

APPENDIX F
OTHER DOCUMENTS
(where applicable)

Kristine Savona

From: Lima, Lucas@Waterboards <Lucas.Lima@Waterboards.ca.gov> on behalf of RB9_Records, WB@Waterboards <rb9_records@waterboards.ca.gov>
Sent: Wednesday, June 28, 2017 9:47 AM
To: Kristine Savona
Subject: RE: Request for records

Good morning Kristine.

We could find no records for the addresses requested.

Sincerely,

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

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

Hello – Attached please find a request for records.

Thank you,
Kristine Savona
Office Manager

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

ksavona@hillmanngroup.com

www.HillmannConsulting.com

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



June 27, 2017

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

RE: Environmental Files:

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

Dear Sir/Madam:

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

Sincerely,

A handwritten signature in black ink, appearing to read "K. Savona", with a long horizontal line extending to the right.

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

Your Property. Our Priority.

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

Request Confirmation

Request Information

Tracking Number : *EPA-R9-2017-008862*

Requester Name : Ms. Kristine Savona

Date Submitted : 06/27/2017

Request Status : Submitted

Description :

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



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

75 Hawthorne Street
San Francisco, CA 94105

JUL 13 2017

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

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

Dear Kristine Savona:

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

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

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

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

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

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

Sincerely,


Jeff Scott, Director
Land Division



FOIA Contact Information for State Offices Region IX

Arizona

Rebecca Reed
Arizona Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007
Phone: (602) 771-4380

California

California EPA
Department of Toxic Substances Control
1001 I Street
P.O. Box 806
Sacramento, CA 95812-0806
Phone: (916) 322-0476

Hawaii

Hawaii Department of Health
Solid and Hazardous Waste Branch
919 Ala Moana Boulevard, Room #212
Honolulu, HI 96814
Phone: (808) 586-4226

Nevada

Julie Maurer
Department of Conservation & Natural Resources
Division of Environmental Protection
Bureau of Waste Management
901 South Stewart Street, Suite 4001
Carson City, NV 89701
Phone: (775) 687-9459

Guam

GUAM EPA
P.O. Box 22439 GMF
Barrigada, GU 96921
Phone: +1 (671) 475-1658



June 27, 2017

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

RE: DTSC Files:

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

Dear Sir/Madam:

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

Sincerely,

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

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San Diego Air Pollution Control District

10124 Old Grove Rd, San Diego, CA 92131

www.sdapcd.org

858.586.2600 FAX: 858.586.2601 Email: apcdpermits@sdcounty.ca.gov

PUBLIC RECORDS REQUEST FORM

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

REQUESTOR INFORMATION

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

REQUESTED RECORDS

<input type="checkbox"/> Applications (APP)	<input checked="" type="checkbox"/> Complaints (CMP)	<input type="checkbox"/> Asbestos Notifications/Records (ASB)
<input checked="" type="checkbox"/> Authority to Construct	<input checked="" type="checkbox"/> Site Inspection Reports	<input type="checkbox"/> Permits to Operate (PTO)
<input checked="" type="checkbox"/> Notices to Comply (NTC)	<input type="checkbox"/> Source Test Reports	<input type="checkbox"/> Toxic-Health Risk Assessment (HRA)
<input checked="" type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Emissions Inventory	<input type="checkbox"/> Air monitoring data
<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:

660 E Grand Ave, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: <u>1920</u>	To: <u>2017</u>
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REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
<input type="checkbox"/> Owner Mailing Address	
<input type="checkbox"/> Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

- I wish to inspect the requested records. I do not want copies produced at this time.
- I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.
- I would like copies of the requested records.
- I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records).

Signature of Requestor Stephen Bartlett

Date 6/27/2017

San Diego Air Pollution Control District

INSTRUCTIONS FOR REQUESTING RECORDS

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

Direct costs of duplication are the following:

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

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

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

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

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



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REQUESTOR INFORMATION

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

REQUESTED RECORDS

<input type="checkbox"/> Applications (APP)	<input checked="" type="checkbox"/> Complaints (CMP)	<input type="checkbox"/> Asbestos Notifications/Records (ASB)
<input type="checkbox"/> Authority to Construct	<input checked="" type="checkbox"/> Site Inspection Reports	<input type="checkbox"/> Permits to Operate (PTO)
<input checked="" type="checkbox"/> Notices to Comply (NTC)	<input type="checkbox"/> Source Test Reports	<input type="checkbox"/> Toxic-Health Risk Assessment (HRA)
<input checked="" type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Emissions Inventory	<input type="checkbox"/> Air monitoring data
<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:
644 E Grand Ave, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: 1920	To: 2017
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REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
<input type="checkbox"/> Owner Mailing Address	
<input type="checkbox"/> Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

- I wish to inspect the requested records. I do not want copies produced at this time.
- I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.
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Signature of Requestor Stephen Bartlett

Date 6/27/2017

San Diego Air Pollution Control District

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REQUESTOR INFORMATION

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

REQUESTED RECORDS

<input type="checkbox"/> Applications (APP)	<input checked="" type="checkbox"/> Complaints (CMP)	<input type="checkbox"/> Asbestos Notifications/Records (ASB)
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<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:
555 E Valley Parkway, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: 1920	To: 2017
------------------------------------	------------	----------

REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
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SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

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- I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.
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San Diego Air Pollution Control District

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NAME: Stephen Bartlett	DATE: 6/27/17
COMPANY: Hillmann Consulting	
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PHONE NUMBER: (714)-949-2371	FAX NUMBER:
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REQUESTED RECORDS

<input type="checkbox"/> Applications (APP)	<input checked="" type="checkbox"/> Complaints (CMP)	<input type="checkbox"/> Asbestos Notifications/Records (ASB)
<input type="checkbox"/> Authority to Construct	<input checked="" type="checkbox"/> Site Inspection Reports	<input type="checkbox"/> Permits to Operate (PTO)
<input checked="" type="checkbox"/> Notices to Comply (NTC)	<input type="checkbox"/> Source Test Reports	<input type="checkbox"/> Toxic-Health Risk Assessment (HRA)
<input checked="" type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Emissions Inventory	<input type="checkbox"/> Air monitoring data
<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:
456 E Grand Ave, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: 1920	To: 2017
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REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
<input type="checkbox"/> Owner Mailing Address	
<input type="checkbox"/> Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

- I wish to inspect the requested records. I do not want copies produced at this time.
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- I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records).

Signature of Requestor Stephen Bartlett

Date 6/27/2017

San Diego Air Pollution Control District

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

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

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

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



San Diego Air Pollution Control District

10124 Old Grove Rd, San Diego, CA 92131

www.sdapcd.org

858.586.2600 FAX: 858.586.2601 Email: apcdpermits@sdcounty.ca.gov

PUBLIC RECORDS REQUEST FORM

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

REQUESTOR INFORMATION

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

REQUESTED RECORDS

<input type="checkbox"/> Applications (APP)	<input checked="" type="checkbox"/> Complaints (CMP)	<input type="checkbox"/> Asbestos Notifications/Records (ASB)
<input type="checkbox"/> Authority to Construct	<input checked="" type="checkbox"/> Site Inspection Reports	<input type="checkbox"/> Permits to Operate (PTO)
<input checked="" type="checkbox"/> Notices to Comply (NTC)	<input type="checkbox"/> Source Test Reports	<input type="checkbox"/> Toxic-Health Risk Assessment (HRA)
<input checked="" type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Emissions Inventory	<input type="checkbox"/> Air monitoring data
<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:

141 N fig Street, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: <u>1920</u>	To: <u>2017</u>
------------------------------------	-------------------	-----------------

REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
<input type="checkbox"/> Owner Mailing Address	
<input type="checkbox"/> Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

- I wish to inspect the requested records. I do not want copies produced at this time.
- I request that the SDAPCD contact me prior to copying the requested records if the cost exceeds \$20.00.
- I would like copies of the requested records.
- I hereby agree to reimburse the SDAPCD for the direct cost of duplication and any other applicable charges (See Paragraph 8 of the Instructions for Requesting Records).

Signature of Requestor Stephen Bartlett

Date 6/27/2017

San Diego Air Pollution Control District

INSTRUCTIONS FOR REQUESTING RECORDS

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

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REQUESTOR INFORMATION

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

REQUESTED RECORDS

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<input checked="" type="checkbox"/> Notices of Violation (NOV)	<input type="checkbox"/> Emissions Inventory	<input type="checkbox"/> Air monitoring data
<input type="checkbox"/> Title V Permit	<input type="checkbox"/> Other (describe below or on additional pages):	

We would like to request records for the following address:

121 N fig Street, Escondido, CA 92025

TIME PERIOD OF DOCUMENTS REQUESTED	From: <u>1920</u>	To: <u>2017</u>
------------------------------------	-------------------	-----------------

REQUESTED ADDRESS INFORMATION (if Applicable)

<input type="checkbox"/> Equipment Location Address	
<input type="checkbox"/> Owner Mailing Address	
<input type="checkbox"/> Billing Address	
SITE I.D. NO. (if known):	APPL. AND/OR PERMIT NO. (if known):

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Signature of Requestor Stephen Bartlett

Date 6/27/2017

San Diego Air Pollution Control District

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 - i. Facility Name, Address, or Identification Number;
 - ii. Facility Application Number, or Permit to Operate Number; or
 - iii. Facility Notice of Violation/Notice to Comply Number.
4. You will be notified in writing within ten (10) days whether your request seeks copies of disclosable public records prepared, owned, used, or retained by this agency.
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Stephen Bartlett

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

Good afternoon: I found no records for these addresses:

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

Thanks.

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

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



Request # _____

County of San Diego

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

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

Requestor Name: <u>Stephen Bartlett</u>	E-Mail: <u>sbartlett@hillmanngroup.com</u>
Phone: (<u>714</u>) <u>949-2371</u>	FAX: (<u>714</u>) <u>634-9507</u>
Company Name: <u>Hillmann Consulting</u>	
Mailing Address: <u>1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868</u> <small>(You may attach a business card/overprint with business card if preferred)</small>	

Additional information may be accessed from the DEH website, www.sdcdeh.org. Fax or email your completed form to the Public Records Program at (858) 505-6848 or deh.publicrecords@sdcounty.ca.gov. The following information is required. Separate forms are needed for each address or parcel number.

660 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases) Monitoring Well Files
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____	of _____	Date: _____
Files copied for: _____	of _____	Date: _____
Request cancelled by: _____		Date: _____
Photocopies _____	Cost _____	Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- HMD/UST files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- Original records were purged.
_____ # _____ # _____ # _____ # _____
- No SAM/HMD/UST records were found for the address/APN you requested.

Signature - DEH Representative

Date

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



Request # _____

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name: <u>Stephen Bartlett</u>	E-Mail: <u>sbartlett@hillmanngroup.com</u>
Phone: (<u>714</u>) <u>949-2371</u>	FAX: (<u>714</u>) <u>634-9507</u>
Company Name: <u>Hillmann Consulting</u>	
Mailing Address: <u>1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868</u> (You may attach a business card/overprint with business card if preferred)	

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644 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases) Monitoring Well Files
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____

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Phone: (<u>714</u>) <u>949-2371</u>	FAX: (<u>714</u>) <u>634-9507</u>
Company Name: <u>Hillmann Consulting</u>	
Mailing Address: <u>1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868</u> (You may attach a business card/overprint with business card if preferred)	

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555 E Valley Parkway, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases) Monitoring Well Files
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____

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Phone: (<u>714</u>) <u>949-2371</u>	FAX: (<u>714</u>) <u>634-9507</u>
Company Name: <u>Hillmann Consulting</u>	
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456 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases) Monitoring Well Files
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____

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141 N Fig Street, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases) Monitoring Well Files
- SAM Closure Letter/Report
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Phone: (<u>714</u>) <u>949-2371</u>	FAX: (<u>714</u>) <u>634-9507</u>
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Optional information (establishment permit number, business name, etc.): _____

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Request # 06-437

County of San Diego

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

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

Requestor Name: Stephen Bartlett **E-Mail:** sbartlett@hillmanngroup.com
Phone: (714) 949-2371 **FAX:** (714) 634-9507
Company Name: Hillmann Consulting
Mailing Address: 1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868
(You may attach a business card/overprint with business card if preferred)

Additional information may be accessed from the DEH website, www.sdcdeh.org. Fax or email your completed form to the Public Records Program at (858) 505-6848 or deh.publicrecords@sdcounty.ca.gov. The following information is required. Separate forms are needed for each address or parcel number.

456 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases)
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____
- Monitoring Well Files

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____ of _____ Date: _____
Files copied for: _____ of _____ Date: _____
Request cancelled by: _____ Date: _____
Photocopies _____ Cost _____ Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- HMD/UST files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- Original records were purged.
_____ # _____ # _____ # _____ # _____
- No SAM/HMD/UST records were found for the address/APN you requested.

Ed C. An Signature - DEH Representative 6/27/16 Date

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



Request # 06-438

County of San Diego

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

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

Requestor Name: Stephen Bartlett **E-Mail:** sbartlett@hillmanngroup.com
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644 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases)
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____
- Monitoring Well Files

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____ of _____ Date: _____
Files copied for: _____ of _____ Date: _____
Request cancelled by: _____ Date: _____
Photocopies _____ Cost _____ Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- HMD/UST files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- Original records were purged.
_____ # _____ # _____ # _____ # _____
- No SAM/HMD/UST records were found for the address/APN you requested.

Eric C. Am 6/27/16
Signature - DEH Representative Date

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME: EXODUS RECOVERY MENTAL HEALTH
 ADDRESS: 660 E GRAND AVE
 CITY/ZIP: ESCONDIDO /92025-4403

INSPECTION DATE: 03/02/2017 PAGE 1 OF 1
 RECORD ID #: DEH2009-HUPFP-210401
 TIME START: 3:00 PM END: 3:30 PM
 SPECIALIST: Todd Walsh
 INSPECTION CONTACT: na
 TITLE: _____
 PHONE: _____
 E-MAIL: _____

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

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

Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unified Program Facility Permit Current	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input type="checkbox"/> SQG
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Materials Business Plan Available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Training Records Available
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Training is Adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Universal Waste Managed Properly
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Disposal Records Available for Review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Containers <input type="checkbox"/> Closed <input type="checkbox"/> Labeled
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Containers in Good Condition
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>05/31/2014</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: NA

TITLE: NA

INTRODUCTION:

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

INSPECTION REMARKS:

Helpful Websites:

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

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

INSPECTION PHOTOS

None

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

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

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 1/23/13
 PERMIT# 210401 BUS. CODE 10
 TIME START 12:25 END 12:58
 SPECIALIST B. Kieu
 INSPECTION CONTACT Deonnel Soriano
 TITLE RN
 PHONE (760) 758-1150

FACILITY NAME Exodus Recovery Mental
 ADDRESS 660 E. Grand Ave Health
 CITY/ZIP Escondido / 92025

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

- Y N/A NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.
- | | | | | | |
|---------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Unified Program Facility Permit current | <input type="checkbox"/> Y | <input type="checkbox"/> N/A | Permit Expires on: <u>5/31/13</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hazardous Materials Business Plan available | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contingency Plan available <input type="checkbox"/> LQG <input type="checkbox"/> SQG |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employee training is adequate | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employee training records available |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Universal waste managed properly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chemical inventory/map current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |
- Consent to inspect granted by: Inspection Contact Other: Elizabeth Dewarf, RN

Routine Inspection

* Facility uses mail-back system for disposing of sharps waste and collects unused/expired psychiatric medicines and send them back to County pharmacy (returned med. log mtis available onsite for review).

+ No medical waste violations were observed today.

This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

PRINTED NAME OF FACILITY REPRESENTATIVE: Elizabeth Dewarf DATE SIGNED: 1/23/13

SIGNATURE OF FACILITY REPRESENTATIVE: [Signature] TITLE OF FACILITY REPRESENTATIVE: Registered Nurse



ENTERED MAR-06 2009

COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1 DATE 12/01/2008
 PERMIT # 209169-210701
 TIME START 1300 END 1345
 BUS. CODE K10
 SPECIALIST Joe Murtagh
 INSPECTION CONTACT/TITLE Cynthia Brown Program Director
 PHONE: (310) 904-9073

BUSINESS NAME Exodus Recovery Mental Health Unit
 ADDRESS 660 E. Grand Ave
 CITY/ZIP Escondido 92025

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

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

- | | | | | |
|--------------------------|--------------------------|---|---------------------------------|---|
| Y | N/A | Consent to inspect granted by: <input checked="" type="checkbox"/> Inspection Contact | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current and available | Y | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee training is adequate | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Permit Expires on: / / |
| | | | | Contingency Plan available |
| | | | | Employee training records available |
| | | | | Universal waste managed properly |
| | | | | Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled |
| | | | | Waste containers in good condition |

NEW BUSINESS SITE / INITIAL INSPECTION
THE FACILITY PROVIDES MENTAL HEALTH SERVICES.

RECEIVED DEC 21 2008

- The facility generates sharp waste.
 - labels with the generator information were added today.
 - No disposal activities have occurred to date.
- A contract has been established with ENSERVE - They plan on adding isolizer to the ^{SHARP} container and it will be mailed-back to ENSERVE via FedEx.

- No cold sterilization of equipment is needed.
- EXPIRED prescription medicines are returned in a mail-back program.

RECEIVED MAR 06 2009

- NO INVENTORY ITEMS ABOVE REPORTABLE LIMITS ^{regulated}
- NO waste is disposed to the dumpster.

- NO OTHER ITEMS OF CONCERN WERE IDENTIFIED DURING THE INSPECTION.

This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

[Signature]
 Signature of Business Representative

12/1/08
 Date Signed

Program Director
 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (619) 338-2222 Fax: (619) 338-2377 1-800-253-9933 <http://www.sdcdeh.org>



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

Date Submitted

BUSINESS ACTIVITIES

Page of

I. FACILITY IDENTIFICATION

FACILITY ID #	3	7	0	0	0	210401	EPA ID # (Hazardous Waste Only)	2	
BUSINESS NAME (Same as FACILITY NAME of DBA-Doing Business As)									
Exodus Recovery Mental Health Walk-In Assessment Center ENTERED MAR 06 2009									
BUSINESS SITE ADDRESS									
660 E Grand Ave									
BUSINESS SITE CITY									
Escondido						104	CA	ZIP CODE	105
92025									

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UPCF....
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4a Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 UST FACILITY (Formerly SWRCB Form A) HM-9715 UST TANK (one page per tank-Formerly Form B) HM-9717
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in above ground tanks or containers?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8 NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE	
<ul style="list-style-type: none"> ▪ Generate hazardous waste? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 ▪ Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 ▪ Treat hazardous waste on site? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 ▪ Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 ▪ Consolidate hazardous waste generated at a remote site? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 ▪ Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 ▪ Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14a ▪ Household Hazardous Waste (HHW) Collection site? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14b 	<ul style="list-style-type: none"> EPA ID NUMBER - provide at the top of page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) CERTIFICATION OF FINANCIAL ASSURANCE REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION HAZARDOUS WASTE TANK CLOSURE CERTIFICATION Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. See CUPA for required forms.
F. LOCAL REQUIREMENTS	
<ul style="list-style-type: none"> ▪ MEDICAL WASTE Generate <200 lbs/month of Medical/Biohazardous Waste? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Generate ≥200 lbs/month of Medical/Biohazardous Waste? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ▪ Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 	



ENTERED MAR 08 2009

UPF Permit#: 210401

DATE INSPECTED: 12/01/08

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

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

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

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

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

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

Signature:

LeeAnn Skorohod

Title:

SR VP, OPERATIONS

Printed Name:

LeeAnn Skorohod

Date:

10/9/08

Type of Business:

Specialty Facility Operator

Phone #:

3109453350

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

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

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

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

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



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

ENTERED MAR 06 2008

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID #	37000210401	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	Exodus Recovery Mental Health Walk-In Assessment Center			BUSINESS PHONE	102
BUSINESS SITE ADDRESS	660 E Grand Ave			BUSINESS FAX	102a
BUSINESS SITE CITY	Escondido	CA	ZIP CODE	92025-	COUNTY
DUN & BRADSTREET		106	PRIMARY SIC		107
BUSINESS MAILING ADDRESS	9808 Venice Blvd, Suite 700			San Diego	108a
BUSINESS MAILING CITY	Culver City	108b	STATE	CA	108c
BUSINESS OPERATOR NAME	Luana Murphy	109	ZIP CODE	92032-	108d
			BUSINESS OPERATOR PHONE	(310) 945-3350 x	110

II. BUSINESS OWNER

OWNER NAME	Luana Murphy	111	OWNER PHONE	(310) 945-3350 x	112
OWNER MAILING ADDRESS	9808 Venice Blvd, Suite 700				113
CITY	Culver City	114	STATE	CA	115
			ZIP CODE	90232-	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	LeeAnn Skorohod	117	CONTACT PHONE	(310) 945-3350 x	118
CONTACT MAILING ADDRESS	9808 Venice Blvd, Suite 700			CONTACT EMAIL*	119a
CITY	Culver City	120	STATE	CA	121
			ZIP CODE	90232-	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	Cynthia Halpin Brown	123	NAME	Anna Grellert	128
TITLE	Program Director	124	TITLE	VP Operations	129
BUSINESS PHONE	(760) 758-1150 x	125	BUSINESS PHONE	(310) 945-3350 x	130
24-HOUR PHONE*		126	24-HOUR PHONE*		131
FAKER #		127	FAKER #		132

ADDITIONAL LOCALLY COLLECTED INFORMATION:

E-MAIL: *	E-MAIL: *
-----------	-----------

* This information will remain confidential.

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

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
<i>LeeAnn Skorohod</i>	10/9/08		ANNA GRELLERT	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
LEEANN SKOROHOD		SR VP, OPERATIONS		

Business Owner/Operator Identification

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

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

1. FACILITY ID NUMBER - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
 3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
 100. BEGINNING DATE - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for PBR sites.
 101. ENDING DATE - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
 102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
 - 102a. BUSINESS FAX - Enter the business fax number, area code first.
 103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #108a- #108d.
 104. CITY - Enter the city or unincorporated area in which business site is located.
 105. ZIP CODE - Enter the zip code of business site. The zip + 4 may also be added.
 106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
 107. PRIMARY SIC NUMBER - Enter the primary Standard Industrial Classification system number for primary business activity. Required for EPCRA. NOTE: If code is more than 4 digits, report only the first four.
 - 107a. PRIMARY NAICS NUMBER - Enter the primary North American Industrial Classification System number.
 108. COUNTY - Enter the county in which the business site is located.
 - 108a. BUSINESS MAILING ADDRESS - Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
 - 108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
 - 108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
 - 108d. ZIP CODE - Enter the zip code for the business mailing address. The zip + 4 may also be added.
 109. BUSINESS OPERATOR NAME - Enter the name of the business operator which is the name used for mailing correspondence.
 110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
 111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
 112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
 113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
 114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address.
 115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
 116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address. The zip + 4 may also be added.
 117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person who receives all environmental correspondence.
 118. CONTACT PHONE - Enter the phone number at which the environmental contact area code first, and any extension.
 119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
 - 119a. CONTACT EMAIL - Enter the email address of the environmental contact in 117, if the contact has one.
 120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
 121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
 122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The zip + 4 may also be added.
 123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 124. TITLE - Enter the title of the primary emergency contact.
 125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extension.
 126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
 127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
 128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 129. TITLE - Enter the title of the secondary emergency contact.
 130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
 131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
 132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
 133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
 134. DATE - Enter the date that the document was signed. (YYYYMMDD)
 135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
 136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 1
 EST. NO. H 52399
 DATE 11/29/00
 TIME START 9:10 END 9:30
 BUS. CODE K10
 SPECIALIST M. SEDGHI
 CONTACT CHRIS UHRING
 TITLE DIRECTOR OF OPERATIONS
 PHONE (760) 737-7896

BUSINESS NAME ESCONDIDO COMMUNITY HEALTH
 ADDRESS 141 FIG ST CTR
 CITY/ZIP ESCONDIDO, CA 92025

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

Office Use Only

DEC 20 2000

DEC 20 2000

INACTIVATION

THE ABOVE REFERENCED FACILITY IS VACANT AT THIS TIME. ESCONDIDO COM. HEALTH CTR HAS RELOCATED TO 641 E. PENNSYLVANIA AVE. #102. THE NEW H# FOR THAT FACILITY IS H50831.

INACTIVATE THIS PERMIT AT THIS TIME.

* AN INSPECTION OF THE NEW LOCATION WILL BE COMPLETED TODAY.

Chris Uhring
 Signature of Business Representative

11-29-00
 Date Signed

Dir. of Operations
 Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222

file

DB sent 10/26/00 by JC. For Slater.

H 54669 K10

ESCONDIDO COMMUNITY
HEALTH CENTER

RECEIVED

OCT 25 11 47 AM '00

ENVIRONMENTAL
HEALTH SERVICES

Oct. 24, 2000

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

To Whom It May Concern:

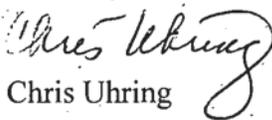
This letter is to notify you that the administrative office for Escondido Community Health Center has moved to a new location. The new address is:

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

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

Please make a note of these changes. Thank you.

Sincerely,


Chris Uhring

- 1) H 54669
- 2) H 52399 → relocated. DB sent
- 3) H 51893
- 4) H 53000 → previously H 51405



COUNTY OF SAN DIEGO

MWR

Page 1 of 2

EST. NO. H 52379
 DATE 3-25-98
 TIME START 10:40 END 11:30
 BUS. CODE K10
 SPECIALIST T. WALSH
 CONTACT Tracy Keam
 TITLE Nurse
 PHONE 737-7886

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Escondido Community Health Center
 ADDRESS 141 Fig St
 CITY/ZIP Escondido, 92025

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

Handwritten notes:
 9/20/98
 7/11/98
 4-22-98

Office Use Only

Routine inspection

113 338

1) Medical Waste Management Plan (MWMP) was not on-site or available. Corrective action, keep a copy of your MWMP on-site at all times & for inspectors review.

-Shops contain 4 red bag labeled during inspection.

Saman Hirsch

3-25-98

Rn

Signature of Business Representative

Date Signed

Title

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

(619) 338-2222



COUNTY OF SAN DIEGO

EST. NUMBER H 52399

MEDICAL WASTE GENERATOR REQUIREMENTS

DATE 3-25-98 PAGE 2 OF 2

BUSINESS ADDRESS: 141 Fig ST ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. and 66262.10 et. al. All violations must be corrected. Please call (619) 338-2222 or your Inspector if you have any questions.

GENERAL REQUIREMENTS:

- [] An Environmental Health Permit as a medical waste generator has not been obtained. 68.1203, 68.1204, and 117705 V4001 W
[] Unlawful disposal of untreated medical waste to an unauthorized point. 118340 V4002 W
[] Improper treatment of medical waste using an unapproved method or procedure. 118215 V4003 W
[] Medical SOLID WASTE is not stored in a locked trash receptacle or enclosure so as to deny access to unauthorized persons. 68.1202 V4004 W
[] Improper clipping or cutting of sharps waste at the point of generation. 68.1205 V4005 W
[] Medical waste was not separated from other waste at the point of origin. 118275 V4006 W
[] Generator has not maintained reusable containers/bins for medical waste storage in a clean and sanitary manner. 118295 and 118305 V4007 W
[] Storage time exceeded for frozen medical waste, e.g. greater than 90 days. 118280 V4008 W
[] Generator did not clean-up a leak or spill of medical waste in an approved manner. 118300 V4009 W
[] Generator has not secured the enclosure or designated accumulation area for medical waste containers so as to deny access to unauthorized persons. 118310 V4010 W
[] Operator did not post an approved and legible biohazardous waste "warning sign" in English and Spanish at the waste storage area(s). 118310 V4011 W
[] Generator did not store medical waste in approved and properly marked red bags (non-sharps). 118275 V4012 W
[] Did not place a label with the generator's name, address, and phone number on the outside of the red bag and/or sharps container. 68.1201 and 68.1205 V4013 W
[] Generator did not store sharps waste in approved and properly marked sharps container. 118275 V4014 W
[] Transportation of medical waste without State Hauler Registration or without a limited-quantity hauling exemption from County HMMD. 118025 V4015 W
[] Generator did not have standardized written operating procedures for a steam sterilizer available onsite. 118215 V4016 W
[] Did not have recording thermometer checked for calibration annually. 118215 V4017 W
[] Generator did not maintain records of thermometer calibration checks for at least 3 years. 118215 V4018 W
[] Operator did not use heat-sensitive tape or other approved method for each load of medical waste treated onsite. 118215 V4019 W
[] Need to use a biological indicator or other approved method at least once a month to confirm proper disinfection conditions. 118215 V4020 W
[] Must tie-off red bags to prevent leakage or expulsion of contents during handling and storage. 118280 V4021 W
[] Did not containerize and place red bags in rigid, leak resistant, and covered containers or bins. 118280 V4022 W
[] Must have waste container/bin labeled on the lid and side so as to be clearly visible. 118280 V4023 W
[] Did not tape closed or tightly-lid a full sharps container ready for disposal, to preclude loss of contents. 118285 V4024 W

- [] Maximum holding time exceeded for non-putrescible medical waste, e.g. greater than 180 days. 68.1203 V4033 W

LARGE QUANTITY WASTE GENERATORS: (> 200 pounds of waste in a month)

- [] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement). 117960 and 68.1206 V4034 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117975 V4035 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 3 years. 117975 V4036 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperature. 118285 V4037 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature. 118280 V4038 W

PATHOLOGY WASTE AND CHEMOTHERAPY WASTE HANDLING:

- [] Did not segregate chemotherapy waste from other medical waste. 118275 V4039 W
[] Generator did not label container holding chemotherapy waste with the words "chemotherapy waste" or other approved markings on the lid and sides. 118275 V4040 W
[] Did not segregate pathology waste from other medical waste. 118275 V4041 W
[] Generator did not label container holding pathology waste with the words "pathology waste" or other approved markings on the lid and side. 118275 V4042 W
[] Unlawful disposal of pathology waste or chemotherapy waste to an unauthorized point. 118340 V4043 W

PHARMACEUTICAL WASTE HANDLING:

- [] Generator did not segregate pharmaceutical waste from other medical waste. 118275g V4044 W
[] Generator did not label container holding pharmaceutical waste with the words "incineration only" or other approved markings on the lid and side. 118275g V4045 W
[] Storage time exceeded for pharmaceutical waste, e.g. more than 90 days. (> 10 pounds per calendar year generated) 118280e V4046 W
[] Very small quantity generator of pharmaceutical waste (e.g. <10 pounds waste /calendar year) improperly storing waste for longer than one year. 118280e V4047 W
[] Unlawful disposal of pharmaceutical waste to an unauthorized point. 118340 and 118222 V4048 W

ONSITE MEDICAL WASTE TREATMENT FACILITY REQUIREMENTS:

- [] Operator has not obtained an onsite medical waste treatment permit from the County. 117950, 118130, 118155, and CCR 65620 V4049 W
[] Must maintain an updated and complete copy of the medical waste treatment permit onsite and available for review. CCR 65621(f), 65623, 118165, and 118180 V4050 W
[] Did not comply with a condition of the medical waste treatment permit issued by the County. CCR 65623 V4051 W

PHOTOCHEMICAL and HAZARDOUS WASTE MGMT. AND DISPOSAL:

- [] Illegal disposal of photoprocessing/ hazardous waste to the sewer, trash, etc. 25189.5 V4052 W
[] Generator has not maintained waste disposal records, e.g. manifests/milk-run receipts, onsite for 3 years. 66262.40 V4053 W
[] Generator has not obtained an EPA Identification Number from the State DTSC for hazardous waste generation, e.g. photoprocessing/hazardous waste. 66262.12 V4054 W
[] Generator did not properly label the container holding hazardous waste. 66262.34 V4055 W
[] Generator did not maintain the container holding hazardous waste tightly closed except when adding or removing waste. 66265.173 V4056 W
[] Generator did not submit a notification to the County prior to treating photochemical waste onsite (e.g. > 10 gallons/month; tiered permitting). 25201.5 V4057 W

SMALL QUANTITY GENERATOR REQUIREMENTS: (<200 pounds per month of waste)

- [X] Medical Waste Management Plan has not been submitted to County HMMD (Annual Requirement) 68.1206 and 117935 V4025 W
[] Must maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215 and 117943 V4026 W
[] Generator did not retain on file disposal receipts and/or tracking documents for waste shipped offsite for at least 2 years. 117945 V4027 W
[] Need to apply for and receive a limited-quantity hauling exemption for "self-hauled" medical waste (<20 pounds of waste per week). 118030 and 118025 V4028 W
[] Did not renew a limited-quantity hauling exemption annually. 118030 V4029 W
[] Storage time exceeded for full sharps container(s), e.g. greater than 7 days at room temperatures (for > 20 pounds/month generator). 118285 V4030 W
[] Storage time exceeded for red bag waste, e.g. more than 7 days at room temperature (> 20 pounds/month generator). 118280 V4031 W
[] Very small quantity generator (e.g. <20 pounds per month) improperly storing waste for greater than 30 days onsite at room temperature. 118280 V4032 W

Saman Kivirish ESTABLISHMENT REPRESENTATIVE

3-25-98 DATE SIGNED

Rn. TITLE

REQUEST FOR LIMITED QUANTITY HAULER EXEMPTION OF MEDICAL WASTE

Establishment Name: ESCONDIDO COMMUNITY HEALTH CENTER

Address: 141 N. FIG ST. ESCONDIDO 92025 (Street) (City) (Zip)

Phone: 737-7896 Owner/Agent: ESCONDIDO COMMUNITY CLINIC / TRACY BEAM

MEDICAL WASTE INFORMATION:

1. Description of Medical Waste to be transported (sharps, gauze, culture plates, tubing, etc.)

SHARPS, POSSIBLE GAUZE

2. Quantity of Medical Waste generated weekly (pounds/week): 1 LB/WK

3. Quantity of Medical Waste transported at any one time: 4 LBS

4. Location where Medical Waste is generated:

Street: 141 N. FIG ST. City: ESCONDIDO Zip: 92025

5. Location where Medical Waste is transported to:

Street: 400 N. ELM City: ESCONDIDO Zip: 92025

6. Proper protective equipment and training program provided for all employees that handle and transport medical waste: YES [X] NO []

7. Documentation of employee training kept on file in the medical waste generator's office: YES [X] NO []

8. Biomedical Waste Management Plan submitted to the HMMD and kept on file in the generator's office: YES [X] NO []

I am aware that I must maintain a properly completed tracking document when transporting Medical Waste for treatment or disposal.

I request a limited quantity hauler exemption to transport medical waste as noted above. All medical waste will be handled and disposed of as required in the California Health & Safety Code, Division 20, Chapter 6.1.

PRINTED NAME TRACY BEAM DATE 4/26/95

SIGNATURE Tracy Beam TITLE Executive Director

Office Use Only

GRANTED

DENIED

The exemption may be revoked based upon changes to the original conditions of approval, or for non-compliance with the Medical Waste Management Laws. If you have any questions, please contact the Hazardous Materials Management Division at (619) 338-2222.

Date: APR 28 10 32 AM '95

Hazardous Materials Specialist

RECEIVED

Department of Health Services; Environmental Health Services, Hazardous Materials Management Division, PO Box 85261 San Diego, CA 92186-5261

TRACKING DOCUMENT FOR MEDICAL WASTE

GENERATOR INFORMATION: **DATE:** _____

NAME: _____

ADDRESS: _____

PHONE #: _____

HAULER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE #: _____

MEDICAL WASTE INFORMATION:

TYPE OF MEDICAL WASTE TRANSPORTED (EXAMPLES: Sharps; culture plates; tubing; dressings; tissue waste)	ESTIMATED QUANTITY OF WASTE TRANSPORTED (POUNDS)
Example: Sharps Container/Needles	1.0 Pound
1.	
2.	
3.	
4.	

RECEIVING FACILITY INFORMATION:

NAME: _____

ADDRESS: _____

PHONE #: _____

SIGNATURE: _____ **Date:** _____

AUTHORIZED REPRESENTATIVE

Note: All information requested on this form must be completed to ensure compliance with the applicable requirements.



COUNTY OF SAN DIEGO

EST. NUMBER H 52399

C/O EXP 0430 85

BIOMEDICAL - COMPLIANCE INSPECTION REPORT

DATE 1-17-95
BUS CODE K10
SPECIALIST Huff

BUSINESS NAME Escondido Community Health Center
ADDRESS 1411 4th Street
CITY/ZIP Escondido 92025

CONTACT Mitchell Kershner, MD
TITLE MD
PHONE 737 7896

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC), Division 20, Chapter 6.1; the San Diego County Code (SDCC); and local City ordinances. Violations determined from this inspection are noted below. The following statements are intended to provide guidance in correcting the violations noted:

Office Use Only

1
R735 W

Processed
2/13/95 MSW
JAN 31 1995
The biomedical waste management plan was reviewed.
Maintain a copy of biomedical waste disposal receipts on file.
The application for permit was approved; maintain a copy of the permit on site after received.

- V4000 W A Permit has not been obtained for Medical Waste (Biohazardous) storage and disposal ----- (SDCC 68.1203, HSC 25030; 30.1; 41; 51)
- V4001 W Untreated Medical Waste (Biohazardous) has been unlawfully disposed of ----- (SDCC 68.1203, HSC 25097)
- V4002 W Medical Waste (Biohazardous) has not been properly treated by an approved method ----- (SDCC 68.1203, (C) & 1204, HSC 25090; 47; 57)
- V4003 W Medical Waste (Biohazardous) Tracking Documents are not maintained on site and available for review ----- (SDCC 68.1203-1204, HSC 25045; 25055)
- V4004 W Quality control documentation has not been maintained for on-site treatment of Medical Waste (Biohazardous) ----- (SDCC 68.1203-1204, HSC 25045; 55; 25090 (C)(5))
- V4005 W Needles and syringes are unlawfully clipped prior to disposal ----- (SDCC 68.1205(E))
- V4006 W Med. Waste (Biohazardous) is not stored in approv. sharps containers &/or red bags -- (SDCC 68.1205, HSC 25046; 56)
- V4008 W Containers storing Medical Waste (Biohazardous) are not properly labeled ----- (SDCC 68.1205, HSC 25046; 56)
- V4009 W Medical Waste (Biohazardous) containers are not adequately secured to prevent loss of contents ----- (SDCC 68.1205, HSC 25046; 56; 81; 82)
- V4010 W Medical Waste (Biohazardous) has been maintained on site in excess of the permissible storage period ----- (SDCC 68.1203 (C), HSC 25081; 46; 56)
- V4011 W Medical SOLID waste is not stored in a manner that prevents access by unauthorized persons prior to disposal ----- (SDCC 68.1202)
- V4012 W Personnel training in the handling and disposal of Medical Waste (Biohazardous) is not adequate or properly documented ----- (SDCC 68.1201 (H); 1206, HSC 25045; 42; 52)
- V4013 W A Med. Waste Mgmt. Plan is not maint. and/or updated annually as required ----- (SDCC 68.1201 (H), 1206, HSC 25042; 52)
- V4014 W Medical Waste (Biohazardous) storage area is not properly posted or secured ----- (HSC 25086; 46; 56)
- V4015 W Transportation of Medical Waste (Biohazardous) in an unlawful or unauthorized manner ----- (HSC 25060; 25097)

Shirley M. Marshall LVN Signature of Business Representative 1-17-95 Title

Department of Health Services, Environmental Health Services, Hazardous Materials Management Division, PO Box 85261, San Diego, CA, 92186-5261

(619) 338-2222



EST. NO. H 52115
DATE 12-16-97
TIME START END
BUS. CODE K10
SPECIALIST T. Wald
CONTACT -
TITLE -
PHONE -

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Escalada Hematology Oncology
ADDRESS 121 N. Fig
CITY/ZIP Escalada, 92025

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

Office Use Only

Business no longer at this site.
Building vacant.

Signature of Business Representative Date Signed Title

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

(619) 338-2222



OK

✓ HSA

BIOMEDICAL - COMPLIANCE INSPECTION REPORT

DATE 1-8-97

BUS CODE K10

SPECIALIST [Signature]

BUSINESS NAME Escondido Hematology - Oncology

CONTACT Roberta Liebert

ADDRESS 121 N. Fig St.

TITLE Nurse Mgr

CITY/ZIP Escondido 92025

PHONE 489-7140

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC), Division 20, Chapter 6.1; the San Diego County Code (SDCC); and local City ordinances. Violations determined from this inspection are noted below. The following statements are intended to provide guidance in correcting the violations noted:

Office Use Only

Processed 1/23/97 MSJ

No violations at time of inspection

Medical Waste Management Plan on site

Employee training documentation on site

JAN 16 1997

- Checklist of violations with codes V4000 through V4015 and descriptions of non-compliance.

Signature of Business Representative [Signature]

1-08-97 Title

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

(619) 338-2222

DISTRIBUTION: WHITE-HMMD YELLOW-BUSINESS RETAINS



Request # 06-437

County of San Diego

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

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

Requestor Name: Stephen Bartlett E-Mail: sbartlett@hillmanngroup.com
 Phone: (714) 949-2371 FAX: (714) 634-9507
 Company Name: Hillmann Consulting
 Mailing Address: 1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868
 (You may attach a business card/overprint with business card if preferred)

Additional information may be accessed from the DEH website, www.sdcdeh.org. Fax or email your completed form to the Public Records Program at (858) 505-6848 or deh.publicrecords@sdcounty.ca.gov. The following information is required. Separate forms are needed for each address or parcel number.

456 E Grand Avenue, Mission Valley, 92108 or _____
Exact Address (Street, City and Zip Code) Assessor Parcel Number

Optional information (establishment permit number, business name, etc.): _____

Please indicate the purpose of your search by checking all that apply:

- Contaminated Property Investigation(s) (SAM Cases)
- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____
- Monitoring Well Files

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____ of _____ Date: _____
 Files copied for: _____ of _____ Date: _____
 Request cancelled by: _____ Date: _____
 Photocopies _____ Cost _____ Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- HMD/UST files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- Original records were purged.
_____ # _____ # _____ # _____ # _____
- No SAM/HMD/UST records were found for the address/APN you requested.

Ed C. An Signature - DEH Representative Date 6/27/16

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



Request # 06-438

County of San Diego

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

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

Requestor Name: Stephen Bartlett **E-Mail:** sbartlett@hillmanngroup.com
Phone: (714) 949-2371 **FAX:** (714) 634-9507
Company Name: Hillmann Consulting
Mailing Address: 1745 W. Orangewood Avenue, Suite 110, Orange, CA 92868
(You may attach a business card/overprint with business card if preferred)

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Exact Address (Street, City and Zip Code) Assessor Parcel Number

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- SAM Closure Letter/Report
- Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- Other (specify): _____
- Monitoring Well Files

OFFICE USE ONLY BELOW THIS LINE

Files reviewed by: _____ of _____ Date: _____
Files copied for: _____ of _____ Date: _____
Request cancelled by: _____ Date: _____
Photocopies _____ Cost _____ Picked up/mailed on _____ By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- HMD/UST files for the permit number(s) listed below are available.
_____ # _____ # _____ # _____ # _____
- Original records were purged.
_____ # _____ # _____ # _____ # _____
- No SAM/HMD/UST records were found for the address/APN you requested.

Eric C. Am 6/27/16
Signature - DEH Representative Date

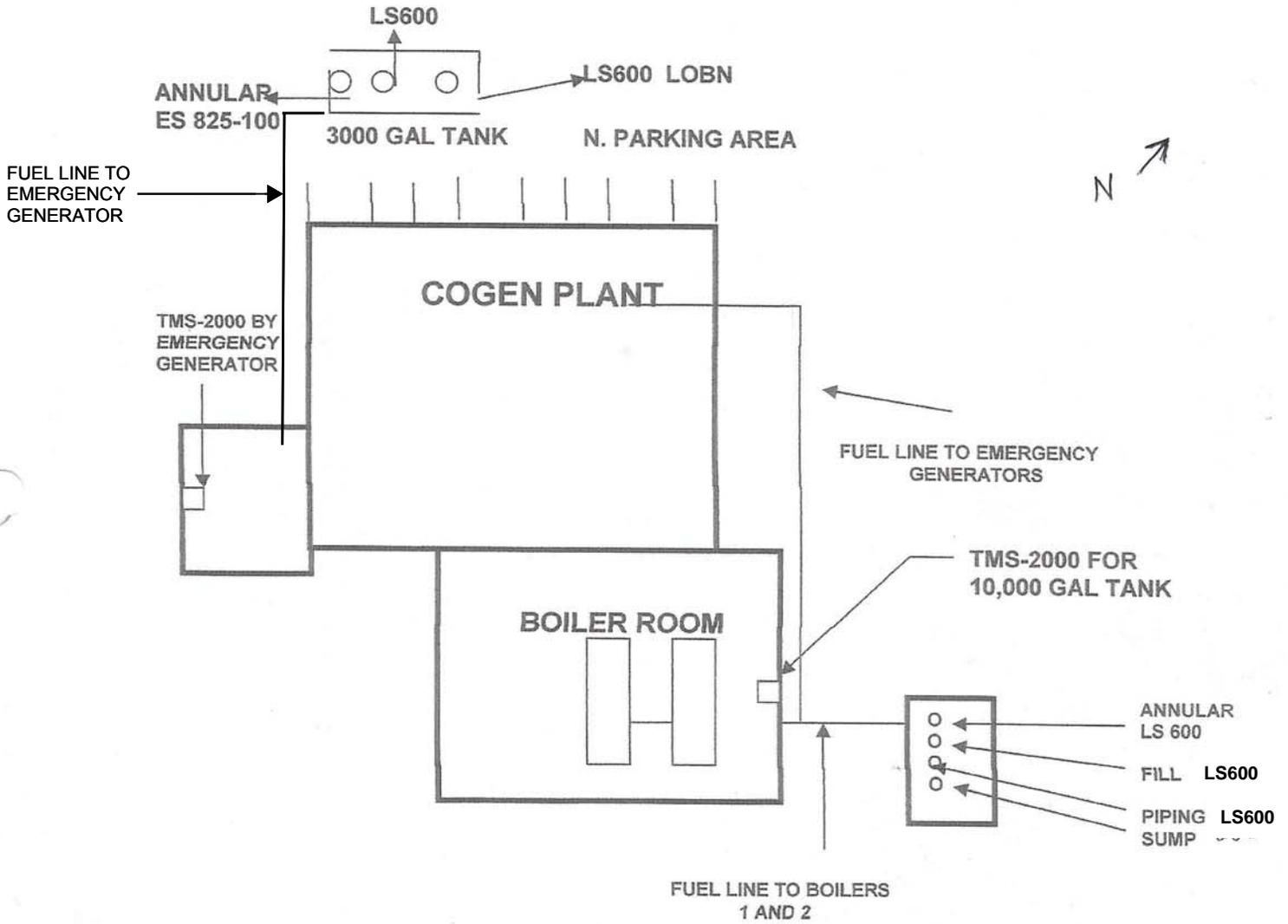
DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Please be advised that photocopy and/or scanned file fees may apply.

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

Site Name PALOMAR MEDICAL CENTER

Permit No. _____

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



DRAWN DATE 11/5/15

DATE MODIFIED 04/20/2016

SUNWEST



engineering constructors, inc.

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

RECEIVED

MAY 17 2016

ENVIRONMENTAL
HEALTH

May 11, 2016

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

Subject: Secondary Containment Testing - Fail

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

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

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

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

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

Suzanne Kissick
SunWest E.C., Inc.

