _____ | |

| | | |
|--|-----------------------------------|-----------------------------------|
| 17. Transporter Acknowledgment of Receipt of Materials | | |
| Transporter 1 Printed/Typed Name Honnel Solano | Signature <i>Honnel Solano</i> | Month Day Year 05 05 09 |
| Transporter 2 Printed/Typed Name | Signature | Month Day Year |

| | | | | | |
|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------|--|---|
| 18. Discrepancy | | | | | |
| 18a. Discrepancy Indication Space | <input type="checkbox"/> Quantity | <input type="checkbox"/> Type | <input type="checkbox"/> Residue | <input type="checkbox"/> Partial Rejection | <input type="checkbox"/> Full Rejection |
| Manifest Reference Number: _____ | | | | | |

| | |
|---|--------------------|
| 18b. Alternate Facility (or Generator) | U.S. EPA ID Number |
| Facility's Phone: _____ | |
| 18c. Signature of Alternate Facility (or Generator) | Month Day Year |

| | | | |
|---|----|----|----|
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | |
| 1. | 2. | 3. | 4. |

| | | |
|--|-----------|----------------|
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a | | |
| Printed/Typed Name | Signature | Month Day Year |

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|---|--|----------------|---|--|----------------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number C A D 0 0 9 1 4 8 6 6 9 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 424-9300 | 4. Manifest Tracking Number 003309025 JJK | | |
| 5. Generator's Name and Mailing Address NORCAL 1121 3RD ST OAKLAND CA 94607-2509 Generator's Phone: (415) 836-1451 | | | | 5. Generator's Site Address (if different than mailing address) | | | |
| 6. Transporter 1 Company Name PHILIP WEST INDUSTRIAL SERVICES | | | | U.S. EPA ID Number C A R 0 0 0 1 7 7 5 2 7 | | | |
| 7. Transporter 2 Company Name | | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 35251 OLD SKYLINE ROAD KETTLEMAN CITY CA 95739 Facility's Phone: (559) 388-9711 | | | | U.S. EPA ID Number C A T 0 0 0 5 4 6 1 1 7 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | | 1. NON RCRA HAZARDOUS WASTE SOLID (SAND BLAST) BF3343 | No. | Type | 7000 | P | 181 |
| | | 2. NON RCRA HAZARDOUS WASTE SOLID (METAL TURNINGS) BF3344 | 2 | DM | 2000 | P | 181 |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information 1. BF3343 2. BF3344 (1) 8755 GORULIA? (2) 2X 35-21-1A7. | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Stephen B... | | | | Signature <i>[Signature]</i> | | Month Day Year 10 2 08 | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Transporter 1 Printed/Typed Name Steve Rosen | | | Signature <i>[Signature]</i> | | Month Day Year 10 19 08 | |
| | Transporter 2 Printed/Typed Name | | | Signature | | Month Day Year | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | |
| | Facility's Phone: | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (The codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| | 1. | 2. | 3. | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number C A T 0 0 0 1 4 3 6 9 9 | | 2. Page 1 of 1 | | 3. Emergency Response Phone (800) 424-9300 | | 4. Manifest Tracking Number 003947118 JJK | | | | |
|---|---|--|----|----------------|--|---|------|--|---------------------------------------|-----------------|--|--|
| | | 5. Generator's Name and Mailing Address NORCAL 1121 3RD ST OAKLAND CA 94607 2409 Generator's Phone: (415) 836-1451 | | | | | | Generator's Site Address (if different than mailing address) | | | | |
| 6. Transporter 1 Company Name PHILIP WEST INDUSTRIAL SERVICE INC DP | | | | | | U.S. EPA ID Number C A R 0 0 0 1 7 7 5 2 7 | | | | | | |
| 7. Transporter 2 Company Name | | | | | | U.S. EPA ID Number | | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. 35251 OLD SKYLINE ROAD KETTLEMAN CITY CA 94239 Facility's Phone: (559) 436-9711 | | | | | | U.S. EPA ID Number C A T 0 0 0 6 4 6 1 1 7 | | | | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | | | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | | | | | | No. | Type | | | | | |
| 1. | NON RCRA HAZARDOUS WASTE SOLID (SANDBLASTING MATERIAL CONTAMINATED WITH METAL OXIDES) BF 3343 | | | | | 013 | Dm | 9100 | P | 181 | | |
| 2. | NON RCRA HAZARDOUS WASTE SOLID (USED COOLANT, BARREL FINISHING COMPOUND WITH CHROMIUM, COPPER AND NICKEL) BF 3344 | | | | | 008 | Dm | 2400 | P | 223 | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. BF 3343 2. BF 3344 <div style="text-align: center; font-size: 2em;">SIP 9568</div> | | | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Stephen Bailey (NCFE) | | | | | | Signature <i>Stephen Bailey</i> | | | Month Day Year 7 9 08 | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | | | |
| Transporter 1 Printed/Typed Name David Patrick | | | | | | Signature <i>David Patrick</i> | | | Month Day Year 07 09 08 | | | |
| Transporter 2 Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | |
| 18. Discrepancy | | | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | | | U.S. EPA ID Number | | | | | | |
| Facility's Phone: _____ | | | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | | | Month Day Year | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | | | |
| 1. | | | 2. | | | 3. | | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | |

2009-2010
ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

| | | | | | |
|---|--|---|--|--|--|
| Observation Date: October <u>10th</u> 2009 Observers Name: <u>TROY NICKLES / STEVE B.</u> Title: <u>PLANT MANAGER</u> Signature: <u>Stephen Barclay</u> | Drainage Location Description <u>BUILDING</u> | #1 | #2 | #3 | #4 |
| | Observation Time <u>WALK THROUGH</u> : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M. |
| | Time Discharge Began : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. |
| | Were Pollutants Observed (If yes, complete reverse side) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Observation Date: November <u>3rd</u> 2009 Observers Name: <u>STEVE BARLEY</u> Title: <u>PLANT MANAGER</u> Signature: <u>Stephen Barclay</u> | Drainage Location Description | #1 | #2 | #3 | #4 |
| | Observation Time <u>9:00</u> : <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M. | | <u>9:15</u> : <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M. | <u>9:30</u> : <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M. | <u>9:45</u> : <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M. |
| | Time Discharge Began : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | |
| | Were Pollutants Observed (If yes, complete reverse side) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Observation Date: December ____ 2009 Observers Name: _____ Title: _____ Signature: _____ | Drainage Location Description | #1 | #2 | #3 | #4 |
| | Observation Time : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | |
| | Time Discharge Began : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | |
| | Were Pollutants Observed (If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Observation Date: January ____ 2010 Observers Name: _____ Title: _____ Signature: _____ | Drainage Location Description | #1 | #2 | #3 | #4 |
| | Observation Time : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | |
| | Time Discharge Began : <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. | | | | |
| | Were Pollutants Observed (If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |



Nor-Cal Metal Fabricators
1121 3rd Street, Oakland, CA 94607
510/836-1451 FAX 510/208-2838

Explanation to FORM 4:

Each year before the winter quarter we have our maintenance person, the plant manager and production manager do a thorough inspection of the roofs and gutters. The maintenance person would clean up all debris, dirt, weeds, etc...on the roofs so the gutters could not get clogged. This walk through also covers down spouts, drains, yards. We do this every October. From then on we (3-4 people) are doing our daily routine of running the operation and walk our shop/yards. Any unusual activities such as clogged drains, roof leaks, exposed materials will be corrected instantly. Plus 08-09 was a dry year.

Laurent Meillier

From: "Michal Tran" <michael@nc-mf.com>
To: <LMeillier@waterboards.ca.gov>
Date: 2/24/2010 2:18 PM

Hi Laurent,

I appreciate your explaining to us our responsibility last week.
Now this issue is clear, I would like to drop off the annual report and
declare our option before the 02/26/10.

Please let me know if you have the time or if delivery the paper works
to your office with you name on the envelope is sufficient.

Thanks for your time.

Michael

Laurent Meillier - FW: ADMIN COMPLAINT R2-2010-0008

From: "Michal Tran" <michael@nc-mf.com>
To: <LMeillier@waterboards.ca.gov>
Date: 2/17/2010 4:57 PM
Subject: FW: ADMIN COMPLAINT R2-2010-0008

From: Michal Tran [mailto:michael@nc-mf.com]
Sent: Wednesday, February 17, 2010 4:53 PM
To: 'lmeillier@waterboard.ca.gov'
Subject: ADMIN COMPLAINT R2-2010-0008

Dear Mr. Meillier,

I received this certified letter today 02/17/10 asking for a Civil Liability of \$13,300.00. I am...shocked. We have been straight forward with the board and have turned in our application for NEC (non exposure certification) since Jan 2009. We have not received any written notice from the board to either deny or accept our application. Late last year I got a voice mail from one of your engineer and honestly I could not understand what he was trying to say due to the heavy accent (the phone number was 622-2371).

I can't see how this penalty comes about when we've repeatedly asked for the direction (I have all the correspondences w/ various names in my records) of what we should be doing. If we have gotten a clear yes or no, I am sure we do not dare to violate you rules.

Please review this matter and let us know exactly what we should be doing. I assure you that it will be taken care of promptly.

Regards,

Michael Tran