66

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

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

2. TESTING CONTRACTOR INFORMATION

Company Name: SunWest Engineering Constructors, Inc.		
Technician Conducting Test: Leonardo Aguilar		
Credentials: <input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type: General Engineering "A"	License Number: 703190	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
INCON	TS-ST5	11/23/17
JOOR	UST	NEVER EXPIRES

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
3K DIESEL PIPING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K PIPING SUMP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K FILL SUMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K FILL SUMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K VENT LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K VENT LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K SUPPLY LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K SUPPLY LINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K RETURN LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K RETURN LINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K SPILL BUCKET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K SPILL BUCKET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3K ANNULAR SPACE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10K ANNULAR SPACE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Digitally signed by Leonardo Aguilar for WT#160314-012

Technician's Signature: 04/27/2016 14:48:16

Date: **4/27/15**

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: 0 TO 15 PSI GLYCERIN FILLED PRESSURE GUAGES		Equipment Resolution: 0.1 PSI	
	Piping Run #10K SUPPLY	Piping Run #.0K RETURN	Piping Run # 10K VENT
Piping Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS
Piping Manufacturer:	A.O. SMITH	A.O. SMITH	A.O, SMITH
Piping Diameter:	3"	3"	3"
Length of Piping Run:	40'	40'	40'
Product Stored:	DIESEL	DIESEL	DIESEL
Method and location of piping-run isolation:	3"X2" TEST BOOT	3"X2" TEST BOOT	3"X2" TEST BOOT
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.	30 MIN.
Test Start Time:	11:45 AM	11:45 AM	11:45 AM
Initial Reading (R _I):	5 PSI	5 PSI	5 PSI
Test End Time:	12:45 PM	12:45 PM	12:45 PM
Final Reading (R _F):	2 PSI	0	5 PSI
Test Duration:	1 HOUR	1 HOUR	1 HOUR
Change in Reading (R _F -R _I):	-3.5 PSI	-5 PSI	0
Pass/Fail Threshold or Criteria:	0	0	0
Test Result:	FAIL	FAIL	PASS

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

THE SUPPLY AND RETURN LINES WERE BOTH FAILURES AND NO LEAKS WERE ABLE TO BE DETECTED AT EITHER END OF THE PIPING RUN, IT WAS DETERMINED THE LEAK IS UNDERGROUND

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: INCON TS-ST5		Equipment Resolution: 0.001"	
	Sump #	3K	Sump #
			10K
	Sump #		Sump #
Sump Diameter:	30"	30"	
Sump Depth:	48"	40"	
Sump Material:	FIBERGLASS	FIBERGLASS	
Height from Tank Top to Highest Piping Penetration:	12"	14"	
Height from Tank Top to Lowest Electrical Penetration:	14"	14"	
Condition of sump prior to testing:	GOOD	GOOD	
Portion of Sump Tested ¹	22"	23"	
Does turbine shut down when sump sensor detects either product or water?	NA	NA	
Turbine shutdown response time ^{2*}	NA	NA	
Is system programmed for fail-safe shutdown?*	NA	NA	
Was fail-safe verified to be operational?*	NA	NA	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN.	30 MIN.	
Test Start Time:	9:48 AM/10:04 AM	11:59 AM/12:15 PM	
Initial Reading (R _I):	5.3982"/5.3981"	5.7466"/5.6912"	
Test End Time:	10:03 AM/10:19 AM	12:15 PM/12:30 PM	
Final Reading (R _F):	5.3981"/5.3986"	5.6994"/5.6248"	
Test Duration:	2X15 MIN.	2X15 MIN.	
Change in Reading (R _F -R _I):	+0.0005"	-0.0664"	
Pass/Fail Threshold or Criteria:	0.002"	0.002"	
Test Result:	PASS	FAIL	
Was sensor removed for testing?	YES	YES	
Was sensor properly replaced after testing?	YES	YES	

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

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

¹ If the testing method does not test the entire sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe shutdown. (See SWRCB LG-160)

² With the submersible pump running, place the sensor in product (discriminating sensors should be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment method used does not test the entire volume of the sump.

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

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Equipment Used:	Equipment Resolution:		
	UDC #	UDC #	UDC #
UDC Manufacturer:			
UDC Material:			
UDC Depth:			
Height from UDC Bottom to Top of Highest Piping Penetration:			
Height from UDC Bottom to Lowest Electrical Penetration:			
Condition of UDC prior to testing:			
Portion of UDC Tested ¹			
Does turbine shut down when UDC sensor detects either product or water?*			
Turbine shutdown response time ² *			
Is system programmed for fail-safe shutdown?*			
Was fail-safe verified to be operational?*			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I)			
Pass/Fail Threshold or Criteria:			
Test Result:			
Was sensor removed for testing?			
Was sensor properly replaced and verified functional after testing?			

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

¹ If the testing method does not test the entire depth of the UDC, specify how much of the UDC was tested. Methods not testing the entire UDC should only be used if the monitoring system provides fail-safe shutdown. (See SWRCB LG-160)

² With the submersible pump running, place the sensor in product (discriminating sensors should be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment method used does not test the entire volume of the UDC.

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

Revision:

0
PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA, 92025

04/27/2016 10:03 AM

SUMP LEAK TEST REPORT

3KPIPNG

TEST STARTED 9:48 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.3982 IN
END TIME 10:03 AM
END DATE 04/27/2016
END LEVEL 5.3981 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFILL

TEST STARTED 9:08 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 3.9203 IN
END TIME 10:03 AM
END DATE 04/27/2016
END LEVEL 3.9200 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCKT

TEST STARTED 9:48 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.8520 IN
END TIME 10:03 AM
END DATE 04/27/2016
END LEVEL 5.8518 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

0
PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA, 92025

04/27/2016 10:19 AM

SUMP LEAK TEST REPORT

3KPIPNG

TEST STARTED 10:04 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.3981 IN
END TIME 10:19 AM
END DATE 04/27/2016
END LEVEL 5.3986 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFILL

TEST STARTED 10:04 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 3.9199 IN
END TIME 10:19 AM
END DATE 04/27/2016
END LEVEL 3.9198 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCKT

TEST STARTED 10:04 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.8519 IN
END TIME 10:19 AM
END DATE 04/27/2016
END LEVEL 5.8520 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

0
PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA, 92025

04/27/2016 12:15 PM

SUMP LEAK TEST REPORT

10KPPNG

TEST STARTED 11:59 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.7486 IN
END TIME 12:15 PM
END DATE 04/27/2016
END LEVEL 5.6994 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

10KFILL

TEST STARTED 11:59 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.6017 IN
END TIME 12:15 PM
END DATE 04/27/2016
END LEVEL 5.6026 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10KBUCKT

TEST STARTED 11:59 AM
TEST STARTED 04/27/2016
BEGIN LEVEL 7.1734 IN
END TIME 12:15 PM
END DATE 04/27/2016
END LEVEL 7.1737 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

0
PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA, 92025

04/27/2016 12:30 PM

SUMP LEAK TEST REPORT

10KPPNG

TEST STARTED 12:15 PM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.6912 IN
END TIME 12:30 PM
END DATE 04/27/2016
END LEVEL 5.6248 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

10KFILL

TEST STARTED 12:15 PM
TEST STARTED 04/27/2016
BEGIN LEVEL 5.6027 IN
END TIME 12:30 PM
END DATE 04/27/2016
END LEVEL 5.6015 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10KBUCKT

TEST STARTED 12:15 PM
TEST STARTED 04/27/2016
BEGIN LEVEL 7.1736 IN
END TIME 12:30 PM
END DATE 04/27/2016
END LEVEL 7.1736 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

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

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

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

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

Yes	N/A		Yes	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>09/30/2017</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Scott Foster

TITLE: Maintenance Supervisor

INTRODUCTION:

exp 9/30/2017

Paul McLane, 8191873-UT exp. 4/14/2017 SunWest Engineering Constructors, Inc. conducted underground storage tank monitoring certification this date.

10,000 diesel tank #23489

3,000 diesel tank #23490

Spill buckets for the 10K and 3K USTs were conducted and passed 8:15 AM to 9:15 AM.

Annular sensor ES 825 100F OK

Pipe sump sensor LS 600 OK

Fill sump sensor LS 600 OK

Sensors tagged during the inspection

Fill pipe Flapper valve OK

SB989 Secondary Containment test 4/27/2015 with followup retest 9/8/2016 passed.

UST Operating Permit exp. 12/11/2018

UST training conducted 5/23/2016

Certification of Financial Responsibility 8/13/2015

Designated Operator filed 11/5/2015

UST Monthly Inspection reports are on file in excess of two years.

The following summarizes inspections since the

10/19/2016 no alarm

9/8/2016 no alarm

8/11/2016 no alarm

7/20/2016 no alarm

6/13/2016 no alarm

5/23/2016 no alarm

4/7/2016 no alarm

3/22/2016 no alarm

2/11/2016 no alarm

1/18/2016 fuel alarm on 10K diesel tank. Transition sump and repipe repair done under HMD permit, completed October 2016.

12/15/2015 no alarm



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: **11/01/2016** PAGE **2** OF **8**
RECORD ID #: **DEH2002-HUPFP-114230**

11/5/2015 no alarm

Medical Waste is generated at large quantity generator quantities due to OB, including C Sections, pathology lab.
Medical waste is picked up twice weekly by Stericycle.
No medical waste is treated on site.
Current medical waste disposal receipts are on site.
In service training is conducted monthly by Environmental Services.
Stericycle provides DOT training on a three year cycle.

VIOLATION # 1

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

Underground Storage Tanks: 23489,23490

Classification: Class II

Observations:

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

Corrective Action Due By: 12/01/2016

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

INSPECTION REMARKS:

Helpful Websites:

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

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

INSPECTION PHOTOS

None

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

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

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



COUNTY OF SAN DIEGO

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

INSPECTION DATE: **11/01/2016** PAGE **3** OF **8**
RECORD ID #: **DEH2002-HUPFP-114230**

FACILITY NAME: * **PALOMAR HEALTH DOWNTOWN CAMPUS**

ADDRESS: * **555 E VALLEY PKWY**

CITY/ZIP: * **ESCONDIDO**

92025

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. Incorporated provisions of Title 40 of the Code of Federal Regulations (CFR) are noted for reference. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. HMBP = Hazardous Materials Business Plan; CUPA = Certified Unified Program Agency; CERS = California Environmental Reporting System; SQG = Small Quantity Hazardous Waste Generator; LQG = Large Quantity Hazardous Waste Generator

Hazardous Materials Requirements

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 1010001 HMBP not established/ implemented. HSC 25505(a) and 25507(a) |
| <input type="checkbox"/> | 1010002 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) |
| <input type="checkbox"/> | 1010003 Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) |
| <input type="checkbox"/> | 1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010005 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010006 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e) |
| <input type="checkbox"/> | 1010007 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f) |
| <input type="checkbox"/> | 1010008 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2 |
| <input type="checkbox"/> | 1010010 Emergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010011 Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1 |
| <input type="checkbox"/> | 1010012 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1 |
| <input type="checkbox"/> | 1010014 Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010015 Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010016 HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020001 Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020002 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4) |
| <input type="checkbox"/> | 1040001 Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a) |
| <input type="checkbox"/> | 4010001 Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a) |
| <input type="checkbox"/> | HMD 1001 Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905 |
| <input type="checkbox"/> | HMD 1005 Emergency contact not provided or current. HSC 25508.1(f) |
| <input type="checkbox"/> | HMD 1007 Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b) |
| <input type="checkbox"/> | HMD 1008 Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c) |
| <input type="checkbox"/> | HMD 1013 HMBP not readily available for review. HSC 25505(c) |

Hazardous Waste Requirements for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | HMD 0226 Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2), 22 CCR 66262.34(d)(2)) |
| <input type="checkbox"/> | HMD 0412 Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2) |

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Hazardous Waste Requirements for SQGs ONLY (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f) |
| <input type="checkbox"/> | 3030010 Accumulated waste too long (>180 or 270 days) (>90 days for an acutely hazardous waste). (40 CFR 262.34(e) and (f).) HSC 25201(a); 22 CCR 66262.34(d) |
| <input type="checkbox"/> | 3030013 Failed to accumulate hazardous waste in a container that is in good condition. (40 CFR 262.34(d)(2); 265.171.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030015 Failed to accumulate or store hazardous waste in a lined/compatible container. (40 CFR 262.34(d)(2); 265.172) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030019 Failed to inspect hazardous waste storage area at least weekly. (40 CFR 262.34(d)(2); 265.174.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030022 Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030030 Failed to maintain and/or operate the facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents. (40 CFR 262.34(d)(4), 265.31.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030036 Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3010022 Failed to post, next to the telephone, emergency information containing the location of emergency equipment, contact names, and numbers. (40 CFR 262.34(d)(5)(ii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3020001 Failed to ensure employees are trained for hazardous waste handling, compliance with regulations, and emergency response procedures. (40 CFR 262.34(d)(5)(iii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030032 Failed to maintain or have emergency equipment, supplies, or equivalents. 1) An internal communication or alarm system; 2) A device, such as a telephone; 3) Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment; and 4) Water at adequate volume and pressure (40 CFR 262.34(d)(4); 265.32) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030039 Failed to implement contingency plan during an emergency, spill/ release. (40 CFR 262.34(d)(5)(iv).) 22 CCR 66262.34(d)(2) |

Hazardous Waste Tank Systems for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3030024 Failed to maintain sufficient freeboard of 2 ft in uncovered tanks to prevent overtopping unless the tank is equipped with a containment structure, a drainage control system or a diversion structure with a capacity that equals or exceeds the volume of the top 2 ft of the tank. (40 CFR 62.34(d)(3); 265.201(b)(c).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030025 Failed to provide an overflow protection device on continuously fed hazardous waste tank. (40 CFR 262.34(d)(3); 265.201(b)(4).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030027 Failed to conduct daily tank inspection of the discharge system, monitoring equipment, and tank level. (40 CFR 265.201(c)(1), 265.201(c)(2), 265.201(c)(3), 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030028 Failed to conduct weekly inspections of the construction materials, fixtures, and surrounding areas of the hazardous waste tank. (40 CFR 265.201(c)(4); 265.201(c)(5); 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3050007 Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3 |
| <input type="checkbox"/> | HMD 1612 Hazardous waste improperly stored in a tank system causing leaks, corrosion, or failure. (40 CFR 265.201(b).) 22 CCR 66262.34(d) |
| <input type="checkbox"/> | HMD 1614 Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1) |
| <input type="checkbox"/> | HMD 1615 Failed to properly accumulate ignitable or reactive waste in a tank system. (40 CFR 265.201(g).) 22 CCR 66262.34(d)(2) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Hazardous Materials and Hazardous Waste (continued)

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

- | # | VIOLATION DESCRIPTION |
|--------------------------|---|
| <input type="checkbox"/> | 3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905 |
| <input type="checkbox"/> | 3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b) |
| <input type="checkbox"/> | 3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12 |
| <input type="checkbox"/> | 3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a) |
| <input type="checkbox"/> | 3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42 |
| <input type="checkbox"/> | 3010010 Failed to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3), 25185(a)(4); 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010011 Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4) |
| <input type="checkbox"/> | 3010013 Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B) |
| <input type="checkbox"/> | 3030006 Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a) |
| <input type="checkbox"/> | 3010016 Failure of recycler who recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption to provide and submit in CERS the required information. HSC 25143.10(a), (c), and/or (d) |
| <input type="checkbox"/> | HMD 0149 Failed to keep disposal receipts for drained used oil filters and/or drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | HMD 0148 Failed to have copies of analytical records, waste analysis records, and/or waste determination results for 3 years. 22 CCR 66262.40(c) |
| <input type="checkbox"/> | HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8) |
| <input type="checkbox"/> | 3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a) |
| <input type="checkbox"/> | 3050005 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g) |
| <input type="checkbox"/> | 3210001 Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a) |
| <input type="checkbox"/> | HMD 0138 Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a) |

Hazardous Waste Requirements for SQGs and LQGs DISPOSAL AND TRANSPORTATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 3010007 Failed to prepare a hazardous waste manifest for the transport of a waste for off-site transfer, treatment, storage, or disposal. HSC 25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a) |
| <input type="checkbox"/> | 3030005 Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c) |
| <input type="checkbox"/> | 3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41 |
| <input type="checkbox"/> | 3050002 Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | 3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a) |
| <input type="checkbox"/> | HMD 0305 Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | HMD 0306 Disposed of hazardous waste latex paint improperly. HSC 25217.1 |

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Hazardous Waste Requirements for SQGs and LQGs STORAGE AND HANDLING

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030001 Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1) |
| <input type="checkbox"/> | 3030003 Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b) |
| <input type="checkbox"/> | 3030004 Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | 3050004 Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c) |
| <input type="checkbox"/> | HMD 0222 Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a). |
| <input type="checkbox"/> | HMD 0216 Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0219 Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6) |
| <input type="checkbox"/> | HMD 0221 Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e) |
| <input type="checkbox"/> | HMD 0223 Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f) |
| <input type="checkbox"/> | HMD 0224 Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f) |

Universal Waste Handler Requirements

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3010004 Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b) |
| <input type="checkbox"/> | 3020002 Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d) |
| <input type="checkbox"/> | 3020003 Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b) |
| <input type="checkbox"/> | 3030008 Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34 |
| <input type="checkbox"/> | 3030011 Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b) |
| <input type="checkbox"/> | 3030046 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c),(d)(2) |
| <input type="checkbox"/> | 3030051 Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f) |
| <input type="checkbox"/> | 3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5 |
| <input type="checkbox"/> | 3050003 Disposal of universal waste (UW) to an unauthorized point. HSC 25189.5(a), 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Underground Storage Tank (UST) Program

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

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

GENERAL PROGRAM REQUIREMENTS UST System – File Records

- | # | VIOLATION DESCRIPTION |
|---------------------------------------|--|
| <input type="checkbox"/> | 2030064 Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4) |
| <input type="checkbox"/> | 2030021 Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i) |
| <input type="checkbox"/> | 2030039 Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299 |
| <input type="checkbox"/> | 2060001 Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8) |
| <input type="checkbox"/> | 2010010 Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711 |
| <input type="checkbox"/> | 2010001 Failure to obtain and maintain a valid Board of Equalization account number. HSC 25286 |
| 1 <input checked="" type="checkbox"/> | 2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2 |
| <input type="checkbox"/> | 2030037 Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b) |
| <input type="checkbox"/> | 2030033 Failure to maintain on site an approved monitoring plan. 23 CCR 2632, 2634, 2711, 2712(i) |
| <input type="checkbox"/> | 2030046 Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i) |
| <input type="checkbox"/> | 2030041 Failure to submit, obtain approval, or maintain a complete/accurate plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8) |
| <input type="checkbox"/> | 2030002 (RD) Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638 |
| <input type="checkbox"/> | 2030003 (RD) Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2060002 (RD) Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system.; HSC 25292(a); 23 CCR 2643 |
| <input type="checkbox"/> | 2010003 The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a) |
| <input type="checkbox"/> | 2010009 Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e) |
| <input type="checkbox"/> | 2030048 Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637 |
| <input type="checkbox"/> | 2060016 Failure to conduct secondary containment testing at installation. 23 CCR 2637 |
| <input type="checkbox"/> | 2030034 Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f) |
| <input type="checkbox"/> | 2030044 Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f) |
| <input type="checkbox"/> | 2060011 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b) |
| <input type="checkbox"/> | 2060013 Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e) |
| <input type="checkbox"/> | 2030047 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662 |
| <input type="checkbox"/> | 2030061 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295 |
| <input type="checkbox"/> | 2010005 Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5) |
| <input type="checkbox"/> | 2030067 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3) |

GENERAL PROGRAM REQUIREMENTS UST System – File Records (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 |
| <input type="checkbox"/> | 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) |
| <input type="checkbox"/> | 2030023 Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715 |
| <input type="checkbox"/> | 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such systems. 23 CCR 2712(b) |
| <input type="checkbox"/> | 2030062 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) |
| <input type="checkbox"/> | 2010006 Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299 |
| <input type="checkbox"/> | 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2010004 The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715 |
| <input type="checkbox"/> | 2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d) |
| <input type="checkbox"/> | 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) |
| <input type="checkbox"/> | 2030012 Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f) |
| <input type="checkbox"/> | 2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715 |
| <input type="checkbox"/> | 2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643 |
| <input type="checkbox"/> | 2030066 Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

INSPECTION DATE: 11/01/2016 PAGE 6 OF 8
RECORD ID #: DEH2002-HUPFP-114230

UST Tank (DW/SW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030001 | (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634 |
| <input type="checkbox"/> 2030059 | Failure to maintain UST system in accordance with exclusion/exemption status. HSC 25281.6, 25283.5 |
| <input type="checkbox"/> 2060003 | Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) |
| <input type="checkbox"/> 2060005 | Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) |
| <input type="checkbox"/> 2060006 | Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636 |
| <input type="checkbox"/> 2060007 | Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d) |
| <input type="checkbox"/> 2060010 | (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 |
| <input type="checkbox"/> 2060019 | Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030007 | Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) |
| <input type="checkbox"/> 2030036 | (RP) Failure of the overflow prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665 |
| <input type="checkbox"/> 2060020 | (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030008 | Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291 |
| <input type="checkbox"/> 2060015 | (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a) |
| <input type="checkbox"/> 2030016 | (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2)(A)&(B), 2633(c), 2636(f) |
| <input type="checkbox"/> 2030017 | Failure to maintain all product piping outside the dispenser to be fail-safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5) |
| <input type="checkbox"/> 2030019 | Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030022 | Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648 |
| <input type="checkbox"/> 2030028 | Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663 |
| <input type="checkbox"/> 2030029 | (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663 |
| <input type="checkbox"/> 2060024 | UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1 |
| <input type="checkbox"/> 2030040 | (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a) |

UST Tank (DW/SW) Requirements (continued)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030060 | Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 |
| <input type="checkbox"/> 2030055 | Failure to test the spill bucket annually. HSC 25284.2 |
| <input type="checkbox"/> 2060022 | Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d) |
| <input type="checkbox"/> 2030065 | (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e) |
| <input type="checkbox"/> 2060023 | Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d) |

UST Tank (SW) Requirements

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

UST Pressurized Piping (DW) Requirements

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

UST Pressurized Piping (SW) Requirements

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

UST Piping (SW) Requirements – Conventional Suction

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030050 | (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d) |
| <input type="checkbox"/> 2030049 | Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d) |

UST Piping (SW) Requirements – Gravity

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030051 | Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e) |
|----------------------------------|---|

HM-928 UST (02-15)

UST System – Cathodic Protection Requirements

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

UST System – Closure

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030063 | (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671 |
| <input type="checkbox"/> 2030038 | UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672 |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

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

Medical Waste Generators

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

STORAGE AND LABELING

- | # | HMD | VIOLATION DESCRIPTION |
|--------------------------|------|---|
| <input type="checkbox"/> | 4201 | UPF Permit not obtained. HSC 117705; SDCC 68.905, 68.1202 |
| <input type="checkbox"/> | 4202 | Medical waste (MW) not separated from other waste at the point of origin. HSC 118275 |
| <input type="checkbox"/> | 4203 | Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310 |
| <input type="checkbox"/> | 4204 | MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which can be read from 25 ft. HSC 118310 |
| <input type="checkbox"/> | 4205 | Medical SOLID WASTE not secured to deny access to unauthorized persons. SDCC 68.1211 |
| <input type="checkbox"/> | 4206 | Spill of MW not properly cleaned up. HSC 118300 |
| <input type="checkbox"/> | 4207 | Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d) |
| <input type="checkbox"/> | 4208 | Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b) |
| <input type="checkbox"/> | 4209 | Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205 |
| <input type="checkbox"/> | 4210 | Medical waste not stored in approved and properly marked biohazard bags. HSC 118275(a) |
| <input type="checkbox"/> | 4211 | Biohazard bags not tied off to prevent leakage/expulsion of contents during handling and storage. HSC 118280(a) |
| <input type="checkbox"/> | 4212 | Biohazard bags not containerized in rigid, leak resistant, and covered containers or bins when placed for storage, handling, or transport. HSC 118280(b) |
| <input type="checkbox"/> | 4213 | Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides. HSC 118280(c) |
| <input type="checkbox"/> | 4214 | Reusable containers/bins for MW storage not kept clean and sanitary. HSC 118295, 118305 |
| <input type="checkbox"/> | 4215 | Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e)(2) |
| <input type="checkbox"/> | 4306 | Full sharps container stored >30 days at >0°C. HSC 118285(c) |
| <input type="checkbox"/> | 4307 | Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/month). HSC 118280(e)(1)(A) |
| <input type="checkbox"/> | 4308 | Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/month). HSC 118280(e)(1)(B) |
| <input type="checkbox"/> | 4219 | MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310 |
| <input type="checkbox"/> | 4220 | MW interim storage area not properly secured. HSC 118307 |

TREATMENT AND DISPOSAL

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | 4251 | MW treated by unapproved method/procedure. HSC 118215 |
| <input type="checkbox"/> | 4252 | Standardized written operating procedures for steam sterilization not available. HSC 118215(a)(2)(A) |
| <input type="checkbox"/> | 4253 | Recording thermometer not calibrated annually. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4254 | No records of annual thermometer calibration checks onsite for at least the past 2 years. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4255 | Heat-sensitive tape/other approved method not used for each load treated onsite. HSC 118215(a)(2)(C) |
| <input type="checkbox"/> | 4256 | Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D) |
| <input type="checkbox"/> | 4257 | Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4258 | Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E) |
| <input type="checkbox"/> | 4259 | Disposal of untreated MW to an unauthorized point. HSC 118340 |

TRANSPORTATION REQUIREMENTS

- | # | HMD | VIOLATION DESCRIPTION |
|--------------------------|------|---|
| <input type="checkbox"/> | 4260 | Transportation of MW without State Hauler Registration, USPS or requirements of the DOT "Materials of Trade Exceptions." HSC 118025 |
| <input type="checkbox"/> | 4311 | Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040 |

SMALL QUANTITY GENERATORS ONLY

(<200 pounds of medical waste generated per month)

- | | | |
|--------------------------|------|---|
| <input type="checkbox"/> | 4301 | Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935 |
| <input type="checkbox"/> | 4302 | Did not maintain and show proof of "onsite" medical waste treatment records for 3 years. HSC 117943 |
| <input type="checkbox"/> | 4303 | Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945 |
| <input type="checkbox"/> | 4309 | MWMP or equivalent information not onsite (only for SQG doing onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032 |

LARGE QUANTITY GENERATORS ONLY

(≥ 200 pounds of medical waste generated per month)

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | 4351 | MWMP not submitted to HMD (initial/updates). HSC 117960, 117970 |
| <input type="checkbox"/> | 4352 | Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E) |
| <input type="checkbox"/> | 4353 | Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975 |

CHEMOTHERAPY, PATHOLOGY, PHARMACEUTICAL

HAZARDOUS & UNIVERSAL WASTES

- | | | |
|--------------------------|---------|--|
| <input type="checkbox"/> | 4401 | Trace Chemo waste not segregated from other MW. HSC 118275(a)(4) |
| <input type="checkbox"/> | 4402 | Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4) |
| <input type="checkbox"/> | 4403 | Illegal disposal of chemo waste. HSC 118340 |
| <input type="checkbox"/> | 4411 | Pathology waste not segregated from other MW. HSC 118275(a)(5) |
| <input type="checkbox"/> | 4412 | Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5) |
| <input type="checkbox"/> | 4413 | Illegal disposal of pathology waste. HSC 118340 |
| <input type="checkbox"/> | 4421 | Pharm waste not segregated from other MW. HSC 118275(a)(6) |
| <input type="checkbox"/> | 4422 | Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid and the sides. HSC 118275(a)(6) |
| <input type="checkbox"/> | 4423 | Pharm waste stored >90 days when container full, or stored longer than one year (maximum allowable time). HSC 118280(f) |
| <input type="checkbox"/> | 4432 | Illegal disposal of pharm waste. HSC 118340, 118222(b) |
| <input type="checkbox"/> | 4441 | Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5 |
| <input type="checkbox"/> | 3030046 | Failed to keep records of offsite universal waste shipment(s) available for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2) |
| <input type="checkbox"/> | 3050003 | Disposed of universal waste to an unauthorized point. HSC 25189.5(a); 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a) |

LQ MW ONSITE TREATMENT FACILITY

(≥ 200 pounds of medical waste generated per month)

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | 4501 | Onsite MW treatment permit not obtained/renewed. HSC 117950, 118130, 65620, 65623 |
| <input type="checkbox"/> | 4502 | Current copy of the MW treatment permit not available. HSC 65621(f), 65623, 118165, 118180 |
| <input type="checkbox"/> | 4503 | Condition(s) of the MW treatment permit violated. HSC 65623 |



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

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

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

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

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

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

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: _____ DATE: _____

SPECIALIST'S COMMENTS:

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

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

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

INSPECTION DATE: **10/30/2015** PAGE **1** OF **9**
 RECORD ID #: **DEH2002-HUPFP-114230**
 TIME START: **12:30 PM** END: **5:00 PM**
 SPECIALIST: **Griffith, Gary**
 INSPECTION CONTACT: **Bill Watson**
 TITLE: **Lead Maintenance**
 PHONE: **(760) 739-2314**
 E-MAIL:

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

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

Yes	N/A		Yes	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input type="checkbox"/> Closed <input type="checkbox"/> Labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>09/30/2016</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Bill Watson

TITLE: Lead Maintenance

INTRODUCTION:

This hospital has been absorbed into the facilities in West Escondido and Poway.
 This location will discontinue services in approximately one year.
 There is no overnight patient care at this facility.
 The generation of radioactive contaminated medical waste was discontinued.
 The generation and de-contamination of endoscopy appliances with cold sterilant has been discontinued.
 There is no treatment of medical waste on site.
 The generation of chemotherapy waste was discontinued.
 Stericycle collects, transports and treats medical waste.
 The underground storage tank Designated Operator monthly reports were reviewed with no significant problems.
 The UST employee operator training was done 3/27/2015.
 SunWest is the Designated Operator certified 3/20/2015
 The underground storage tank operating permit expires 12/11/2018.
 The UST monitoring certification is scheduled for 11/5/2015.

VIOLATION # 1

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

Classification: Minor

Observations:

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

Corrective Action Due By: 11/29/2015

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



VIOLATION # 2

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

Classification: Minor

Observations:

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

Corrective Action Due By:11/29/2015

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

VIOLATION # 3

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

Underground Storage Tanks: 23489,23490

Classification: Minor

Observations:

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

Corrective Action Due By:11/29/2015

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

VIOLATION # 4

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

Classification: Minor

Observations:

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

Corrective Action Due By:11/29/2015

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

INSPECTION REMARKS:

Helpful Websites:

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

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

INSPECTION PHOTOS



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: **10/30/2015** PAGE **3** OF **9**
RECORD ID #: **DEH2002-HUPFP-114230**

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

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

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



COUNTY OF SAN DIEGO

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

INSPECTION DATE: **10/30/2015** PAGE **4** OF **9**
RECORD ID #: **DEH2002-HUPFP-114230**

FACILITY NAME: * **PALOMAR HEALTH DOWNTOWN CAMPUS**

ADDRESS: * **555 E VALLEY PKWY**

CITY/ZIP: * **ESCONDIDO**

92025

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. Incorporated provisions of Title 40 of the Code of Federal Regulations (CFR) are noted for reference. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. HMBP = Hazardous Materials Business Plan; CUPA = Certified Unified Program Agency; CERS = California Environmental Reporting System; SQG = Small Quantity Hazardous Waste Generator; LQG = Large Quantity Hazardous Waste Generator

Hazardous Materials Requirements

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 1010001 HMBP not established/ implemented. HSC 25505(a) and 25507(a) |
| <input type="checkbox"/> | 1010002 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) |
| <input type="checkbox"/> | 1010003 Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) |
| <input type="checkbox"/> | 1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010005 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010006 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e) |
| <input type="checkbox"/> | 1010007 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f) |
| <input type="checkbox"/> | 1010008 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2 |
| <input type="checkbox"/> | 1010010 Emergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010011 Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1 |
| <input type="checkbox"/> | 1010012 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1 |
| <input type="checkbox"/> | 1010014 Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010015 Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010016 HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020001 Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020002 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4) |
| <input type="checkbox"/> | 1040001 Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a) |
| <input type="checkbox"/> | 4010001 Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a) |
| <input type="checkbox"/> | HMD 1001 Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905 |
| <input type="checkbox"/> | HMD 1005 Emergency contact not provided or current. HSC 25508.1(f) |
| <input type="checkbox"/> | HMD 1007 Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b) |
| <input type="checkbox"/> | HMD 1008 Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c) |
| <input type="checkbox"/> | HMD 1013 HMBP not readily available for review. HSC 25505(c) |

Hazardous Waste Requirements for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | HMD 0219 Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6) |
| <input type="checkbox"/> | HMD 0226 Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | HMD 0412 Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2) |

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Hazardous Waste Requirements for SQGs ONLY (continued)

- | # | VIOLATION DESCRIPTION |
|---------------------------------------|--|
| 1 <input checked="" type="checkbox"/> | 3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f) |
| <input type="checkbox"/> | 3030010 Accumulated waste too long (>180 or 270 days) (>90 days for an acutely hazardous waste). (40 CFR 262.34(e) and (f).) HSC 25201(a); 22 CCR 66262.34(d) |
| <input type="checkbox"/> | 3030013 Failed to accumulate hazardous waste in a container that is in good condition. (40 CFR 262.34(d)(2); 265.171.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030015 Failed to accumulate or store hazardous waste in a lined/compatible container. (40 CFR 262.34(d)(2); 265.172) 22 CCR 66262.34(d)(2) |
| 2 <input checked="" type="checkbox"/> | 3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030019 Failed to inspect hazardous waste storage area at least weekly. (40 CFR 262.34(d)(2); 265.174.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030022 Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030030 Failed to maintain and/or operate the facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents. (40 CFR 262.34(d)(4), 265.31.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030036 Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3010022 Failed to post, next to the telephone, emergency information containing the location of emergency equipment, contact names, and numbers. (40 CFR 262.34(d)(5)(ii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3020001 Failed to ensure employees are trained for hazardous waste handling, compliance with regulations, and emergency response procedures. (40 CFR 262.34(d)(5)(iii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030032 Failed to maintain or have emergency equipment, supplies, or equivalents. 1) An internal communication or alarm system; 2) A device, such as a telephone; 3) Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment; and 4) Water at adequate volume and pressure (40 CFR 262.34(d)(4); 265.32) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030039 Failed to implement contingency plan during an emergency, spill/ release. (40 CFR 262.34(d)(5)(iv).) 22 CCR 66262.34(d)(2) |

Hazardous Waste Tank Systems for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3030024 Failed to maintain sufficient freeboard of 2 ft in uncovered tanks to prevent overtopping unless the tank is equipped with a containment structure, a drainage control system or a diversion structure with a capacity that equals or exceeds the volume of the top 2 ft of the tank. (40 CFR 62.34(d)(3); 265.201(b)(c).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030025 Failed to provide an overfill protection device on continuously fed hazardous waste tank. (40 CFR 262.34(d)(3); 265.201(b)(4).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030027 Failed to conduct daily tank inspection of the discharge system, monitoring equipment, and tank level. (40 CFR 265.201(c)(1), 265.201(c)(2), 265.201(c)(3), 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030028 Failed to conduct weekly inspections of the construction materials, fixtures, and surrounding areas of the hazardous waste tank. (40 CFR 265.201(c)(4); 265.201(c)(5); 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3050007 Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3 |
| <input type="checkbox"/> | HMD 1612 Hazardous waste improperly stored in a tank system causing leaks, corrosion, or failure. (40 CFR 265.201(b).) 22 CCR 66262.34(d) |
| <input type="checkbox"/> | HMD 1614 Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1) |
| <input type="checkbox"/> | HMD 1615 Failed to properly accumulate ignitable or reactive waste in a tank system. (40 CFR 265.201(g).) 22 CCR 66262.34(d)(2) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Hazardous Materials and Hazardous Waste (continued)

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

- | # | VIOLATION DESCRIPTION |
|--------------------------|---|
| <input type="checkbox"/> | 3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905 |
| <input type="checkbox"/> | 3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b) |
| <input type="checkbox"/> | 3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12 |
| <input type="checkbox"/> | 3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a) |
| <input type="checkbox"/> | 3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42 |
| <input type="checkbox"/> | 3010010 Failed to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3), 25185(a)(4); 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010011 Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4) |
| <input type="checkbox"/> | 3010013 Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B) |
| <input type="checkbox"/> | 3030006 Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a) |
| <input type="checkbox"/> | 3010016 Failure of recycler who recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption to provide and submit in CERS the required information. HSC 25143.10(a), (c), and/or (d) |
| <input type="checkbox"/> | HMD 0149 Failed to keep disposal receipts for drained used oil filters and/or drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | HMD 0148 Failed to have copies of analytical records, waste analysis records, and/or waste determination results for 3 years. 22 CCR 66262.40(c) |
| <input type="checkbox"/> | HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8) |
| <input type="checkbox"/> | 3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a) |
| <input type="checkbox"/> | 3050005 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g) |
| <input type="checkbox"/> | 3210001 Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a) |
| <input type="checkbox"/> | HMD 0138 Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a) |

Hazardous Waste Requirements for SQGs and LQGs DISPOSAL AND TRANSPORTATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 3010007 Failed to prepare a hazardous waste manifest for the transport of a waste for off-site transfer, treatment, storage, or disposal. HSC 25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a) |
| <input type="checkbox"/> | 3030005 Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c) |
| <input type="checkbox"/> | 3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41 |
| <input type="checkbox"/> | 3050002 Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | 3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a) |
| <input type="checkbox"/> | HMD 0305 Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | HMD 0306 Disposed of hazardous waste latex paint improperly. HSC 25217.1 |

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Hazardous Waste Requirements for SQGs and LQGs STORAGE AND HANDLING

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030001 Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1) |
| <input type="checkbox"/> | 3030003 Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b) |
| <input type="checkbox"/> | 3030004 Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | 3050004 Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c) |
| <input type="checkbox"/> | HMD 0222 Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a) |
| <input type="checkbox"/> | HMD 0216 Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0221 Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e) |
| <input type="checkbox"/> | HMD 0223 Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f) |
| <input type="checkbox"/> | HMD 0224 Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f) |

Universal Waste Handler Requirements

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3010004 Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b) |
| <input type="checkbox"/> | 3020002 Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d) |
| <input type="checkbox"/> | 3020003 Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b) |
| <input type="checkbox"/> | 3030008 Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34 |
| <input type="checkbox"/> | 3030011 Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b) |
| <input type="checkbox"/> | 3030046 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c),(d)(2) |
| <input type="checkbox"/> | 3030051 Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f) |
| <input type="checkbox"/> | 3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5 |
| <input type="checkbox"/> | 3050003 Disposal of universal waste (UW) to an unauthorized point. HSC 25189.5(a), 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Underground Storage Tank (UST) Program

INSPECTION DATE: **10/30/2015** PAGE **6** OF **9**
RECORD ID #: **DEH2002-HUPFP-114230**

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

GENERAL PROGRAM REQUIREMENTS UST System – File Records

- | # | VIOLATION DESCRIPTION |
|---------------------------------------|---|
| <input type="checkbox"/> | 2030064 Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4) |
| <input type="checkbox"/> | 2030021 Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i) |
| <input type="checkbox"/> | 2030039 Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299 |
| <input type="checkbox"/> | 2060001 Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8) |
| <input type="checkbox"/> | 2010010 Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711 |
| <input type="checkbox"/> | 2010001 Failure to obtain and maintain a valid Board of Equalization account number. HSC 25286 |
| 3 <input checked="" type="checkbox"/> | 2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2 |
| <input type="checkbox"/> | 2030037 Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b) |
| <input type="checkbox"/> | 2030033 Failure to maintain on site an approved monitoring plan. 23 CCR 2632, 2634, 2711, 2712(i) |
| <input type="checkbox"/> | 2030046 Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i) |
| <input type="checkbox"/> | 2030041 Failure to submit, obtain approval, or maintain a complete/accurate plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8) |
| <input type="checkbox"/> | 2030002 (RD) Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638 |
| <input type="checkbox"/> | 2030003 (RD) Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2060002 (RD) Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system.; HSC 25292(a); 23 CCR 2643 |
| <input type="checkbox"/> | 2010003 The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a) |
| <input type="checkbox"/> | 2010009 Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e) |
| <input type="checkbox"/> | 2030048 Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 3 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637 |
| <input type="checkbox"/> | 2060016 Failure to conduct secondary containment testing at installation. 23 CCR 2637 |
| <input type="checkbox"/> | 2030034 Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f) |
| <input type="checkbox"/> | 2030044 Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f) |
| <input type="checkbox"/> | 2060011 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b) |
| <input type="checkbox"/> | 2060013 Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e) |
| <input type="checkbox"/> | 2030047 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662 |
| <input type="checkbox"/> | 2030061 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295 |
| <input type="checkbox"/> | 2010005 Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5) |
| <input type="checkbox"/> | 2030067 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3) |

GENERAL PROGRAM REQUIREMENTS UST System – File Records (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 |
| <input type="checkbox"/> | 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) |
| <input type="checkbox"/> | 2030023 Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715 |
| <input type="checkbox"/> | 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such systems. 23 CCR 2712(b) |
| <input type="checkbox"/> | 2030062 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) |
| <input type="checkbox"/> | 2010006 Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299 |
| <input type="checkbox"/> | 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2010004 The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715 |
| <input type="checkbox"/> | 2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d) |
| <input type="checkbox"/> | 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) |
| <input type="checkbox"/> | 2030012 Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f) |
| <input type="checkbox"/> | 2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715 |
| <input type="checkbox"/> | 2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643 |
| <input type="checkbox"/> | 2030066 Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

UST Tank (DW/SW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030001 | (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634 |
| <input type="checkbox"/> 2030059 | Failure to maintain UST system in accordance with exclusion/exemption status. HSC 25281.6, 25283.5 |
| <input type="checkbox"/> 2060003 | Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) |
| <input type="checkbox"/> 2060005 | Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) |
| <input type="checkbox"/> 2060006 | Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636 |
| <input type="checkbox"/> 2060007 | Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 2631(d) |
| <input type="checkbox"/> 2060010 | (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 |
| <input type="checkbox"/> 2060019 | Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030007 | Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) |
| <input type="checkbox"/> 2030036 | (RP) Failure of the overflow prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665 |
| <input type="checkbox"/> 2060020 | (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030008 | Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291 |
| <input type="checkbox"/> 2060015 | (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a) |
| <input type="checkbox"/> 2030016 | (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2)(A)&(B), 2633(c), 2636(f) |
| <input type="checkbox"/> 2030017 | Failure to maintain all product piping outside the dispenser to be fail-safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5) |
| <input type="checkbox"/> 2030019 | Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030022 | Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648 |
| <input type="checkbox"/> 2030028 | Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663 |
| <input type="checkbox"/> 2030029 | (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663 |
| <input type="checkbox"/> 2060024 | UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1 |
| <input type="checkbox"/> 2030040 | (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a) |

UST Tank (DW/SW) Requirements (continued)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030060 | Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 |
| <input type="checkbox"/> 2030055 | Failure to test the spill bucket annually. HSC 25284.2 |
| <input type="checkbox"/> 2060022 | Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d) |
| <input type="checkbox"/> 2030065 | (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e) |
| <input type="checkbox"/> 2060023 | Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d) |

UST Tank (SW) Requirements

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

UST Pressurized Piping (DW) Requirements

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

UST Pressurized Piping (SW) Requirements

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

UST Piping (SW) Requirements – Conventional Suction

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030050 | (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d) |
| <input type="checkbox"/> 2030049 | Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d) |

UST Piping (SW) Requirements – Gravity

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030051 | Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e) |
|----------------------------------|---|

HM-928 UST (02-15)

UST System – Cathodic Protection Requirements

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

UST System – Closure

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030063 | (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671 |
| <input type="checkbox"/> 2030038 | UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672 |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

INSPECTION DATE: **10/30/2015** PAGE **9** OF **9**
 RECORD ID #: **DEH2002-HUPFP-114230**

Medical Waste Generators

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

STORAGE AND LABELING

- | # | HMD | VIOLATION DESCRIPTION |
|--------------------------|------|---|
| <input type="checkbox"/> | 4201 | UPF Permit not obtained. HSC 117705; SDCC 68.905 |
| <input type="checkbox"/> | 4202 | Medical waste (MW) not separated from other waste at the point of origin. HSC 118275 |
| <input type="checkbox"/> | 4203 | Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310 |
| <input type="checkbox"/> | 4204 | MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which can be read from 25 ft. HSC 118310 |
| <input type="checkbox"/> | 4205 | Medical SOLID WASTE not secured to deny access to unauthorized persons. SDCC 68.1211 |
| <input type="checkbox"/> | 4206 | Spill of MW not properly cleaned up. HSC 118300 |
| <input type="checkbox"/> | 4207 | Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d) |
| <input type="checkbox"/> | 4208 | Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b) |
| <input type="checkbox"/> | 4209 | Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205 |
| <input type="checkbox"/> | 4210 | Medical waste not stored in approved and properly marked biohazard bags. HSC 118275(a) |
| <input type="checkbox"/> | 4211 | Biohazard bags not tied off to prevent leakage/expulsion of contents during handling and storage. HSC 118280(a) |
| <input type="checkbox"/> | 4212 | Biohazard bags not containerized in rigid, leak resistant, and covered containers or bins when placed for storage, handling, or transport. HSC 118280(b) |
| <input type="checkbox"/> | 4213 | Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides. HSC 118280(c) |
| <input type="checkbox"/> | 4214 | Reusable containers/bins for MW storage not kept clean and sanitary. HSC 118295, 118305 |
| <input type="checkbox"/> | 4215 | Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e)(2) |
| <input type="checkbox"/> | 4306 | Full sharps container stored >30 days at >0°C. HSC 118285(c) |
| <input type="checkbox"/> | 4307 | Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/month). HSC 118280(e)(1)(A) |
| <input type="checkbox"/> | 4308 | Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/month). HSC 118280(e)(1)(B) |
| <input type="checkbox"/> | 4219 | MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310 |
| <input type="checkbox"/> | 4220 | MW interim storage area not properly secured. HSC 118307 |

TREATMENT AND DISPOSAL

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | 4251 | MW treated by unapproved method/procedure. HSC 118215 |
| <input type="checkbox"/> | 4252 | Standardized written operating procedures for steam sterilization not available. HSC 118215(a)(2)(A) |
| <input type="checkbox"/> | 4253 | Recording thermometer not calibrated annually. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4254 | No records of annual thermometer calibration checks onsite for at least the past 2 years. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4255 | Heat-sensitive tape/other approved method not used for each load treated onsite. HSC 118215(a)(2)(C) |
| <input type="checkbox"/> | 4256 | Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D) |
| <input type="checkbox"/> | 4257 | Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B) |
| <input type="checkbox"/> | 4258 | Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E) |
| <input type="checkbox"/> | 4259 | Disposal of untreated MW to an unauthorized point. HSC 118340 |

TRANSPORTATION REQUIREMENTS

- | # | HMD | VIOLATION DESCRIPTION |
|--------------------------|------|---|
| <input type="checkbox"/> | 4260 | Transportation of MW without State Hauler Registration, USPS or requirements of the DOT "Materials of Trade Exceptions." HSC 118025 |
| <input type="checkbox"/> | 4311 | Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040 |

SMALL QUANTITY GENERATORS ONLY

(<200 pounds of medical waste generated per month)

- | | | |
|--------------------------|------|---|
| <input type="checkbox"/> | 4301 | Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935 |
| <input type="checkbox"/> | 4302 | Did not maintain and show proof of "onsite" medical waste treatment records for 3 years. HSC 117943 |
| <input type="checkbox"/> | 4303 | Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945 |
| <input type="checkbox"/> | 4309 | MWMP or equivalent information not onsite (only for SQG doing onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032 |

LARGE QUANTITY GENERATORS ONLY

(≥ 200 pounds of medical waste generated per month)

- | | | | |
|---|-------------------------------------|------|--|
| 4 | <input checked="" type="checkbox"/> | 4351 | MWMP not submitted to HMD (initial/updates). HSC 117960, 117970 |
| | <input type="checkbox"/> | 4352 | Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E) |
| | <input type="checkbox"/> | 4353 | Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975 |

CHEMOTHERAPY, PATHOLOGY, PHARMACEUTICAL

HAZARDOUS & UNIVERSAL WASTES

- | | | |
|--------------------------|---------|--|
| <input type="checkbox"/> | 4401 | Trace Chemo waste not segregated from other MW. HSC 118275(a)(4) |
| <input type="checkbox"/> | 4402 | Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4) |
| <input type="checkbox"/> | 4403 | Illegal disposal of chemo waste. HSC 118340 |
| <input type="checkbox"/> | 4411 | Pathology waste not segregated from other MW. HSC 118275(a)(5) |
| <input type="checkbox"/> | 4412 | Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5) |
| <input type="checkbox"/> | 4413 | Illegal disposal of pathology waste. HSC 118340 |
| <input type="checkbox"/> | 4421 | Pharm waste not segregated from other MW. HSC 118275(a)(6) |
| <input type="checkbox"/> | 4422 | Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid and the sides. HSC 118275(a)(6) |
| <input type="checkbox"/> | 4423 | Pharm waste stored >90 days when container full, or stored longer than one year (maximum allowable time). HSC 118280(f) |
| <input type="checkbox"/> | 4432 | Illegal disposal of pharm waste. HSC 118340, 118222(b) |
| <input type="checkbox"/> | 4441 | Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5 |
| <input type="checkbox"/> | 3030046 | Failed to keep records of offsite universal waste shipment(s) available for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2) |
| <input type="checkbox"/> | 3050003 | Disposed of universal waste to an unauthorized point. HSC 25189.5(a); 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a) |

LQG MW ONSITE TREATMENT FACILITY

(≥ 200 pounds of medical waste generated per month)

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | 4501 | Onsite MW treatment permit not obtained/renewed. HSC 117950, 118130, 65620, 65623 |
| <input type="checkbox"/> | 4502 | Current copy of the MW treatment permit not available. HSC 65621(f), 65623, 118165, 118180 |
| <input type="checkbox"/> | 4503 | Condition(s) of the MW treatment permit violated. HSC 65623 |



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

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

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

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

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

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

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: _____ DATE: _____

SPECIALIST'S COMMENTS:

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

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

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC
Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
Facility Contact Person: Scott Foster Contact Phone No.: 760-739-3549
Make/Model of Monitoring System: Pnumerator TMS-2000 Date of Testing/Servicing: 11/5/15

B. Inventory of Equipment Tested/Certified

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

Table with 4 columns: Tank ID, In-Tank Gauging Probe, Annular Space or Vault Sensor, Piping Sump / Trench Sensor(s), Fill Sump Sensor(s), Mechanical Line Leak Detector, Electronic Line Leak Detector, Tank Overfill / High-Level Sensor, Other (specify equipment type and model in Section E on Page 2). Includes Dispenser ID section with Dispenser Containment Sensor(s), Shear Valve(s), and Dispenser Containment Float(s) and Chain(s).

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

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

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

QA/QC APPROVED
11/12/2015 12:36 PM Justin Tr

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

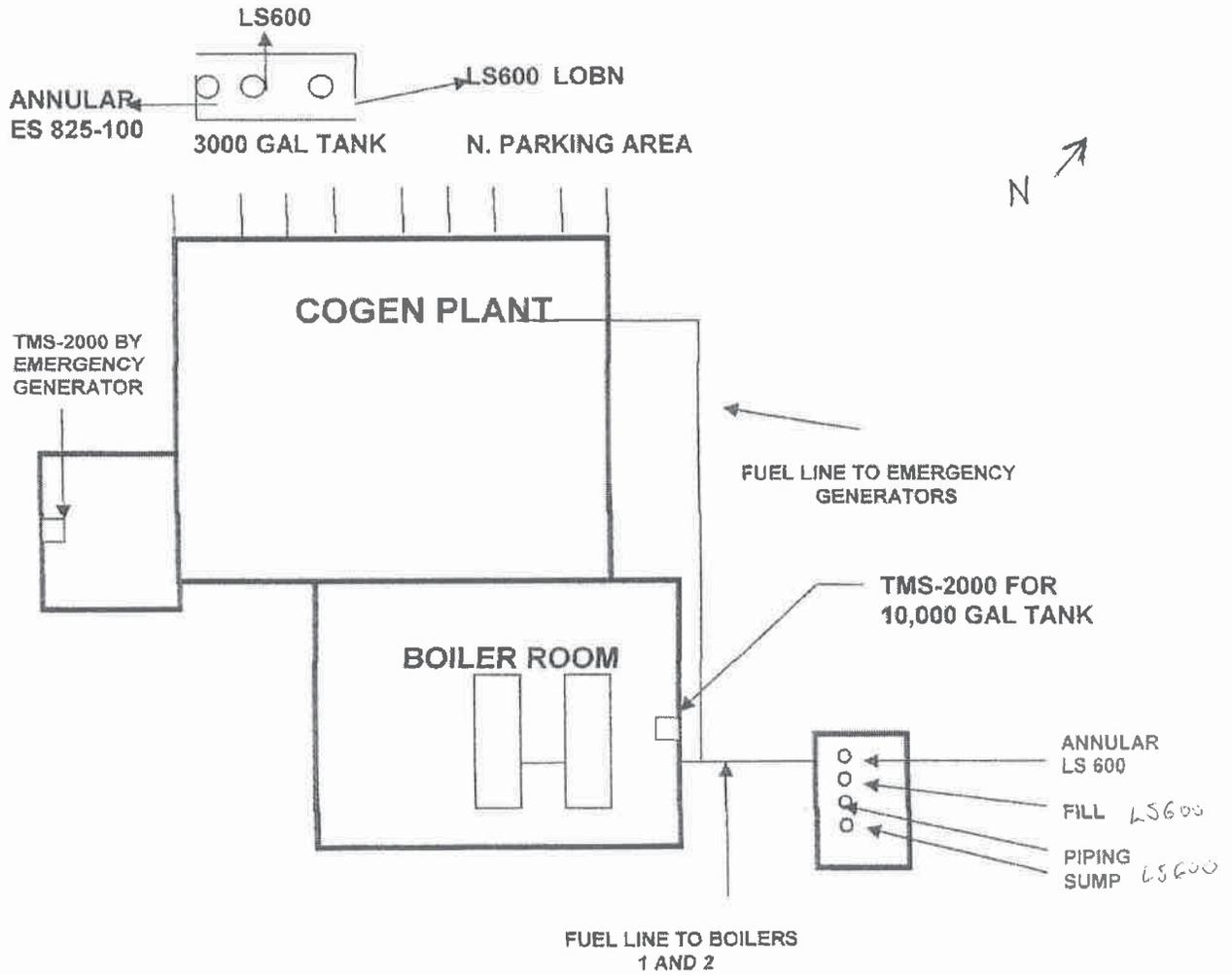
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 11/5/15

Configuration

17,000
 11/05/15 6:11am
 07:49

Site id 02986
 Unit id 01

Confie Header

Acc Code 000000
 Security Serial
 Unit id 01
 Site id 02986
 Dsp Mode Gr vol
 Baud rateSErA .96K
 Serialfmtata N-8-1
 Baud rateSErb .12K
 Serialfmtatb N-8-1
 Tank Qty 0
 SF Units % Vol
 Sale En No
 Homdelay None
 Autoprint Yes
 Leakprintpass-fail
 Monthly Print No
 Uil Limit 90 %cap
 Dst Enabl Yes

Confie Tank 1

Not Enabled

Confie Probe 1

Not Enabled

Confie SENsr Inp 1
 Sensor En Alarm
 Type Lsc00
 Mode Leak
 Inp Name Piping
 User name User
 Fault En No
 Normally Open
 Associate Tnk No
 Associate Dsp No

Confie SENsr Inp 2
 Sensor En Alarm
 Type Lsc00
 Mode Leak
 Inp Name Sump
 User name User
 Fault En No
 Normally Open
 Associate Tnk No
 Associate Dsp No

Confie SENsr Inp 3
 Sensor En Alarm
 Type Lsc00
 Mode Leak
 Inp Name Vault
 User name User
 Fault En No
 Normally Open
 Associate Tnk No
 Associate Dsp No

Confie Inventory

Hour 1 00:00
 Hour1 Prt No
 Hour 2 00:00
 Hour2 Prt No
 Hour 3 00:00
 Hour3 Prt No
 Sun Enabl No
 Mon Enabl No
 Tue Enabl No
 Wed Enabl No
 Thu Enabl No
 Fri Enabl No
 Sat Enabl No

Confie Theft

M-F Open 00:00
 M-F Close 00:00
 Sat Open 00:00
 Sat Close 00:00
 Sun Open 00:00
 Sun Close 00:00

Confie Modem

Modem None
 Fax Local
 Fax Area
 Baud Ratebps 24K
 Data Type Tone
 Pause 1 sec
 Tel Line Dedicated

Confie Dial Out 1

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 Leak Dial No
 SF1 Dial No
 SF2 Dial No
 SF3 Dial No
 H2o Dial No
 Thft Dial No
 Acc Dial No
 SENs Dial No
 Erv Dial No
 Inp Dial No
 Inp Hour 00:00

 Alarm

11/05/15
 08:06

Site id 02986
 Unit id 01

Date 11/05
 Time 08:06

High High Alarm
 Input # 03

Alarm Id Sensr
 Detail Closed

 Alarm

11/05/15
 08:08

Site id 02986
 Unit id 01

Date 11/05
 Time 08:08

Level___ Alarm
 Input # 02

Alarm Id Sensr
 Detail Closed

 Alarm

11/05/15
 08:09

Site id 02986
 Unit id 01

Date 11/05
 Time 08:09

High___ Alarm
 Input # 01

Alarm Id Sensr
 Detail Closed

Los
 Date 11/05
 Time 08:20
 Site id 02986
 Unit id 01

Los Alarms 1
 Date 11/05
 Time 08:09
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 2
 Date 11/05
 Time 08:08
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 3
 Date 11/05
 Time 08:06
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 4
 Date 11/05
 Time 08:56
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 5
 Date 11/05
 Time 08:55
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 6
 Date 11/05
 Time 08:54
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 7
 Date 10/09
 Time 08:42
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 8
 Date 10/09
 Time 08:41
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 9
 Date 10/09
 Time 08:35
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 10
 Date 10/09
 Time 08:35
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 11
 Date 10/09
 Time 08:34
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 12
 Date 07/19
 Time 08:41
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 13
 Date 07/19
 Time 08:41
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 14
 Date 07/19
 Time 08:41
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 15
 Date 07/19
 Time 08:40
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 16
 Date 07/19
 Time 08:37
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 17
 Date 06/23
 Time 08:50
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 18
 Date 06/23
 Time 08:50
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 19
 Date 06/23
 Time 08:50
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 20
 Date 02/26
 Time 11:05
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

Los Alarms 21
 Date 02/26
 Time 05:26
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 22
 Date 01/07
 Time 09:51
 High Alarm Input # 01
 Alarm Id Sensor Detail Closed

Los Alarms 23
 Date 01/07
 Time 09:50
 Level Alarm Input # 02
 Alarm Id Sensor Detail Closed

Los Alarms 24
 Date 01/07
 Time 09:50
 High High Alarm Input # 03
 Alarm Id Sensor Detail Closed

SWRCB, January 2006

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center (Downtown Campus)	Date of Testing: 11/5/15
Facility Address: 555 East Valley Parkway	
Facility Contact: Scott Foster	Phone: 760-739-3549
Date Local Agency Was Notified of Testing: 48 Hours Prior	
Name of Local Agency Inspector (if present during testing): Gary Griffith	

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Digitally signed by Paul McLane for WT#151001-478

Technician's Signature: _____

11/05/2015 10:49:12

Date: 11/5/2015

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

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC
 Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
 Facility Contact Person: Scott Foster Contact Phone No.: 760-739-3549
 Make/Model of Monitoring System: Pnumericator TMS-2000 Date of Testing/Servicing: 11/5/15

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>Diesel - 3,000 Gallon - UST</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES-825-100F</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Digitally signed by Paul McLane for WT#151001-479
 11/05/2015 11:47:19

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

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

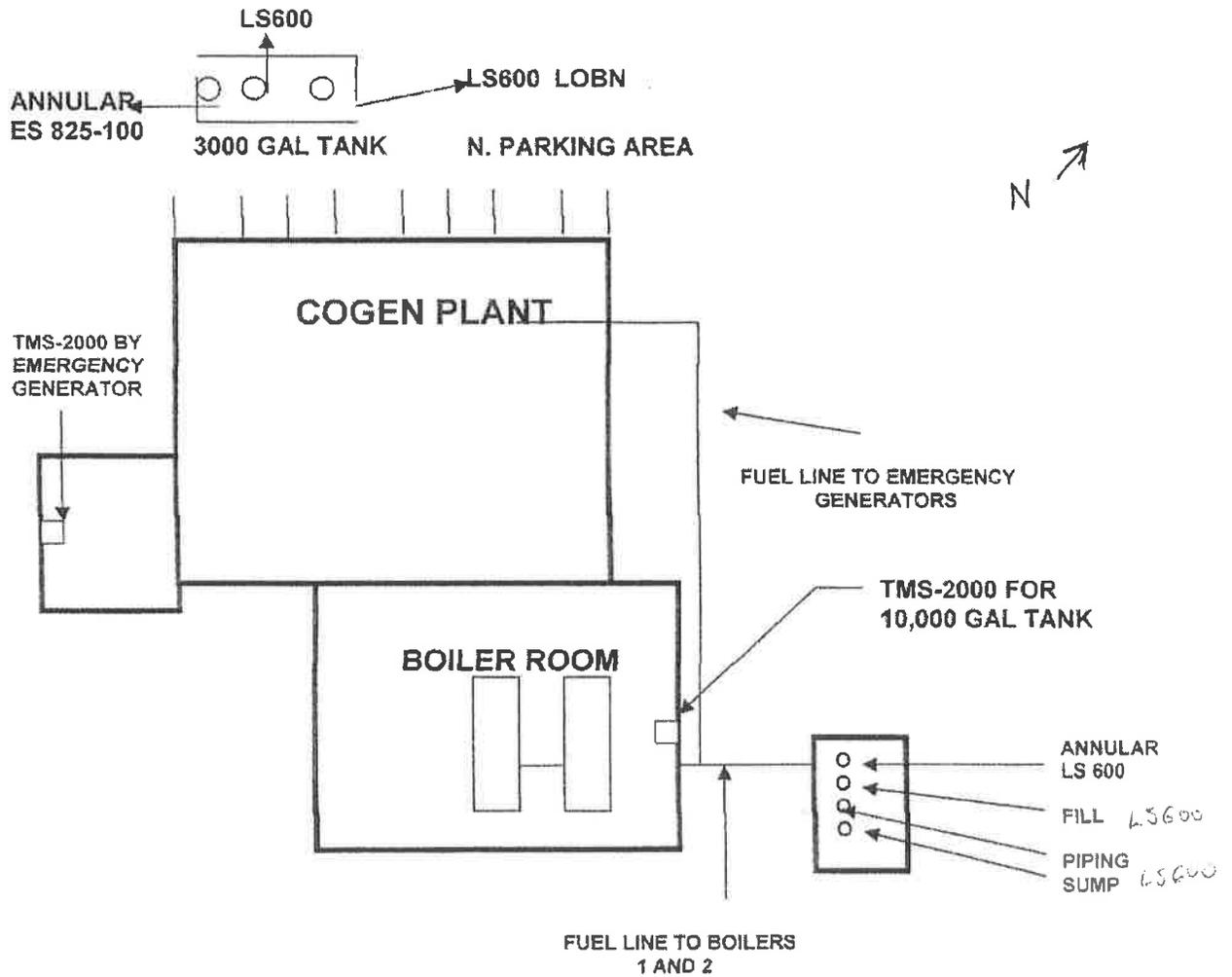
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 11/5/15

Configuration

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/15 3:00
12:10 Gallon

Site id 00000
Unit id 00

Confis Header

Acc Code 000000
Security Serial
Unit id 00
Site id 00000
Dsp Mode Gr vol
Baud rateSERA .96K
Serialfmtpta N-8-1
Baud rateSERB .96K
Serialfmtptb N-8-1
Tank Qty 0
SP Units % Vol
Sale En No
Horrdelay None
Autoerint Yes
Leakerintpass-fail
Monthly Print No
Ull Limit 90 %cap
Dst Enabl No

Confis Tank 1

Not Enabled

Confis Probe 1

Not Enabled

Confis SENsr Inp 1
Sensor En Alarm
Type Ls800
Mode Leak
Inp Name Pipeina
User name Input
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

Confis SENsr Inp 2
Sensor En Alarm
Type Ls800
Mode Leak
Inp Name Contn
User name Input
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

Confis SENsr Inp 3
Sensor En Alarm
Type Es0251
Inp Name Dswall
User name Input
Fault En No
Normally Open
Associate Trk No
Associate Dsp No

Confis Invertors

Hour 1 00:00
Hour1 Prt No
Hour 2 00:00
Hour2 Prt No
Hour 3 00:00
Hour3 Prt No
Sun Enabl No
Mon Enabl No
Tue Enabl No
Wed Enabl No
Thu Enabl No
Fri Enabl No
Sat Enabl No

Confis Theft

M-F Open 00:00
M-F Close 00:00
Sat Open 00:00
Sat Close 00:00
Sun Open 00:00
Sun Close 00:00

Confis Modes

Modes None
Fos Local
Fos Area
Baud Ratesera .24K
Dial Tone Tone
Pause 1 sec
Tel Line Dedicated

Confis Dial Out 1

Tel Local
Tel Area
Tel Area2
Line Type Data
Leak Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
Sns Dial No
Err Dial No
Wtr Dial No
Trk Hour 00:00

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/15
12:25

Site id 00000
Unit id 00

Date 11/05
Time 12:25

Overfl___ Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/15
12:26

Site id 00000
Unit id 00

Date 11/05
Time 12:26

Hihish___ Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/15
12:28

Site id 00000
Unit id 00

Date 11/05
Time 12:28

High___ Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/15 8,000
12:31 *Callers*

Site id 00000
Unit id 00

Los Alarms 1

Date 11/05
Time 12:28

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los Alarms 2

Date 11/05
Time 12:26

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 3

Date 11/05
Time 12:25

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 4

Date 11/05
Time 12:37

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los Alarms 5

Date 11/05
Time 12:35

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 6

Date 11/05
Time 12:34

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 7

Date 10/09
Time 11:49

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los Alarms 8

Date 10/09
Time 11:48

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 9

Date 10/09
Time 11:46

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 10

Date 05/02
Time 17:28

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 11

Date 05/02
Time 17:08

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 12

Date 05/02
Time 17:06

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 13

Date 05/02
Time 17:06

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 14

Date 05/02
Time 17:02

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 15

Date 05/02
Time 10:25

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 16

Date 05/02
Time 10:25

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 17

Date 05/01
Time 12:32

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 18

Date 05/01
Time 12:32

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los Alarms 19

Date 05/01
Time 12:32

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 20

Date 07/19
Time 11:11

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Los Alarms 21

Date 07/19
Time 11:11

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Los Alarms 22

Date 07/19
Time 11:09

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 23

Date 07/19
Time 11:05

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Los Alarms 24

Date 06/23
Time 11:29

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center (Downtown Campus)		Date of Testing: 11/5/15
Facility Address: 555 East Valley Parkway		
Facility Contact: Scott Foster	Phone:	760-739-3549
Date Local Agency Was Notified of Testing: 48 Hours Prior		
Name of Local Agency Inspector (if present during testing): Gary Griffith		

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Digitally signed by Paul McLane for WT#151001-479

Technician's Signature: _____ 11/05/2015 11:46:05

Date: 11/5/2015

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

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC
 Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
 Facility Contact Person: Scott Foster Contact Phone No.: () (760) 644-7120
 Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Servicing: 11/5/2014

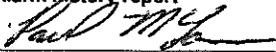
B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: Diesel - 3,000 Gallon - UST</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES825-100F</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

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

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

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

Results of Testing/Serviceing

Software Version Installed: N/A

Complete the following checklist:

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

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

E. Comments:

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

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

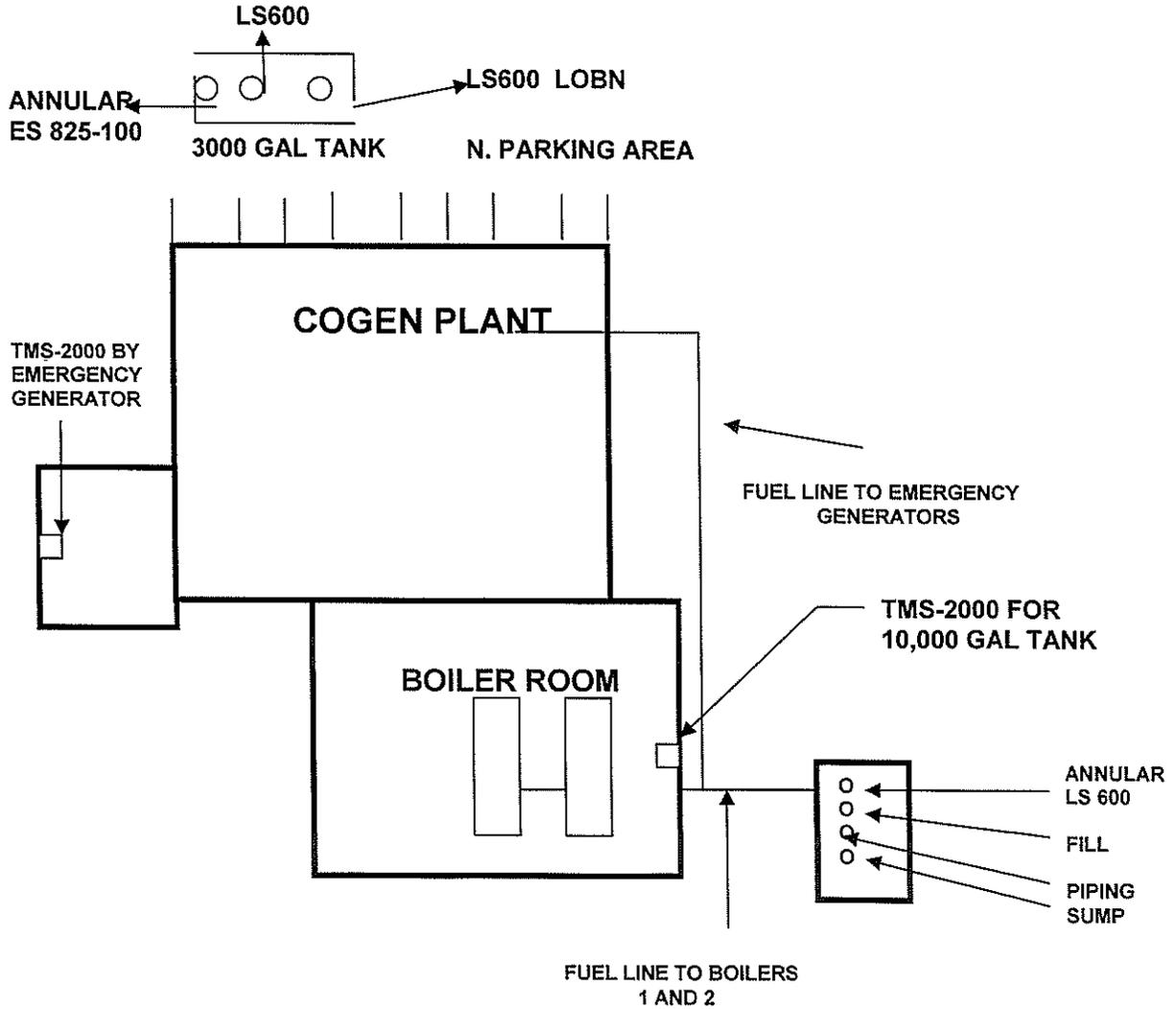
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

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

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____

Date: 11/5/2014

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

Inventor

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Current Alarm Status

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Tank Alarms

T	P	P
A	R	R
N	W	T
K	L	A
	E	S
	S	S
	T	E
	I	E
	Y	M
I	A	P
	P	P
	E	F
D	K	1
	2	3
	R	T
	E	C
	L	L

Leak Sensor Alarms

S	N	
E	K	
N	/	
S	D	N
O	S	A
R	P	L
		R
		A
I	I	R
D	D	A
		M
		L

01	PiPins	X
02	Contn	X
03	dbwALL	X

ALARM STATUS KEY

A = GENERAL ALARM
 F = GENERAL FAULT
 O = OPEN-CIRCUIT FAULT
 P = PRODUCT ALARM
 S = SHORT-CIRC. FAULT

Configuration

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:08

Site id 00000
Unit id 00

Config Header

Acc Code 000000
 Security Serial
 Unit id 00
 Site id 00000
 Dsr Mode Gr vol
 Baud rateSErA .96K
 Serial#mtrpta N-0-1
 Baud rateSErB .96K
 Serial#mtrptb N-0-1
 Tank Qty 0
 SP Units % Vol
 Sale En No
 HornDelay None
 Autoerint Yes
 Leakrintpass-fail
 Monthly Print No
 Uil Limit 90 %CAP
 Dst Enabl No

Config Tank 1

Not Enabled

Config Probe 1

Not Enabled

Config Rely Tank 1

Not Enabled

Config Rely cc 1

Config Rely cc 2

Config Rely cc 3

Config Rely cc 4

Config Rely 5

Config Rely cc 6

Config Rely cc 7

Config Rely cc 8

Config Rely Sens 1

Config Rely Sens 2

Config Rely Sens 3

Config Rely Site 1

Config Rely Mode 1

Config Rely Mode 2

Config Rely Mode 3

Config Rely Mode 4

Config Rely Mode 5

Config Rely Mode 6

Config Rely Mode 7

Config Rely Mode 8

Config Rely Mode 9

Config Rely Mode 10

Config Rely Mode 11

Config Rely Mode 6

Config Rely Mode 7

Config Rely Mode 8

Config cc Input 1

Config cc Input 2

Config cc Input 3

Config cc Input 4

Config cc Input 5

Config cc Input 6

Config cc Input 7

Config cc Input 8

Config cc Input 9

Config cc Input 10

Config cc Input 11

Config cc Input 12

Config cc Input 13

Config cc Input 14

Config cc Input 15

Config cc Input 16

Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 6
Cc Enable Off
Inp Name User
User name Input
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 7
Cc Enable Off
Inp Name User
User name Input
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 8
Cc Enable Off
Inp Name User
User name Input
Normally Close
Logic En Off
Timedelay 0 Sec

Config SEnSr Inp 1
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Pipins
User name Input
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Config SEnSr Inp 2
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Contn
User name Input
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Config SEnSr Inp 3
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Contn
User name Input
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Config SEnSr Inp 4
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Contn
User name Input
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Confis 3
 SENS En Alarm
 Type Es8251
 Inf Name Dbwall
 User name Input
 Fault En No
 Normally Open
 Associate Trnk No
 Associate Dse No

Confis Inventory
 Hour 1 00:00
 Hour1 Prt No
 Hour 2 00:00
 Hour2 Prt No
 Hour 3 00:00
 Hour3 Prt No
 Sun Enabl No
 Mon Enabl No
 Tue Enabl No
 Wed Enabl No
 Thu Enabl No
 Fri Enabl No
 Sat Enabl No

Confis Theft
 M-F Open 00:00
 M-F Close 00:00
 Sat Open 00:00
 Sat Close 00:00
 Sun Open 00:00
 Sun Close 00:00

Confis Modem
 Modem None
 Fcs Local
 Fcs Area
 Baud Ratesera .24K
 Dial Type Tone
 Pause 1 sec
 Tel Line Dedicated

Confis Dial Out 1
 Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No

h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 2

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 3

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 4

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No

h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 5

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Tank Leak 1

Not Enabled

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Confis 4 to 20mA
 4to20 En Trnk no
 dAtA SEL er Vol-----

Los
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.
11/05/14
12:14
Site id 00000
Unit id 00

Los Alarms 1
Date 10/09
Time 11:49
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 2
Date 10/09
Time 11:48
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 3
Date 10/09
Time 11:46
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 4
Date 05/02
Time 17:28
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 5
Date 05/02
Time 17:08
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 6
Date 05/02
Time 17:06
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 7
Date 05/02
Time 17:06
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 8
Date 05/02
Time 17:02
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 9
Date 05/02
Time 10:25
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarm 0
Date 05/02
Time 10:25
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 11
Date 05/01
Time 12:32
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 12
Date 05/01
Time 12:32
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 13
Date 05/01
Time 12:32
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 14
Date 07/19
Time 11:11
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 15
Date 07/19
Time 11:11
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 16
Date 07/19
Time 11:09
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 17
Date 07/19
Time 11:05
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 18
Date 06/23
Time 11:29
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 19
Date 06/23
Time 11:29
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms
Date 06/23
Time 11:29
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 21
Date 06/23
Time 10:32
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 22
Date 06/23
Time 10:32
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 23
Date 01/07
Time 13:25
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 24
Date 01/07
Time 13:24
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:34

Site id 00000
Unit id 00

Date 11/05
Time 12:34

Overfl___ Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:35

Site id 00000
Unit id 00

Date 11/05
Time 12:35

Hihigh___ Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:37

Site id 00000
Unit id 00

Date 11/05
Time 12:37

High___ Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

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

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

<p>Tank ID: Diesel - 10,000 Gallon - UST</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS600</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

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

Results of Testing/Serviceing

Software Version Installed: N/A

Complete the following checklist:

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

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

E. Comments:

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

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center (Downtown Campus)		Date of Testing: 11/5/14
Facility Address: 555 East Valley Parkway		
Facility Contact: Scott Foster	Phone: 760-644-7120	
Date Local Agency Was Notified of Testing: 48 Hours Prior		
Name of Local Agency Inspector (if present during testing): Michelle Chairs		

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Digitally signed by Paul McLane for WT#141016-004

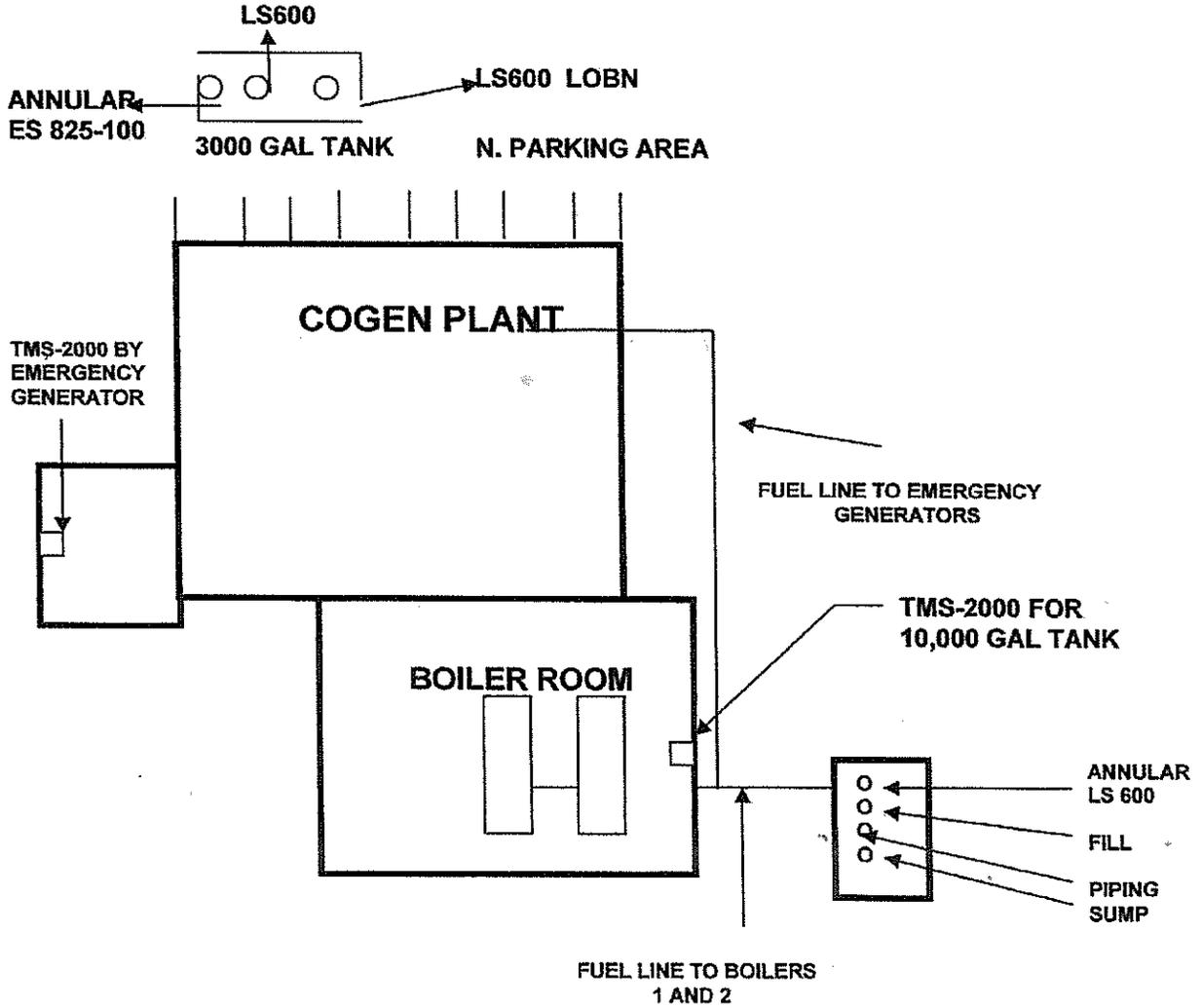
Technician's Signature: _____ 11/05/2014 11:42:14

Date: 11/5/2014

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

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

UNDERGROUND STORAGE TANK SYSTEM
OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND
UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS
For use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

FACILITY NAME Palomar Medical Center	FACILITY PHONE (7 6 0) 6 4 4 - 7 1 2 0
FACILITY SITE ADDRESS 555 East Valley Parkway	CITY Escondido
REASON FOR SUBMITTING THIS FORM (Check One): <input checked="" type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY

Designated Operator's Name: Spencer Kissick	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8169987	Expiration Date: 8/11/2016

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: David Smith	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8260473	Expiration Date: 6/7/2016

ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Kenneth Withee	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8252648	Expiration Date: 3/28/2016

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Todd Hansen	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8250244	Expiration Date: 11/7/2015

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

TANK OWNER NAME: SCOTT F. Foster

TANK OWNER TITLE: Lead Plant Operator OWNER PHONE: 760-644-7120

TANK OWNER SIGNATURE: Scott Foster DATE: 11/10/2014

INSTRUCTIONS

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

FACILITY NAME Palomar Medical Center	FACILITY PHONE (7 6 0) 6 4 4 - 7 1 2 0
FACILITY SITE ADDRESS 555 East Valley Parkway	CITY Escondido
REASON FOR SUBMITTING THIS FORM (Check One): <input checked="" type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

ALTERNATE 4 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Paul McLane	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8198073	Expiration Date: 1/23/2015

ALTERNATE 5 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Leonardo Aguilar	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 5302718	Expiration Date: 1/23/2015

ALTERNATE 6 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Ruben Becerra	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8198701	Expiration Date: 1/23/2015

ALTERNATE 7 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
International Code Council Certification #:	Expiration Date:

ALTERNATE 8 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
International Code Council Certification #:	Expiration Date:



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

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2**

(One form per facility)

VI. REPORTING AND RECORD KEEPING

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

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

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

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

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

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

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

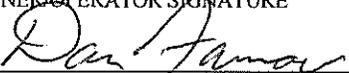
We will follow the reporting procedures described above if any of the following conditions occur:

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

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

VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE 	DATE 12/10/2008
OWNER/OPERATOR NAME (print) Dan Farrow	OWNER/OPERATOR TITLE Director Plant Operations

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

Local Agency Signature: _____ Date: _____

*Conditions of approval (if any):



State of California
 State Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

500,000 dollars per occurrence

1 million dollars annual aggregate

1 million dollars per occurrence

AND

2 million dollars annual aggregate

B. Palomar Health hereby certifies that it is in compliance with the requirements of Section 2807,

(Name of Tank Owner or Operator)

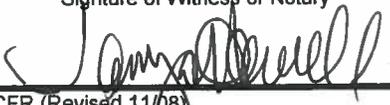
California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BETA Risk Mgmt Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507	Certificate No. HCL-15-691, Amendment No. H210-01	\$3,000,000 per claim and \$6,000,000 in the annual aggregate	July 1, 2015 to July 1, 2016	YES	YES

Note:

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

D. Facility Name Palomar Medical Center	Facility Address 2185 Citracado Parkway, Escondido, CA 92029
Facility Name Palomar Health Downtown Campus	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
E. Signature of Tank Owner or Operator 	Date 8/13/15
Signature of Witness or Notary 	Date 8-13-15
Name and Title of Tank Owner or Operator Diane Hansen, Executive Vice President Finance	Name of Witness or Notary Tanya Howell, Executive Assistant

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

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number:
HCL-15-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/15 at 12:01 a.m.

Expiration Date: 07/01/16 at 12:01 a.m.

Additional Contribution: Per Contract

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

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

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

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

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

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

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

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

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

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number:
HCL-15-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/15 at 12:01 a.m.

Expiration Date: 07/01/16 at 12:01 a.m.

Additional Contribution: Per Contract

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

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

B. Exclusions Applicable to Pollution Liability Coverage.

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

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

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

C. Additional Conditions and Definitions

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

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

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

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

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

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

Certificate Number: HCL-15-691	Amendment No.: H210-01
--	----------------------------------

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

one Limit of Liability shall apply to all such **Claims**.

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

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

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

BETA Risk Management Authority ("BETARMA")

A Public Entity

AMENDMENT

CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number:

HCL-15-691

Amendment No.:

H210-01

Issued to: Palomar Health

Effective Date: 07/01/15 at 12:01 a.m.

Expiration Date: 07/01/16 at 12:01 a.m.

Additional Contribution: Per Contract

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

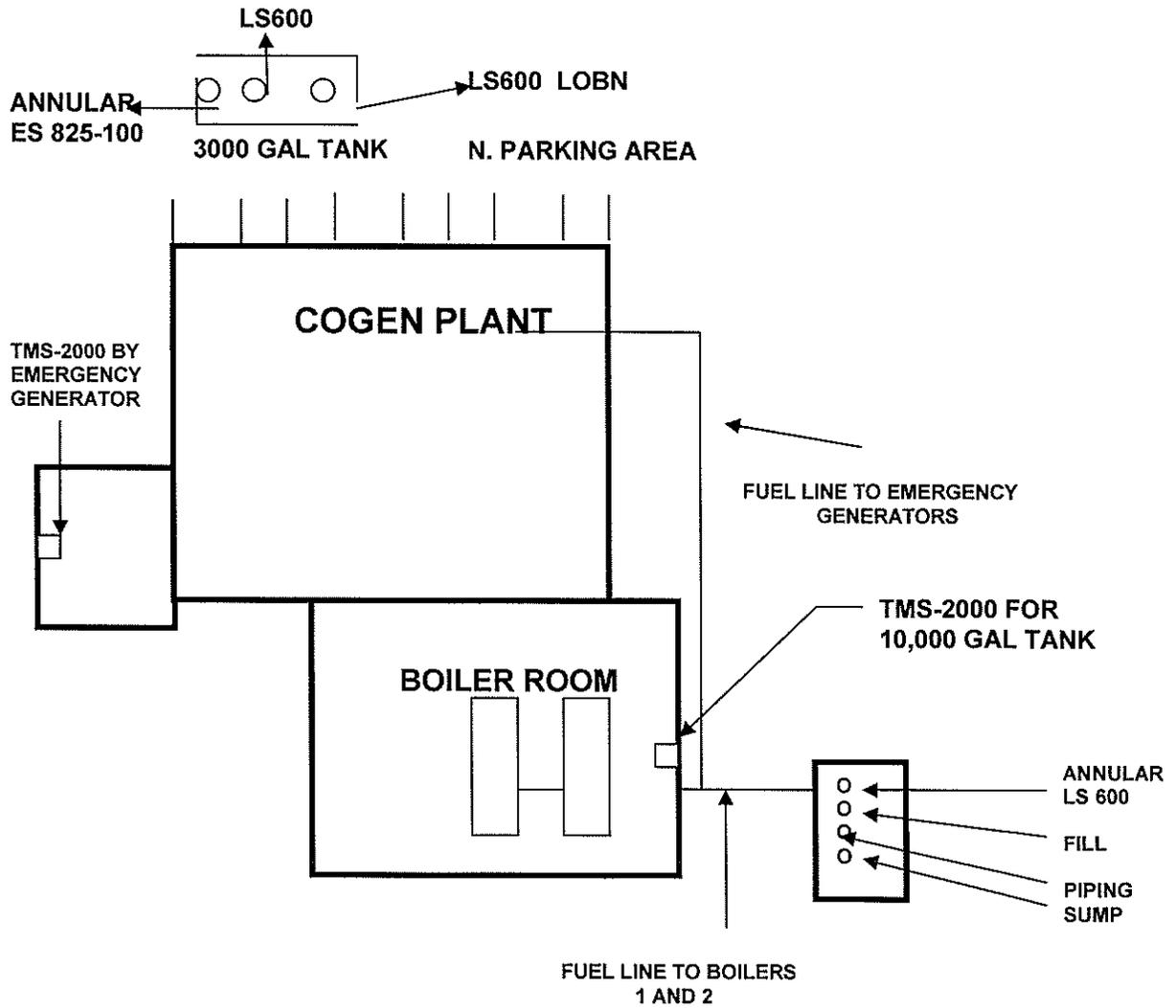
ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BETARMA

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

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

INSPECTION DATE: 11/05/2015 PAGE 1 OF 8
 RECORD ID #: DEH2002-HUPFP-114230
 TIME START: 8:00 AM END: 11:30 AM
 SPECIALIST: Griffith, Gary
 INSPECTION CONTACT: Bill Watson
 TITLE: Lead Maintenance
 PHONE: (760) 739-3170
 E-MAIL: george.watson@palomarhealth.org

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

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

Yes	N/A		Yes	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan Available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training Records Available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Waste Managed Properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Disposal Records Available for Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts Current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Containers in Good Condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Inventory/Map Current <input type="checkbox"/> Updated today			Permit Expires On <u>09/30/2016</u>

CONSENT TO CONDUCT INSPECTION GRANTED BY: Bill Watson

TITLE: Lead Maintenance

INTRODUCTION:

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

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

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

The spill bucket tested OK after one hour.

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

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

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

The spill bucket tested OK after one hour.

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

INSPECTION REMARKS:

Helpful Websites:

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

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

INSPECTION PHOTOS



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

INSPECTION DATE: 11/05/2015 PAGE 2 OF 8
RECORD ID #: DEH2002-HUPFP-114230

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

PRINTED NAME OF FACILITY REPRESENTATIVE George Watson	SIGNATURE 	DATE SIGNED 11/05/2015
TITLE OF FACILITY REPRESENTATIVE Lead Maintenance		

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



COUNTY OF SAN DIEGO

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

INSPECTION DATE: 11/05/2015 PAGE 3 OF 8
RECORD ID #: DEH2002-HUPFP-114230

FACILITY NAME: * PALOMAR HEALTH DOWNTOWN CAMPUS

ADDRESS: * 555 E VALLEY PKWY

CITY/ZIP: * ESCONDIDO

92025

Each violation checked below is for the section(s) of the California Health and Safety Code (HSC), California Code of Regulations (CCR), or the San Diego County Code (SDCC) indicated in italics. Incorporated provisions of Title 40 of the Code of Federal Regulations (CFR) are noted for reference. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Please call (858) 505-6880 or your Specialist if you have any questions. HMBP = Hazardous Materials Business Plan; CUPA = Certified Unified Program Agency; CERS = California Environmental Reporting System; SQG = Small Quantity Hazardous Waste Generator; LQG = Large Quantity Hazardous Waste Generator

Hazardous Materials Requirements

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 1010001 HMBP not established/ implemented. HSC 25505(a) and 25507(a) |
| <input type="checkbox"/> | 1010002 HMBP not submitted to the CUPA in CERS. HSC 25508(a)(1)(A); HSC 25404(e)(4); 27 CCR 15188(a), (d) |
| <input type="checkbox"/> | 1010003 Business Activities and/or Business Owner/Operator Identification not completed in CERS. 19 CCR 2729.2(a)(1); HSC 25404(e)(4) |
| <input type="checkbox"/> | 1010004 Chemical inventory incomplete or not submitted in CERS. HSC 25505(a)(1); 25506; 25507; and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010005 Site map not submitted in CERS or not sufficient. HSC 25505(a)(2) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010006 HMBP not updated to reflect inventory changes or facility information. HSC 25508.1(a-e) |
| <input type="checkbox"/> | 1010007 HMBP not updated to reflect substantial change to the handler's operations. HSC 25508.1(f) |
| <input type="checkbox"/> | 1010008 HMBP not certified annually as complete and accurate in CERS. HSC 25508.2 |
| <input type="checkbox"/> | 1010010 Emergency response procedures to mitigate a release or threatened release not adequate, not established or not submitted in CERS. HSC 25505(a)(3) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010011 Failure to notify property owner in writing that the business is subject to the HMBP program. HSC 25505.1 |
| <input type="checkbox"/> | 1010012 Failure to provide a copy of HMBP to the property owner within five working days upon request from property owner. HSC 25505.1 |
| <input type="checkbox"/> | 1010014 Failure to submit emergency response plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010015 Failure to submit employee training plan in CERS, when not meeting agricultural handler exemption. HSC 25507.1(a) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1010016 HMBP not established or submitted in CERS, when not meeting the remote site exemption. HSC 25507.2 and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020001 Employee training plan for hazardous materials management not adequate, not established or not submitted in CERS. HSC 25505(a)(4) and 25508(a)(1)(A) |
| <input type="checkbox"/> | 1020002 Initial and/or annual employee training not conducted for hazardous materials management and/or employee training records not available or not maintained for 3 years. HSC 25505(a)(4) |
| <input type="checkbox"/> | 1040001 Hazardous materials release or threatened release not reported to the CUPA and OES immediately upon discovery. HSC 25510(a) |
| <input type="checkbox"/> | 4010001 Failed to prepare and implement a written Spill Prevention Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 (sec. 112.3). HSC 25270.4.5(a) |
| <input type="checkbox"/> | HMD 1001 Unified Program Facility permit not obtained for hazardous materials. SDCC 68.905 |
| <input type="checkbox"/> | HMD 1005 Emergency contact not provided or current. HSC 25508.1(f) |
| <input type="checkbox"/> | HMD 1007 Highly toxic gas (TLV<10 ppm) not disclosed. SDCC 68.1113(b) |
| <input type="checkbox"/> | HMD 1008 Annual carcinogen/reproductive toxin list not submitted. SDCC 68.1113(c) |
| <input type="checkbox"/> | HMD 1013 HMBP not readily available for review. HSC 25505(c) |

Hazardous Waste Requirements for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | HMD 0219 Failed to properly segregate used oil &/or fuel drained from filters. HSC 25250.22(b)(4); 22 CCR 66266.130(c)(6) |
| <input type="checkbox"/> | HMD 0226 Did not accumulate waste in a container or tank. (40 CFR 262.34(d)(2).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | HMD 0412 Failed to have an emergency coordinator on call or available during an emergency. (40 CFR 262.34(d)(5)(i).) 22 CCR 66262.34(d)(2) |

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Hazardous Waste Requirements for SQGs ONLY (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030007 Failed to properly label/date hazardous waste container and/or tank. 22 CCR 66262.34(f) |
| <input type="checkbox"/> | 3030010 Accumulated waste too long (>180 or 270 days) (>90 days for an acutely hazardous waste). (40 CFR 262.34(e) and (f).) HSC 25201(a); 22 CCR 66262.34(d) |
| <input type="checkbox"/> | 3030013 Failed to accumulate hazardous waste in a container that is in good condition. (40 CFR 262.34(d)(2); 265.171.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030015 Failed to accumulate or store hazardous waste in a lined/compatible container. (40 CFR 262.34(d)(2); 265.172) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030017 Failed to properly close hazardous waste container(s). (40 CFR 262.34(d)(2); 265.173.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030019 Failed to inspect hazardous waste storage area at least weekly. (40 CFR 262.34(d)(2); 265.174.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030022 Failed to properly separate incompatible waste. (40 CFR 262.34(d)(2); 265.177.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030030 Failed to maintain and/or operate the facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents. (40 CFR 262.34(d)(4), 265.31.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030036 Failed to maintain adequate aisle space. (40 CFR 262.34(d)(4); 265.35.) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3010022 Failed to post, next to the telephone, emergency information containing the location of emergency equipment, contact names, and numbers. (40 CFR 262.34(d)(5)(ii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3020001 Failed to ensure employees are trained for hazardous waste handling, compliance with regulations, and emergency response procedures. (40 CFR 262.34(d)(5)(iii).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030032 Failed to maintain or have emergency equipment, supplies, or equivalents. 1) An internal communication or alarm system; 2) A device, such as a telephone; 3) Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment; and 4) Water at adequate volume and pressure (40 CFR 262.34(d)(4); 265.32) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030039 Failed to implement contingency plan during an emergency, spill/ release. (40 CFR 262.34(d)(5)(iv).) 22 CCR 66262.34(d)(2) |

Hazardous Waste Tank Systems for SQGs ONLY

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3030024 Failed to maintain sufficient freeboard of 2 ft in uncovered tanks to prevent overtopping unless the tank is equipped with a containment structure, a drainage control system or a diversion structure with a capacity that equals or exceeds the volume of the top 2 ft of the tank. (40 CFR 62.34(d)(3); 265.201(b)(c).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030025 Failed to provide an overflow protection device on continuously fed hazardous waste tank. (40 CFR 262.34(d)(3); 265.201(b)(4).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030027 Failed to conduct daily tank inspection of the discharge system, monitoring equipment, and tank level. (40 CFR 265.201(c)(1), 265.201(c)(2), 265.201(c)(3), 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3030028 Failed to conduct weekly inspections of the construction materials, fixtures, and surrounding areas of the hazardous waste tank. (40 CFR 265.201(c)(4); 265.201(c)(5); 262.34(d)(3).) 22 CCR 66262.34(d)(2) |
| <input type="checkbox"/> | 3050007 Failed to properly decontaminate and document closure of a hazardous waste tank system. (40 CFR 265.201(f).) 22 CCR 67383.3 |
| <input type="checkbox"/> | HMD 1612 Hazardous waste improperly stored in a tank system causing leaks, corrosion, or failure. (40 CFR 265.201(b).) 22 CCR 66262.34(d) |
| <input type="checkbox"/> | HMD 1614 Failed to pre-notify the CUPA in writing prior to closing a hazardous waste tank system. 22 CCR 67383.3(a)(1) |
| <input type="checkbox"/> | HMD 1615 Failed to properly accumulate ignitable or reactive waste in a tank system. (40 CFR 265.201(g).) 22 CCR 66262.34(d)(2) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Hazardous Materials and Hazardous Waste (continued)

Hazardous Waste Requirements for SQGs and LOQs RECORD KEEPING/OPERATIONAL REQUIREMENTS

- | # | VIOLATION DESCRIPTION |
|--------------------------|---|
| <input type="checkbox"/> | 3010001 Unified Program Facility (UPF) permit not obtained for the generation of hazardous waste. HSC 25404.1; SDCC 68.905 |
| <input type="checkbox"/> | 3010029 The facility has not submitted complete and accurate facility information in CERS. HSC 25404(e)(4); 27 CCR 15188(b) |
| <input type="checkbox"/> | 3010002 Failed to obtain and/or maintain an active EPA ID. 22 CCR 66262.12 |
| <input type="checkbox"/> | 3010008 Failed to properly complete a uniform hazardous waste manifest. 22 CCR 66262.23(a) |
| <input type="checkbox"/> | 3010009 Failed to complete the hazardous waste manifest Exception Requirement. 22 CCR 66262.42 |
| <input type="checkbox"/> | 3010010 Failed to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for 3 years. HSC 25160.2(b)(3), 25185(a)(4); 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010011 Failed to send hazardous waste manifest copies to the Department of Toxic Substances Control (DTSC). 22 CCR 66262.23(a)(4) |
| <input type="checkbox"/> | 3010013 Failed to meet the consolidated manifesting requirements for waste shipment. HSC 25160.2; 22 CCR 66262.40(a) |
| <input type="checkbox"/> | 3010014 Failed to retain disposal records of spent lead batteries for 3 years. 22 CCR 66266.81(a)(4)(B) |
| <input type="checkbox"/> | 3030006 Failed to determine if a hazardous waste is restricted or prohibited from land disposal. 22 CCR 66268.7(a) |
| <input type="checkbox"/> | 3010016 Failure of recycler who recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption to provide and submit in CERS the required information. HSC 25143.10(a), (c), and/or (d) |
| <input type="checkbox"/> | HMD 0149 Failed to keep disposal receipts for drained used oil filters and/or drained fuel filters for 3 years. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | HMD 0148 Failed to have copies of analytical records, waste analysis records, and/or waste determination results for 3 years. 22 CCR 66262.40(c) |
| <input type="checkbox"/> | HMD 0140 Failed to have Land Disposal Restriction documentation onsite for 3 years. 22 CCR 66268.7(a)(8) |
| <input type="checkbox"/> | 3250005 Failed to obtain a Treatment, Storage and Disposal Facility (TSDF) permit or authorization to store/treat/dispose of hazardous waste. HSC 25201(a) |
| <input type="checkbox"/> | 3050005 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Materials. HSC 25143.2(f); 22 CCR 66261.2(g) |
| <input type="checkbox"/> | 3210001 Failed to notify the CUPA in CERS for onsite hazardous waste treatment/tiered permitting. HSC 25201(a) |
| <input type="checkbox"/> | HMD 0138 Manifest signed by the TSDF not available for inspection. 22 CCR 66262.40(a) |

Hazardous Waste Requirements for SQGs and LOQs DISPOSAL AND TRANSPORTATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 3010007 Failed to prepare a hazardous waste manifest for the transport of a waste for off-site transfer, treatment, storage, or disposal. HSC 25160(b)(1) or (2), 25160.2(b)(9); 22 CCR 66262.20(a) |
| <input type="checkbox"/> | 3030005 Failed to make a proper waste determination. 22 CCR 66262.11, 66262.40(c) |
| <input type="checkbox"/> | 3050001 Failed to use a California registered hazardous waste transporter to transport hazardous waste. HSC 25163(a); 22 CCR 66263.41 |
| <input type="checkbox"/> | 3050002 Failed to properly dispose of hazardous waste at an authorized facility. HSC 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | 3130002 Impermissible dilution of hazardous waste. 22 CCR 66268.3(a) |
| <input type="checkbox"/> | HMD 0305 Disposed of used oil illegally. HSC 25250.5(a); 25189.5(a); 25189(c),(d); 25189.2(c) |
| <input type="checkbox"/> | HMD 0306 Disposed of hazardous waste latex paint improperly. HSC 25217.1 |

HM-923 (03-15)

Hazardous Waste Requirements for SQGs and LOQs STORAGE AND HANDLING

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 3030001 Failed to meet requirements, when handling, and storing spent lead acid batteries. 22 CCR 66266.81(a)(1) |
| <input type="checkbox"/> | 3030003 Failed to properly manage 'damaged' spent lead acid batteries. 22 CCR 66266.81(b) |
| <input type="checkbox"/> | 3030004 Failed to properly manage, store, label, and/or recycle used oil filters and/or used fuel filters. HSC 25250.22; 22 CCR 66266.130 |
| <input type="checkbox"/> | 3050004 Failed to properly manage contaminated used oil as a hazardous waste. HSC 25250.7(a), (c) |
| <input type="checkbox"/> | HMD 0222 Failed to properly label Excluded Recyclable Materials (ERM). HSC 25143.9(a) |
| <input type="checkbox"/> | HMD 0216 Failed to label hazardous material container within 10 days after the container was discovered to be mislabeled or inadequately labeled. HSC 25124(b)(3)(A); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. HSC 25124(b)(3)(B); 22 CCR 66262.34(f) |
| <input type="checkbox"/> | HMD 0221 Failed to comply with hazardous waste satellite container regulation. 22 CCR 66262.34(e) |
| <input type="checkbox"/> | HMD 0223 Failed to properly empty container, failed to manage non-empty container, or inner liner removed from a container. 22 CCR 66261.7(b), (d) and/or (r); 66262.34(f) |
| <input type="checkbox"/> | HMD 0224 Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 22 CCR 66261.7(e),(f) |

Universal Waste Handler Requirements

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 3010004 Failed to obtain an EPA ID number from DTSC or US EPA prior to storing 5,000 kg or more of universal waste. 22 CCR 66273.32(a),(b) |
| <input type="checkbox"/> | 3020002 Failed to maintain universal waste handler training records for 3 years. 22 CCR 66273.36(c),(d) |
| <input type="checkbox"/> | 3020003 Failed to properly train handlers of universal waste in universal waste management and response procedures. 22 CCR 66273.36(a),(b) |
| <input type="checkbox"/> | 3030008 Failed to properly label or mark a universal waste (non-Conditionally Exempt Small Quantity Universal Waste Generator). 22 CCR 66273.34 |
| <input type="checkbox"/> | 3030011 Failed to properly dispose of universal waste within one year. 22 CCR 66273.35(a) and/or (b) |
| <input type="checkbox"/> | 3030046 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection for 3 years. HSC 25185(a); 22 CCR 66273.39(c),(d)(2) |
| <input type="checkbox"/> | 3030051 Failed to meet the accumulation standards for universal waste aerosol containers and waste handling. HSC 25201.16(f) |
| <input type="checkbox"/> | 3040004 Failed to manage universal waste in a manner to prevent release(s) to the environment. 22 CCR 66273.33; 66273.33.5 |
| <input type="checkbox"/> | 3050003 Disposal of universal waste (UW) to an unauthorized point. HSC 25189.5(a), 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

Underground Storage Tank (UST) Program

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

GENERAL PROGRAM REQUIREMENTS

UST System – File Records

- | # | VIOLATION DESCRIPTION |
|--------------------------|---|
| <input type="checkbox"/> | 2030064 Failure to notify CUPA 48 hours prior to testing. 23 CCR 2637(f), 2638(e), 2643(g), 2644.1(a)(4) |
| <input type="checkbox"/> | 2030021 Failure to obtain and maintain a valid operation permit from the CUPA. HSC 25284; 23 CCR 2712(i) |
| <input type="checkbox"/> | 2030039 Failure to comply with one or more of the operating permit conditions. 23 CCR 2712; HSC 25299 |
| <input type="checkbox"/> | 2060001 Failure to submit as-built plans for the location and orientation of the tanks and appurtenant piping systems for new installations and/or with the permit application. 23 CCR 2635(c)(8), 2711(a)(8) |
| <input type="checkbox"/> | 2010010 Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. HSC 25286(a); 23 CCR 2711 |
| <input type="checkbox"/> | 2010001 Failure to obtain and maintain a valid Board of Equalization account number. HSC 25286 |
| <input type="checkbox"/> | 2010007 Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. HSC 25292.2, 25299.30-25299.34; 23 CCR 2711; 2808.1, 2809-2809.2 |
| <input type="checkbox"/> | 2030037 Failure to submit, maintain, or implement an owner/operator written agreement. HSC 25284(a)(3); 23 CCR 2620(b) |
| <input type="checkbox"/> | 2030033 Failure to maintain on site an approved monitoring plan. 23 CCR 2632, 2634, 2711, 2712(i) |
| <input type="checkbox"/> | 2030046 Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 2632, 2634(e), 2641(h), 2712(i) |
| <input type="checkbox"/> | 2030041 Failure to submit, obtain approval, or maintain a complete/accurate plot plan. 23 CCR 2632(d)(1)(C), 2711(a)(8) |
| <input type="checkbox"/> | 2030002 (RD) Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test. 23 CCR 2638 |
| <input type="checkbox"/> | 2030003 (RD) Failure of the leak detection equipment to have an audible and visual alarm as required. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2060002 (RD) Failure to install an automatic tank gauging/continuous in tank leak detection monitoring system.; HSC 25292(a); 23 CCR 2643 |
| <input type="checkbox"/> | 2010003 The owner/operator has failed to designate an UST operator or to inform the CUPA or any change in the designated UST operator(s) within 30 days after a change. 23 CCR 2715(a) |
| <input type="checkbox"/> | 2010009 Failure to submit a copy of the secondary containment test results to the CUPA within 30 days after the test. 23 CCR 2637(e) |
| <input type="checkbox"/> | 2030048 Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 3 months thereafter, conducted in accordance with proper practices, protocols, or test methods. 23 CCR 2637 |
| <input type="checkbox"/> | 2060016 Failure to conduct secondary containment testing at installation. 23 CCR 2637 |
| <input type="checkbox"/> | 2030034 Failure to properly affix tag/sticker on monitoring equipment being certified, repaired, or replaced. 23 CCR 2638(f) |
| <input type="checkbox"/> | 2030044 Owner/operator deposited or allowed deposit of petroleum into a UST that has a red tag affixed to the fill pipe. 23 CCR 2717.1(f) |
| <input type="checkbox"/> | 2060011 Failure of primary or integral secondary containment to be approved for use by independent testing organization. 23 CCR 2631(b) |
| <input type="checkbox"/> | 2060013 Failure to test and pass the primary and secondary containment installation testing per manufacturers guidelines. 23 CCR 2636(e) |
| <input type="checkbox"/> | 2030047 Failure to maintain secondary containment, as evidenced by failure of secondary containment testing. HSC 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e); 23 CCR 2662 |
| <input type="checkbox"/> | 2030061 (RD) Failure to record and/or report suspected or actual unauthorized release in appropriate time frame. HSC 29294, 29295 |
| <input type="checkbox"/> | 2010005 Failure to submit enhanced leak detection testing results to the board and the CUPA within 60 days of completion of the test. 23 CCR 2644.1(a)(5) |
| <input type="checkbox"/> | 2030067 Failure to conduct the required enhanced leak detection testing for single walled UST systems located within 1,000 feet of a public drinking water well every 36 months. 23 CCR 2644.1(a)(3) |

GENERAL PROGRAM REQUIREMENTS

UST System – File Records (continued)

- | # | VIOLATION DESCRIPTION |
|--------------------------|--|
| <input type="checkbox"/> | 2030068 Failure to conduct the required enhanced leak detection testing for single and double walled UST systems located within 1,000 feet of a public drinking water well. HSC 25292.4, 25292.5 |
| <input type="checkbox"/> | 2060008 Failure to perform enhanced leak detection testing before the tank is placed in use. HSC 25290.1(j), 25290.2(i) |
| <input type="checkbox"/> | 2030023 Failure of service technician, designated operator, installer, and/or employee to obtain and maintain a proper and current International Code Council certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2030024 Failure of service technician, installer, and/or employee to obtain and maintain proper license. 23 CCR 2715 |
| <input type="checkbox"/> | 2030031 Failure of service technician, installer, designated operator, and/or employee to obtain and maintain proper manufacturer certification. 23 CCR 2715 |
| <input type="checkbox"/> | 2010008 (RD) Failure to maintain records of repairs, lining, and upgrades on site, or off site if approved by the CUPA, for the life of the underground storage tank and/or failure to maintain written monitoring and maintenance records on site, or off site if approved by the CUPA, for a period of 3 years, 6 ½ years for cathodic protection, and 5 years for written performance claims pertaining to release detection systems and calibration and maintenance records for such systems. 23 CCR 2712(b) |
| <input type="checkbox"/> | 2030062 (RD) Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 25299(a)(9) |
| <input type="checkbox"/> | 2010006 Owner/operator made false statements, representation, or certification on an application, record, or other document. HSC 25299 |
| <input type="checkbox"/> | 2030043 (RD) Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 2632, 2634, 2636, 2666 |
| <input type="checkbox"/> | 2010004 The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA. 23 CCR 2715 |
| <input type="checkbox"/> | 2030010 Failure to notify the owner or operator of any condition discovered during the monthly visual inspection that may require follow-up actions. 23 CCR 2715(d) |
| <input type="checkbox"/> | 2030011 Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 2715(a), 2715(b) |
| <input type="checkbox"/> | 2030012 Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system. 23 CCR 16 2715(c)(6), 2715(f) |
| <input type="checkbox"/> | 2030013 Failure to comply with one or more of the designated operator monthly inspection requirements: failed to inspect the monthly alarm history report; attach a copy of the alarm history; failed to inspect for the presence of liquid or debris in the spill container/spill bucket and under dispenser containment; failed to inspect the under dispenser containment to ensure that monitoring equipment is placed in the proper position; failure to inspect for liquid or debris in the containment sump where an alarm occurred or for which there is no record of a service visit; or failure to check that all testing and maintenance has been completed and documented. 23 CCR 2715 |
| <input type="checkbox"/> | 2030015 Failure to demonstrate to the CUPA that the method approved to monitor the tank meets the monitoring methods set forth in 2643(f). 23 CCR 2643 |
| <input type="checkbox"/> | 2030066 Failure to take appropriate action to repair and retest any component of a single or double walled UST system that is leaking liquid or vapor which is discovered from an enhanced leak detection test for UST system located within 1,000 feet of a public drinking water well. HSC 6.7 25292.4(d), 25292.5(c) |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

UST Tank (DW/SW) Requirements

- | # | VIOLATION DESCRIPTION |
|----------------------------------|---|
| <input type="checkbox"/> 2030001 | (RD) Failure to maintain leak detection alarm logs and/or maintain records of appropriate follow-up actions. 23 CCR 2632, 2634 |
| <input type="checkbox"/> 2030059 | Failure to maintain UST system in accordance with exclusion/exemption status. HSC 25281.6, 25283.5 |
| <input type="checkbox"/> 2060003 | Failure to inspect at the installation site using an electric resistance holiday detector and repair if necessary before installation. 23 CCR 2635(a)(2)(B) |
| <input type="checkbox"/> 2060005 | Failure of the UST system to be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment. HSC 29291(b) |
| <input type="checkbox"/> 2060006 | Failure of secondary containment piping to slope back to the collection sump. 23 CCR 2636 |
| <input type="checkbox"/> 2060007 | Failure of non-integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry code or engineering standard. 23 CCR 2631(d) |
| <input type="checkbox"/> 2060010 | (RD) Failure of the UST storing a hazardous substance to have secondary containment. HSC 25291 |
| <input type="checkbox"/> 2060019 | Failure of the spill bucket to have a minimum capacity of five gallons. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030007 | Failure to submit and maintain documentation regarding positive statement of compatibility for UST system components. 23 CCR 2631(j) |
| <input type="checkbox"/> 2030036 | (RP) Failure of the overflow prevention system to meet one of the following requirements: 1. Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30m before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95% of capacity; and activate an audible alarm at least 5m before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95% of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 23 CCR 2635(b)(2), 2665 |
| <input type="checkbox"/> 2060020 | (RP) Failure to comply with one or more of the following: failure to install a spill bucket, have a functional drain valve or other method for the removal of liquid from the spill bucket/spill container, and/or be resistant to galvanic corrosion. 23 CCR 2635(b), 2665 |
| <input type="checkbox"/> 2030008 | Failure to maintain under dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid. HSC 25290.1, 25290.2, 25291 |
| <input type="checkbox"/> 2060015 | (RD) Failure of sensor to be located in the proper position/location. 23 CCR 2630(d), 2641(a) |
| <input type="checkbox"/> 2030016 | (RD) Failure to continuously monitor the interstitial space of the tank, piping and/or sumps such that the leak detection activates an audible/visual alarm when a leak is detected. 23 CCR 2631(g), 2632(c)(2) (A)&(B), 2633(c), 2636(f) |
| <input type="checkbox"/> 2030017 | Failure to maintain all product piping outside the dispenser to be fail-safe & shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment. 23 CCR 2636(f)(5) |
| <input type="checkbox"/> 2030019 | Failure of the double wall pressurized piping in the under dispenser containment to be continuously monitored by a method that either shuts down the flow of product to the dispenser or activates an audible/visual alarm when a leak is detected. 23 CCR 2636(f)(1) |
| <input type="checkbox"/> 2030022 | Failure to conduct groundwater and/or vadose zone monitoring as required. 23 CCR 2647, 2648 |
| <input type="checkbox"/> 2030028 | Failure to complete one or more of the requirements of tank lining, including but not limited to: submit proper written tank lining certification to the CUPA within 30 days of completion of the inspection, perform tank integrity test and/or vacuum test following lining, employ proper coatings expert and/or special inspector. 23 CCR 2663 |
| <input type="checkbox"/> 2030029 | (RP) Failure to inspect a steel tank which has been lined or repaired using the interior lining method within 10 years of lining and every 5 years after. 23 CCR 2663 |
| <input type="checkbox"/> 2060024 | UST system is not made of or lined with materials that are compatible with the substance stored in the underground storage tank system. 23 CCR 2631.1 |
| <input type="checkbox"/> 2030040 | (RD) Failure to maintain secondarily contained piping to allow liquid in the event of a leak to drain into sump (i.e. failure to remove test boot, pipe swelling). 23 CCR 2630(d), 2641(a) |

UST Tank (DW/SW) Requirements (continued)

- | # | VIOLATION DESCRIPTION |
|----------------------------------|--|
| <input type="checkbox"/> 2030060 | Failure to maintain entry fitting such that it properly seals to the containment. 23 CCR 2630, 2635(d), 2636(c), 2666 |
| <input type="checkbox"/> 2030055 | Failure to test the spill bucket annually. HSC 25284.2 |
| <input type="checkbox"/> 2060022 | Failure of UST system installed on or after July 1, 2003 and before July 1, 2004 to comply with one or more of the following: be designed and constructed with a monitoring system capable of detecting the entry of the hazardous substance stored in the primary containment into the secondary containment and/or capable of detecting water intrusion into the secondary containment. HSC 25290.2(d) |
| <input type="checkbox"/> 2030065 | (RD) Failure to maintain the interstitial space under constant vacuum, pressure, or hydrostatic such that a breach in the primary or secondary containment is detected before the liquid or vapor phase of the hazardous substance stored in the UST tank is released into the environment. (Product Tight) HSC 25290.1(e) |
| <input type="checkbox"/> 2060023 | Failure of a UST system installed on or after July 1, 2004 to be designed and constructed so as to detect the entry of the liquid or vapor-phase of the hazardous substance stored in the primary containment into the secondary containment and capable of detecting water intrusion into the secondary containment. HSC 25290.1(d) |

UST Tank (SW) Requirements

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

UST PROGRAM (continued)

UST Pressurized Piping (DW) Requirements

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

UST Pressurized Piping (SW) Requirements

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

UST Piping (SW) Requirements – Conventional Suction

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030050 | (RD) Failure to conduct 0.1 gallon per hour piping integrity test every three years. 23 CCR 2643(d) |
| <input type="checkbox"/> 2030049 | Failure to conduct daily monitoring for air in the pipe and log results. 23 CCR 2643(d) |

UST Piping (SW) Requirements – Gravity

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030051 | Failure to conduct piping integrity test or overfill integrity test every two years. 23 CCR 2643(e) |
|----------------------------------|---|

HM-928 UST (02-15)

UST System – Cathodic Protection Requirements

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

UST System – Closure

- | | |
|----------------------------------|---|
| <input type="checkbox"/> 2030063 | (RD) Failure to comply with temporary closure requirements. HSC 25298; 23 CCR 2670, 2671 |
| <input type="checkbox"/> 2030038 | UST system was abandoned or not properly closed, or failure to comply with all permanent closure requirements. HSC 25298; 23 CCR 2670, 2672 |



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

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

Medical Waste Generators

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

STORAGE AND LABELING

#	HMD	VIOLATION DESCRIPTION
<input type="checkbox"/>	4201	UPF Permit not obtained. HSC 117705; SDCC 68.905
<input type="checkbox"/>	4202	Medical waste (MW) not separated from other waste at the point of origin. HSC 118275
<input type="checkbox"/>	4203	Enclosure or designated accumulation area for MW containers not secured. HSC 118307, 118310
<input type="checkbox"/>	4204	MW designated accumulation area not posted with an approved, legible biohazardous waste "warning sign" in English & Spanish which can be read from 25 ft. HSC 118310
<input type="checkbox"/>	4205	Medical SOLID WASTE not secured to deny access to unauthorized persons. SDCC 68.1211
<input type="checkbox"/>	4206	Spill of MW not properly cleaned up. HSC 118300
<input type="checkbox"/>	4207	Sharps not stored in approved and properly marked sharps container. HSC 118285(a) & (d)
<input type="checkbox"/>	4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. HSC 118285(b)
<input type="checkbox"/>	4209	Primary containers accumulating MW not labeled with generator's name, address, and phone number. SDCC 68.1205
<input type="checkbox"/>	4210	Medical waste not stored in approved and properly marked biohazard bags. HSC 118275(a)
<input type="checkbox"/>	4211	Biohazard bags not tied off to prevent leakage/expulsion of contents during handling and storage. HSC 118280(a)
<input type="checkbox"/>	4212	Biohazard bags not containerized in rigid, leak resistant, and covered containers or bins when placed for storage, handling, or transport. HSC 118280(b)
<input type="checkbox"/>	4213	Waste container/bin not labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides. HSC 118280(c)
<input type="checkbox"/>	4214	Reusable containers/bins for MW storage not kept clean and sanitary. HSC 118295, 118305
<input type="checkbox"/>	4215	Frozen (0°C/32°F) biohazardous waste stored >90 days. HSC 118280(e)(2)
<input type="checkbox"/>	4306	Full sharps container stored >30 days at >0°C. HSC 118285(c)
<input type="checkbox"/>	4307	Biohazard bag waste stored >7 days at >0°C (for generators of >20lbs/month). HSC 118280(e)(1)(A)
<input type="checkbox"/>	4308	Biohazard bag waste stored >30 days at >0°C (for generators of <20lbs/month). HSC 118280(e)(1)(B)
<input type="checkbox"/>	4219	MW interim storage area not marked with warning sign or biohazard symbol legible from 5 ft. HSC 118307, 118310
<input type="checkbox"/>	4220	MW interim storage area not properly secured. HSC 118307

TREATMENT AND DISPOSAL

<input type="checkbox"/>	4251	MW treated by unapproved method/procedure. HSC 118215
<input type="checkbox"/>	4252	Standardized written operating procedures for steam sterilization not available. HSC 118215(a)(2)(A)
<input type="checkbox"/>	4253	Recording thermometer not calibrated annually. HSC 118215(a)(2)(B)
<input type="checkbox"/>	4254	No records of annual thermometer calibration checks onsite for at least the past 2 years. HSC 118215(a)(2)(B)
<input type="checkbox"/>	4255	Heat-sensitive tape/other approved method not used for each load treated onsite. HSC 118215(a)(2)(C)
<input type="checkbox"/>	4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. HSC 118215(a)(2)(D)
<input type="checkbox"/>	4257	Onsite steam sterilization did not reach 121°C/250°F for 30 minutes. HSC 118215(a)(2)(B)
<input type="checkbox"/>	4258	Treatment records/logs of dates, time, and temperature not available for 2 years. HSC 118215(a)(2)(E)
<input type="checkbox"/>	4259	Disposal of untreated MW to an unauthorized point. HSC 118340

TRANSPORTATION REQUIREMENTS

#	HMD	VIOLATION DESCRIPTION
<input type="checkbox"/>	4260	Transportation of MW without State Hauler Registration, USPS or requirements of the DOT "Materials of Trade Exceptions." HSC 118025
<input type="checkbox"/>	4311	Medical waste tracking documents/logs not in vehicle transporting medical waste. HSC 118040

SMALL QUANTITY GENERATORS ONLY

(<200 pounds of medical waste generated per month)

<input type="checkbox"/>	4301	Medical Waste Management Plan (MWMP) not submitted to HMD (initial/updates), if onsite treatment. HSC 117935
<input type="checkbox"/>	4302	Did not maintain and show proof of "onsite" medical waste treatment records for 3 years. HSC 117943
<input type="checkbox"/>	4303	Did not retain on file disposal receipts, tracking/shipping documents for medical waste shipped offsite for 3 years. HSC 117945
<input type="checkbox"/>	4309	MWMP or equivalent information not onsite (only for SQG doing onsite treatment or comply with pharmaceutical waste hauling exemption). HSC 117935, 118032

LARGE QUANTITY GENERATORS ONLY

(≥ 200 pounds of medical waste generated per month)

<input type="checkbox"/>	4351	MWMP not submitted to HMD (initial/updates). HSC 117960, 117970
<input type="checkbox"/>	4352	Records of medical waste treatment not available for 2 years. HSC 117975, 118215(a)(2)(E)
<input type="checkbox"/>	4353	Did not make available disposal receipts, tracking/shipping documents for at least 2 years for medical waste shipped offsite. HSC 117975

CHEMOTHERAPY, PATHOLOGY, PHARMACEUTICAL

HAZARDOUS & UNIVERSAL WASTES

<input type="checkbox"/>	4401	Trace Chemo waste not segregated from other MW. HSC 118275(a)(4)
<input type="checkbox"/>	4402	Trace Chemo waste container not labeled "Chemotherapy Waste" or "CHEMO" on the lid and the sides. HSC 118275(a)(4)
<input type="checkbox"/>	4403	Illegal disposal of chemo waste. HSC 118340
<input type="checkbox"/>	4411	Pathology waste not segregated from other MW. HSC 118275(a)(5)
<input type="checkbox"/>	4412	Pathology waste container not labeled "Pathology Waste" or "PATH" on the lid and the sides. HSC 118275(a)(5)
<input type="checkbox"/>	4413	Illegal disposal of pathology waste. HSC 118340
<input type="checkbox"/>	4421	Pharm waste not segregated from other MW. HSC 118275(a)(6)
<input type="checkbox"/>	4422	Pharm waste not labeled "Incineration Only or HIGH HEAT" on the lid and the sides. HSC 118275(a)(6)
<input type="checkbox"/>	4423	Pharm waste stored >90 days when container full, or stored longer than one year (maximum allowable time). HSC 118280(f)
<input type="checkbox"/>	4432	Illegal disposal of pharm waste. HSC 118340, 118222(b)
<input type="checkbox"/>	4441	Disposal of photo/hazwaste to an unauthorized point. HSC 25189.5
<input type="checkbox"/>	3030046	Failed to keep records of offsite universal waste shipment(s) available for inspection for 3 years. HSC 25185(a)(4); 22 CCR 66273.39(c),(d)(2)
<input type="checkbox"/>	3050003	Disposed of universal waste to an unauthorized point. HSC 25189.5(a); 25189(c),(d); 25189.2(c); 22 CCR 66273.31(a)

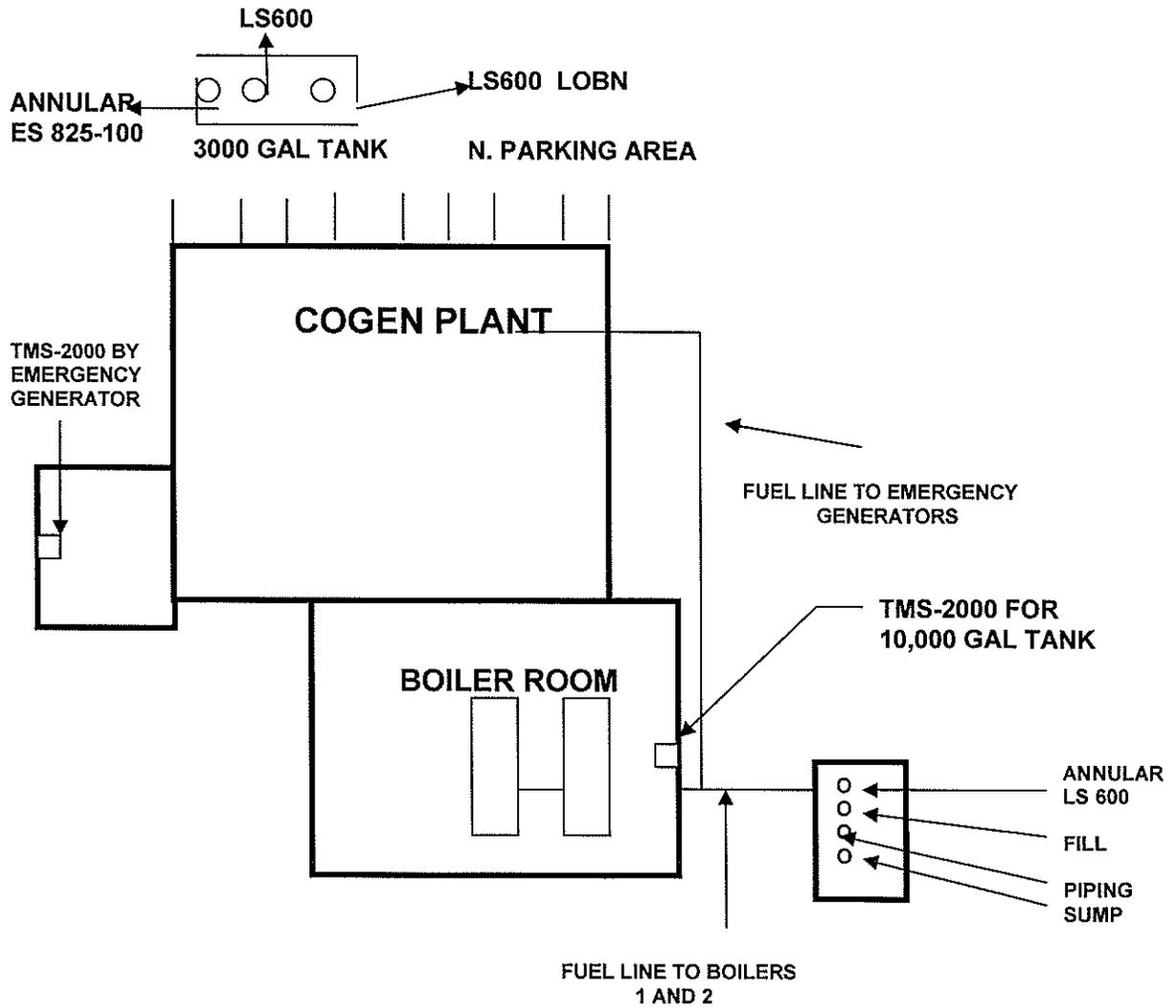
LOG MW ONSITE TREATMENT FACILITY

(≥ 200 pounds of medical waste generated per month)

<input type="checkbox"/>	4501	Onsite MW treatment permit not obtained/renewed. HSC 117950, 118130, 65620, 65623
<input type="checkbox"/>	4502	Current copy of the MW treatment permit not available. HSC 65621(f), 65623, 118165, 118180
<input type="checkbox"/>	4503	Condition(s) of the MW treatment permit violated. HSC 65623

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

DEH 2002 - HUPFP. 114230

SUNWEST

engineering constructors, inc.

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

RECEIVED

NOV 20 2014

**ENVIRONMENTAL
HEALTH**

November 17, 2014

Agency:

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

Subject: UST MONITORING EQUIPMENT CERTIFICATE

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

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

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

Suzanne Kissick
SunWest E.C., Inc.

Appendix VI

NOV 20 2014

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

MONITORING SYSTEM CERTIFICATION ENVIRONMENTAL HEALTH

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

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

B. Inventory of Equipment Tested/Certified

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

Table with 4 columns: Tank ID, In-Tank Gauging Probe, Annular Space or Vault Sensor, Piping Sump / Trench Sensor(s), Fill Sump Sensor(s), Mechanical Line Leak Detector, Electronic Line Leak Detector, Tank Overfill / High-Level Sensor, Other (specify equipment type and model in Section E on Page 2).

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

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

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

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all Input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

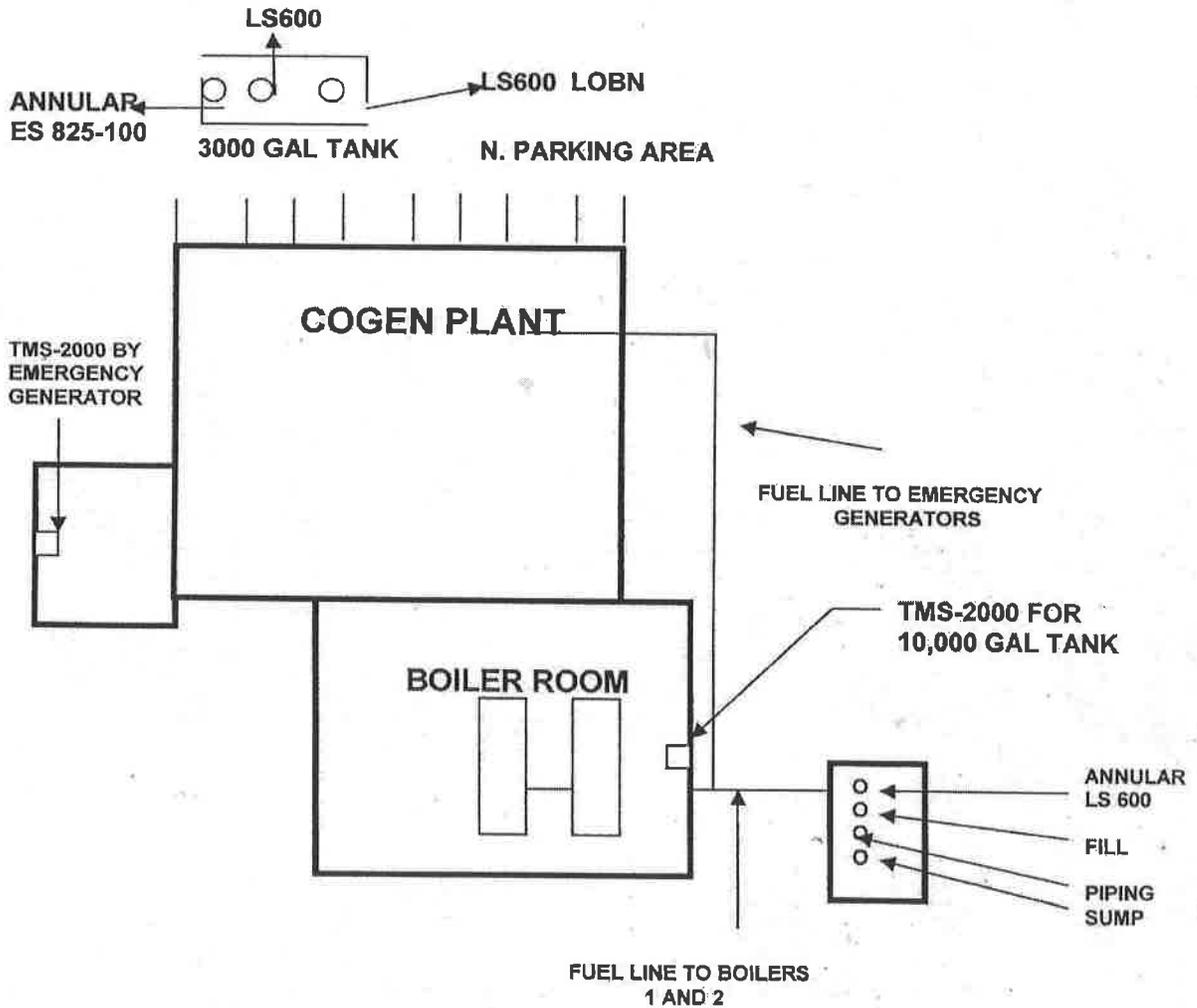
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Los
PALOMAR MEDI. CTR.
365 E. VALLEY PRKW.
11/05/14
12:14
Site id 00000
Unit id 08

Los Alarms 1
Date 10/09
Time 11:49
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 2
Date 10/09
Time 11:48
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 3
Date 10/09
Time 11:46
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 4
Date 05/02
Time 17:28
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 5
Date 05/02
Time 17:08
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 6
Date 05/02
Time 17:06
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 7
Date 05/02
Time 17:06
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 8
Date 05/02
Time 17:02
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 9
Date 05/02
Time 10:25
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 10
Date 05/02
Time 10:25
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 11
Date 05/01
Time 12:32
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 12
Date 05/01
Time 12:32
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 13
Date 05/01
Time 12:32
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 14
Date 07/19
Time 11:11
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 15
Date 07/19
Time 11:11
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 16
Date 07/19
Time 11:09
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 17
Date 07/19
Time 11:05
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 18
Date 06/23
Time 11:29
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 19
Date 06/23
Time 11:29
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 20
Date 06/23
Time 11:29
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 21
Date 06/23
Time 10:32
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 22
Date 06/23
Time 10:32
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 23
Date 01/07
Time 13:25
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 24
Date 01/07
Time 13:24
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

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

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.
11/05/14
12:35
Site id 00000
Unit id 00
Date 11/05
Time 12:35
Hihigh___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.
11/05/14
12:37
Site id 00000
Unit id 00
Date 11/05
Time 12:37
High___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

SWRCB, January 2006

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center (Downtown Campus)	Date of Testing: 11/5/14
Facility Address: 555 East Valley Parkway	
Facility Contact: Scott Foster	Phone: 760-644-7120
Date Local Agency Was Notified of Testing: 48 Hours Prior	
Name of Local Agency Inspector (if present during testing): Michelle Chairs	

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Digitally signed by Paul McLane for WT#141016-004

Technician's Signature: _____

11/05/2014 12:47:38

Date: 11/5/2014

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

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC
 Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
 Facility Contact Person: Scott Foster Contact Phone No.: () (760) 644-7120
 Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Service: 11/5/2014

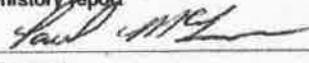
B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>Dicel - 3,000 Gallon - UST</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES825-100F</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p>Dispenser Containment Float(s) and Chain(s).</p>

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

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

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

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

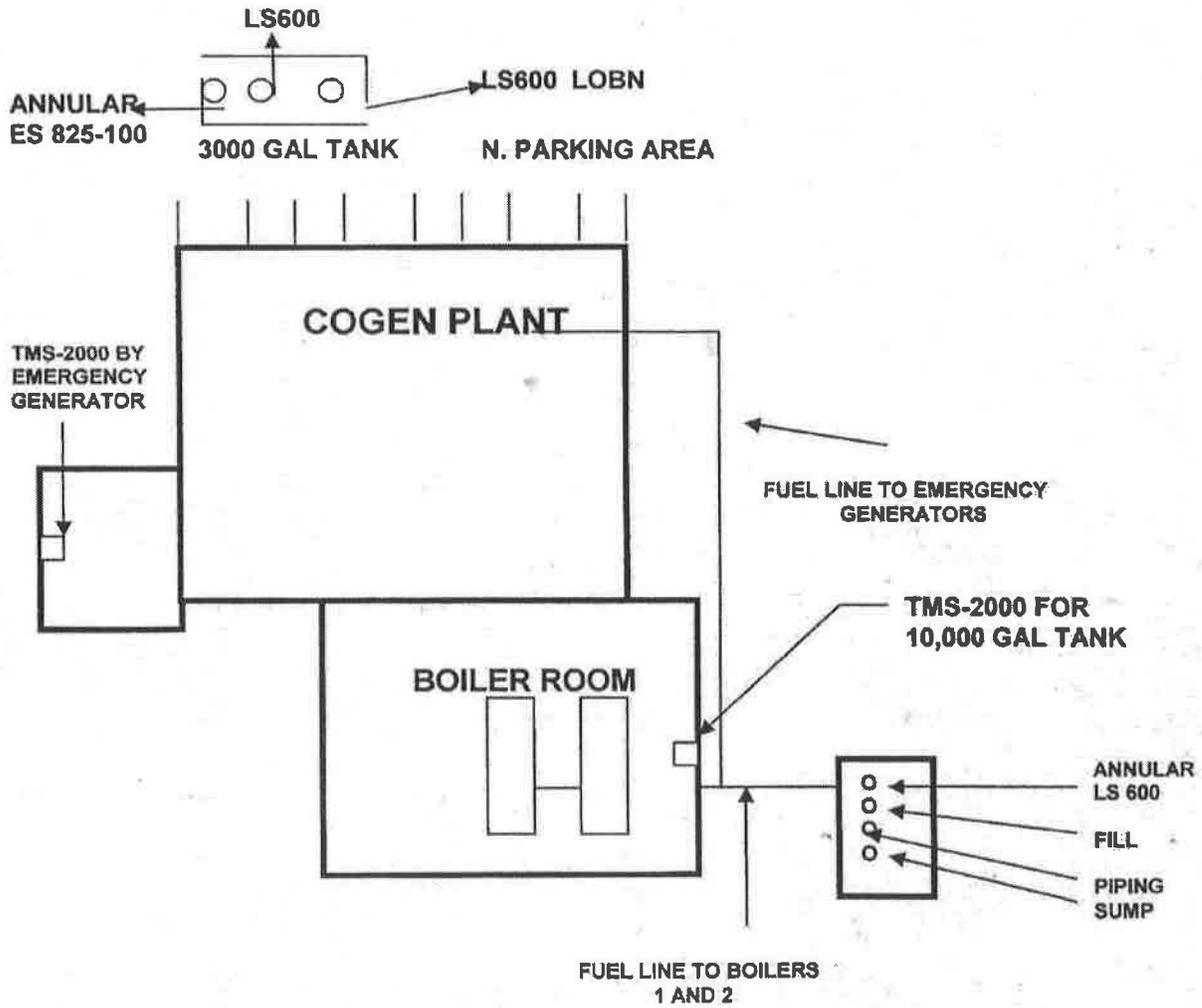
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Suction system.

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Inventory
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Current Alarm Status

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Tank Alarms

T		P	P
A		R	R
N		W	T
K	L	A	H
	E	S	S
I	A	P	P
D	K	1	2
		3	R
		T	E
		C	L

Leak Sensor Alarms

S	N		
E	K		
N	/		
S	D		N
O	S		A
R	P		L
			R
I	I		A
D	D		M
			L
01	PiPins	X	
02	Contn	X	
03	dbwALL	X	

ALARM STATUS KEY
A = GENERAL ALARM
F = GENERAL FAULT
O = OPEN-CIRCUIT FAULT
P = PRODUCT ALARM
S = SHORT-CIRC. FAULT

Configuration
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:08

Site id 00000
Unit id 00

Config Header
Acc Code 000000
Security Serial
Unit id 00
Site id 00000
Dsp Mode Gr vol
Baud rateSErA .96K
Serialfmtata N-8-1
Baud rateSErB .96K
Serialfmtatb N-8-1
Tank Qty 0
SP Units % Vol
Sale En No
Horndelay None
Autoprint Yes
Leakprintpass-fail
Monthly Print No
Uil Limit 90 %cap
Dst Enabl No

Config Tank 1
Not Enabled

Config Probe 1,
Not Enabled

Config Rely Tank 1
Not Enabled

Config Rely cc 1
cc Tris no----

Config Rely cc 2
cc Tris no----

Config Rely cc 3
cc Tris no----

Config Rely cc 4
cc Tris no----

Config Rely cc 5
cc Tris no----

Config Rely cc 6
cc Tris no----

Config Rely cc 7
cc Tris no----

Config Rely cc 8
cc Tris no----

Config Rely Sens 1
SEnS Tris no----

Config Rely Sens 2
SEnS Tris no----

Config Rely Sens 3
SEnS Tris no----

Config Rely Site 1
Theft no----
Powerfail No----
Sys Error No----

Config Rely Mode 1
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 2
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 3
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 4
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 5
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 6
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 7
Normally Off
FP Ack No
Delay None
Latch En No

Config Rely Mode 8
Normally Off
FP Ack No
Delay None
Latch En No

Config cc Input 1
Cc Enable Off
Inp Name Senrtr
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 2
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 3
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 4
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 5
Cc Enable Off
Inp Name User
User name Inpnt

Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 6
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 7
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 8
Cc Enable Off
Inp Name User
User name Inpnt
Normally Close
Logic En Off
Timedelay 0 Sec

Config SEnSr Inp 1
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name PiPins
User name Inpnt
Fault En No
Normally Open
Associate Tnk No
Associate Dsp No

Config SEnSr Inp 2
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Contn
User name Inpnt
Fault En No
Normally Open
Associate Tnk No
Associate Dsp No

Confis 8EnSr Inr 3
Sensor En Alara
Type Es8251
Inr Name Dbwall
User name Ineut
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Confis Inventory

Hour 1 00:00
Hour1 Prt No
Hour 2 00:00
Hour2 Prt No
Hour 3 00:00
Hour3 Prt No
Sun Enabl No
Mon Enabl No
Tue Enabl No
Wed Enabl No
Thu Enabl No
Fri Enabl No
Sat Enabl No

Confis Theft

M-F Open 00:00
M-F Close 00:00
Sat Open 00:00
Sat Close 00:00
Sun Open 00:00
Sun Close 00:00

Confis Modem

Modem None
Fcs Local
Fcs Area
Baud Ratesera .24K
Dial Type Tone
Pause 1 sec
Tel Line Dedicated

Confis Dial Out 1

Tel Local
Tel Area
Tel Area2
Line Type Data
LeAk Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No

h2o Dial No
Thft Dial No
cc Dial No
SEnS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

Confis Dial Out 2

Tel Local
Tel Area
Tel Area2
Line Type Data
LeAk Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SEnS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

Confis Dial Out 3

Tel Local
Tel Area
Tel Area2
Line Type Data
LeAk Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SEnS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

Confis Dial Out 4

Tel Local
Tel Area
Tel Area2
Line Type Data
LeAk Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No

h2o Dial No
Thft Dial No
cc Dial No
SEnS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

Confis Dial Out 5

Tel Local
Tel Area
Tel Area2
Line Type Data
LeAk Dial No
SP1 Dial No
SP2 Dial No
SP3 Dial No
h2o Dial No
Thft Dial No
cc Dial No
SEnS Dial No
Err Dial No
Inv Dial No
Inv Hour 00:00

Confis Tank Leak 1

Not Enabled

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Confis 4 to 20mA

4to20 En Tnk no
dAtA SEL sr VoL-----

Los
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.
11/05/14
12:14
Site id 00000
Unit id 00

Los Alarms 1
Date 10/09
Time 11:49
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 2
Date 10/09
Time 11:48
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 3
Date 10/09
Time 11:46
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 4
Date 05/02
Time 17:28
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 5
Date 05/02
Time 17:08
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 6
Date 05/02
Time 17:06
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 7
Date 05/02
Time 17:06
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 8
Date 05/02
Time 17:02
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 9
Date 05/02
Time 10:25
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 10
Date 05/02
Time 10:25
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 11
Date 05/01
Time 12:32
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 12
Date 05/01
Time 12:32
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 13
Date 05/01
Time 12:32
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 14
Date 07/19
Time 11:11
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 15
Date 07/19
Time 11:11
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 16
Date 07/19
Time 11:09
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 17
Date 07/19
Time 11:05
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 18
Date 06/23
Time 11:29
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 19
Date 06/23
Time 11:29
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 20
Date 06/23
Time 11:29
Overfl Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 21
Date 06/23
Time 10:32
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 22
Date 06/23
Time 10:32
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 23
Date 01/07
Time 13:25
High Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 24
Date 01/07
Time 13:24
Hihish Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:34

Site id 00000
Unit id 00

Date 11/05
Time 12:34

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:35

Site id 00000
Unit id 00

Date 11/05
Time 12:35

Hihish Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:37

Site id 00000
Unit id 00

Date 11/05
Time 12:37

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

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

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.
Technician Conducting Test: Paul McLane
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s): 8191873-UT

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____

Date: 11/5/2014

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

DEH 2002-HUPFP-114230



COUNTY OF SAN DIEGO CUPA
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 PHONE: (858) 505-6700; FAX: (858) 505-6848; Email: hmdutyeh@sdcounty.ca.gov

RECEIVED
 7/7/14
 AL

CERS ACCESS/I.D. REQUEST FORM

All Certified Unified Program Agency (CUPA) regulated businesses are required by law (Assembly Bill 2286) to submit business information electronically through the California Environmental Reporting System (CERS). This includes information related to your:

- Unified Program Facility Permit
- Hazardous Materials Business Plan
- Hazardous Waste
- Hazardous Waste Onsite Treatment
- Hazardous Waste Tank Closures
- Remote Waste Consolidation
- Recyclable Materials Reports
- Underground Storage Tanks
- Aboveground petroleum storage over 1,320 gallons
- Medical Waste**

7-7-14
 AL

A CERS I.D. is required in order to obtain or maintain a valid Unified Program Facility Permit. Please send your completed form to the County of San Diego Hazardous Materials Division (address above). When your CERS account is established, your designated lead users will receive an email with directions to begin electronic reporting.

** In San Diego County, Medical Waste Generators are required to report in CERS in order to receive a valid permit

I. IDENTIFICATION			
<input type="checkbox"/> Change of Owner: a business is sold to a new owner.		PERMIT/RECORD NUMBER 114230	
<input checked="" type="checkbox"/> Relocation: a business moves to a new address and owner remains the same.		CERS ID NUMBER 10368055	
<input type="checkbox"/> New Business: a business opens in a vacant or newly constructed building.			
<input type="checkbox"/> CERS Assistance Requested: none of the above are applicable. I need access to my CERS account.			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)* Palomar Health		BUSINESS PHONE* 760-739-2008	
SITE ADDRESS* 555 East Valley Parkway		SUITE NUMBER* Marketing Department	
CITY* Escondido	CA	ZIP CODE* 92025	
BUSINESS OWNER FIRST AND LAST NAME or CORPORATE NAME* Palomar Health		BUSINESS OWNER PHONE 760-740-6393	
II. PREVIOUS ADDRESS (IF APPLICABLE)			
PREVIOUS SITE ADDRESS 15255 Innovation Drive, Suite 204		PREVIOUS PERMIT/RECORD NUMBER 210767	
PREVIOUS CITY San Diego		PREVIOUS ZIP CODE 92128	
CA			
III. CERS LEAD USERS			
-PRIMARY-		-SECONDARY-	
NAME* Mary Coalson	TITLE* Health Education Specialist	NAME Luanne Arangio-Law, R.N.	TITLE Supervisor/Community Health Nurse Educator
BUSINESS PHONE 760-739-2008	E-MAIL* mary.coalson@palomarhealth.org	BUSINESS PHONE 760-739-2005	E-MAIL Luanne.Arangio-Law@palomarhealth.org
*Required			
I authorize the Hazardous Materials Division to create my CERS ID. I understand that I am responsible for completing and maintaining my facility information in CERS as required by law. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER OR OPERATOR* <i>Michael Covert</i>		DATE* 7/1/14	
NAME OF SIGNER (print) Michael Covert		TITLE OF SIGNER* Chief Executive Officer	
OFFICE USE Transfer past submittals? no <input type="checkbox"/> yes <input type="checkbox"/>		HUPFP #:	
ONLY PLAN CHECK: no <input type="checkbox"/> yes <input type="checkbox"/>		HHMBP #:	

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

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center (Downtown Campus) Bldg. No.: PMC DC
 Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
 Facility Contact Person: Scott Foster Contact Phone No.: () (760) 644-7120
 Make/Model of Monitoring System: Pnuemercator TMS-2000 Date of Testing/Servicing: 11/5/2014

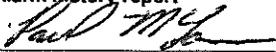
B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: Diesel - 3,000 Gallon - UST</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES825-100F</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). 	<p>Dispenser ID: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

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

Results of Testing/Serviceing

Software Version Installed: N/A

Complete the following checklist:

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

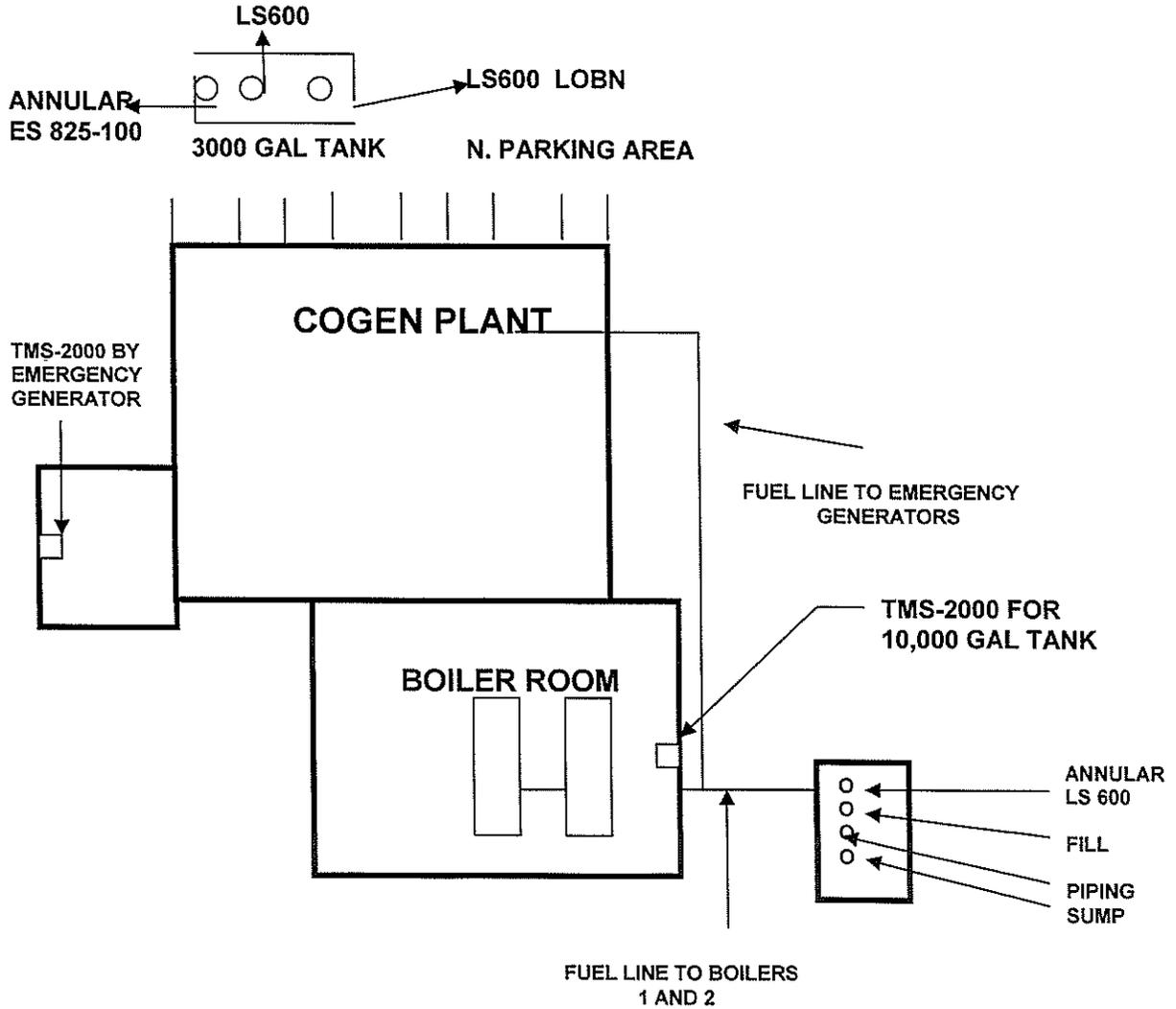
* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

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

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

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

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____



Date: 11/5/2014

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

Inventor

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Current Alarm Status

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:22

Site id 00000
Unit id 00

Tank Alarms

T	P	P
A	R	R
N	W	T
K	L	A
	E	S
	S	S
	T	E
	I	Y
I	A	P
D	K	1
	2	3
	R	T
	E	C
	L	

Leak Sensor Alarms

S	N	
E	K	
N	/	
S	D	N
O	S	A
R	P	L
		R
		A
I	I	R
D	D	A
		M
		L

01	Pipins	X
02	Contn	X
03	dbwALL	X

ALARM STATUS KEY

A = GENERAL ALARM
 F = GENERAL FAULT
 O = OPEN-CIRCUIT FAULT
 P = PRODUCT ALARM
 S = SHORT-CIRC. FAULT

Configuration

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:08

Site id 00000
Unit id 00

Config Header

Acc Code 000000
 Security Serial
 Unit id 00
 Site id 00000
 Dsr Mode Gr vol
 Baud rateSErA .96K
 Serial#mtrpta N-0-1
 Baud rateSErB .96K
 Serial#mtrptb N-0-1
 Tank Qty 0
 SP Units % Vol
 Sale En No
 HornDelay None
 Autoerint Yes
 Leakrintpass-fail
 Monthly Print No
 Uil Limit 90 %CAP
 Dst Enabl No

Config Tank 1

Not Enabled

Config Probe 1

Not Enabled

Config Rely Tank 1

Not Enabled

Config Rely cc 1

Config Rely cc 2

Config Rely cc 3

Config Rely cc 4

Config Rely 5

Config Rely cc 6

Config Rely cc 7

Config Rely cc 8

Config Rely Sens 1

Config Rely Sens 2

Config Rely Sens 3

Config Rely Site 1

Config Rely Mode 1

Config Rely Mode 2

Config Rely Mode 3

Config Rely Mode 4

Config Rely Mode 5

Config Rely Mode 6

Config Rely Mode 7

Config Rely Mode 8

Config Rely Mode 9

Config Rely Mode 10

Config Rely Mode 6

Config Rely Mode 7

Config Rely Mode 8

Config cc Input 1

Config cc Input 2

Config cc Input 3

Config cc Input 4

Config cc Input 5

Config cc Input 6

Config SEnSr Inp 1

Config SEnSr Inp 2

Config cc Input 3

Config cc Input 4

Config cc Input 5

Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 6
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 7
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 8
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 9
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config SEnSr Inp 1
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Pipins
User name Inp
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Config SEnSr Inp 2
Sensor En Alarm
Type Ls600
Mode Leak
Inp Name Contn
User name Inp
Fault En No
Normally Open
Associate Tnk No
Associate Dsr No

Config cc Input 3
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 4
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 5
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 6
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 7
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 8
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Config cc Input 9
Cc Enable Off
Inp Name User
User name Inp
Normally Close
Logic En Off
Timedelay 0 Sec

Confis 3
 SENS En Alarm
 Type Es8251
 Inf Name Dbwall
 User name Input
 Fault En No
 Normally Open
 Associate Trnk No
 Associate Dse No

Confis Inventory
 Hour 1 00:00
 Hour1 Prt No
 Hour 2 00:00
 Hour2 Prt No
 Hour 3 00:00
 Hour3 Prt No
 Sun Enabl No
 Mon Enabl No
 Tue Enabl No
 Wed Enabl No
 Thu Enabl No
 Fri Enabl No
 Sat Enabl No

Confis Theft
 M-F Open 00:00
 M-F Close 00:00
 Sat Open 00:00
 Sat Close 00:00
 Sun Open 00:00
 Sun Close 00:00

Confis Modem
 Modem None
 Fcs Local
 Fcs Area
 Baud Ratesera .24K
 Dial Type Tone
 Pause 1 sec
 Tel Line Dedicated

Confis Dial Out 1
 Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No

h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 2

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 3

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 4

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No

h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Dial Out 5

Tel Local
 Tel Area
 Tel Area2
 Line Type Data
 LeAk Dial No
 SP1 Dial No
 SP2 Dial No
 SP3 Dial No
 h2o Dial No
 Thft Dial No
 cc Dial No
 SENS Dial No
 Err Dial No
 Inv Dial No
 Inv Hour 00:00

Confis Tank Leak 1

Not Enabled

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Confis 4 to 20mA

4to20 En Trnk no
dAtA SEL ar Vol-----

Los
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.
11/05/14
12:14
Site id 00000
Unit id 00

Los Alarms 1
Date 10/09
Time 11:49
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 2
Date 10/09
Time 11:48
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 3
Date 10/09
Time 11:46
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 4
Date 05/02
Time 17:28
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 5
Date 05/02
Time 17:08
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 6
Date 05/02
Time 17:06
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 7
Date 05/02
Time 17:06
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 8
Date 05/02
Time 17:02
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 9
Date 05/02
Time 10:25
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarm 0
Date 05/02
Time 10:25
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 11
Date 05/01
Time 12:32
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 12
Date 05/01
Time 12:32
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 13
Date 05/01
Time 12:32
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 14
Date 07/19
Time 11:11
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 15
Date 07/19
Time 11:11
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 16
Date 07/19
Time 11:09
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 17
Date 07/19
Time 11:05
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 18
Date 06/23
Time 11:29
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 19
Date 06/23
Time 11:29
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms
Date 06/23
Time 11:29
Overfl___ Alarm
Input # 03
Alarm Id Sensr
Detail Closed

Los Alarms 21
Date 06/23
Time 10:32
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Los Alarms 22
Date 06/23
Time 10:32
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 23
Date 01/07
Time 13:25
Hihish___ Alarm
Input # 01
Alarm Id Sensr
Detail Closed

Los Alarms 24
Date 01/07
Time 13:24
Hihish___ Alarm
Input # 02
Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:34

Site id 00000
Unit id 00

Date 11/05
Time 12:34

Overfl___ Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:35

Site id 00000
Unit id 00

Date 11/05
Time 12:35

Hihigh___ Alarm
Input # 02

Alarm Id Sensr
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

11/05/14
12:37

Site id 00000
Unit id 00

Date 11/05
Time 12:37

High___ Alarm
Input # 01

Alarm Id Sensr
Detail Closed

Appendix VI

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

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

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

<p>Tank ID: Diesel - 10,000 Gallon - UST</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>Mechanical</u></p> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p>Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

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

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

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

Results of Testing/Serviceing

Software Version Installed: N/A

Complete the following checklist:

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

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

E. Comments:

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

SWRCB, January 2006

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center (Downtown Campus)	Date of Testing: 11/5/14
Facility Address: 555 East Valley Parkway	
Facility Contact: Scott Foster	Phone: 760-644-7120
Date Local Agency Was Notified of Testing: 48 Hours Prior	
Name of Local Agency Inspector (if present during testing): Michelle Chairs	

2. TESTING CONTRACTOR INFORMATION

Company Name: Sunwest Engineering Inc.	
Technician Conducting Test: Paul McLane	
Credentials : CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 8191873-UT	

3. SPILL BUCKET TESTING INFORMATION

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

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Digitally signed by Paul McLane for WT#141016-004

Technician's Signature: _____

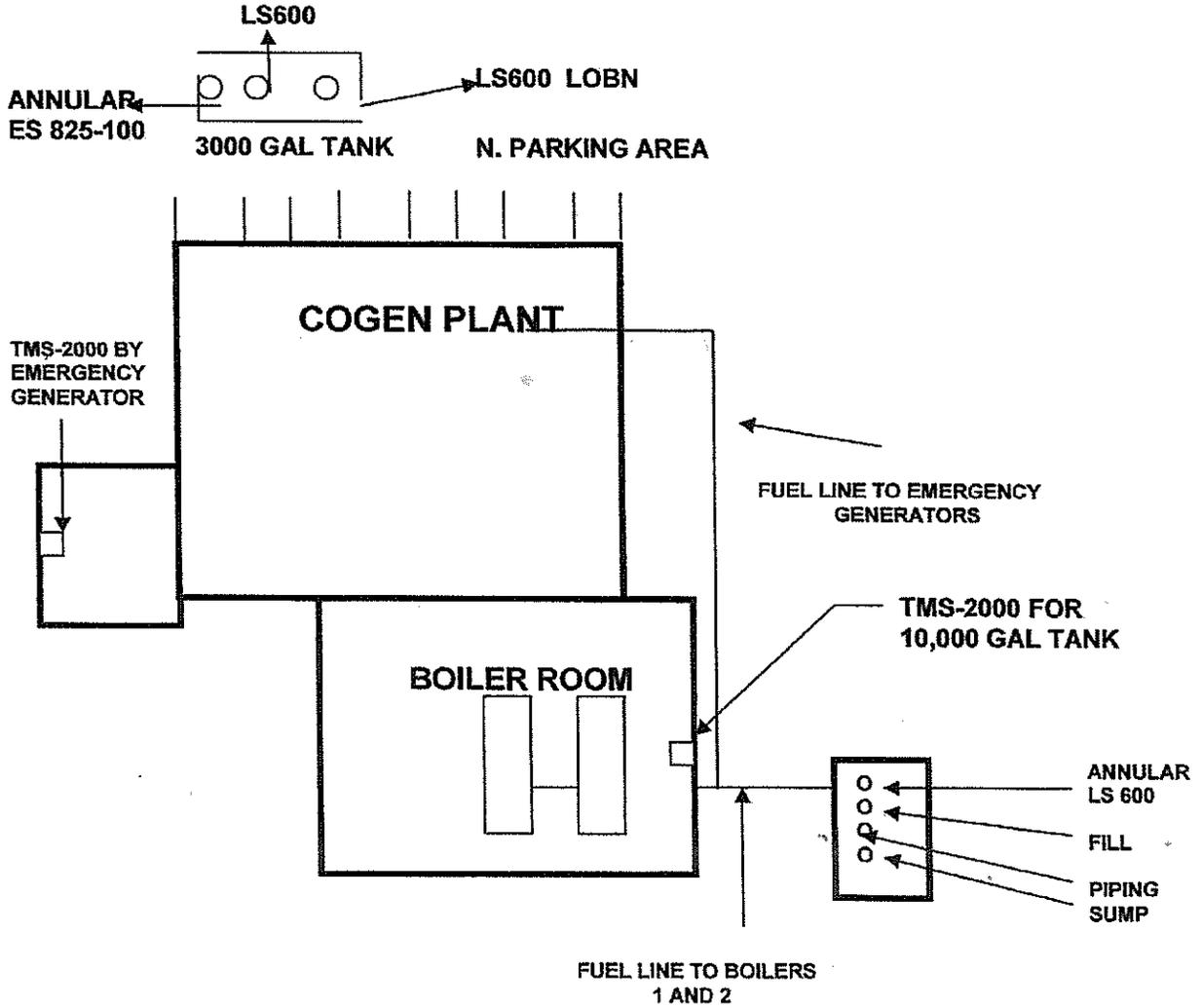
11/05/2014 11:42:14

Date: 11/5/2014

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

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

UNDERGROUND STORAGE TANK SYSTEM
OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND
UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS
For use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

FACILITY NAME Palomar Medical Center	FACILITY PHONE (7 6 0) 6 4 4 - 7 1 2 0
FACILITY SITE ADDRESS 555 East Valley Parkway	CITY Escondido
REASON FOR SUBMITTING THIS FORM (Check One): <input checked="" type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY

Designated Operator's Name: Spencer Kissick	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8169987	Expiration Date: 8/11/2016

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: David Smith	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8260473	Expiration Date: 6/7/2016

ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Kenneth Withee	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8252648	Expiration Date: 3/28/2016

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Todd Hansen	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8250244	Expiration Date: 11/7/2015

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

TANK OWNER NAME: SCOTT F. Foster

TANK OWNER TITLE: Lead Plant Operator OWNER PHONE: 760-644-7120

TANK OWNER SIGNATURE: Scott Foster DATE: 11/10/2014

INSTRUCTIONS

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

FACILITY NAME Palomar Medical Center	FACILITY PHONE (7 6 0) 6 4 4 - 7 1 2 0
FACILITY SITE ADDRESS 555 East Valley Parkway	CITY Escondido
REASON FOR SUBMITTING THIS FORM (Check One): <input checked="" type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

ALTERNATE 4 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Paul McLane	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8198073	Expiration Date: 1/23/2015

ALTERNATE 5 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Leonardo Aguilar	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 5302718	Expiration Date: 1/23/2015

ALTERNATE 6 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name: Ruben Becerra	Relation to UST Facility (Check One)
Bussiness Name (If different from above): SunWest Engineering Constructors, Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 594-9850	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third Party
International Code Council Certification #: 8198701	Expiration Date: 1/23/2015

ALTERNATE 7 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
International Code Council Certification #:	Expiration Date:

ALTERNATE 8 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Bussiness Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
International Code Council Certification #:	Expiration Date:



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

**UNDERGROUND STORAGE TANK
RESPONSE PLAN – PAGE 2**

(One form per facility)

VI. REPORTING AND RECORD KEEPING

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

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

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

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

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

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

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

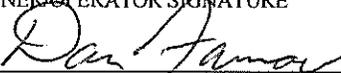
We will follow the reporting procedures described above if any of the following conditions occur:

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

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

VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE 	DATE 12/10/2008	R70
OWNER/OPERATOR NAME (print) Dan Farrow	OWNER/OPERATOR TITLE Director Plant Operations	R72

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

Local Agency Signature: _____ Date: _____

*Conditions of approval (if any):



State of California
 State Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

500,000 dollars per occurrence

1 million dollars annual aggregate

1 million dollars per occurrence

AND

2 million dollars annual aggregate

B. **Palomar Health** hereby certifies that it is in compliance with the requirements of Section 2807,
 (Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BETA Risk Mgmt Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507	Certificate No. HCL-14-691 Amendment No. H210-01	\$3,000,000 per occurrence and \$6,000,000 annual aggregate	7/1/2014 to 7/1/2015	Yes	Yes

Note:

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

D. Facility Name Palomar Medical Center	Facility Address 2185 Citracado Parkway, Escondido, CA 92029
Facility Name Palomar Health Downtown Campus	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
E. Signature of Tank Owner or Operator 	Date 7/23/14
Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer	
Signature of Witness or Notary 	Date 7/23/14
Name of Witness or Notary Tanya Howell, Executive Assistant	

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

Certificate Number: HCL-14-691	Amendment No.: H210-01
--	----------------------------------

Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

one Limit of Liability shall apply to all such **Claims**.

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

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

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

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

Certificate Number: HCL-14-691	Amendment No.: H210-01
--	----------------------------------

Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

B. Exclusions Applicable to Pollution Liability Coverage.

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

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

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

C. Additional Conditions and Definitions

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

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

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

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

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

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

Certificate Number: HCL-14-691	Amendment No.: H210-01
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Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

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

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

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

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

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

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

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

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

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: HCL-14-691	Amendment No.: H210-01
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Issued to: Palomar Health		
Effective Date: 07/01/14 at 12:01 a.m.	Expiration Date: 07/01/15 at 12:01 a.m.	Additional Contribution: Per Contract

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

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BETARMA



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4	DATE 10/9/2013
PERMIT # 114230	BUS. CODE K36
TIME START 09:00am	END
SPECIALIST Michelle Chairs	
INSPECTION CONTACT Scott Foster	
TITLE Lead Engineer	
PHONE 760-644-7125	

FACILITY NAME Palomar Medical Center

ADDRESS 555 E Valley Parkway

CITY/ZIP Escondido / 92025

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

Y:	N/A:	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	Y' N/A' Permit Expires on: 9/30/2013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input type="checkbox"/> Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/> Employee Training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/> Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input type="checkbox"/> Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled
<input type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/> Waste containers in good condition

Consent to inspect granted by: Inspection Contact Other: _____

Routine Inspection - Final Inspection Report

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

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

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

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

<input type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	Initials of Facility Representative
--	-------------------------------------

PRINTED NAME OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	DATE SIGNED <u>10/17/13</u>
SIGNATURE OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	TITLE OF FACILITY REPRESENTATIVE <u>Facility Manager</u>

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 921129261
Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 10/9/2013

PAGE 2 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

reverse distribution of expired pharmaceuticals.

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

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

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

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

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

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

Summary of Underground Storage Tank Violations:

2. V3138 has been rescinded.

3. Evidence of financial assurance reviewed expired on 7/1/2013.

VIOLATION 3105 - Documentation showing evidence of financial responsibility is not available. HSC 25292.2

NOTICE TO COMPLY - Submit, within 30 days to my attention, documents showing evidence of financial responsibility.

4. Records reviewed showed that annual monitoring certification was due by 7/19/2013.

VIOLATION 3110 - Certification of ATG and sensors not performed within 1 year. 2641(j).

NOTICE TO COMPLY - Annual monitoring certification was performed during inspection for return to compliance.

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

VIOLATION 3191 - Designated Operator (DO) Notification/Change form not submitted to HMD. 2715(a)(b).

NOTICE TO COMPLY - Submit a notification with a current DO certification to my attention within 30 days for return to compliance.

6. Records reviewed showed that 989 secondary containment testing was due by 10/16/2012 and wasn't performed until 5/1/2013.

VIOLATION 3114 - 989 secondary containment testing not performed within 3 years. 25284.1; 2637(a)&(e).

NOTICE TO COMPLY - 989 Secondary Containment testing was performed on 5/1/2013 for return to compliance.

Signature of Facility Representative

10/19/13 DATE SIGNED

Facility Manager TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 10/9/2013

PAGE 3 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

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

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

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

Summary of Hazardous Materials Violations:

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

VIOLATION 1017 -Business Plan not certified annually. 25505(d)&(e)2

NOTICE TO COMPLY - Within 30 days, submit to my attention, a complete CERS submittal, for my review to return to compliance.

Summary of Hazardous Waste Violations:

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

VIOLATION 0221 - Failed to comply with satellite regulations. 66262.34(e) on 6/23/11 and evidence of proper disposal could not be provided.

VIOLATION 0225 - Hazardous waste is stored in excess of allowable time period without a State permit or written variance (SQG). CCR 66262.34, CFR 262.34

VIOLATION 0227 - Hazardous waste container and/or tank are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34(a)(2), 66262.34(a)(3), 66262.34(f)

NOTICE TO COMPLY - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste. Dispose of hazardous waste at least annually for satellite accumulation areas. Submit to my attention, within 30 days, evidence of return to compliance.

12. Facility has failed to adequately train employees in proper management of hazardous waste) which includes labeling and disposal in accordance with regulatory requirements. This violation was also cited during the 6/23/11 and 7/19/12 inspections.

VIOLATION 0407 - Employee training program not adequate. CFR 262.34(d)(5)(iii)

NOTICE TO COMPLY - Provide required training and maintain records documenting training topics, attendance, and dates. Submit evidence of compliance to my attention within 30 days.

Signature of facility representative

10/17/13

Facility Manager

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy

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



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 10/9/2013

PAGE 4 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

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

Summary of attachments provided:

- Corrective Action Form to Document Return to Compliance

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

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

Steve Fe

10/17/13

Facility Manager

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME Palomar Medical Center

ADDRESS 555 E Valley Parkway

CITY/ZIP Escondido / 92025

PAGE <u>1</u> OF <u>4</u> DATE <u>10/9/2013</u>
PERMIT # <u>114230</u> BUS. CODE <u>K65</u>
TIME START <u>09:00am</u> END _____
SPECIALIST <u>Michelle Chairs</u>
INSPECTION CONTACT <u>Darrell Ree- Scott Foster</u>
TITLE <u>Lead Engineer</u>
PHONE <u>760-644-7125</u>

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

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

Y*	N/A*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	Y*	N/A*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Expires on: <u>9/30/2013</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers <input checked="" type="checkbox"/> closed <input type="checkbox"/> labeled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition

Consent to inspect granted by: Inspection Contact Other: _____

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

ROUTINE INSPECTION

Routine Inspection was performed with Scott Foster and Steven Fox - Facilities.
 Consent was obtained by STEVEN FOX - facility representative, to perform inspection.
 HMD UFPF fees were due by 9/30/2013 and fees owed for 2013 are \$5,742, which do not include late fee penalties.

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

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

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

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

<input type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	Initials of Facility Representative _____
PRINTED NAME OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	DATE SIGNED <u>10 / 9 / 13</u>
SIGNATURE OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	TITLE OF FACILITY REPRESENTATIVE _____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
 Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE	10/9/2013
PAGE	2 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

reverse distribution of expired pharmaceuticals.

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

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

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

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

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

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

A final report will be issued within 5 business days.

Facility is requesting name change to: Palomar Health Downtown Campus,

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

Stan Fe

10/9/13

Facility Manager

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy

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



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE	10/9/2013
PAGE	2 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

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

[Signature]

10/9/13

Facility Manager

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230

DATE: 10/09/2013

PAGE: 3 OF 4

BUSINESS ADDRESS: 555 E Valley Parkway Escondido ZIP: 92025

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

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

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

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

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

Stan Fe
Signature of Business Representative

10/9/13
Date Signed

Facility Manager
Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #:

114230

DATE: 7 / 19 / 2012

BUSINESS ADDRESS: 555 E. Valley Parkway

Escondido

ZIP: 92025

UST SYSTEM INSPECTION

Requirements for Double Walled Systems

#	VIOLATION DESCRIPTION	NOV	TANK #				
			PRODUCT				
	PIPING MONITORING: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)	NOV	VIOL	V	V	V	V
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410				
	Line leak detector not installed, not functional, or not tested. 2636(f)(2), 25284.1(a)(4)(C), 2641(j)		3411				
	OPTION 1 No annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412				
	OPTION 2 No pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5)		3413				
	No pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414				
	OPTION 3 Emergency Generators without LLDs:		3415				
	Monitoring system not checked daily or log (record) of daily checks not available. 2636(f)(6)		3415				
	OPTION 4 Vapor or pressure monitoring system not functioning. 25290.1 (d&e)		3416				
	PIPING MONITORING: SUCTION SYSTEMS						
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451				

Requirements for Single Walled Systems

TANK MONITORING REQUIREMENTS							
	OPTION 1 Monthly 0.2 gph tank gauging test not performed. 2643(b)(1)		3501				
	OPTION 2 Monthly Statistical Inventory Reconciliation (SIR) not performed. 25292(b)(1); 2643(b)(3)		3502				
	Stick not in good condition or without 1/8" increments. 2645, 2646		3503				
	Dispenser meters not calibrated. 2646.1		3504				
	SIR not capable of detecting 0.2 gph release. 2643(b)(3)		3505				
	Did not notify HMD of a possible release within 10 days. 2646.2(d)		3510				
	Biennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506				
	Annual SIR report not submitted. 2646.1(j)		3507				
	OPTION 3 Weekly manual tank gauging not performed. (UST capacity ≤1000 gallons). 2645		3508				
	Annual integrity test not performed. (UST capacity 1000 gallons or less). 2645		3509				
	PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3, & 4						
	Line leak detector (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551				
	LLD does not shut down pump with release and detector failure/disconnection. 2666(c)		3552				
	OPTION 1 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3553				
	Monthly electronic line leak detection not performed. 2643(c)(2)		3554				
	OPTION 2 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(c); 2643(c)(1)		3561				
	Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562				
	OPTION 3 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563				
	Annual piping integrity test not performed. 2643(c)(3)		3564				
	OPTION 4 Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		3565				
	Line leak detector could not detect 0.1 gph at 150% pressure. 2643(c)(3)		3566				
	PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING						
	Piping integrity test not performed every 3 years. 2643(d)		3601				
	Daily monitoring not performed and/or logged. 2643(d) Appendix II		3602				
	PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING						
	More than one check valve or single valve not located properly. 2641(b), 2636(a)(3)		3651				
	Contents do not drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652				
	PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING						
	Piping integrity test not performed every 2 years. 2643(e)		3701				
	Enhanced leak detection not performed as required. 25292.4(a)		3702				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

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

PERMIT # 114230

DATE 10/09/2013

PAGE 4 OF 4

FACILITY ADDRESS: 555 E Valley Parkway Escondido

ZIP: 92025

VIOLATION REPORT. The items checked below refer to specific section numbers of Titles 19, 22 & 27 of the California Code of Regulations (CCR), Chapters 6.5, 6.67 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC) Small Quantity Hazardous Waste Generator-(SQG); Large Hazardous Waste Quantity Generator-(LQG); Code 40 of Federal Regulations-(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (858) 505-6880 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 1001 through 1020.

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 0214 through 0239.

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

RECORDKEEPING

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 0131 through 0149.

HAZWASTE REQUIREMENTS FOR SOGs ONLY

STORAGE AND HANDLING Pursuant to 66262.34(d)

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 0225 through 0234.

DISPOSAL AND TRANSPORTATION

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 0301 through 0308.

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 0407 through 0412.

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

Table with columns: Viol #, V, VIOLATION DESCRIPTION. Includes violations 1612 through 1616.

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

DATE SIGNED 10/9/13

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

Rec'd fr Tanya on 8/19/2013

 State of California State of Water Resources Control Board Division of Clean Water Programs P.O. Box 944212 Sacramento, CA 94244-2120 (Instructions on reverse side)	For State Use Only
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CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

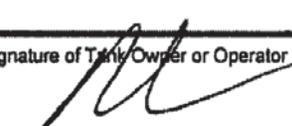
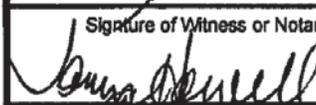
A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

<input type="checkbox"/> 500,000 dollars per occurrence <input checked="" type="checkbox"/> or 1 million dollars per occurrence	AND	<input type="checkbox"/> 1 million dollars annual aggregate <input checked="" type="checkbox"/> or 2 million dollars annual aggregate
---	-----	---

B. Palomar Health hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator) Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations. The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BHG Risk Mgmt Authority BETA Healthcare Group 1443 Danville Blvd Alamo, CA 94507	Certificate #C-13-691 Amendment #H210-01	\$3,000,000.00/ \$6,000,000.00	7/1/13 to 7/1/14	Yes	Yes

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

D. Facility Name Palomar Medical Center	Facility Address 2185 Citracado Parkway, Escondido, CA 92029
Facility Name Palomar Health Downtown Campus	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
E. Signature of Tank Owner or Operator 	Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer
Signature of Witness or Notary 	Name of Witness or Notary Tanya Howell, Executive Assistant

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

Certificate Number:
C-13-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/13 at 12:01 a.m.

Expiration Date: 07/01/14 at 12:01 a.m.

Additional Contribution: Per Contract

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

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

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

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

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

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

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

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

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

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

Certificate Number:
C-13-691

Amendment No.:
H210-01

Issued to: Palomar Health

Effective Date: 07/01/13 at 12:01 a.m.

Expiration Date: 07/01/14 at 12:01 a.m.

Additional Contribution: Per Contract

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

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

B. Exclusions Applicable to Pollution Liability Coverage.

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

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

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

C. Additional Conditions and Definitions

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

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

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

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

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

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

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

one Limit of Liability shall apply to all such Claims.

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

- a. how, when and where the Occurrence, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

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

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

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

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

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BETARMA



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-263-9933

RECEIVED

NOV 19 2013

ENVIRONMENTAL HEALTH

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

By All Jurisdictions Within the State of California Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations
This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: _____

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____
Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
Facility Contact Person: Scott Foster Contact Phone No.: (760) 644-7120
Make/Model of Monitoring System: Pneumercator / TMS2000 Date of Testing/Serviceing: 10/9/2013

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

Tank ID: Diesel 10k <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>825-100F</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 DLBM</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600 DLBM</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
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Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): John Kneisel Signature: [Signature]
Certification No.: Pneumercator 10880 / ICC 5252941 UT License No.: AHAZ 728872
Testing Company Name: Petroleum Tank Testing Inc. Phone No.: (661) 943-0989
Testing Company Address: 42143 Valley Vista Dr., Quartz Hill, CA 93536 Date of Testing/Serviceing: 10/9/2013

Monitoring System Certification



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-263-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

By All Jurisdictions Within the State of California Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations
This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: _____

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____
Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
Facility Contact Person: Scott Foster Contact Phone No.: (760) 644-7120
Make/Model of Monitoring System: Pneumercator / TMS2000 Date of Testing/Service: 10/9/2013

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

<p>Tank ID: Diesel 3k</p> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>825-100F</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 DLBM</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600 DLBM</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<p>Tank ID: _____</p> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
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<p>Dispenser ID: _____</p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p>Dispenser ID: _____</p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: _____</p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p>Dispenser ID: _____</p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

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

Technician Name (print): John Kneisel Signature: [Signature]
 Certification No.: Pneumercator 10880 / ICC 5252941 UT License No.: AHAZ 728872
 Testing Company Name: Petroleum Tank Testing Inc. Phone No.: (661) 943-0989

D. Results of Testing/Service

Monitoring System Certification

Software Version Installed: 900461-1-Rev. T

Complete the following checklist:

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

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

E. Comments: Suction system.

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

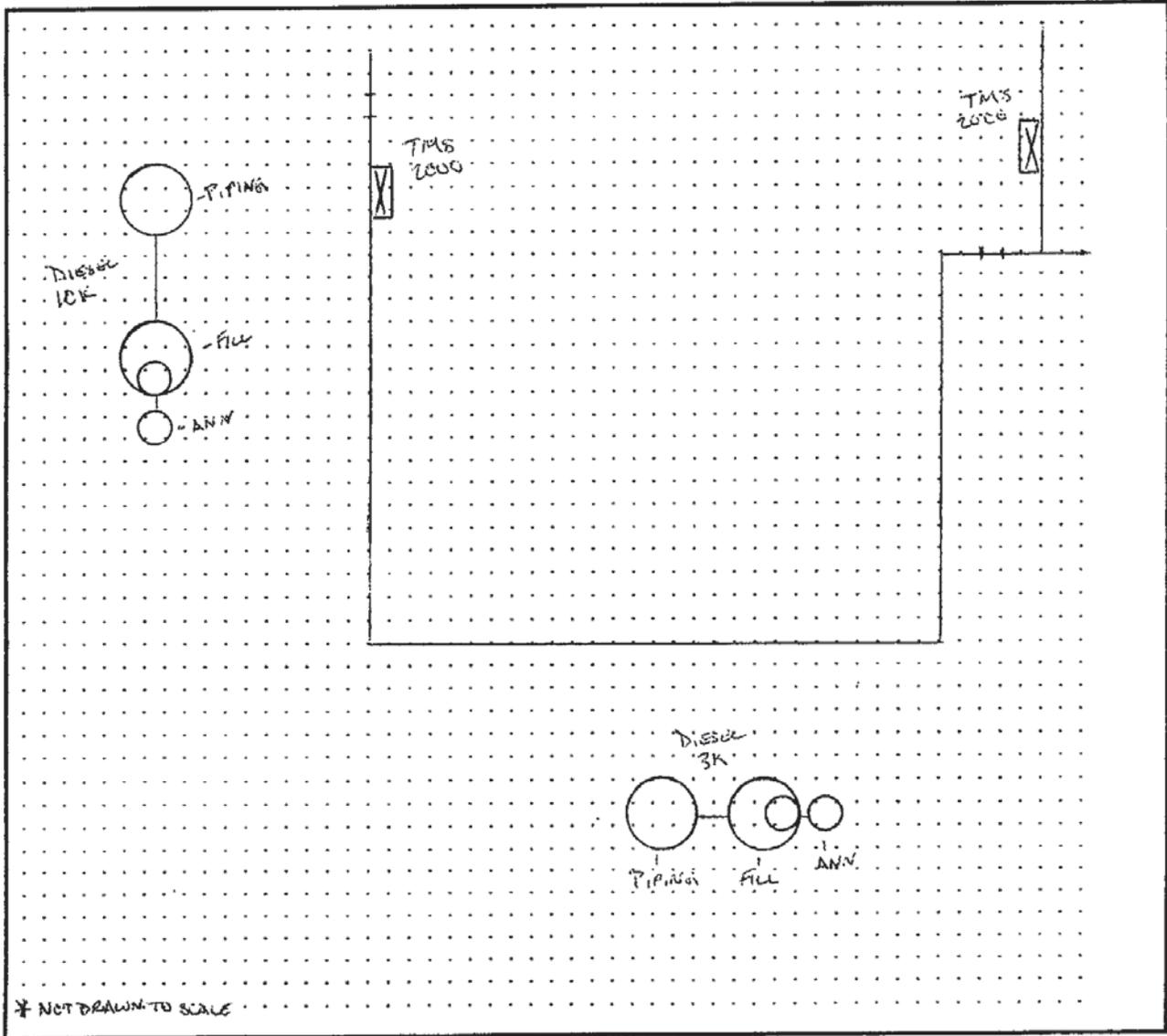
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025



Date map was drawn: 10/9/13

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Monitoring System Certification

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

1. FACILITY INFORMATION

Facility Name:	Palomar Medical Center	Date of Testing:	10/9/2013
Facility Address:	555 Valley Parkway, Escondido, CA 92025		
Facility Contact:	Scott Foster	Phone:	(760)644-7120
Date Local Agency Was Notified of Testing :	10/3/2013		
Name of Local Agency Inspector (if present during testing):	Michelle Chairs		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Petroleum Tank Testing
Technician Conducting Test:	John Kneisel
Credentials ¹ :	<input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)
License Number(s):	5252941UT

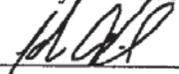
3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Visual		Equipment Resolution: +/- 1/16"	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel 10k	2 Diesel 3k	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12"	12"		
Bucket Depth:	14"	14"		
Wait time between applying vacuum/water and start of test:	15 Min.	15 Min.		
Test Start Time (T _i):	9:00	9:00		
Initial Reading (R _i):	12 1/2"	12 1/2"		
Test End Time (T _F):	10:00	10:00		
Final Reading (R _F):	12 1/2"	12 1/2"		
Test Duration (T _F - T _i):	60 Min.	60 Min.		
Change in Reading (R _F - R _i):	0.0"	0.0"		
Pass/Fail Threshold or Criteria:	Visual	Visual		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature:  Date: 10/9/2013

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

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

Site id 00000
Unit id 00

Date 10/09
Time 11:46

Overfl Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

10/09/13
11:48

Site id 00000
Unit id 00

Date 10/09
Time 11:48

Hihigh Alarm
Input # 03

Alarm Id Sensr
Detail Closed

Alarm

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

10/09/13
11:49

Site id 00000
Unit id 00

Date 10/09
Time 11:49

High Alarm
Input # 01

Alarm Id Sensr
Detail Closed

#114230 CO
MCHAIRS



County of San Diego

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

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

By All Jurisdictions Within the State of California Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations
This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____ Permit Number: _____
A. General Information
Facility Name: Palomar Medical Center Bldg. No.: _____
Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
Facility Contact Person: _____ Contact Phone No.: (____) _____
Make/Model of Monitoring System: Pneumercator / TMS2000 Date of Testing/Serviceing: 7/19/2012

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

Tank ID: Diesel 10k <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>825-100F</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 DLBM</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600 DLBM</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): John Kneisel Signature: [Signature]
Certification No.: Pneumercator_10880 / ICC_5252941 UT License No.: AHAZ_728872
Testing Company Name: Petroleum Tank Testing Inc. Phone No.: (661) 943-0989
Testing Company Address: 42143 Valley Vista Dr., Quartz Hill, CA 93536 Date of Testing/Serviceing: 7/19/2012

RECEIVED.

AUG 31 2012

ENVIRONMENTAL
HEALTH

Monitoring System Certification



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

By All Jurisdictions Within the State of California Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations
This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number:

Permit Number:

A. General Information

Facility Name: Palomar Medical Center Bldg. No.:
Site Address: 555 East Valley Parkway City: Escondido Zip: 92025
Facility Contact Person: Contact Phone No.: ()
Make/Model of Monitoring System: Pneumercator / TMS2000 Date of Testing/Serviceing: 7/19/2012

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

Grid of equipment inspection forms for Diesel 3k tanks and dispensers, including checkboxes for In-Tank Gauging Probe, Annular Space or Vault Sensor, Piping Sump / Trench Sensor(s), Fill Sump Sensor(s), Mechanical Line Leak Detector, Electronic Line Leak Detector, Tank Overfill / High-Level Sensor, and Other.

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

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

Technician Name (print): John Kneisel Signature: [Signature]
Certification No.: Pneumercator_10880 / ICC_5252941 UT License No.: AHAZ_728872
Testing Company Name: Petroleum Tank Testing Inc. Phone No.: (661) 943-0989

Monitoring System Certification

D. Results of Testing/Serviceing

Software Version Installed: 900461-1-Rev. T

Complete the following checklist:

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

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

E. Comments: Suction system.

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

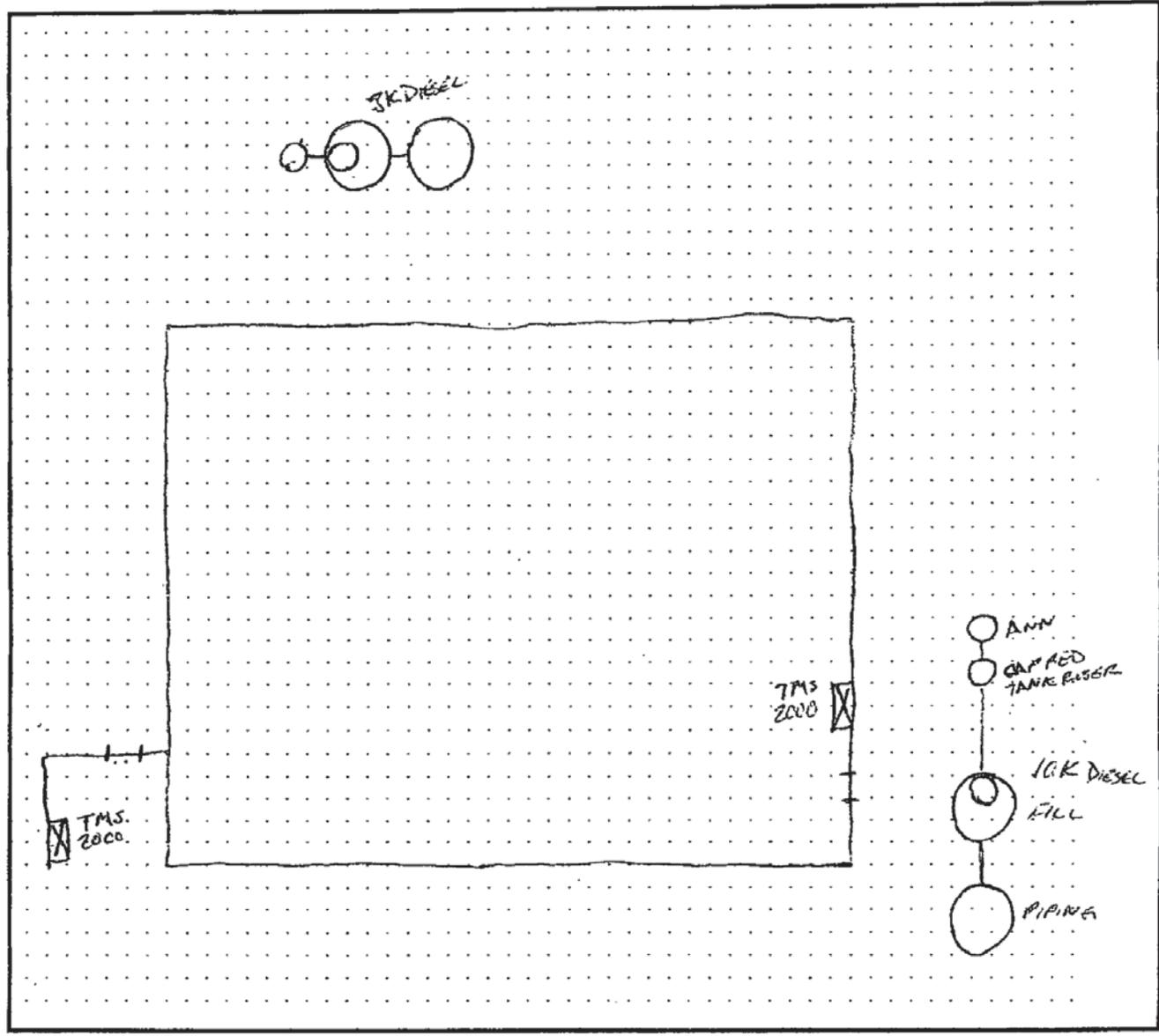
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 VALLEY PARKWAY ESCONDIDO, CA 92025



Date map was drawn: 7/19/12

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

114230

Monitoring System Certification

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center Date of Testing: 7/19/2012
Facility Address: 555 Valley Parkway, Escondido, CA 92026
Facility Contact: Phone: ()
Date Local Agency Was Notified of Testing: 7/12/2012
Name of Local Agency Inspector (if present during testing): Michelle Chairs

2. TESTING CONTRACTOR INFORMATION

Company Name: Petroleum Tank Testing
Technician Conducting Test: John Kneisel
Credentials: [] CSLB Contractor [x] ICC Service Tech. [] SWRCB Tank Tester [] Other (Specify)
License Number(s): 5252941UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: [x] Hydrostatic [] Vacuum [] Other
Test Equipment Used: Visual Equipment Resolution: +/- 1/16"
Identify Spill Bucket (By Tank Number, Stored Product, etc.)
1 Diesel 10k 2 Diesel 3k 3 4
Bucket Installation Type: [] Direct Bury [x] Contained in Sump
Bucket Diameter: 12" 12"
Bucket Depth: 14" 14"
Wait time between applying vacuum/water and start of test: 15 Min. 15 Min.
Test Start Time (T1): 8:00 8:00
Initial Reading (R1): 12" 12"
Test End Time (TF): 9:00 9:00
Final Reading (RF): 12" 12"
Test Duration (TF - T1): 60 Min. 60 Min.
Change in Reading (RF - R1): 0.0" 0.0"
Pass/Fail Threshold or Criteria: Visual Visual
Test Result: [x] Pass [] Fail [x] Pass [] Fail [] Pass [] Fail [] Pass [] Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature:

[Handwritten Signature]

Date: 7/19/2012

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



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT#: 114230

SPECIALIST: MICHELLE CHAIRS

INSPECTION DATE: 7/19/2012

CONTACT: Stephen Fox

FACILITY NAME **PALOMAR MEDICAL CENTER**

ADDRESS **555 E Valley Parkway** CITY **Escondido** ZIP **92029**

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)
1 v3105	8/8/12	Copy was forwarded from PH Insurance Coordinator - attached
2 v3193	8/8/12	Training Record was sent to facility from Contractor - attached
3 v3192	8/8/12	Monthly Visual Inspections are current in (UST) binder
4 v4209	7/20/12	EVS placed proper label on bag - removed bag after label correctly
5 v4391	7/31/12	Director of EVS - Alice Warner - e-mailed copy additional attached
6 v0221	7/31/12	Corrections made to comply with state regulations
7 v0238	8/8/12	Cover + container replaced to keep UW sealed when stored
8 v0239	8/7/12	UW container was properly labeled in location
9 v0225	8/8/12	waste was removed and container is labeled to not exceed 1 year in length of storage of materials
10 v0227	8/9/12	Container was labeled with proper information

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

Responsible Party: ~~STEPHAN FOX~~ Steven Fox Job Title FACILITIES MGR.
Print Name

Signature of Responsible Party: _____ Date: 7/19/2012

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: M. Chairs Date: 11/16/12
(Specialist's name and date required for processing)

Specialist's comments: _____

All violations noted on date listed above were corrected. Based on information provided by the business
 RTC entered in Kiva by Specialist on: 11/16/12 RTC entered in Kiva by Office Assistant on: 1/1/12
 Based on field verification by Specialist



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT#: 114230SPECIALIST: MICHELLE CHAIRSINSPECTION DATE: 7/19/2012CONTACT: Stephen FoxFACILITY NAME PALOMAR MEDICAL CENTERADDRESS 555 E Valley ParkwayCITY EscondidoZIP 92029

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)
1 v0232	7/30/12	container was replaced with suitable replacement for use.
2 v0407	8/9/12	supplemental training was performed to capture employees needing training.
3 v		
4 v		
5 v		
6 v		
7 v		
8 v		
9 v		
10 v		

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

Responsible Party: STEPHAN FOX

Print Name

Job Title FACILITIES MGR.

Signature of Responsible Party: _____

Date: 7/19/2012

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: _____

M. ChairsDate: 11/16/12

(Specialist's name and date required for processing)

Specialist's comments: _____

 All violations noted on date listed above were corrected. Based on information provided by the business Based on field verification by Specialist RTC entered in Kiva by Specialist on: 11/16/12 RTC entered in Kiva by Office Assistant on: ___/___/___

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-2611

<http://www.sdcdech.org> 858-505-6880



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 921129261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdeh.org>



Medical Waste Management Plan

Facility Information

Unified Program Facility
Permit #: _____

Business

Name: Palomar Health

Type of Business: Medical Center

Date: 7 /31 /2012

Address: 555
Street No.

E. Valley Pkwy.
Street Name

Escondido
City

CA
State

92025
Zip Code

Person Responsible for implementing the Medical Waste Management Plan

Name: Alice Warner

Title: System Director, EVS

Phone: (760)739 X 2468

Types of wastes generated

Sharps - e.g., needles, blades, scalpels, or broken glass or syringes contaminated with biohazardous waste.

Estimated monthly amount 1,910 lbs

Home-Generated Sharps

Estimated monthly amount _____ lbs

Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.

Estimated monthly amount 13,452 lbs

Liquid or semi-liquid biohazardous laboratory waste - treated on site by chemical disinfection* and discharged to sewer.

Estimated monthly amount _____ lbs

Waste contaminated with fixatives or chemotherapeutic agents.

Estimated monthly amount 1,002 lbs

California-regulated pharmaceutical waste
Estimated monthly amount 28,659 lbs

Blood or body fluids - liquid blood or blood products, or other regulated body fluids, or articles contaminated with liquid blood or body fluids.

Estimated monthly amount 82,191 lbs

Pathology waste - recognizable human anatomical parts.

Estimated monthly amount 1,018 lbs

Surgical specimens - human or animal parts or tissues removed surgically or by autopsy and are suspected to be contaminated by agents which are contagious to humans.

Estimated monthly amount _____ lbs

Isolation waste - waste contaminated with excretion, exudates or secretions from humans or animals who are isolated due to highly communicable diseases.

Estimated monthly amount _____ lbs

Contaminated animals - animal carcasses, body parts, tissues or fluids suspected to be contaminated by agents which are contagious to humans.

Estimated monthly amount _____ lbs

Other (specify):
Estimated monthly amount _____ lbs

Estimate of **TOTAL** monthly medical waste generated: 391,727 lbs

ONSITE MEDICAL WASTE TREATMENT ONLY: Method of medical waste treatment *if performed onsite:*

Steam Autoclaving

Other state approved alternative technology (specify below):

Onsite medical waste treatment records must be maintained for three years. HSC §117975

*Per HSC §118215(c), for liquid or semi-liquid biohazardous laboratory waste (§117635(a)), the treatment method must be recognized by the NIH, the CDC, or the American Biological Safety Association. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chapter 6.5 (commencing with §25100) of Division 20.

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: Stericycle

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (323) 854 - 7133

Contact Person: Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

Facility Name: Stericycle - Autoclave Treatment

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (951)897 - 7440

Contact Person: Glenna Young

Phone #: (951)897 - 7440

I hereby certify to the best of my knowledge and believe the statements made herein are correct and accurate.

Name: Alice Warner
Type or Print

Title: System Director, Evs

Signature: Alice Warner

Digitally signed by Alice Warner
DN: c=US, ou=Palomar Health, email=Alice.Warner@palomarhealth.org, o=PHS
Date: 2012.01.11 15:42:07 -0800

Date: 7 /31 /12

Emergency Action Plan:

Note: This requirement only applies to Large Quantity Generators of Medical Waste (≥ 200 lbs/month)

This plan is to be followed to ensure the proper disposal of medical waste in the event of a natural disaster, spill, treatment system break down, power failure, etc. (600 characters max. for WORD interactive form - use additional sheets if necessary).

1. At Palomar West - In the event the San-I-Pak breaks down, and is out of service for more than 1 day, the licensed hauler of medical waste which is contracted by Palomar Health shall be called upon to haul the medical waste generated by the hospital until the San-I-Pak is returned to operation.

All other Palomar locations will continue to use a licensed hauler.



State of California
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2121

For State Use Only

(Instructions on reverse side)

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

- | | | |
|--|-----|--|
| <input type="checkbox"/> 500,000 dollars per occurrence | | <input type="checkbox"/> 1 million dollars annual aggregate |
| <input checked="" type="checkbox"/> 1 million dollars per occurrence | AND | <input checked="" type="checkbox"/> 2 million dollars annual aggregate |

B. Palomar Health hereby certifies that it is in compliance with the requirements of Section 2807, (Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.
The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BHG Risk Management Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507	Certificate #C-12-691 Amendment #H210-01	\$3,000,000/ \$6,000,000	7/1/12 to 7/1/13	Yes	Yes

Note:

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

D. Facility Name Palomar Medical Center	Facility Address 2185 W. Citracado Parkway, Escondido, CA 92029
Facility Name Palomar Health Downtown Campus	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
E. Signature of Tank Owner or Operator- 	Date 7/2/12 Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer
Signature of Witness or Notary 	Date 7/2/12 Name of Witness or Notary Tanya Howell, Executive Assistant

Facility Employee Training

Facility Name <u>Palomar Medical Center</u>	Facility ID # _____
Facility Address: <u>555 E. Valley Parkway</u>	Phone# _____
City/ State/ Zip <u>Escondido Ca 92025</u>	Fax# _____

Certified Facility Emergency Contact

The person(s) listed below have been trained in basic operation of the fuel system at the above stated facility as mandated by the SWRCB and in compliance with local regulatory agency. This Emergency contact will be primarily responsible for responding to any alarm conditions to include logging and reporting the alarm condition as well as notifying the owner/operator and/ or a qualified service technician, if required, to respond to the alarm condition in a timely manner.

It is not the responsibility of the certified Designated UST Operator to teach the Emergency contact person(s) to troubleshoot or in anyway repair an alarm condition. This certification is a basic guide to identifying the type of alarm so that a timely response can be addressed by the owner / operator and / or qualified service technician.

Name of person(s) to be Trained by Designated UST Operator	Note type of training: 30 Day new hire Or Annual Training	Training Date
1. <u>Scott F. Foster</u>	<u>Annual Training</u>	<u>3/30/12</u>
2. <u>Gregg Pather</u>	<u>New Hire</u>	<u>3/30/12</u>
3. <u>Bon Esmende</u>	<u>Annual Training</u>	<u>3/30/12</u>
4. <u>Robert Giffon</u>	<u>Annual Training</u>	<u>3/30/12</u>
5. <u>Luis Muñillo</u>	<u>Annual Training</u>	<u>3/30/12</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Note: The Local Regulatory Agency must be notified of any changes to this information within 30 days of the change.

I certify that, for the facility indicated above, the individual(s) listed have been identified by the owner/operator as the Facility Emergency Contact(s). The individual(s) will respond to and document any alarm conditions for the fuel system during any given month during a calendar year. If a new employee is hired to replace a current facility emergency contact, that person must be trained within 30 days of being given designation as such.

Matt Bryant
Name of Designated UST Operator performing training

5244637-uc
ICC Certification #

[Signature]
Signature

3-30-2012
Date signed

(909) 758-0464
Designated operator phone #



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 P.O. BOX 129261, SAN DIEGO, CA 92112-9261
 (858) 505-6880 FAX (858) 505-6848
<http://www.sdcdelh.org>



Medical Waste Management Plan

Facility Information		Unified Program Facility	
Business		Permit #: _____	
Name: <u>Palomar Health</u>		Date: <u>2 /20 /2013</u>	
Type of Business: <u>Medical Center</u>			
Address: <u>555</u>	<u>E. Valley Pkwy.</u>	<u>Escondido</u>	<u>CA</u> <u>92025</u>
Street No.	Street Name	City	State Zip Code
Person Responsible for implementing the Medical Waste Management Plan			
Name: <u>Alice Warner</u>		Phone: <u>(760)739 X 2468</u>	
Title: <u>System Director, Evs</u>			
Types of wastes generated			
<input checked="" type="checkbox"/> Sharps - e.g., needles, blades, scalpels, or broken glass or syringes contaminated with biohazardous waste.	<input checked="" type="checkbox"/> Blood or body fluids - liquid blood or blood products, or other regulated body fluids, or articles contaminated with liquid blood or body fluids.		
Estimated monthly amount <u>22,465</u> lbs	Estimated monthly amount <u>92,967</u> lbs		
<input checked="" type="checkbox"/> Home-Generated Sharps	<input checked="" type="checkbox"/> Pathology waste - recognizable human anatomical parts.		
Estimated monthly amount <u>25</u> lbs	Estimated monthly amount <u>6,890</u> lbs		
<input checked="" type="checkbox"/> Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.	<input type="checkbox"/> Surgical specimens - human or animal parts or tissues removed surgically or by autopsy and are suspected to be contaminated by agents which are contagious to humans.		
Estimated monthly amount <u>6,726</u> lbs	Estimated monthly amount _____ lbs		
<input type="checkbox"/> Liquid or semi-liquid biohazardous laboratory waste - treated on site by chemical disinfection* and discharged to sewer.	<input type="checkbox"/> Isolation waste - waste contaminated with excretion, exudates or secretions from humans or animals who are isolated due to highly communicable diseases.		
Estimated monthly amount _____ lbs	Estimated monthly amount _____ lbs		
<input checked="" type="checkbox"/> Waste contaminated with fixatives or chemotherapeutic agents.	<input type="checkbox"/> Contaminated animals - animal carcasses, body parts, tissues or fluids suspected to be contaminated by agents which are contagious to humans.		
Estimated monthly amount <u>43</u> lbs	Estimated monthly amount _____ lbs		
<input checked="" type="checkbox"/> California-regulated pharmaceutical waste	<input type="checkbox"/> Other (specify):		
Estimated monthly amount <u>6,194</u> lbs	Estimated monthly amount _____ lbs		
Estimate of <u>TOTAL</u> monthly medical waste generated: _____ lbs			
ONSITE MEDICAL WASTE TREATMENT ONLY: Method of medical waste treatment <i>if performed onsite</i> :			
<input type="checkbox"/> Steam Autoclaving	<input type="checkbox"/> Other state approved alternative technology (specify below):		

Onsite medical waste treatment records must be maintained for three years. HSC §117975			

*Per HSC §118215(c), for liquid or semi-liquid biohazardous laboratory waste (§117635(a)), the treatment method must be recognized by the NIH, the CDC, or the American Biological Safety Association. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chapter 6.5 (commencing with §25100) of Division 20.

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: Stericycle

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (323) 854 - 7133

Contact Person: Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

Facility Name: Stericycle - Autoclave Treatment

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (951)897 - 7440

Contact Person: Glenna Young

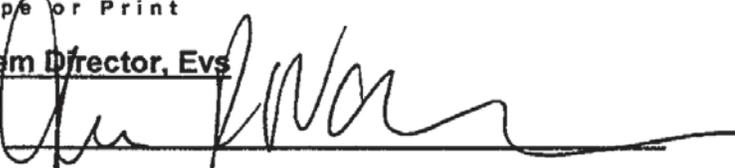
Phone #: (951)897 - 7440

I hereby certify to the best of my knowledge and believe the statements made herein are correct and accurate.

Name: Alice Warner

Type or Print

Title: System Director, Evs

Signature: 

Date: 2 /20 /2013

Emergency Action Plan:

Note: This requirement only applies to Large Quantity Generators of Medical Waste (≥200 lbs/month)

This plan is to be followed to ensure the proper disposal of medical waste in the event of a natural disaster, spill, treatment system break down, power failure, etc. (600 characters max. for WORD interactive form - use additional sheets if necessary).

1. Palomar Health Downtown Campus will continue to use a licensed hauler.

RECEIVED

DEH2002-H4 PFP 11/23/13

SWRCB, January 2002 JUN 04 2013

Page ___ of ___

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Palomar Health Date of Testing: 5/1/2013
Facility Address: 555 East Valley Parkway, Escondido, CA 92025
Facility Contact: Scott Foster Phone: (760)644-7120
Date Local Agency Was Notified of Testing: 4/26/2013
Name of Local Agency Inspector (if present during testing): None present

2. TESTING CONTRACTOR INFORMATION

Company Name: Petroleum Tank Testing Inc. (661) 943-0989
Technician Conducting Test: John Kneisel
Credentials: [X] CSLB Licensed Contractor [X] SWRCB Licensed Tank Tester
License Type: A-HAZ License Number: A-HAZ 980036 / SWRCB 90-1065
Manufacturer Training table with columns: Manufacturer, Component(s), Date Training Expires

3. SUMMARY OF TEST RESULTS

Table with 4 columns: Component, Pass, Fail, Not Tested, Repairs Made. Rows include Tank Annular, Secondary, Piping Sump, and Fill Sump for 3K and 10K Diesel.

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

1, 55 gallon drum (rinsate) left onsite, test water retained.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: [Handwritten Signature]

Date: 5/1/2013

7. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Incon	Equipment Resolution: +/- 0.0001		
	Sump # 3K Diesel	Sump # 10K Diesel	
Sump Diameter:	30"	30"	
Sump Depth:	42"	38"	
Sump Material:	Fiberglass	Fiberglass	
Height from Tank Top to Top of Highest Piping Penetration:	11"	12"	
Height from Tank Top to Lowest Electrical Penetration:	13"	14"	
Condition of sump prior to testing:	Clean/Dry	Clean/Dry	
Portion of Sump Tested ¹	2" above high pen.	2" above high pen.	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Turbine shutdown response time	NA	NA	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Wait time between applying pressure/vacuum/water and starting test:	15 Min.	15 Min.	
Test Start Time:	9:37	9:53	11:21 11:36
Initial Reading (R _i):	6.2313	6.2310	5.9155 5.9160
Test End Time:	9:52	10:08	11:36 11:51
Final Reading (R _f):	6.2310	6.2307	5.9160 5.9160
Test Duration:	15 Min.		15 Min.
Change in Reading (R _f -R _i):	-0.0003	-0.0003	-0.0005 0.0000
Pass/Fail Threshold or Criteria:	+/- 0.002		+/- 0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

Suction system - Emergency generator @ hospital - shutdown not required

¹ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon			Equipment Resolution: +/- 0.0001	
	Fill Sump # 3K Diesel	Fill Sump # 10K Dsl		
Sump Diameter:	30"	30"		
Sump Depth:	45"	40"		
Height from Tank Top to Top of Highest Piping Penetration:	14"	14"		
Height from Tank Top to Lowest Electrical Penetration:	16"	16"		
Condition of sump prior to testing:	Clean/Dry	Clean/Dry		
Portion of Sump Tested	2" above high pen.	2" above high pen.		
Sump Material:	Fiberglass	Fiberglass		
Wait time between applying pressure/vacuum/water and starting test:	15 Min.	15 Min.		
Test Start Time:	9:37	9:53	11:21	11:36
Initial Reading (R _i):	6.3338	6.3332	5.3791	5.3799
Test End Time:	9:52	10:08	11:36	11:51
Final Reading (R _f):	6.3332	6.3329	5.3799	5.3799
Test Duration:	15 Min.		15 Min.	
Change in Reading (R _f -R _i):	-0.0006	-0.0003	+0.0008	0.0000
Pass/Fail Threshold or Criteria:	+/- 0.002		+/- 0.002	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

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

Inventory

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

05/01/13
12:32

05/01/13
12:30

Site id 00000
Unit id 00

Site id 00000
Unit id 00

Date 05/01
Time 12:32

Overfl___ Alarm
Input # 00

Alarm Id
Detail Closed

Current Alarm Status

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

05/01/13
12:30

Site id 00000
Unit id 00

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

05/01/13
12:32

Site id 00000
Unit id 00

Date 05/01
Time 12:32

High___ Alarm
Input # 01

Alarm Id
Detail Closed

Alarm
PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

05/01/13
12:33

Site id 00000
Unit id 00

Date 05/01
Time 12:32

High___ Alarm
Input # 02

Alarm Id
Detail Closed

PALOMAR MEDI. CTR.
555 E. VALLEY PRKW.

PALOMAR HEALTH
555 EAST VALLEY PKY
ESCONDIDO CA 92025
SCOTT FOSTER
760-644-7120

05/01/2013 9:52

SUMP LEAK TEST REPORT

3K-PS

TEST STARTED 9:37
TEST STARTED 05/01/2013
BEGIN LEVEL 6.2313 IN
END TIME 9:52
END DATE 05/01/2013
END LEVEL 6.2310 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3K-PS

TEST STARTED 9:37
TEST STARTED 05/01/2013
BEGIN LEVEL 6.3338 IN
END TIME 9:52
END DATE 05/01/2013
END LEVEL 6.3332 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR HEALTH
555 EAST VALLEY PKY
ESCONDIDO CA 92025
SCOTT FOSTER
760-644-7120

05/01/2013 11:36

SUMP LEAK TEST REPORT

10K-PS

TEST STARTED 11:21
TEST STARTED 05/01/2013
BEGIN LEVEL 5.9155 IN
END TIME 11:36
END DATE 05/01/2013
END LEVEL 5.9160 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10K-PS

TEST STARTED 11:21
TEST STARTED 05/01/2013
BEGIN LEVEL 5.3791 IN
END TIME 11:36
END DATE 05/01/2013
END LEVEL 5.3799 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR HEALTH
555 EAST VALLEY PKY
ESCONDIDO CA 92025
SCOTT FOSTER
760-644-7120

05/01/2013 10:08

SUMP LEAK TEST REPORT

3K-PS

TEST STARTED 9:53
TEST STARTED 05/01/2013
BEGIN LEVEL 6.2310 IN
END TIME 10:08
END DATE 05/01/2013
END LEVEL 6.2307 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3K-PS

TEST STARTED 9:53
TEST STARTED 05/01/2013
BEGIN LEVEL 6.3332 IN
END TIME 10:08
END DATE 05/01/2013
END LEVEL 6.3329 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR HEALTH
555 EAST VALLEY PKY
ESCONDIDO CA 92025
SCOTT FOSTER
760-644-7120

05/01/2013 11:51

SUMP LEAK TEST REPORT

10K-PS

TEST STARTED 11:36
TEST STARTED 05/01/2013
BEGIN LEVEL 5.9160 IN
END TIME 11:51
END DATE 05/01/2013
END LEVEL 5.9160 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10K-PS

TEST STARTED 11:36
TEST STARTED 05/01/2013
BEGIN LEVEL 5.3799 IN
END TIME 11:51
END DATE 05/01/2013
END LEVEL 5.3799 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

Leak Sensor Alarms

T P P
A R R N
N M Y
K L S T A I S R
W P P E F M N A
K 1 2 3 R T E C L

PiPins X
Contn X
dbwALL X

ALARM STATUS KEY

A = GENERAL ALARM
F = GENERAL FAULT
O = OPEN-CIRCUIT FAULT
P = PRODUCT ALARM
S = SHORT-CIRC. FAULT
W = WATER ALARM



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 4 DATE 1 / 7 / 2011
 PERMIT# 114230 BUS. CODE K65
 TIME START 8 30AM END _____
 SPECIALIST GARY CRIPPIH
 INSPECTION CONTACT
PAUL GETCHEL
 TITLE ENGINEER
 PHONE (760) 644-7125

FACILITY NAME PALOMAR MEDICAL CENTER
 ADDRESS 555 E. VALLEY PARKWAY
 CITY/ZIP ESCONDIDO 92025

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

- Y* N/A* NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.
- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current | Y* N/A* | Permit Expires on: <u>9/30/2011</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available <input type="checkbox"/> LQG <input type="checkbox"/> SQG |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee training is adequate | <input type="checkbox"/> | <input type="checkbox"/> | Employee training records available |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input type="checkbox"/> | <input type="checkbox"/> | Universal waste managed properly |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical inventory/map current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

Consent to inspect granted by: Inspection Contact Other: _____

THIS INSPECTION OF THE UNDERGROUND TANKS WAS GRANTED BY PAUL GETCHEL.

THE 10K RED OYE DIESEL TANK SUPPLIES TWO CATERPILLAR ENGINES

THE 3K RED OYE DIESEL TANK SUPPLIES A DETROIT DIESEL ENGINE

THE 10K TANK PIPE SUMP WENT INTO ALARM 12/22/2010 DUE TO WATER

THE 3K TANK ANNULAR WENT INTO ALARM 6/28/2010 DUE TO WATER

THE 10K TANK FILL SUMP WENT INTO ALARM 11/25/2010 DUE TO WATER

RESCINDED ~~NOTICE TO COMPLY~~ 1-26-11

RECEIVED JAN 28 2011

M MAINTAIN THE SECONDARY CONTAINMENT ANNULAR SPACES, FILL SUMPS AND PIPE SUMPS FOR THE 5K TANK AND 10K TANK FREE OF LIQUID. PREVENT ENTRANCE OF WATER TO PREVENT ALARM.

THIS DATE CHRIS HARLIN OF PF SERVICES INC TESTED THE UNDERGROUND TANK ELECTRONIC MONITORING SYSTEM.

MR HARLIN IS ILL SERVICE TECHNICIAN CERTIFIED # 5246736-UT, EXPIRATION DATE 3/4/11

This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Facility Representative

PRINTED NAME OF FACILITY REPRESENTATIVE

Paul Getchel

DATE SIGNED

1 / 7 / 11

SIGNATURE OF FACILITY REPRESENTATIVE

X

TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230
DATE 1/7/2011
PAGE 2 OF 4

BUSINESS ADDRESS: 555 E. VALLEY PARKWAY

ZIP CODE: 92026

THE 3K TANK ANNULAR SENSOR, FILL SUMP AND PIPE SUMP SENSORS TESTED OK.

THE 10K TANK ANNULAR SENSOR, FILL SUMP SENSOR AND PIPE SUMP SENSORS TESTED OK.

ID TAGS WERE PLACED ON THE 3K SENSORS, 10K SENSORS AND THE 10K PNEUMERATOR TMS 2000 WITHOUT PRINTOUT ALARM PANEL.

THE PNEUMERATOR TMS 2000 ALARM PANEL WITHOUT PRINTOUT FOR THE 3K TANK WAS TAGGED WITH THE SERVICE TROUBLE ID.

TANK SYSTEMS ARE INSPECTED BY THREE SHIFTS DAILY AND RESULTS RECORDED ON INSPECTION SHEETS EACH SHIFT.

UNDERGROUND TANK OPERATION TRAINING WAS DONE BY MATTHEW BRYANT ON 2/18/10. THE NEXT TRAINING IS DUE 2/18/11.

THE UNDERGROUND TANK OPERATING PERMIT EXPIRES 12/11/13.

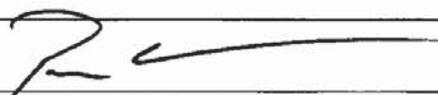
A FINANCIAL RESPONSIBILITY STATEMENT. DATED 8/18/10. WAS RECEIVED.

A DESIGNATED UST OPERATOR DESIGNATION FORM DATED 12/22/9 WAS RECEIVED BY MATTHEW BRYANT.

PREVIOUS UST MONITORING CERTIFICATION WAS DATED 11/25/9.

THE ALARM PANELS WERE NOT IN ALARM AT THE BEGINNING OF THE INSPECTION.

THE UNDERGROUND TANK SECONDARY CONTAINMENT SB 989 TEST WAS DONE ON 10/5/9. A VENT LINE REPAIR IN MARCH 2010 FOR THE 10K TANK WAS RETESTED AND PASSED SECONDARY CONTAINMENT TEST. THE NEXT SECONDARY CONTAINMENT TEST IS DUE 10/5/12


SIGNATURE OF BUSINESS REPRESENTATIVE

1/7/11
DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230
DATE 1/7/11
PAGE 3 OF 4

BUSINESS ADDRESS: 555 E. VALLEY PARKWAY ZIP CODE: 92025

SPILL BUCKET FOR THE 10K TANK MEASURED
6 1/2" WATER AT 10AM AND 6 1/2" WATER AT 11:11AM
THE 10K TANK SPILL BUCKET TEST PASSED.

THE 5K SPILL BUCKET FOR THE 5K TANK MEASURED
6 3/4" WATER AT 10AM AND 6 3/4" WATER AT 11:11AM
THE 5K TANK SPILL BUCKET TEST PASSED

DESIGNATED OPERATOR INSPECTION MONTHLY REPORTS WERE
ON FILE FOR OVER TWO YEARS

UST FORMS FOR THE FACILITY, TANKS, 9222A, 9222B, 9222C,
9215 AND 9217 WERE FILED 12/10/09.

RETURN THE CORRECTIVE ACTION FORM TO HMD BY
2/7/11 TO PROVIDE ACTIONS AND PREVENTIVE MEASURES
FOR MAINTAINING THE 3K AND 10K SECONDARY
CONTAINMENT ANNULAR SPACES, FILL SUMPS AND
PIPE SUMPS FREE OF LIQUID.

IF YOU HAVE QUESTIONS CONTACT
GARY GRIFFITH
760 940 2870


SIGNATURE OF BUSINESS REPRESENTATIVE DATE SIGNED 1/7/11 TITLE OF BUSINESS REPRESENTATIVE
HM-9110 (11/08) NCR White: HMD Yellow: Business retains DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230
 DATE: 1 17 2011
 PAGE: 4 OF 4

BUSINESS ADDRESS: 555 E. VALLEY PARKWAY ZIP: 92025
 VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7 of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

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

UST SYSTEM INSPECTION

Requirements applicable for both single & double walled systems

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

Signature of Business Representative

Date Signed 1/17/11

Title of Business Representative



County of San Diego

114230
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DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: _____

A. General Information

Facility Name: PALOMAR MEDICAL CENTER Bldg. No.: _____

Site Address: 555 W. VALLEY PARKWAY City: ESCONDIDO Zip: _____

Facility Contact Person: DARREN R.E Contact Phone No.: (760) 739 2495

Make/Model of Monitoring System: PNEUMATOR TMS 2000 Date of Testing/Serviceing: 6/23/11

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

<p>Tank ID: <u>3000 GALLON</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100F</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Technician Name (print): RON FRANKLIN Signature: R. Franklin

Certification No.: 10709 License No.: 718466

Testing Company Name: George Bryant Construction, Inc Phone No.: (909) 944 3517

Testing Company Address: 9333 Guilder St Altamonte CA Date of Testing/Serviceing: 6/23/11

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

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

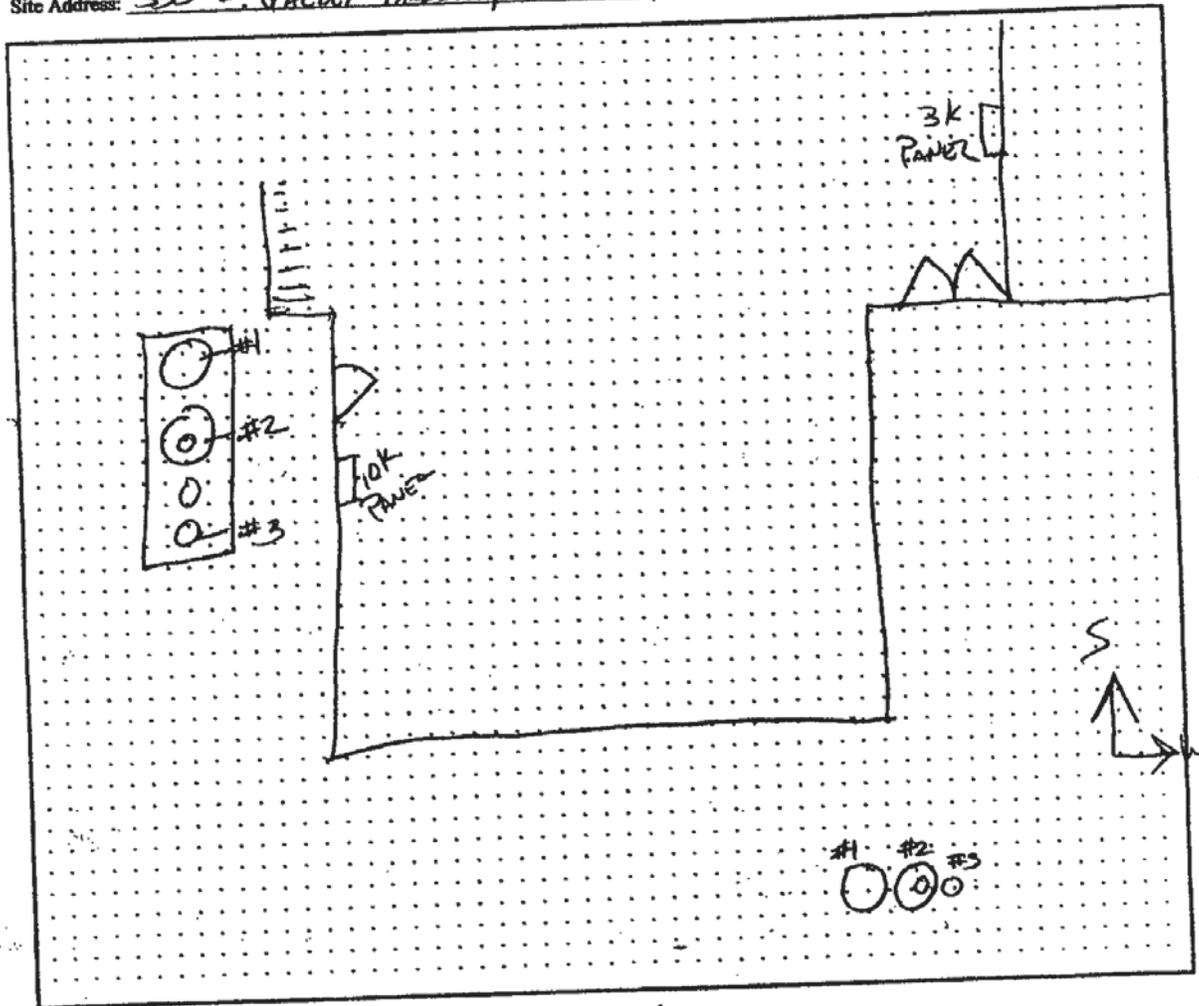
* In Section H below, describe how and when these deficiencies were or will be corrected.

H. Comments: _____

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 E. VALLEY PARKWAY, ESCALON, CA 92025



Date map was drawn: 6/23/99

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



County of San Diego

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DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: _____

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____

Site Address: 555 E Valley Parkway City: Escondido Zip: _____

Facility Contact Person: Darrell Roc Contact Phone No.: (760) 739 2495

Make/Model of Monitoring System: INFORMATION TMS 2000 Date of Testing/Serviceing: 6/23/2011

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

<p>Tank ID: <u>10,000</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>L5600</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>L5600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>L5600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
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<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Technician Name (print): Ron Franklin Signature: [Signature]

Certification No.: 10709 License No.: 718466

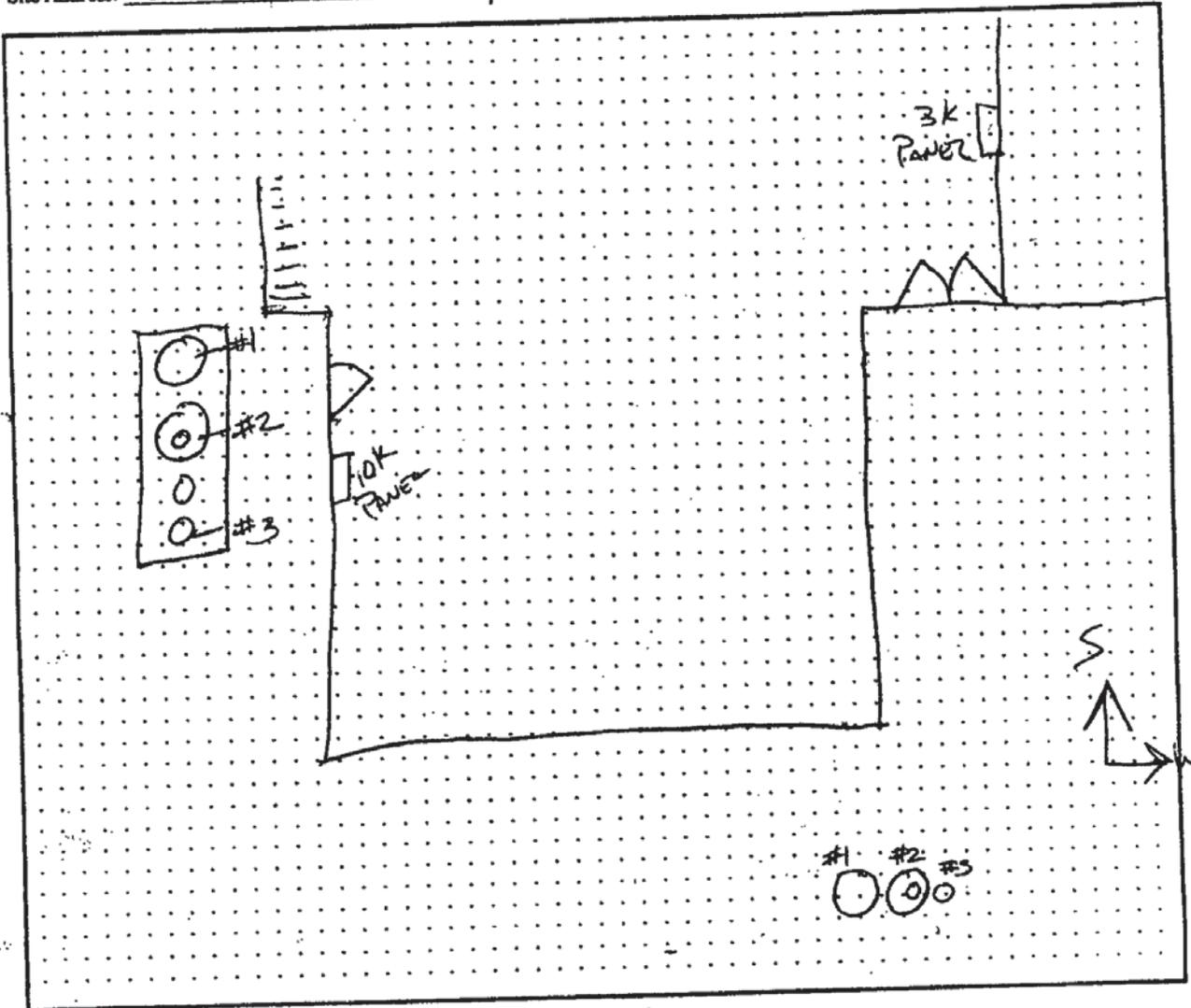
Testing Company Name: George Bryant Construction Phone No.: (909) 944 3517

Testing Company Address: 9733 Golden St Aliso Viejo CA Date of Testing/Serviceing: 6/23/2011

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025



Date map was drawn: 6/23/97

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
www.sdcounty.ca.gov/deh/hmd/forms_hmd.html

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Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION					
Facility Name:	Valoara Medical Center			UPF Permit #	
Facility Address:	555 Valley Parkway Escondido, CA			Testing Date:	6/23/2011
Facility Contact:	DARRELL ROE		Phone:	(760) 739 2495	
Date Local Agency Was Notified of Testing:	06/15/11				
Name of Local Agency Inspector (if present during testing):	Michelle CHAIRS				
2. TESTING CONTRACTOR INFORMATION					
Company Name:	George Bryant Construction				
Technician Conducting Test:	ROSE FRANKLIN				
Credentials ¹ :	<input checked="" type="checkbox"/> CSLB Contractor	<input checked="" type="checkbox"/> ICC Service Tech.	<input type="checkbox"/> SWRCB Tank Tester	<input type="checkbox"/> Other (Specify)	
License Number(s):	718466				
3. SPILL BUCKET TESTING INFORMATION					
Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other		
Test Equipment Used:	Visual		Equipment Resolution:		
SPILL BUCKET ID	1	2	3	4	
Tank #:	10,000	3,000			
Product contained:	DIESEL	DIESEL			
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	
Bucket Diameter:	12	12"			
Bucket Depth:	12	12"			
Wait time between applying vacuum/water and start of test:	10 MINUTES	10 MINUTES			
Test Start Time (T _i):	10:15	11:00			
Initial Reading (R _i):	5 inches	5 1/2 inches			
Test End Time (T _f):	11:15	12:00			
Final Reading (R _f):	5 inches	5 1/2 inches			
Test Duration (T _f - T _i):	1 hour	1 hour			
Change in Reading (R _f - R _i):	0	0			
Pass/Fail Threshold or Criteria:	1.002"	1.002"			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

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

Blank lines for comments.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: [Signature]

Date: 6/23/11

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

ENTERED AUG 17 2011



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

FACILITY NAME Palomar Medical Center

ADDRESS 555 E Valley Parkway

CITY/ZIP Escondido / 92025

PAGE <u>1</u> OF <u>4</u> DATE <u>6/23/2011</u>
PERMIT # <u>114230</u> BUS. CODE <u>K65</u>
TIME START <u>09:00am</u> END <u>3:30PM</u>
SPECIALIST <u>Michelle Chairs</u>
INSPECTION CONTACT <u>Darrell Roe</u>
TITLE <u>Lead Engineer</u>
PHONE <u>760-644-7125</u>

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

Y*	N/A*	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.	Y*	N/A*	Permit Expires on: <u>9/30/2011</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers <input checked="" type="checkbox"/> closed <input type="checkbox"/> labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input type="checkbox"/> Updated today			

Consent to inspect granted by: Inspection Contact Other: _____

RECEIVED JUL 26 2011

Routine Inspection - Final Inspection Report

On June 23, 2011, a **Routine Inspection** was performed by Michelle Chairs - HMD with John Cheney - Plant Operator with Palomar Hospital. Consent was obtained by Darrell Roe - facility representative, to perform the inspection. Photographs were taken with consent from the facility representative.

Palomar Medical Center is a full service 319 bed acute care medical center and serves as North County's designated trauma center.

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

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

A routine UST monitoring system certification was conducted during this inspection to align with other UST/generator testing frequencies and HMD annual inspections will be performed

<input checked="" type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	<u>SR</u> Initials of Facility Representative
PRINTED NAME OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	DATE SIGNED <u>7/8/11</u>
SIGNATURE OF FACILITY REPRESENTATIVE <u>Steve Fox</u>	TITLE OF FACILITY REPRESENTATIVE <u>Facility Manager</u>

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230
DATE 6/23/2011
PAGE 2 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

each year from 6/23/11. The last secondary containment 989 testing was performed on 10/16/2009 and the next testing is due by 10/16/2012. The UST monitoring certification was performed by Ronald Franklin of George Bryant Construction - Veeder-Root Technician #B36408 exp. 2/15/12 & ICC Tech. #5243708 exp. 7/29/12.

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

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

Summary of Underground Storage Tank Violations:

- 1. According to the underground storage tank records reviewed during the inspection, ICC certification of the designated operator or HMD notification of the designated operator were not available. VIOLATION 3191 - Designated operator notification not submitted to HMD. 23 CCR 2715 (a) NOTICE TO COMPLY - Within 30 days, submit evidence to my attention that designated operator is certified and current.
2. According to the underground storage tank records reviewed during the inspection, the designated operator has not recently performed training of employees that should be performed annually. VIOLATION 3193 - Facility employee(s) not trained; records incomplete/not onsite. 23 CCR 2715(f) NOTICE TO COMPLY - Within 30 days, submit evidence to my attention, that employee UST training is current.

Summary of Medical Waste Violations:

- 3. During the walkthrough inspection, it was observed that none of the red bags used and several sharp containers storing biohazardous waste are not being labeled with the generator name, address, and phone number prior to each use. This was a problem throughout the hospital. VIOLATION 4209 - Containers storing medical waste are not properly labeled as required. 68.1205 NOTICE TO COMPLY - Facility needs to immediately label all sharps containers and red bags in-use with facility name, address and phone number. Submit to my attention, within 30 days, evidence of return to compliance.
4. During the walkthrough inspection, three (3) red bags storing placentas were observed in the 4th floor birth center, sitting on a counter without being containerized in a rigid/covered container. In a 4th floor storage room, there were 3 rigid containers full of red bags without lids, in the 3rd floor utility room, there was 1 rigid container that was open, and in the micro lab, there was also a rigid red bag container that was open. VIOLATION 4212 - Did not containerize and place red bags in rigid, leak resistant, and covered container. 118280 118275 NOTICE TO COMPLY - Keep red bag waste containerized and covered when not actively in use to avoid potential spillage. Submit to my attention, within 30 days, evidence of return to compliance.
5. HMD has record of facility being subject to limited quantity hauler exemption regulations however facility could not find medical waste tracking documents/logs to comply with these requirements.

SIGNATURE OF FACILITY REPRESENTATIVE
White: HMD Copy Yellow: Facility Copy

7/8/11
DATE SIGNED

Facility Manager
TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230
DATE 6/23/2011
PAGE 3 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

VIOLATION 4312 - MW tracking documents/logs not maintained for 3 years for LQHE 118040(a)

NOTICE TO COMPLY -Submit to my attention, within 30 days, LQHE MW tracking documents for the past year as evidence of return to compliance.

6. Facility could not provide evidence that a current medical waste management plan has been submitted to HMD.

VIOLATION 4351 - Medical Waste Management Plan not submitted to HMD (initial/updates). 117950, 117960, 117970

NOTICE TO COMPLY - Submit a copy of a Medical Waste Management Plan to my attention within 30 days.

7. At the 7th floor nurses station, there was a container storing pharmaceutical medical waste that was not properly labeled.

VIOLATION 4422 - Pharmwaste waste container not properly labeled. 118275

NOTICE TO COMPLY - Label Pharmwaste waste as pharmwaste, generator name, address, phone number and the words "INCINERATION ONLY" on the lid and on the sides, (so as to be visible from any lateral direction) immediately. Submit to my attention, within 30 days, evidence of return to compliance.

8. A container storing trace chemo medical waste located in the pharmacy area was observed that was not properly labeled.

VIOLATION 4402 - Chemo waste container not properly labeled. 118275

NOTICE TO COMPLY - Label Chemo waste container with the words "Chemo-therapy Waste", generator name, address, phone number and the words "INCINERATION ONLY" on the lid and on the sides, (so as to be visible from any lateral direction) immediately. Submit to my attention, within 30 days, evidence of return to compliance.

Summary of Hazardous Waste Violations:

9. During the walk-through inspection of the facility maintenance area, it was observed that at least 25 - 5 gallon pails of waste paint stored outside (photo 1), 5 - 55 gallon drum full of various hw located in caged outside storage area (photos 2 & 3), 3 - 5 gallon containers storing RCRA pharmaceutical waste located in caged outside storage area, and 1 - 5 gallon container storing RCRA pharmaceutical waste located in the pharmacy (photo 9) were either missing hw labels or missing information/accumulation start dates from the labels. The labeling for the waste paint was corrected during the inspection.

VIOLATION 0202 - Hazardous waste container and/or tank are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34(a)(2), 66262.34(a)(3), 66262.34(f)

NOTICE TO COMPLY - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste. Submit to my attention, within 30 days, evidence of return to compliance.

10. Facility has failed to adequately train employees in proper management of hazardous waste (and medical waste) which includes labeling in accordance with regulatory requirements.

VIOLATION 0407 - Employee training program not adequate. CFR 262.34(d)(5)(iii)

NOTICE TO COMPLY - Provide required training and maintain records documenting training topics, attendance, and dates. Submit evidence of compliance to my attention within 30 days.

Signature of Facility Representative

7/8/11 DATE SIGNED

Facility Manager TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE	6/23/2011
PAGE	4 OF 4

FACILITY ADDRESS: 555 E Valley Parkway

ZIP CODE: 92025

By 7/23/11, complete the Corrective Action Form provided. With corrective action taken to resolve the items noted above, attach any requested documentation and submit to my attention.

Summary of attachments provided:

- Corrective Action Form to Document Return to Compliance
- Inspection Photographs

Applicable Violation Checklists were provided to facility at the end of the 6/23/11 inspection.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO
 MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 151 E. Carmel Street PHONE (760)940-2870
 San Marcos, CA 92078 FAX (760)940-2853

*provided at the end of inspection for return to compliance were:
 a current MWMP dated 6/24/11, a UST designated operator
 statement dated 6/27/11, and UST training record dated 1-30-11.*

Stem Le
 SIGNATURE OF FACILITY REPRESENTATIVE

7/8/11
 DATE SIGNED

Facility Manager
 TITLE OF FACILITY REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE <u>1</u> OF <u>5</u> DATE <u>6/23/2011</u>
PERMIT # <u>114230</u> BUS. CODE <u>K65</u>
TIME START <u>9:00am</u> END _____
SPECIALIST <u>Michelle Chairs</u>
INSPECTION CONTACT <u>Darrell Roe</u>
TITLE <u>Lead Engineer</u>
PHONE <u>760-644-7125</u>

FACILITY NAME Palomar Medical Center
 ADDRESS 555 E. Valley Parkway
 CITY/ZIP Escondido / 92025

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

- NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.**
- | | | | | | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| Y* | N/A* | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Unified Program Facility Permit current | Y* | N/A* | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit Expires on: <u>9/30/2011</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Business Plan available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contingency Plan available <input type="checkbox"/> LOG <input type="checkbox"/> SQG |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employee Training is adequate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employee Training records available |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste disposal records available for review | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Universal waste managed properly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency contacts current <input type="checkbox"/> Updated today | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers <input checked="" type="checkbox"/> closed <input type="checkbox"/> labeled |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chemical inventory/map current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waste containers in good condition |

Consent to inspect granted by: Inspection Contact Other: _____

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

ROUTINE INSPECTION

Routine Inspection was performed with John Cheney - Plant Operator
 Consent was obtained by John Cheney - facility representative, to perform inspection.

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

Palomar Medical Center is a full service 319 bed acute care medical center and serves as North County's designated trauma center.

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

Stericycle is used for biohazardous red bag, sharps, laboratory, pharmaceutical, and trace chemotherapy wastes. Pharmaceutical Services Corporation is used for reverse distribution of expired pharmaceuticals.

<input checked="" type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	<u>DR</u> Initials of Facility Representative
---	--

PRINTED NAME OF FACILITY REPRESENTATIVE <u>DARRELL ROE</u>	DATE SIGNED <u>6 / 23 / 2011</u>
SIGNATURE OF FACILITY REPRESENTATIVE <u>Darrell Roe</u>	TITLE OF FACILITY REPRESENTATIVE <u>LEAD ENGINEER</u>

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 921129261
 Phone: (619) 338-2222 Toll Free: (800) 253-9933 <http://www.sdcdeh.org>



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 6/23/2011

PAGE 2 OF 5

FACILITY ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

A routine UST monitoring system certification is also being conducted during this inspection to align with other UST/generator testing frequencies and HMD annual inspections will be performed each year from today's date. The last secondary containment 989 testing was performed on 10/16/2009 and the next testing is due by 10/16/2012 (or during the annual monitoring inspection for that year).

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

Summary of observations, applicable Violation Checklists and Return to Compliance form (if needed) will be provided at the end of inspection.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III, DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT DIVISION 151 E. Carmel Street PHONE (760)940-2870 San Marcos, CA 92078 FAX (760)940-2853

Applicable violation checklists were provided at the end of today's inspection today..

A final report with detailed observations and corrective action for return to compliance will be issued to the facility within 5 business days

Dale C. [Signature]

6 / 23 / 2011

LEAD ENGINEER

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Copy Yellow: Facility Copy

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230DATE: 6 / 23 / 2011PAGE: 3 OF 5BUSINESS ADDRESS: 555 E. Valley Parkway Escondido ZIP: 92025

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

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

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

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

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

Signature of Business Representative

6 / 23 / 2011
Date SignedLEAD WORKER
Title of Business Representative



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT #:

129578DATE: 4 / 20 / 2011BUSINESS ADDRESS: 9300 Camnus Point Drive San DiegoZIP: 92093

UST SYSTEM INSPECTION

Requirements for Double Walled Systems

#	VIOLATION DESCRIPTION	TANK #	PRODUCT				
PIPING MONITORING: PRESSURIZED SYSTEMS-Includes Under Dispenser Containment (UDC)		NOV	VIOL	V	V	V	V
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3410				
	Line leak detector not Installed, not functional, or not tested. 2636(f)(2),25284.1(a)(4)(C),2641(j)		3411				
	OPTION 1 No annual 0.1 gph (gallon per hour) test. 2636(f)(4)		3412				
	OPTION 2 No pump shut-down or stop of flow at dispenser for UDC leak. 2636(f)(5)		3413				
	No pump shut down & fail safe for other pipe secondary containment. 2636(f)(5)		3414				
	OPTION 3 Emergency Generators without LLDs:						
	Monitoring system not checked daily or log (record) of daily checks not available. 2636(f)(6)		3415				
	OPTION 4 Vapor or pressure monitoring system not functioning. 25290.1 (d&e)		3416				
PIPING MONITORING: SUCTION SYSTEMS							
	Continuous audible & visual alarm not functioning or does not stop flow at dispenser. 2636(f)(1)		3451				

Requirements for Single Walled Systems

TANK MONITORING REQUIREMENTS							
	OPTION 1 Monthly 0.2 gph tank gauging test not performed. 2643(b)(1)		3501				
	OPTION 2 Monthly Statistical Inventory Reconciliation (SIR) not performed. 25292(b)(1); 2643(b)(3)		3502				
	Stick not in good condition or without 1/8" increments. 2645, 2646		3503				
	Dispenser meters not calibrated. 2646.1		3504				
	SIR not capable of detecting 0.2 gph release. 2643(b)(3)		3505				
	Did not notify HMD of a possible release within 10 days. 2646.2(d)		3510				
	Biennial 0.1 gph tank integrity testing not performed. 2643(b)(3), 2643.1		3506				
	Annual SIR report not submitted. 2646.1(j)		3507				
	OPTION 3 Weekly manual tank gauging not performed. (UST capacity ≤1000 gallons). 2645		3508				
	Annual integrity test not performed. (UST capacity 1000 gallons or less). 2645		3509				
PIPING REQUIREMENTS: SINGLE WALLED PRESSURIZED-OPTIONS 1, 2, 3, & 4							
	Line leak detector (LLD) not certified annually. 25284.1(a)(4)(C); 2641(j)		3551				
	LLD does not shut down pump with release and detector failure/disconnection. 2666(c)		3552				
	OPTION 1 Hourly line leak detector monitoring not performed. 25284.1(a)(4) (C); 2643(c)(1)		3553				
	Monthly electronic line leak detection not performed. 2643(c)(2)		3554				
	OPTION 2 Hourly line leak detector monitoring not performed. 25284.1(a)(4) (c); 2643(c)(1)		3561				
	Annual electronic line leak detector monitoring not performed. 2643(c)(3)		3562				
	OPTION 3 Hourly line leak detector monitoring not performed. 25284.1(a)(4)(C); 2643(c)(1)		3563				
	Annual piping integrity test not performed. 2643(c)(3)		3564				
	OPTION 4 Hourly electronic line leak detector could not detect 3 gph leak. 2643(c)(1)		3565				
	Line leak detector could not detect 0.1 gph at 150% pressure. 2643(c)(3)		3566				
PIPING REQUIREMENTS: SINGLE WALLED CONVENTIONAL SUCTION PIPING							
	Piping integrity test not performed every 3 years. 2643(d)		3601				
	Daily monitoring not performed and/or logged. 2643(d), Appendix II		3602				
PIPING REQUIREMENTS: SINGLE WALLED SAFE SUCTION PIPING							
	More than one check valve or single valve not located properly. 2641(b), 2636(a)(3)		3651				
	Contents do not drain back to tank if suction is released. 2641(b), 2636(a)(3)		3652				
PIPING REQUIREMENTS: SINGLE WALLED GRAVITY PIPING							
	Piping integrity test not performed every 2 years. 2643(e)		3701				
	Enhanced leak detection not performed as required. 25292.4(a)		3702				

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 06/23/2011

PAGE 4 OF 5

BUSINESS ADDRESS: 555 E. Valley Parkway Escondido ZIP: 92025
VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.
 All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 3382222 or your Specialist if you have any questions.

STORAGE AND LABELING

TRANSPORTATION REQUIREMENTS

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4201 UPF Permit not obtained. 117705, 68.905
	<input type="checkbox"/>	V4202 Medical Waste (MW) not separated from other waste at point of origin. 118275
	<input type="checkbox"/>	V4203 Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
	<input type="checkbox"/>	V4204 MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
	<input type="checkbox"/>	V4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/>	V4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/>	V4207 Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
	<input type="checkbox"/>	V4208 Full sharps container not taped closed or tightly lidded to preclude loss of contents. 118285(b)
3	<input checked="" type="checkbox"/>	V4209 Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205
	<input type="checkbox"/>	V4210 MW not stored in approved and properly marked red bags. 118275
	<input type="checkbox"/>	V4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
4	<input checked="" type="checkbox"/>	V4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
	<input type="checkbox"/>	V4213 Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)
	<input type="checkbox"/>	V4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/>	V4215 Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
	<input type="checkbox"/>	V4306 Full sharps container stored >30 days at >0°C. 118285(c)
	<input type="checkbox"/>	V4307 Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
	<input type="checkbox"/>	V4308 Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
	<input type="checkbox"/>	V4219 MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 ft. 118307, 118310
	<input type="checkbox"/>	V4220 MW Interim storage area not properly secured 118307

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4260 Transportation of MW without State Hauler Registration or a LQHE from HMD. 118025
	<input type="checkbox"/>	V4304 No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118025 118030(a)(1)
	<input type="checkbox"/>	V4305 LQHE not renewed annually as required. 11803(b)
	<input type="checkbox"/>	V4311 Medical Waste tracking documents not in vehicle transporting MW. 11804(c)
5	<input checked="" type="checkbox"/>	V4312 MW tracking documents/logs not maintained for 3 years for LQHE. 11804(a)

SMALL QTY. GENERATORS ONLY (<200 lbs/mo) MW

	<input type="checkbox"/>	V4301 Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	<input type="checkbox"/>	V4302 Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)
	<input type="checkbox"/>	V4303 Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 11794(b)
	<input type="checkbox"/>	V4309 MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (≥ 200 pounds of waste generated per month)

6	<input checked="" type="checkbox"/>	V4351 MWMP not submitted to HMD (initial/updates). 117960, 117970
	<input type="checkbox"/>	V4352 Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
	<input type="checkbox"/>	V4353 Did not retain on file disposal receipts/tracking documents for at least 3 yrs. for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

	<input type="checkbox"/>	V4401 Chemo waste not segregated from other MW. 118275(e)
8	<input checked="" type="checkbox"/>	V4402 Chemo waste container not properly labeled. 118275(f)
	<input type="checkbox"/>	V4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/>	V4411 Pathology waste not segregated from other MW. 118275(f)
	<input type="checkbox"/>	V4412 Pathology waste container not properly labeled. 118275(f)
	<input type="checkbox"/>	V4413 Illegal disposal of pathology waste. 118340
	<input type="checkbox"/>	V4421 Pharmwaste not segregated from other MW. 118275(g)
7	<input checked="" type="checkbox"/>	V4422 Pharmwaste not properly labeled. 118275(g)
	<input type="checkbox"/>	V4423 Pharmwaste stored >90 days when container full, or stored longer than one year (max. allowable time) 118280(e)
	<input type="checkbox"/>	V4432 Illegal disposal of pharmwaste. 118340, 118222(b)
	<input type="checkbox"/>	V4441 Illegal disposal of photo/hazwaste to sewer/trash 15189.5

TREATMENT AND DISPOSAL

ONSITE MW TREATMENT FACILITY REQUIREMENTS

	<input type="checkbox"/>	V4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/>	V4252 Standardized written operating procedures for steam sterilization not available. 118212(A)
	<input type="checkbox"/>	V4253 Recording thermometer not calibrated annually. 118215(2)(B)
	<input type="checkbox"/>	V4254 No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	<input type="checkbox"/>	V4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)
	<input type="checkbox"/>	V4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	<input type="checkbox"/>	V4257 Onsite steam sterilization did not reach 121°C/250 °F for 30 minutes. 118215(2)(B)
	<input type="checkbox"/>	V4258 Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215(2)(E)
	<input type="checkbox"/>	V4259 Disposal of untreated MW to an unauthorized point. 118340

	<input type="checkbox"/>	V4501 Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	<input type="checkbox"/>	V4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/>	V4503 Condition(s) of the MW treatment permit violated. 65623

SIGNATURE OF BUSINESS REPRESENTATIVE

6/23/2011
DATE SIGNED

LEAD ENGINEER

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

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

PERMIT # 114230

DATE 06 /23 /11

PAGE 5 OF 5

FACILITY ADDRESS: 555 E. Valley Parkway

Escondido

ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2231 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
	<input type="checkbox"/>	1001 UPF permit not obtained for hazardous materials. SDCC 68.905
	<input type="checkbox"/>	1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5(a)
	<input type="checkbox"/>	1004 HMBP not submitted to HMD. 25505(a)
	<input type="checkbox"/>	1005 Emergency contact not provided or current. 25509(a)(7)
	<input type="checkbox"/>	1007 Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
	<input type="checkbox"/>	1008 Did not submit annual carcinogen/reproductive toxin list. 68.1113(c)
	<input type="checkbox"/>	1009 Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	<input type="checkbox"/>	1010 Did not report release or threatened release. 25507(a), 19 CCR 2703
	<input type="checkbox"/>	1012 SPCC Plan not prepared. 25270.3 & 25270.4.5(a)
	<input type="checkbox"/>	1013 Copy of HMBP not onsite for inspector's review. 25505(e)
	<input type="checkbox"/>	1014 HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
OK	<input checked="" type="checkbox"/>	1015 Did not have adequate employee training program 2732 &/or 25504(c)
	<input type="checkbox"/>	1016 Failed to have an adequate emergency response plan 25504(b); 2731
	<input type="checkbox"/>	1017 Business Plan not certified annually. 25505(d) & (e)(2)
	<input type="checkbox"/>	1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510
	<input type="checkbox"/>	1019 SPCC Plan amendment not prepared within 6 months of change. 25270.4.5(a) [ref. CFR 112.1(b) & CFR 112.5]

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

RECORDKEEPING

	<input type="checkbox"/>	0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	<input type="checkbox"/>	0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	<input type="checkbox"/>	0133 Failed to send manifest copy to DTSC. 66262.23(a)(4)
	<input type="checkbox"/>	0134 Failed to file Exception Report with DTSC. 66262.42
	<input type="checkbox"/>	0135 Failed to keep hazardous waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
	<input type="checkbox"/>	0136 Did not have records of battery disposal. 66266.81(a)(4)(B)
	<input type="checkbox"/>	0137 Failed to complete manifest properly. 66262.23(a)
	<input type="checkbox"/>	0138 Manifest signed by the TSDf not available for inspection. 66262.40(a)
	<input type="checkbox"/>	0140 Failed to have LDR documentation onsite. 66268.7(a)(8)
	<input type="checkbox"/>	0141 Failed to obtain approval for TSDf. 25201(a)
	<input type="checkbox"/>	0142 Failed to notify CUPA for digible onsite treatment. 25201(a)
	<input type="checkbox"/>	0145 ERM reporting not submitted biennially &/or available. 25143.10
	<input type="checkbox"/>	0146 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	<input type="checkbox"/>	0147 Failed to keep records of offsite universal waste (UW) shipment(s) available for inspection. 66273.39(c) & (d).
	<input type="checkbox"/>	0148 Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	<input type="checkbox"/>	0149 Failed to keep disposal receipts (3 years) for drained used oil filters &/or drained fuel filters. 25250.22 & 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
	<input type="checkbox"/>	0302 Unlawful transportation of hazardous waste (HW). 25163(a)
	<input type="checkbox"/>	0303 Did not use HW manifest for disposal. 66262.20(a); 25160(b)(1) or (2), 25160.2(b)(9)
	<input type="checkbox"/>	0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	<input type="checkbox"/>	0305 Disposed of used oil illegally. 25250.5(a) & 25189.5(a)
	<input type="checkbox"/>	0306 Disposed of latex paint illegally. 25217.1
	<input type="checkbox"/>	0307 Disposal of UW to an unauthorized point. 25189.5(a); 66273.31(a)
	<input type="checkbox"/>	0308 Impermissible dilution of hazardous waste. 66268.3(a)

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

STORAGE AND HANDLING

	<input type="checkbox"/>	0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	0216 Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	<input type="checkbox"/>	0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	<input type="checkbox"/>	0218 Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 & 66266.130(c)(3)
	<input type="checkbox"/>	0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	<input type="checkbox"/>	0220 Spent lead acid batteries not properly managed. 66266.81
	<input type="checkbox"/>	0221 Failed to comply with satellite regulations. 66262.34(e)
	<input type="checkbox"/>	0222 Failed to properly label ERM. 25143.9(a)
	<input type="checkbox"/>	0223 Failed to properly manage non-empty container or inner liner removed from a container. 66261.7(b), (d) &/or (r)
	<input type="checkbox"/>	0224 Failed to mark date on empty container larger than 5 gallons &/or manage it within one year. 66261.7(e) & (f).
	<input type="checkbox"/>	0237 Failed to properly dispose of UW within one year. 66273.35(a)

HAZWASTE REQUIREMENTS FOR SOGs ONLY

STORAGE AND HANDLING Pursuant to 66262.34(d)

	<input type="checkbox"/>	0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
	<input type="checkbox"/>	0226 Did not accumulate waste in container or tank. 66262.34(d)(2)
9	<input checked="" type="checkbox"/>	0227 Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
	<input type="checkbox"/>	0228 Failed to keep container closed. CFR 265.173
	<input type="checkbox"/>	0229 Failed to conduct weekly inspections. CFR 265.174
	<input type="checkbox"/>	0230 Failed to maintain aisle space. CFR 265.35
	<input type="checkbox"/>	0231 Failed to properly separate incompatible wastes. CFR 265.177
	<input type="checkbox"/>	0232 Waste accumulated in a container in poor condition. CFR 265.171
	<input type="checkbox"/>	0233 Failed to use a lined/compatible container. CFR 265.172.
	<input type="checkbox"/>	0234 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

10	<input checked="" type="checkbox"/>	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)
	<input type="checkbox"/>	0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	<input type="checkbox"/>	0409 Spill/fire control equip not available. CFR 265.32(c)
	<input type="checkbox"/>	0410 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	<input type="checkbox"/>	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	<input type="checkbox"/>	0411
	<input type="checkbox"/>	0412 Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

	<input type="checkbox"/>	1612 Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
	<input type="checkbox"/>	1613 Failed to comply with tank standards which include: two (2) feet of freeboard (where applicable), shut off for waste feed line, and daily and weekly inspections. CFR 265.201(b) & (c)
	<input type="checkbox"/>	1614 Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	<input type="checkbox"/>	1615 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	<input type="checkbox"/>	1616 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF FACILITY REPRESENTATIVE

DATE SIGNED

TITLE OF FACILITY REPRESENTATIVE



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdeh.org>



Medical Waste Management Plan

Facility Information

Business

Name: Palomar Pomerado Health

Type of Business: Medical Center

Address: 555
Street No.

E. Valley Pkwy.
Street Name

Escondido
City

CA
State

92025
Zip Code

Unified Program Facility

Permit #: _____

Date: 6 /23 /2011

Person Responsible for implementing the Medical Waste Management Plan

Name: Alice Warner

Title: System Director, EVS

Phone: (760)739 X 2468

Types of wastes generated

Sharps - e.g., needles, blades, scalpels, or broken glass or syringes contaminated with biohazardous waste.

Estimated monthly amount 13,084 lbs

Home-Generated Sharps

Estimated monthly amount _____ lbs

Laboratory wastes - specimens or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, biologicals, and culture media.

Estimated monthly amount _____ lbs

Liquid or semi-liquid biohazardous laboratory waste - treated on site by chemical disinfection* and discharged to sewer.

Estimated monthly amount _____ lbs

Waste contaminated with fixatives or chemotherapeutic agents.

Estimated monthly amount 61 lbs

California-regulated pharmaceutical waste

Estimated monthly amount 2,045 lbs

Blood or body fluids - liquid blood or blood products, or other regulated body fluids, or articles contaminated with liquid blood or body fluids.

Estimated monthly amount 19,626 lbs

Pathology waste - recognizable human anatomical parts.

Estimated monthly amount 959 lbs

Surgical specimens - human or animal parts or tissues removed surgically or by autopsy and are suspected to be contaminated by agents which are contagious to humans.

Estimated monthly amount _____ lbs

Isolation waste - waste contaminated with excretion, exudates or secretions from humans or animals who are isolated due to highly communicable diseases.

Estimated monthly amount _____ lbs

Contaminated animals - animal carcasses, body parts, tissues or fluids suspected to be contaminated by agents which are contagious to humans.

Estimated monthly amount _____ lbs

Other (specify):

Estimated monthly amount _____ lbs

Estimate of **TOTAL** monthly medical waste generated: 35,774 lbs

ONSITE MEDICAL WASTE TREATMENT ONLY: Method of medical waste treatment *if performed onsite:*

Steam Autoclaving

Other state approved alternative technology (specify below):

Onsite medical waste treatment records must be maintained for three years. HSC §117975

*Per HSC §118215(c), for liquid or semi-liquid biohazardous laboratory waste (§117635(a)), the treatment method must be recognized by the NIH, the CDC, or the American Biological Safety Association. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of HSC Chapter 6.5 (commencing with §25100) of Division 20

Medical Waste Management Plan

Registered Medical Waste Hauler used to remove untreated medical waste (if applicable):

Name: Stericycle

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (323) 854 - 7133

Contact Person: Doug Young

Offsite treatment facility to which medical waste is transported (if applicable):

Facility Name: Stericycle - Autoclave Treatment

Address: 2775 E. 26th St.

City: Vernon State CA ZIP Code 90058

Phone #: (951)897 - 7440

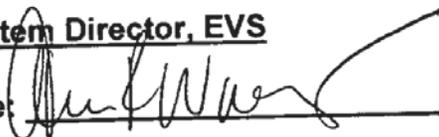
Contact Person: Glenna Young

Phone #: (951)897 - 7440

I hereby certify to the best of my knowledge and believe the statements made herein are correct and accurate.

Name: Alice Warner
Type or Print

Title: System Director, EVS

Signature: 

Date: 6 /24 /2011

Emergency Action Plan:

Note: This requirement only applies to Large Quantity Generators of Medical Waste (≥200 lbs/month)

This plan is to be followed to ensure the proper disposal of medical waste in the event of a natural disaster, spill, treatment system break down, power failure, etc. (600 characters max. for WORD interactive form - use additional sheets if necessary).

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____
 Site Address: 555 E. Valley Parkway City: Escondido, CA Zip: 92025
 Facility Contact Person: _____ Contact Phone No.: (760) 739-3111
 Make/Model of Monitoring System: TMS 2000 Date of Testing/Servicing: 1/7/2011

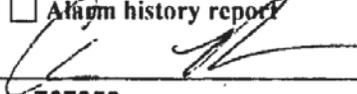
B. Inventory of Equipment Tested/Certified

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

Tank ID: <u>10K</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: <u>None</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS 600</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): Chris Harlin Signature: 
 Certification No.: PNU111110CT License No.: 767952
 Testing Company Name: P.F. Services, Inc. Phone No.: (909) 949-9141
 Testing Company Address: 125 N. 12th Ave., Upland, CA 91786 Date of Testing/Servicing: 1/7/2011

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments: _____

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center	Date of Testing: 11/7/2011
Facility Address: 555 E. Valley Parkway, Escondido, CA 92025	
Facility Contact:	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing:	1/4/11
Name of Local Agency Inspector (if present during testing):	Gary Griffith

2. TESTING CONTRACTOR INFORMATION

Company Name: P.F. Services, Inc.
Technician Conducting Test: Chris Harlin
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s): 767952, PNU111110CT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: Visual Equipment Resolution:				
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 0 K	2	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12			
Bucket Depth:	12			
Wait time between applying vacuum/water and start of test:				
Test Start Time (T _I):	10:00			
Initial Reading (R _I):	6 1/2			
Test End Time (T _F):	11:00			
Final Reading (R _F):	6 1/2			
Test Duration (T _F - T _I):	1 hour			
Change in Reading (R _F - R _I):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____

Date: 1/7/2011

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____
 Site Address: 555 E. Valley Parkway City: Escondido, CA Zip: 92025
 Facility Contact Person: _____ Contact Phone No.: (760) 739-3111
 Make/Model of Monitoring System: TMS 2000 Date of Testing/Servicing: 1/7/2011

B. Inventory of Equipment Tested/Certified

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

Tank ID: 3K <input type="checkbox"/> In-Tank Gauging Probe Model: <u>None</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100F</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): Chris Harlin Signature: [Signature]
 Certification No.: PNU111110CT License No.: 767952
 Testing Company Name: P.F. Services, Inc. Phone No.: (909) 949-9141
 Testing Company Address: 125 N. 12th Ave., Upland, CA 91786 Date of Testing/Servicing: 1/7/2011

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments: _____

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center	Date of Testing: 1/7/2011
Facility Address: 555 E. Valley Parkway, Escondido, CA 92025	
Facility Contact:	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing :	1/4/11
Name of Local Agency Inspector (if present during testing):	Gary Griffith

2. TESTING CONTRACTOR INFORMATION

Company Name: P.F. Services, Inc.	
Technician Conducting Test: Chris Harlin	
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 767952, PNU111110CT	

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other		
Test Equipment Used: Visual	Equipment Resolution:		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	3 K	2	3
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12		
Bucket Depth:	13		
Wait time between applying vacuum/water and start of test:			
Test Start Time (T _i):	10:00		
Initial Reading (R _i):	6 3/4		
Test End Time (T _f):	11:00		
Final Reading (R _f):	6 3/4		
Test Duration (T _f - T _i):	1 hour		
Change in Reading (R _f - R _i):	0		
Pass/Fail Threshold or Criteria:	0		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____

Date: 1/7/2011

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

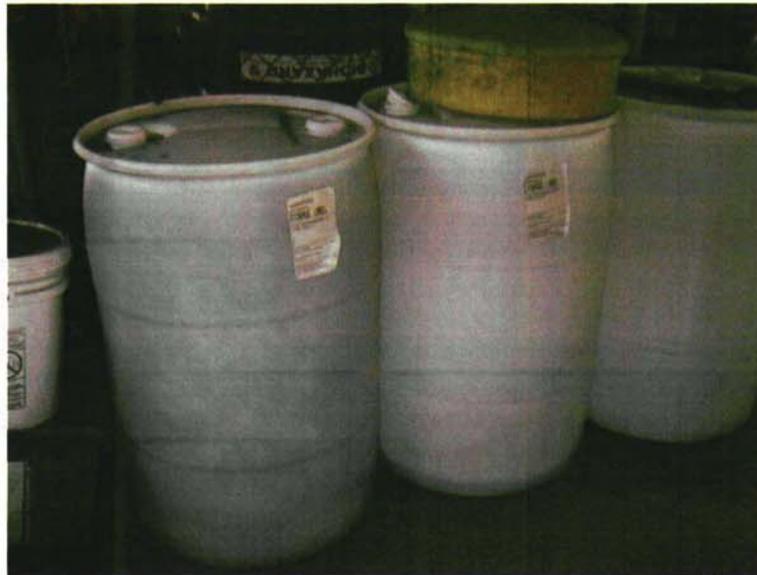
Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Waste paint that facility is managing as hw, partially open lids to evaporate residuals, not properly labeled as hw.

1

Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Drums storing xylene/alcohol & Na Azide wastes w/o accumulation start dates, drum storing formaldehyde waste w/o hw label.

2

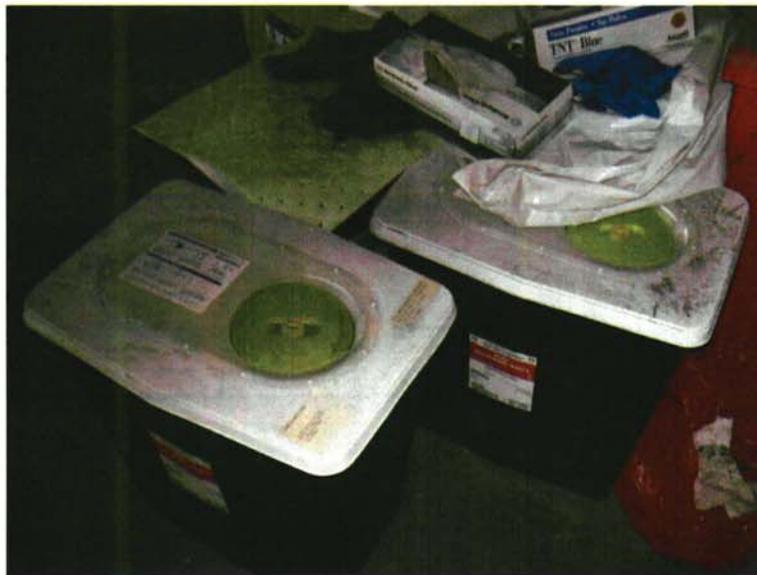
Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Drums storing xylene/alcohol, gram stain & Na Azide wastes w/o accumulation start dates,
drum storing formaldehyde waste w/o hw label.

3

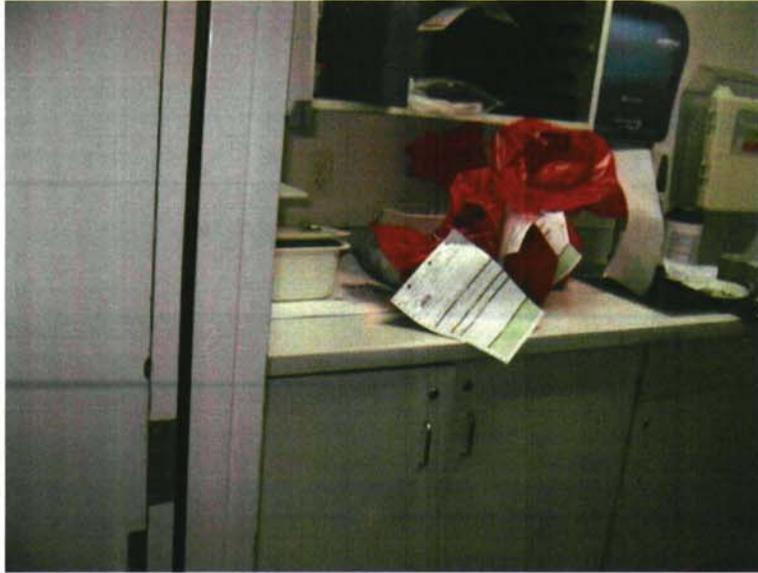
Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



3 - 5 gallon containers storing RCRA pharmaceutical waste w/o hw labels on them.

4

Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Placenta (pathology) red bag waste, not stored in rigid secondary container & lid, w/o gen name, address and phone number on red bags.

5

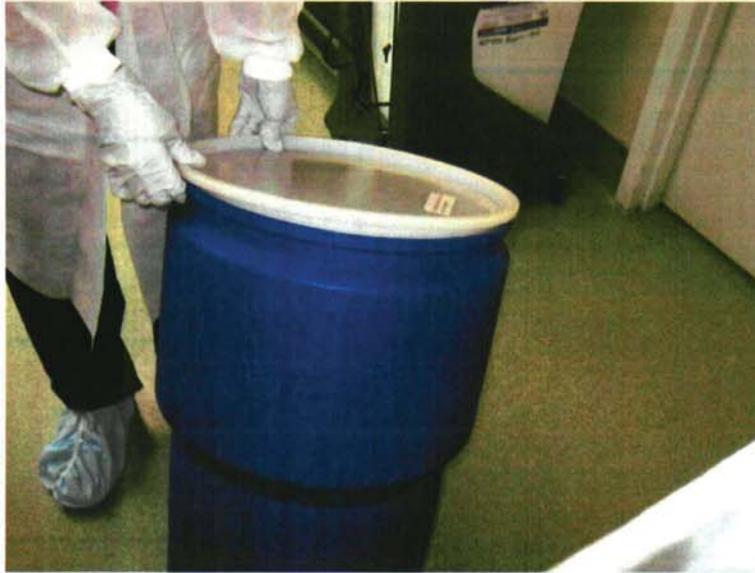
Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Open red bag waste in lab, not in use, that should be closed.

6

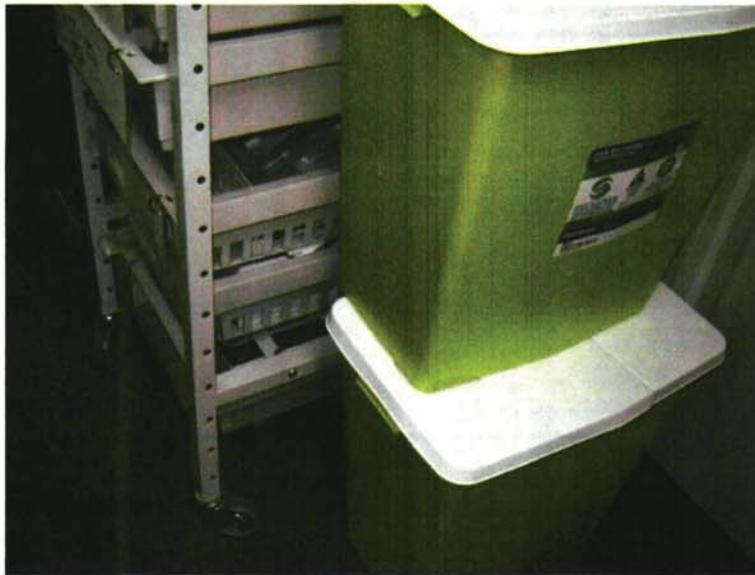
Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Bulk chemo waste w/o hw label on it located in pharmacy.

7

Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



Trace chemo medical waste w/o generator name, address, and phone number.

8

Palomar Medical Center, 555 E. Valley Parkway, Escondido 92025
Permit 114230 - Photos by Michelle Chairs HMD - 6/23/2011



RCRA pharmaceutical waste w/o hw label completed on it.



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2139 1-800-253-9933
<http://www.sdcdelh.org>

Designation of Underground Storage Tank (UST) Operator
UST Owner Statement of Understanding and Compliance with UST Requirements

Facility Name: <u>Palomar Medical Center</u>	Facility Permit #:
Facility Address: <u>555 E. Valley Parkway</u>	Phone: <u>(760) 739-3185</u>
City: <u>Escandido Ca</u>	Zip Code: <u>92025</u>
Reason for Submitting this Form (Check One) <input type="checkbox"/> Initial Certification <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Certificate Renewal	

Designated UST Operator(s) for this Facility

PRIMARY DESIGNATED UST OPERATOR	
Designated Operator's Name: <u>Matthew Bryant</u>	Relation to UST Facility (Check One)
Business Name (If different from above): <u>Bryant Environmental Services</u>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: <u>(909) 758-0464</u>	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code	Expiration Date: <u>09 / 28 / 2012</u>
Council Certification #: <u>524-1637-UC</u>	

ALTERNATE 1 (Optional)	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code	Expiration Date: _____ / _____ / _____
Council Certification #:	

ALTERNATE 2 (Optional)	
Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code	Expiration Date: _____ / _____ / _____
Council Certification #:	

NOTIFY THE LOCAL REGULATORY AGENCY WITHIN 30 DAYS OF ANY CHANGES TO THIS INFORMATION

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, Title 23, Sections 271.5(c) - (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Dan Farrow DATE: 6, 27, 11
NAME OF TANK OWNER OR OWNER'S AGENT (Please Print)
[Signature] OWNER'S PHONE #: (760) 739-3185
SIGNATURE OF TANK OWNER OR OWNER'S AGENT

Return this completed form to: **HMD-Designated UST Operator**
P.O. Box 129261, San Diego, CA 92112-9261

ENTERED FEB 09 2010

and File # 114230
RECEIVED 114230

State of California
State Water Resources Control Board
Division of Clean Water Programs
P.O. Box 944212
Sacramento, CA 94244-2120

For State Use Only

JAN 25 2010
ENVIRONMENTAL
HEALTH

UPFP#: 114230

CERTIFICATION OF FINANCIAL RESPONSIBILITY
FOR UNDERGROUND STORAGE TANKS CONTAINING PETROL

Please update effective: 1/1
Kiva reviewed on 1/28/10

Gary Griffith

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 2

- 500,000 dollars per occurrence
- or
- 1 million dollars per occurrence
- AND
- 1 million dollars annual aggregate
- or
- 2 million dollars annual aggregate

B. Palomar Pomerado Health

(Name of tank Owner or Operator)

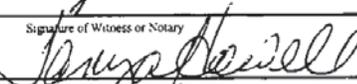
hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
Insurance	BETA Healthcare Group Risk Management Auth. 1443 Danville Blvd. Alamo, CA 94507	Certificate #C-09-691 Amendment H210-01	\$1,000,000 Aggregate	7/1/09 - 7/1/10	Yes	Yes

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

D. Facility Name Palomar Medical Center	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
Facility Name	Facility Address

E. Signature of Tank Owner or Operator 	Date 1/20/10	Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer
Signature of Witness or Notary 	Date 1/20/10	Name of Witness or Notary Tanya Howell, Executive Assistant

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

(Instructions on Reverse)

NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Palomar Pomerado Health (Business name, business address, and correspondence address of owner or operator) 456 E. Grand Avenue, Escondido, CA 92025

This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ per occurrence and \$ annual aggregate coverage. (Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

Palomar Medical Center, 555 E. Valley Parkway, Escondido, CA 92025 (Name and address of each facility for which financial responsibility is being demonstrated.) Pomerado Hospital, 15615 Pomerado Road, Poway, CA 92064

Table with 2 columns: Description and Amount. Row 1: Amount of annual aggregate coverage being assured by this letter... \$ 1,000,000.00. Row 2: Total tangible assets... \$ 948,324,060.00. Row 3: Total liabilities... \$ 642,944,989.00. Row 4: Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)... \$ 305,379,071.00

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Escondido, California (Place of Execution)

On 11/20/10 (Date)

(Signature)

Robert A. Hemker (Printed Name)

Chief Financial Officer (Title)

ENTERED FEB 16 2011 25



State of California
 State of Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2120

For State Use Only

(Instructions on reverse side)

CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

500,000 dollars per occurrence

1 million dollars annual aggregate

or

AND

or

1 million dollars per occurrence

2 million dollars annual aggregate

B. Palomar Pomerado Health hereby certifies that it is in compliance with the requirements of
(Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Pollution Liability Coverage	BHG Risk Management Authority BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507	Certificate #C-10-691 Amendment H210-01	\$500,000/ \$1,000,000	7/1/10 to 7/1/11	Yes	Yes

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

D. Facility Name Palomar Medical Center - East	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
Facility Name Palomar Medical Center - West	Facility Address 2185 W. Citracado Pkwy, Escondido, CA 92029

E. Signature of Tank Owner or Operator 	Date 8/18/10	Name and Title of Tank Owner or Operator Robert A. Hemker, CFO
Signature of Witness or Notary 	Date 8/18/10	Name of Witness or Notary Tanya Howell, Executive Assistant

BHG Risk Management Authority ("BHG")
A Public Entity

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-10-691	Amendment No.: H210-01
---------------------------------	---------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/10 at 12:01 a.m.	Expiration Date: 07/01/11 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

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

1. Subject to a Limit of Liability of \$500,000 per **Claim** and \$1,000,000 in the aggregate for all **Claims** first made and reported to BHG during the **Contract Period**, BHG will pay those sums which the **Member** is legally required to pay as **Damages** for a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** at or from the **Named Member's** or **Subsidiary's** premises, a **Waste** site or the **Named Member's** or **Subsidiary's** work site, provided that:

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

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

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

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

3. **Defense Expenses** are part of and not in addition to this Limit of Liability, and payment of **Defense Expenses** by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all **Damages** and **Defense Expenses** for any **Claim** arising out of or resulting from **Pollution** or alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item

BHG Risk Management Authority ("BHG")
A Public Entity

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

		Certificate Number: C-10-691	Amendment No.: H210-01
Issued to: Palomar Pomerado Health			
Effective Date: 07/01/10 at 12:01 a.m.	Expiration Date: 07/01/11 at 12:01 a.m.	Additional Contribution: Per Contract	

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

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense**

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Page 1 of 2

RETEST

Secondary Containment Testing Report Form - DRAFT

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

RECEIVED

3/29/2010

1. FACILITY INFORMATION

Facility Name: <i>Palomar Medical Center</i>	Date of Testing: <i>03/29/10</i>
Facility Address: <i>555 E. Valley Parkway Escondido CA</i>	
Facility Contact:	Phone: <i>760 739-3111</i>
Date Local Agency Was Notified of Testing: <i>3/25/10</i>	
Name of Local Agency Inspector Present: <i>ZORRITA HERRERA</i>	

2. TESTING CONTRACTOR INFORMATION

Company Name: <i>George Bayant Const.</i>		
Technician Conducting Test: <i>Ron Franklin</i>		
Credentials: <i>CSLB Licensed Contractor 718466</i> SWRCB Licensed Tank Tester		
License Type and #: <i>A B C21 H22 A58</i>		
Manufacturer	Training by Manufacturer Component(s)	Date Training Expires
<i>INCON</i>	<i>SOAP TESTER</i>	
<i>A.O. Smith</i>	<i>Fiberglass pipe</i>	

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested:	Number of Piping Runs Tested: <i>1</i>		
Number of Submersible Pump Sumps Tested:	Number of UDC Boxes Tested:		
Number of Fill Sumps Tested:	Number of Overfill Boxes Tested:		
Component	Pass	Fail	Comments
<i>Vent Line</i>	<i>X</i>		<i>Replaced Secondary Coupling & Retested</i>

Technician's Signature: *Ron Franklin*

Date: *3/29/10*

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer Other (Specify)	Industry Standard	Professional Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	Hydrostatic
Measuring Equipment Used for Testing: 4" gauge & TESTBOOT			
	Piping Run # Vent	Piping Run #	Piping Run #
Piping Material:	Fiberglass		
Piping Manufacturer:	A.D. Smith		
Piping Diameter:	3"		
Length of Piping Run:	Approx 25'		
Product Stored:	Diesel		
Method and location of piping-run isolation:	TESTBOOT/SUMP		
Wait time between applying pressure/vacuum/water and starting test:	5 MINUTES		
Test Start Time:	8:00		
Initial Reading (R _i):	6 PSF		
Test End Time:	9:00		
Final Reading (R _f):	6 PSF		
Test Duration:	1 hour		
Change in Reading (R _f -R _i):	0		
Pass/Fail Threshold:	0		
Test Result:	PASS		

Comments -- (include information on repairs made prior to testing)

Replaced 3" secondary coupling at vent riser under permit # 114230 from San Diego County Environmental Health.

Inspector: ZORAIDA HERRERA
3/28/2010

PETEST

Secondary Containment Testing Report Form - DRAFT

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: <u>Palomar Medical Center</u>	Date of Testing: <u>03/29/10</u>
Facility Address: <u>555 E. Valley Parkway Escondido CA</u>	
Facility Contact:	Phone: <u>760 739-3111</u>
Date Local Agency Was Notified of Testing: <u>3/25/10</u>	
Name of Local Agency Inspector Present: <u>ZORRINA HERRERA</u>	

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>George Bayant Case</u>		
Technician Conducting Test: <u>Ron Franklin</u>		
Credentials: <u>CSLB Licensed Contractor 718466</u> SWRCB Licensed Tank Tester		
License Type and #: <u>A B C21 H92 ASB</u>		
	Training by Manufacturer	
Manufacturer	Component(s)	Date Training Expires
<u>Incon</u>	<u>Sump Tester</u>	
<u>A.O. Smith</u>	<u>Fiberglass pipe</u>	

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested: <u> </u>		Number of Piping Runs Tested: <u> 1 </u>	
Number of Submersible Pump Sumps Tested: <u> </u>		Number of UDC Boxes Tested: <u> </u>	
Number of Fill Sumps Tested: <u> </u>		Number of Overfill Boxes Tested: <u> </u>	
Component	Pass	Fail	Comments
<u>Veat Line</u>	<u>X</u>		<u>Replaced Secondary Couplings & Re-tested</u>

Technician's Signature: Ron Franklin Date: 3/29/10

5. SECONDARY PIPE TESTING

Test Method Developed By:	Piping Manufacturer Other (Specify)	Industry Standard	Professional Engineer
Test Method Uses:	Pressure Other (Specify)	Vacuum	Hydrostatic
Measuring Equipment Used for Testing: 4" range; TESTBOO			
	Piping Run # Year	Piping Run #	Piping Run #
Piping Material:	Fiberglass		
Piping Manufacturer:	A.D. Smith		
Piping Diameter:	3"		
Length of Piping Run:	APPROX 25'		
Product Stored:	Diesel		
Method and location of piping-run isolation:	TESTBOO/SUMP		
Wait time between applying pressure/vacuum/water and starting test:	5 MINUTES		
Test Start Time:	8:00		
Initial Reading (R _i):	6 PSE		
Test End Time:	9:00		
Final Reading (R _f):	6 PSE		
Test Duration:	1 hour		
Change in Reading (R _f -R _i):	0		
Pass/Fail Threshold:	0		
Test Result:	PASS		

Comments - (include information on repairs made prior to testing)

Replaced 3" secondary coupling at vent riser under permit # 114230 from San Diego County Environmental Health.

Inspector: ZORAIDA HERRERA
3/28/2010

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State of California State Water Resources Control Board Division of Clean Water Programs P.O. Box 944212 Sacramento, CA 94244-2120	For State Use Only JAN 25 2010 ENVIRONMENTAL HEALTH
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**CERTIFICATION OF FINANCIAL RESPONSIBILITY
FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM**

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

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

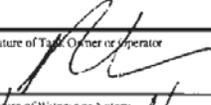
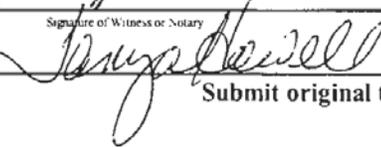
B. Palomar Pomerado Health
(Name of tank Owner or Operator) hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
Insurance	BETA Healthcare Group Risk Management Auth. 1443 Danville Blvd. Alamo, CA 94507	Certificate #C-09-691 Amendment H210-01	\$1,000,000 Aggregate	7/1/09 - 7/1/10	Yes	Yes

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

D. Facility Name Palomar Medical Center	Facility Address 555 E. Valley Parkway, Escondido, CA 92025
Facility Name Pomerado Hospital	Facility Address 15615 Pomerado Road, Poway, CA 92064
Facility Name	Facility Address

E. Signature of Tank Owner or Operator 	Title 1/20/10	Name and Title of Tank Owner or Operator Robert A. Hemker, Chief Financial Officer
Signature of Witness or Notary 	Date 1/20/10	Name of Witness or Notary Tanya Howell, Executive Assistant

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

(Instructions on Reverse)

NOTE: **Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)**

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for Palomar Pomerado Health
(Business name, business address, and correspondence address of owner or operator)
456 E. Grand Avenue, Escondido, CA 92025

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ _____ per occurrence and \$ _____ annual aggregate coverage.
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

Palomar Medical Center, 555 E. Valley Parkway, Escondido, CA 92025
(Name and address of each facility for which financial responsibility is being demonstrated.)
Pomerado Hospital, 15615 Pomerado Road, Poway, CA 92064

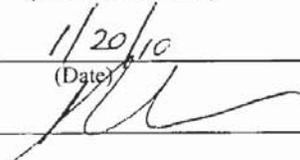
1. Amount of annual aggregate coverage being assured by this letter.....	\$ <u>1,000,000.00</u>
2. Total tangible assets.....	\$ <u>948,324,060.00</u>
3. Total liabilities.....	\$ <u>642,944,989.00</u>
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1).....	\$ <u>305,379,071.00</u>

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Escondido, California
(Place of Execution)

On 11/20/10
(Date)


(Signature)

Robert A. Hemker
(Printed Name)

Chief Financial Officer
(Title)



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF 10	DATE 11/24/2009
PERMIT # 114230	BUS. CODE K65
TIME START 7:00 A.M.	END 3:30 P.M.
SPECIALIST Gary Griffith	
INSPECTION CONTACT DarrellRoe	
TITLE Lead Engineer	
PHONE (760) 644-7125	

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido / 92025

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

Y*	N/A*	NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.	Y*	N/A*	Permit Expires on: 9/30/2010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available <input type="checkbox"/> LQG <input checked="" type="checkbox"/> SQG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input checked="" type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition
<input type="checkbox"/>	<input type="checkbox"/>	Chemical inventory/map current <input checked="" type="checkbox"/> Updated today			

Consent to inspect granted by: Inspection Contact Other: Steve Fox, Plant Operations Manager

Routine Inspection

RECEIVED DEC 09 2009

A routine Certified Unified Program Agency (CUPA) compliance inspection was initiated at Palomar Medical Center on November 24, 2009 by Gary Griffith, Environmental Health Specialist III, Hazardous Materials Division (HMD), Department of Environmental Health (DEH). Mr. Steve Fox, Plant Operations Manager, granted permission for Gary Griffith to audit hazardous materials handling for compliance with California's environmental health laws and regulations at Palomar Medical Center. Mr. Roe accompanied Mr. Griffith throughout the facility, and for the duration of this inspection. A copy of this report was read and received by Mr. Roe.

Palomar Medical Center is a full service 319 bed acute-care medical center. This hospital serves as North County's trauma services center. Medical wastes that are generated include blood contaminates, sharps, laboratory, trace chemotherapy, and pathology. Hazardous wastes that are generated include laboratory diagnostic solvent, bulk chemotherapy, formalin, and oil. Disclosable hazardous materials inventory includes boiler treatment chemicals, formaldehyde, liquid oxygen, nitrogen, nitrous oxide, carbon dioxide and helium. There are two underground storage tanks containing 10,000 gallons and 3,000 gallons respectively of diesel fuel for electrical generators.

The following CUPA program elements, included during the inspection, were hazardous waste generation, underground storage tank (UST), the Hazardous Materials Business Plan (HMBP), and the Medical Waste Management Act. This hospital is not subject to the onsite tiered permitting for hazardous waste treatment, Aboveground Petroleum Storage Act (APSA), nor the California Accidental Release Program (CalARP).

<input checked="" type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	Initials of Business Representative <u>DWR</u>
---	---

PRINTED NAME OF BUSINESS REPRESENTATIVE

DATE SIGNED

DARRELL ROE

12 / 01 / 09

SIGNATURE OF BUSINESS REPRESENTATIVE

TITLE OF BUSINESS REPRESENTATIVE

X Darrell Roe

LEAD ENGINEER



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 11/24/2009

PAGE 2 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

Palomar Medical Center is a large quantity generator (LQG) of medical waste, and a small quantity generator (SQG) of hazardous waste.

Observation:

Seven black filled 8-15 gallon RCRA pharmaceutical waste containers were observed in the hazardous waste and hazardous waste empty container outdoor storage cage. Three had no hazardous waste labels. The pharmacy had a RCRA pharmaceutical waste container in use that was missing a hazardous waste label. That hazardous waste label was applied to the pharmacy container in-use during the inspection. The Cytology Laboratory had a one-gallon Gram stain waste container draining from automated processing equipment without a hazardous waste label.

NOTICE TO COMPLY

- 1) Label RCRA pharmaceutical waste containers and all hazardous waste containers with labels containing the words "hazardous waste," the name and address of the hospital, the contents, the contents media type, the hazard properties, and the accumulation start date when the container is first placed into service.

Corrective Action: Label RCRA pharmaceutical waste containers and Cytology Laboratory automated processing machine Gram stain waste containers when first placed into service immediately, and confirm your RCRA pharmaceutical waste labeling implementation on the Corrective Action form report to HMD by 12/24/2009.

Observation:

Four of the RCRA pharmaceutical waste containers located in the hazardous waste outdoor storage cage had hazardous waste labels with two dated 7/22/2008, one dated 7/28/2008, and one dated 8/13/2008. One contained a "rejected" load form by Stericycle.

NOTICE TO COMPLY

- 2) Do not store hazardous waste on site for more than 180 days.

Corrective Action:

Remove the hazardous waste from the facility and provide confirmation to HMD by 12/24/2009.

Observation:

A full 8-15 gallon chemotherapy waste container, and two yellow 8-15 gallon chemotherapy sharps containers, approximately 1/3 full, were observed in the hazardous waste and hazardous waste empty container outdoor storage cage with no Palomar Medical Center identification. One full medical solid waste red bag inside, of a red hamper, was located in the hazardous waste and hazardous waste empty container outdoor storage cage without Palomar Medical Center identification. A chemistry laboratory partially filled red bag was missing the hospital name, address and phone number identification. The 7th floor Telemetry Department's soiled linen room partially filled chemotherapy waste containing was missing

Signature of business representative

12 / 01 / 09

LEAD ENGINEER

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Yellow: Business retains

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



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 11/24/2009

PAGE 3 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

the hospital's name, address and phone number identification. A partially filled red bag in the 7th floor soiled linen room was missing the hospital's name, address and phone number identification.

NOTICE TO COMPLY

- 3) Label medical waste containers when first placed into service.

Corrective Action: Provide name, address and phone number identification on medical waste containers when first placed into service immediately, and confirm your medical waste labeling implementation on the Corrective Action form report to HMD by 12/24/2009.

Observation:

A filled 5-gallon pale of etoposide cisplatin waste chemotherapy, dated 5/13/2008, was observed in the hazardous waste and hazardous waste empty container outdoor storage cage.

NOTICE TO COMPLY

- 4) Filled sharps containers of trace chemotherapeutic waste at room temperature must be disposed of within 30 days.

Corrective Action:

Dispose of the chemotherapeutic waste container and provide verification on the Corrective Action form to HMD by 12/24/2009.

Observation:

A five-gallon Nalgene container of waste solvent was observed uncapped in the Hematology laboratory.

NOTICE TO COMPLY

- 5) Other than while filling or emptying, maintain hazardous waste containers sealed at all times.

Corrective Action:

Maintain the laboratory hazardous waste containers capped other than while filling or emptying immediately, and confirm your hazardous waste containment tight-lidded implementation in the Corrective Action form report to HMD by 12/24/2009.

Observation:

The October, 2008 disposal of 15-gallon container of RCRA pharmaceutical waste was disposed of by manifest, however a destination confirmation was not available.

NOTICE TO COMPLY

- 6) Maintain destination confirmation manifest copies for hazardous waste disposal on site at all times for at least three years.

Corrective Action:

Signature of business representative

12 / 01 / 09

1590 00612

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Yellow: Business retains

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



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 11/24/2009

PAGE 4 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

Obtain the treatment facility's signed copy of the manifest. Report any discrepancies within 35 days of the date of shipment to the treatment facility. Report the status of the manifest on the Corrective Action form to HMD by 12/24/2009.

Observation:

The Stericycle medical waste hauler confirmation of treatment records were not available.

NOTICE TO COMPLY

- 7) Maintain medical waste tracking documents, including treatment confirmation, available for inspection for at least two years.

Corrective Action:

Obtain medical waste treatment confirmation verification from the hauler, and report medical waste treatment verification to HMD in the Corrective Action report to HMD by 12/24/2009.

Observation:

The UST Financial Responsibility certificate could not be located.

NOTICE TO COMPLY

- 8) Update the UST financial responsibility certification every 12 months. Forms were provided during the inspection.

Corrective Action:

Return the financial responsibility certification with the Corrective Action form to HMD by 12/24/2009.

Observation:

Staff could not verify that the hazardous waste storage area is inspected weekly. Multiple used and empty hazardous waste containers were observed stacked in a haphazard manner. Hazardous wastes were stored beyond one year.

NOTICE TO COMPLY

- 9) Maintain weekly inspections of the 180-day hazardous waste storage cage.

Corrective Action:

Implement weekly inspections of the hazardous waste and hazardous waste empty storage cage immediately, and confirm implementation in the Corrective Action report to HMD by 12/24/2009.

Observation:

- 10) Chemistry Laboratory's Futura coagulation analyzer Hemosil Rinse Solution #002009320 in 2000 ml bottles, containing < .01% sodium azide (100 ppm), after processed, is wasted to the sewer at the rate of 2,000 ml every four or five days. The laboratory is equipped with two coagulation analyzers. According to the MSDS, sodium azide, a 22CCR66261.33 P listed toxic acute hazardous waste, and 22CCR, Division,

Dale V. Rose

12 / 01 / 09

LEAD ASBESTOS



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE	11/24/2009
PAGE	5 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway ZIP CODE: 92025
 Chapter 11, Article 5, Appendix X listed ignitable and chemical reactive chemical, fish toxicity tests range from .98 ppm to 8 ppm. Discontinue discarding untreated waste Hemosil rinse to the sewer.

NOTICE TO COMPLY

- 10) Discontinue discharging untreated Hemosil waste to the sewer. Dispose waste Hemosil containing sodium azide as a hazardous waste.

Corrective Action:

Collect waste Hemosil in a properly labeled and enclosed container immediately for pickup by a hazardous waste hauler. Provide verification to HMD in the Corrective Action form by 12/24/2009.

Remarks

There is no medical waste treatment on site.

The Medical Waste Management Plan is dated 11/5/2008.

Medical solid waste is contained in an enclosed and secured trash compactor that is filled by two lockable metal chutes.

Medical waste treatment confirmation by Stericycle could not be verified during the inspection. Acknowledge treatment confirmation in the Corrective Action report to HMD by 12/24/2009.

An outdoor locked storage cage, partitioned into three containments, is used to store medical waste empty containers, hazardous waste and hazardous waste empty containers, and medical waste prior to pickup. During the inspection, there was an uncovered barrel of labeled and filled sharps containers located in the medical waste empty container storage partition. Do not store medical waste in the medical waste empty container storage partition, since the waste may be missed by Stericycle, during their regular service calls on Tuesdays and Fridays, when the medical waste storage partition is emptied.

Dry cell batteries are filled in a labeled 55-gallon drum. Provide an accumulation start date for the battery container.

Fluorescent tubes are accumulated, packaged and labeled universal waste for pickup by Veolia's Phoenix Arizona facility.

A labeled 55-gallon drum of unused 50% hydrochloric acid, over half-full, equipped with a dispenser, is located in the outdoor hazardous waste and hazardous waste empty container cage. This material did not appear to be used, and staff did not claim a use for it.

Two full one-gallon x-ray film fixer solutions, in original old-appearing labeled containers, were observed in the outdoor chemical waste and chemical waste container storage cage. The hospital no-longer develops x-rays by wet chemistry. The film fixer solution material does not appear to have a use according to staff.

Dale W. R...

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

White: HMD Yellow: Business retains

12 / 01 / 09

DATE SIGNED

LENO HUGHES

TITLE OF BUSINESS REPRESENTATIVE

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



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230
DATE 11/24/2009
PAGE 6 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway ZIP CODE: 92025
The diesel piston-powered electrical generators are serviced, and waste removed, by Global Power Generation Services.

There are two alcohol recycle systems, of about one-gallon capacity each, located in the laboratory that generate waste filters at the rate of about one every three-four years.

There is no chemical disinfectant treatment on-site for discharge to sewer, such as for glutaraldehyde.

The laboratories, including histology, pathology, cytology, microbiology, hematology, have satellite accumulations for alcohol, xylene, and formalin that are accumulated in five-gallon containers and emptied daily.

Calibration gases are not used since flame photometry is not used.

The Pharmacy Department disposes 15-gallon container of waste pharmaceuticals, California waste code 311, by Environmental Logistics #5508.

RCRA pharmaceutical waste is picked up at the pharmacy by Envirosolve #4010.

Engineering and Maintenance Department hazardous materials handling and emergency response training was done on 9/17/2008. Refresher training is scheduled for next January. Maintain a refresher frequency of hazardous materials handling and emergency response training of at least once a year. Darrel Roe and Steve Fox completed 8-hour Hazwoper training about three months ago. All engineering staff receive UST training from their Designated Operator on an annual refresher basis. All hospital staff receive hazard communication training on an annual refresher basis.

Material safety data sheets (MSDS) are available online by 3M Company, and hard copies are located in the plant office, safety office, and director's office.

The UST electronic monitoring certification was done by Derick Johnson, of P.F. Services, Pneumercator Certification ID # 10668, exp. 12/22/2010, and ICC Certification ID #5296345-UT exp. 7/11/2011.

The 3,000 gallon and 10,000 gallon diesel tank spill buckets were filled at 7:11 a.m. and 7:20 a.m. respectively, and passed the leak test one-hour later.

The 3,000 gallon and 10,000 gallon spill buckets, piping sumps and fill sumps were dry at the start of the inspection.

The tank sensors located in the piping sumps, fill sumps, and annular spaces were tested OK. The 3,000 gallon tank annunciator panel gave a false reading of overfill. P.F. Services will reprogram the Pneumercator to prevent this from continuing.

The alarm printout history for the 3,000 gallon tank showed no alarms since the secondary containment test on 11/10/2008.

The sensors were tagged after the test.

Signature: Darrell Roe, Date Signed: 12/01/09, Title: Lead Engineer
SIGNATURE OF BUSINESS REPRESENTATIVE DATE SIGNED TITLE OF BUSINESS REPRESENTATIVE
HM-9110-E (11/08) White: HMD Yellow: Business retains DEH-Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261



COUNTY OF SAN DIEGO

SUPPLEMENTAL COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 11/24/2009

PAGE 7 OF 10

BUSINESS ADDRESS: 555 E. Valley Parkway

ZIP CODE: 92025

The 10,000 gallon tank had two sensors readout of the same "fill piping sump." Mr. Johnson corrected the faulty readout by changing one of the fill sump sensors to piping sump during the inspection

The secondary containment tests for the 10,000 gallon tank failed on 10/6/2009.

The UST Designated Operator is Matthew Bryant, #5244637-UC. Mr. Bryant trained tank operators on 3/23/2009.

New forms 9222A, 9222B, 9222C, 9715, and 9717 were filed with HMD on 12/10/2009.

The five-year UST operating permit #1058 expires 12/11/2013. More than two years of Designated Operator inspections are on site.

Return the "Corrective Action" form supplied during the inspection to HMD by December 24, 2009. Provide documentation and/or evidence in response to the violations enumerated above.

If you have any questions, please contact:

Gary Griffith
151 E. Carmel Street
San Marcos, California 92078
(760) 940-2870
(760) 940-2853 fax
gary.griffith@sdcounty.ca.gov

Handwritten signature of Gary Griffith

12 / 01 / 09

LEAD ENGINEER

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE

HM-9110-E (11/08)

White: HMD Yellow: Business retains

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



COUNTY OF SAN DIEGO

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

PERMIT # 114230DATE 11/24/09PAGE 8 OF 10BUSINESS ADDRESS: 555 E. VALLEY PARKWAYZIP: 92035

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG). Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	1001	UPF permit not obtained for hazardous materials. 68.905
<input type="checkbox"/>	1002	HMBP not established/implemented. 25503.5(a)
<input type="checkbox"/>	1004	HMBP not submitted to HMD. 25505(a)
<input type="checkbox"/>	1005	Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
<input type="checkbox"/>	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	1010	Did not report release or threatened release. 25507(a), CCR 2703
<input type="checkbox"/>	1013	Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	1015	Did not have adequate employee training program 2732 &/or 25504 (c)
<input type="checkbox"/>	1016	Failure to have an adequate emergency response plan 25504 (b); 2731
<input type="checkbox"/>	1017	Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
<input type="checkbox"/>	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	0218	Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 and 66266.130(c)(3)
<input type="checkbox"/>	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	0220	Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	0221	Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	0222	Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	0223	Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
<input type="checkbox"/>	0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR SOGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

<input checked="" type="checkbox"/>	2	0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) >90 days for an AHW waste
<input type="checkbox"/>		0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
<input checked="" type="checkbox"/>	1	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
<input checked="" type="checkbox"/>	5	0228	Failed to keep container closed. CFR 265.173
<input checked="" type="checkbox"/>	9	0229	Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>		0230	Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>		0231	Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>		0232	Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>		0233	Failed to use a lined/compatible container. CFR 265.172.
<input type="checkbox"/>		0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

<input type="checkbox"/>		0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>		0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>		0409	Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>		0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>		0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>		0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

<input type="checkbox"/>		0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input type="checkbox"/>		0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>		0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
<input type="checkbox"/>		0134	Failed to file Exception Report with DTSC. 66262.42
<input type="checkbox"/>		0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
<input type="checkbox"/>		0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>		0137	Failed to complete manifest properly. 66262.23(a)
<input checked="" type="checkbox"/>	6	0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
<input type="checkbox"/>		0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>		0141	Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>		0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>		0145	ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>		0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>		0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
<input type="checkbox"/>		0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>		0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

DISPOSAL AND TRANSPORTATION

<input checked="" type="checkbox"/>	10	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
<input type="checkbox"/>		0302	Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>		0303	Did not use HW manifest for disposal. 66262.20(a), 25160.2(b)(9)
<input type="checkbox"/>		0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>		0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
<input type="checkbox"/>		0306	Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>		0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
<input type="checkbox"/>		0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>		1612	Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
<input type="checkbox"/>		1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>		1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>		1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>		1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT # 114230DATE 11/24/09PAGE 9 OF 10BUSINESS ADDRESS: 355 E. VALLEY PARKWAYZIP: 92025

VIOLATION REPORT: *The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.*

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

STORAGE AND LABELING

Viol #	VIOL.	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4201 UPF Permit not obtained. 117705, 68.905
	<input type="checkbox"/>	V4202 Medical Waste (MW) not separated from other waste at point of origin. 118275
	<input type="checkbox"/>	V4203 Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
	<input type="checkbox"/>	V4204 MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
	<input type="checkbox"/>	V4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/>	V4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/>	V4207 Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
	<input type="checkbox"/>	V4208 Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)
<u>3</u>	<input checked="" type="checkbox"/>	V4209 Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205
	<input type="checkbox"/>	V4210 MW not stored in approved and properly marked red bags. 118275
	<input type="checkbox"/>	V4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
	<input type="checkbox"/>	V4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
	<input type="checkbox"/>	V4213 Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)
	<input type="checkbox"/>	V4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/>	V4215 Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
<u>4</u>	<input checked="" type="checkbox"/>	V4306 Full sharps container stored >30 days at >0°C. 118285(c)
	<input type="checkbox"/>	V4307 Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
	<input type="checkbox"/>	V4308 Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
	<input type="checkbox"/>	V4219 MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 ft. 118307, 118310
	<input type="checkbox"/>	V4220 MW Interim storage area not properly secured. 118307

TREATMENT AND DISPOSAL

	<input type="checkbox"/>	V4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/>	V4252 Standardized written operating procedures for steam sterilization not available. 118215(2)(A)
	<input type="checkbox"/>	V4253 Recording thermometer not calibrated annually. 118215(2)(B)
	<input type="checkbox"/>	V4254 No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	<input type="checkbox"/>	V4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)
	<input type="checkbox"/>	V4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	<input type="checkbox"/>	V4257 Onsite steam sterilization did not reach 121°C/250 °F for 30 minutes. 118215(2)(B)
	<input type="checkbox"/>	V4258 Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215(2)(E)
	<input type="checkbox"/>	V4259 Disposal of untreated MW to an unauthorized point. 118340

TRANSPORTATION REQUIREMENTS

Viol #	VIOL.	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4260 Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025
	<input type="checkbox"/>	V4304 No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118025, 118030(a)(1)
	<input type="checkbox"/>	V4305 LQHE not renewed annually as required. 118030(b)
	<input type="checkbox"/>	V4311 Medical Waste tracking documents not in vehicle transporting MW. 118040(c)
	<input type="checkbox"/>	V4312 MW tracking documents/logs not maintained for 3 years for LQHE. 118040(a)

SMALL QTY. GENERATORS ONLY (<200 lbs/mo) MW)

	<input type="checkbox"/>	V4301 Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	<input type="checkbox"/>	V4302 Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)
	<input type="checkbox"/>	V4303 Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945(b)
	<input type="checkbox"/>	V4309 MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (≥ 200 pounds of waste generated per month)

	<input type="checkbox"/>	V4351 MWMP not submitted to HMD (initial/updates) 117960, 117970
	<input type="checkbox"/>	V4352 Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
<u>7</u>	<input checked="" type="checkbox"/>	V4353 Did not retain on file disposal receipts/tracking documents for at least 3yrs for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

	<input type="checkbox"/>	V4401 Chemo waste not segregated from other MW. 118275(e)
	<input type="checkbox"/>	V4402 Chemo waste container not properly labeled. 118275(e)
	<input type="checkbox"/>	V4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/>	V4411 Pathology waste not segregated from other MW. 118275(f)
	<input type="checkbox"/>	V4412 Pathology waste container not properly labeled. 118275(f)
	<input type="checkbox"/>	V4413 Illegal disposal of pathology waste. 118340
	<input type="checkbox"/>	V4421 Pharmwaste not segregated from other MW. 118275(g)
	<input type="checkbox"/>	V4422 Pharmwaste not properly labeled. 118275(g)
	<input type="checkbox"/>	V4423 Pharmwaste stored >90 days when container full, or stored longer than one year (max. allowable time). 118280(e)
	<input type="checkbox"/>	V4432 Illegal disposal of pharmwaste. 118340, 118222(b)
	<input type="checkbox"/>	V4441 Illegal disposal of photo/hazwaste to sewer/trash. 25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

	<input type="checkbox"/>	V4501 Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	<input type="checkbox"/>	V4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/>	V4503 Condition(s) of the MW treatmt. permit violated. 65623

Dale L. R...
SIGNATURE OF BUSINESS REPRESENTATIVE

12/01/09
DATE SIGNED

LEAD TECHNOLOG...
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

PERMIT#: 114230DATE: 11/24/09PAGE: 10 OF 10

COMPLIANCE INSPECTION REPORT

BUSINESS ADDRESS: 555 B. VALLEY PARKWAY **ZIP:** 92025
VIOLATION REPORT: The items checked below refer to specific section numbers of Title 23 of the California Code of Regulations (CCR), Chapters 6.7, of the Health & Safety Code (HSC) & the County Code of Regulatory Ordinances (SDCC). The following code sections checked are in violation (V) with the Underground Storage Tank laws and regulations. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68.1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met. 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/ repair records not available. 25283; 2712 (b)	3152	
8	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105	✓		Monitoring Cert. not submitted to CUPA w/ 30 days. 2638(d)	3161	
	Owner/operator agreement not available/completed/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Facility employee(s) not trained; records incomplete/not onsite. 2715(f)	3193	
	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107			Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			Contractor did not have required license, i.e., Class A C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Annual certification for ATG and/or sensors not completed (existing tank systems only). 2641(i), 2638	3110			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Annual certification for continuous monitoring system not completed (new tanks). 25284.1(a)(4)(C); 2630(d), 2638	3116			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(i)	3164	
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(1)(m)	3160	
					Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192	

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

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

Signature of Business Representative

Date Signed

Title of Business Representative



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: 114230
 SPECIALIST: GRIFFITH
 INSPECTION DATE: 11/24/09
 CONTACT: DARRELL ROE

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E. Valley Parkway CITY Escondido Ca. ZIP 92025

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
<u>1</u>	<u>12/18/09</u>	<u>See Attachment #1</u>
<u>2</u>	<u>12/18/09</u>	<u>See Attachment #2</u>
<u>3</u>	<u>12/16/09</u>	<u>See Attachment #3</u>
<u>4</u>	<u>12/18/09</u>	<u>See Attachment #4</u>
<u>5</u>	<u>12/16/09</u>	<u>See Attachment #5</u>
<u>6</u>	<u>12/16/09</u>	<u>See Attachment #6</u>
<u>7</u>	<u>12/16/09</u>	<u>See Attachment #7</u>
<u>8</u>	<u>11/30/09</u>	<u>See Attachment #8</u>
<u>9</u>	<u>11/30/09</u>	<u>See Attachment #9</u>
<u>10</u>	<u>12/16/09</u>	<u>See Attachment #10</u>

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

Responsible Party: Steve Fox Job Title Plant Operations Manager
Print Name

Signature of Responsible Party: *Steve Fox* Date: 12/22/09

< Send completed form and supporting documentation to the address listed below >

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: GARY GRIFFITH Date: 1/4/10
(Specialist's name and date required for processing)

Specialist's comments: _____

All violations noted on date listed above were corrected. Based on information provided by the business Based on field verification by Specialist

RTC entered in Kiva by Specialist on: 1/4/10 RTC entered in Kiva by Clerical on: 1/1

Attachment # 1

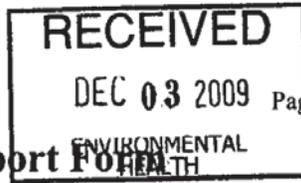
County of San Diego – Compliance Inspection Report

Permit #114230

Responses to “Notice to Comply”

- 1) RCRA containers are now labeled prior to use by department.
- 2) Hazardous material has been removed by EnviroSolve on 12/18/09. Weekly rounds by Engineering are now being included to ensure the build up of waste will not exceed the 180 day limit.
- 3) Pharmacy is now pre-labeling medical waste containers with the proper information required per the corrective action.
- 4) Pharmacy has disposed of the filled sharps container and the weekly rounds will ensure that they are disposed of within the 30 day time frame. EnviroSolve picked up material – manifest sent to HMD per orders
- 5) Lab has tight lidded there containers and will be checked during weekly rounds.
- 6) EVS is holding all documents pertaining to the confirmation manifest. EVS understands that they will keep records to document the pick up, disposal, and billing cycle for materials.
- 7) EVS is holding all documents pertaining to the confirmation manifest. EVS understands that they will keep records to document the pick up, disposal, and billing cycle for materials.
- 8) The certificate has been filled out and sent to the State to keep on file. This was done on 11-30-09.
- 9) Rounds are now being recorded by Engineering to ensure that there will not be a buildup of any materials in the cage in question.
- 10) The response is from an e-mail from the Lab Manger Tim Barlow on 12-16-09 responding to the notice to comply:

“Coagulation Instrument Rinse Solutions w/ Sodium Azide discarded into drain will be discontinued. Lab has Nalgene 5 gallon containers on order for the collection of the waste, which will be then taken to the cage and dumped into a special designated barrel and be collected <180 days by our waste disposal contractor.”



Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center	Date of Testing: 10/05/2009
Facility Address: 555 E. Valley Parkway Escondido, Ca. 92055	
Facility Contact:	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 10/01/09	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name: George Bryant Construction		
Technician Conducting Test: Ron Franklin		
Credentials: CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester	
License Type: 718466	License Number: 718466	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon Sump Tester		

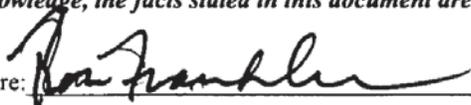
3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Sump 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Bucket 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Sump 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Bucket 3,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Line 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Line 10,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Line 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Line 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: 

Date: 10/05/2009

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: Vacuum Generator	Equipment Resolution:		
	Tank # 1	Tank # 2	Tank #
Is Tank Exempt From Testing? ¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	10,000	3,000	
Tank Material:	glass/steel	glass/steel	
Tank Manufacturer:	Joor	Joor	
Product Stored:	Diesel	Diesel	
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	
Test Start Time:	7:30	7:30	
Initial Reading (R _I):	10"Hg	10"Hg	
Test End Time:	8:30	8:30	
Final Reading (R _F):	10"Hg	10"Hg	
Test Duration:	1 hour	1 hour	
Change in Reading (R _F -R _I):	0	0	
Pass/Fail Threshold or Criteria:	0	0	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

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

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Testboot & 4" Liquid Gauge	Equipment Resolution:			
	Piping Run # 1	Piping Run # 2	Piping Run # 3	Piping Run # 3
Piping Material:	fiberglass	fiberglass	fiberglass	fiberglass
Piping Manufacturer:	A.O.Smith	A.O.Smith	A.O.smith	A.O.Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	70 feet	70 feet	130 feet	130 feet
Product Stored:	diesel	diesel	diesel	diesel
Method and location of piping-run isolation:	testboot/sump	testboot/sump	tstboot/sump	testboot/sump
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	7:45	7:45	10:00	10:00
Initial Reading (R _i):	6 psi	6 psi	6 psi	6 psi
Test End Time:	8:45	8:45	11:00	11:00
Final Reading (R _f):	6 psi	0 psi	6 psi	6 psi
Test Duration:	1 hour		1 hour	1 hour
Change in Reading (R _f -R _i):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

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

Piping run #1 Supply line 10,000

Piping run #2 Return line 10,000

Pipig run #3 Supply line 3,000

Piping run #4 Return line 3,000

THE RETURN LINE FOR THE 10,000 WOULD NOT HOLD PRESSURE. RECOMMEND PERFORMING A HELIUM TEST TO LOCATE LEAK.

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Sump # 1-10,000	Sump # 2-3,000	Sump #	Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	52"		
Sump Material:	fiberglass	fiberglass		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	13"	15"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested ¹	bottom 15"	bottom 13"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:48 8:20	9:40 9:56		
Initial Reading (R _I):	0.4997 0.4995	2.6960 2.6956		
Test End Time:	8:03 8:35	9:56 10:11		
Final Reading (R _F):	0.4995 0.4994	2.6958 2.6948		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0002 .0001	.0002 .0008		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

¹ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:	Equipment Resolution:		
	UDC #	UDC #	UDC #
UDC Manufacturer:			
UDC Material:			
UDC Depth:			
Height from UDC Bottom to Top of Highest Piping Penetration:			
Height from UDC Bottom to Lowest Electrical Penetration:			
Condition of UDC prior to testing:			
Portion of UDC Tested ¹			
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time			
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test			
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I):			
Pass/Fail Threshold or Criteria:			
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

¹ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Fill Sump # 1-10K	Fill Sump # 2-3K	Fill Sump #	Fill Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	51"		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	15"	13"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested	bottom 18"	bottom 14"		
Sump Material:	fiberglass	fiberglass		
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:48 8:20	9:48 9:56		
Initial Reading (R _I):	5.5352 5.5350	2.3145 2.3129		
Test End Time:	8:03 8:35	9:56 10:11		
Final Reading (R _F):	5.5350 5.5350	2.3164 2.3123		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0002 .0000	.0019 .0006		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Spill Box # 1	Spill Box # 2	Spill Box #	Spill Box #
Bucket Diameter:	12"	12"		
Bucket Depth:	13.5"	13"		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:48 8:20	9:40 9:56		
Initial Reading (R _i):	4.8604 4.8601	1.4846 1.4781		
Test End Time:	8:03 8:35	9:56 10:11		
Final Reading (R _F):	4.8602 4.8600	1.4818 1.4606		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _i):	.0002 .0001	.0038 .0175		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

Spill box #1-10,000
 Spill box #2- 3,000
 THE SPILL BUCKET ON THE 3000 TANK FAILED. I BELIEVE THE FITTINGS INSIDE THE BUCKET NEED TO BE REMOVED AND RETIGHTENED.

ALVARO MEDICAL CENTER
555 E. VALLEY PKWY
ROUNDHOD CA

10/05/2009 9:56 AM

CLAMP LEAK TEST REPORT

3KPIPE

TEST STARTED 9:40 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 2.6960 IN
END TIME 9:56 AM
END DATE 10/05/2009
END LEVEL 2.6958 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFRILL

TEST STARTED 9:46 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 2.3145 IN
END TIME 9:56 AM
END DATE 10/05/2009
END LEVEL 2.3164 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCKE

TEST STARTED 9:40 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 1.4846 IN
END TIME 9:56 AM
END DATE 10/05/2009
END LEVEL 1.4818 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

ALVARO MEDICAL CENTER
555 E. VALLEY PKWY
ROUNDHOD CA

10/05/2009 10:12 AM

CLAMP LEAK TEST REPORT

3KPIPE

TEST STARTED 9:56 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 2.6956 IN
END TIME 10:11 AM
END DATE 10/05/2009
END LEVEL 2.6948 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFRILL

TEST STARTED 9:56 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 2.3129 IN
END TIME 10:12 AM
END DATE 10/05/2009
END LEVEL 2.3123 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCKE

TEST STARTED 9:56 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 1.4781 IN
END TIME 10:12 AM
END DATE 10/05/2009
END LEVEL 1.4686 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT FAILED

PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA

PALOMAR MEDICAL CENTER
555 E. VALLEY PKWY
ESCONDIDO CA

10/05/2009 8:03 AM

10/05/2009 8:35 AM

SUMP LEAK TEST REPORT

SUMP LEAK TEST REPORT

10KPIPE

10KPIPE

TEST STARTED 7:48 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 0.4997 IN
END TIME 8:03 AM
END DATE 10/05/2009
END LEVEL 0.4995 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TEST STARTED 8:20 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 0.4995 IN
END TIME 8:35 AM
END DATE 10/05/2009
END LEVEL 0.4994 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10KFILL

10KFILL

TEST STARTED 7:48 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 5.5352 IN
END TIME 8:03 AM
END DATE 10/05/2009
END LEVEL 5.5350 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TEST STARTED 8:20 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 5.5350 IN
END TIME 8:35 AM
END DATE 10/05/2009
END LEVEL 5.5350 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

10KBUCK

10KBUCK

TEST STARTED 7:48 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 4.8604 IN
END TIME 8:03 AM
END DATE 10/05/2009
END LEVEL 4.8602 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

TEST STARTED 8:20 AM
TEST STARTED 10/05/2009
BEGIN LEVEL 4.8601 IN
END TIME 8:35 AM
END DATE 10/05/2009
END LEVEL 4.8600 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: <u>Palomar Pomcero Health</u>	Facility ID #: <u>37-000-W14230</u>
Facility Address: <u>555 E. Valley Parkway Escondido, CA 92025</u>	Reason for Submitting this Form (Check One) <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update Certificate Expiration Date
Facility Phone #: <u>760-739-3185</u>	

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: <u>Matthew Bryant</u>	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Business Name (if different from above): <u>Bryant Environmental</u>	
Designated Operator's Phone #: <u>909 944-7333</u>	Expiration Date: <u>10-9-2010</u>
International Code Council Certification #: <u>5244637-LLC</u>	

ALTERNATE 1 (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Business Name (if different from above):	
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Business Name (if different from above):	
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

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

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print): Palomar Pomcero Health

SIGNATURE OF TANK OWNER OR OWNER'S AGENT: 

DATE: 12-22-09 OWNER'S PHONE #: 760-739-3185

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center JAN 07 2010
Bldg. INFORMATION
HEALTH
 Site Address: 555 E. Valley Parkway City: Escondido, CA Zip: 92025
 Facility Contact Person: _____ Contact Phone No.: (760) 739-3111
 Make/Model of Monitoring System: TMS 2000 Date of Testing/Servicing: 11/25/2009

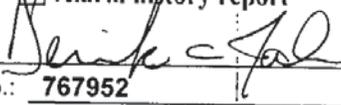
B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>3K</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: <u>None</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100F</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

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

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

Technician Name (print): Derick Johnson Signature: 
 Certification No.: ICC 5296345-UT License No.: 767952
 Testing Company Name: P.F. Services, Inc. Phone No.: (909) 949-9141
 Testing Company Address: 125 N. 12th Ave., Upland, CA 91786 Date of Testing/Servicing: 11/25/2009

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

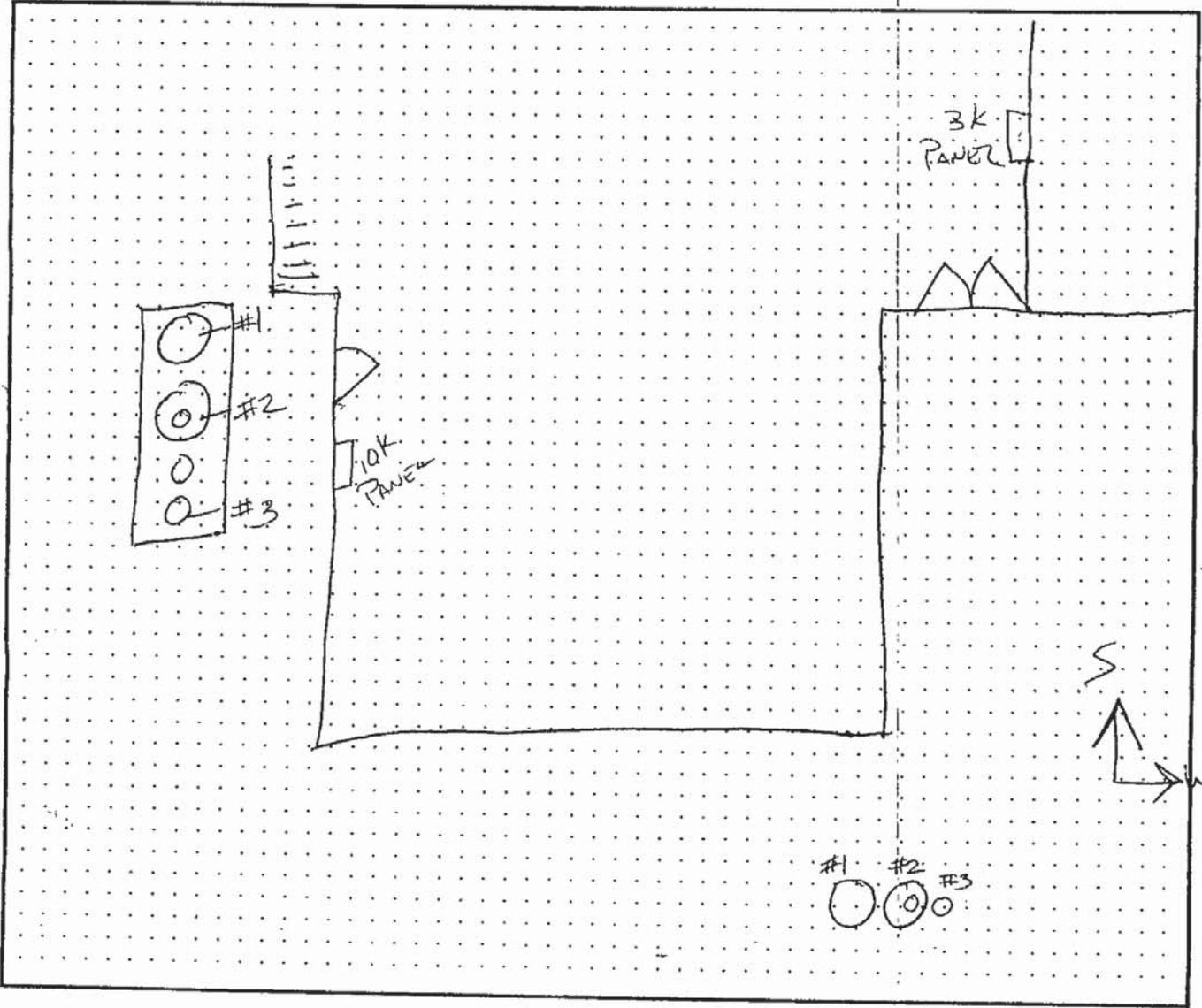
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025



Date map was drawn: 11/25/09.

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name:	Palomar Medical Center	Date of Testing:	11/25/09
Facility Address:	555 E. Valley Parkway, Escondido, CA 92025		
Facility Contact:		Phone:	(760) 739-3111
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):	Gary Griffith		

2. TESTING CONTRACTOR INFORMATION

Company Name:	P.F. Services, Inc.		
Technician Conducting Test:	Derick Johnson		
Credentials ¹ :	<input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____		
License Number(s):	767952		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	3 K	2	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12			
Bucket Depth:	13			
Wait time between applying vacuum/water and start of test:	0			
Test Start Time (T _I):	7:00			
Initial Reading (R _I):	4 1/2"			
Test End Time (T _F):	8:00			
Final Reading (R _F):	4 1/2"			
Test Duration (T _F - T _I):	1 hour			
Change in Reading (R _F - R _I):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: Derick C. Johnson

Date: 11/25/09

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

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

JAN 07 2010

ENVIRONMENTAL
Bldg. No. TH

Facility Name: Palomar Medical Center
Site Address: 555 E. Valley Parkway City: Escondido, CA Zip: 92025
Facility Contact Person: _____ Contact Phone No.: (760) 739-3111
Make/Model of Monitoring System: TMS 2000 Date of Testing/Servicing: 11/25/2009

B. Inventory of Equipment Tested/Certified

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

Tank ID: 10K <input type="checkbox"/> In-Tank Gauging Probe. Model: <u>None</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS 600</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u> <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): Derick Johnson Signature: Derick Johnson
Certification No.: ICC 5296345-UT License No.: 767952
Testing Company Name: P.F. Services, Inc. Phone No.: (909) 949-9141
Testing Company Address: 125 N. 12th Ave., Upland, CA 91786 Date of Testing/Servicing: 11/25/2009

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

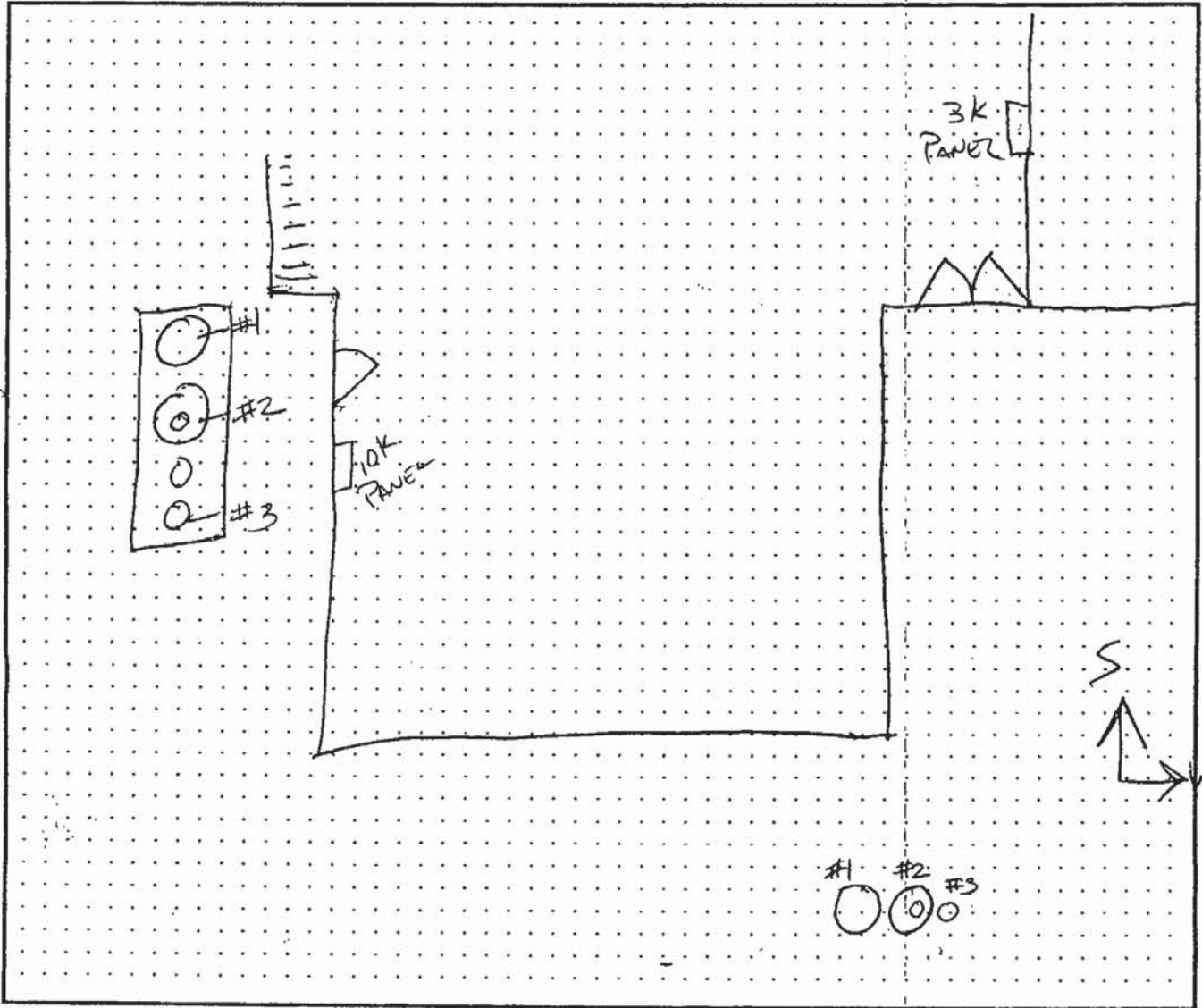
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025



Date map was drawn: 11/25/09.

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name: Palomar Medical Center	Date of Testing: 11/25/09
Facility Address: 555 E. Valley Parkway, Escondido, CA 92025	
Facility Contact:	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector (if present during testing): Gary Griffith	

2. TESTING CONTRACTOR INFORMATION

Company Name: P.F. Services, Inc.	
Technician Conducting Test: Derick Johnson	
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____	
License Number(s): 767952	

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used:	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 0 K	2	3	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12			
Bucket Depth:	12			
Wait time between applying vacuum/water and start of test:	0			
Test Start Time (T _I):	7:05			
Initial Reading (R _I):	4 3/8"			
Test End Time (T _F):	8:05			
Final Reading (R _F):	4 3/8"			
Test Duration (T _F - T _I):	1 hour			
Change in Reading (R _F - R _I):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

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

Technician's Signature: _____

Date: 11/25/09

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

BHG Risk Management Authority ("BHG")
A Public Entity

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-09-691	Amendment No.: H210-01
---------------------------------	---------------------------

Issued to: Palomar Pomarado Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

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

1. Subject to a Limit of Liability of \$500,000 per **Claim** and \$1,000,000 in the aggregate for all **Claims** first made and reported to BHG during the **Contract Period**, BHG will pay those sums which the **Member** is legally required to pay as **Damages** for a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution** at or from the **Named Member's** or **Subsidiary's** premises, a **Waste** site or the **Named Member's** or **Subsidiary's** work site, provided that:

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

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

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

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

3. **Defense Expenses** are part of and not in addition to this Limit of Liability, and payment of **Defense Expenses** by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all **Damages** and **Defense Expenses** for any **Claim** arising out of or resulting from **Pollution** or alleging liability for **Pollution** is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item

BHG Risk Management Authority ("BHG")
A Public Entity

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-09-691	Amendment No.: 11210-01
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Issued to: Palomar Pomerado Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

6 of the Certificate of Participation. BHG's right and duty to defend ends when BHG has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate of Participation.

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

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.
2. No coverage is provided for any **Occurrence** commencing prior to the **Retroactive Date** stated in A.1.a above.
3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "**Contract Period**" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.
2. "**Damages**" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.
3. "**Pollution**" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. **Pollution** includes indoor **Pollution**.
4. No **Claim** shall be deemed first made against any **Member** during the **Contract Period** if the **Claim** or **Occurrence** was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any **Member** prior to the Effective Date.
5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and one Limit of Liability shall apply to all such **Claims**.

BHG Risk Management Authority ("BHG")
A Public Entity

AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-09-691	Amendment No.: H210-01
--	----------------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

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

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense**

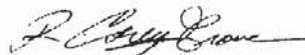
BHG Risk Management Authority ("BHIG")
A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-09-691	Amendment No.: H210-01
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Issued to: Palomar Pomerado Health		
Effective Date: 07/01/09 at 12:01 a.m.	Expiration Date: 07/01/10 at 12:01 a.m.	Additional Contribution: Per Contract

Expenses in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHIG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BHIG

BETA Healthcare Group, A Public Entity

CERTIFICATE OF PARTICIPATION
HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT



NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER:	Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128-3408
ITEM 2: SUBSIDIARIES:	Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Gift Shop, Pomerado Hospital Medical Staff, Villa Pomerado, San Marcos Ambulatory Care Center, Palomar Pomerado North County Health Development, Palomar Medical Center West.
ITEM 3: CONTRACT PERIOD:	(a) Effective Date: 7/1/2009 (b) Expiration Date: 7/1/2010 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1
ITEM 4: LIMIT OF LIABILITY:	\$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate
ITEM 5: DEDUCTIBLE:	See Section 7.9.B \$50,000
ITEM 6: CONTRIBUTION:	See Section 7.9.A
ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE:	HCL/CM(07/09) 120, 130, 131, 132, 137, 145, 179, 203, 210, 212, 217, 237, 259, 262, 272, 294, 318, 334
ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO:	BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the **Application(s)** and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the **Members**.

Authorized Representative of BETA Healthcare Group



GARY W. ERBECK
DIRECTOR

County of San Diego

JACK MILLER
ASSISTANT DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

Phone: (619) 338-2222 FAX: (619) 338-2377

1 (800) 253-9933

<http://www.sdcdeh.org>

July 11, 2008

Environmental Coordinator
PALOMAR MEDICAL CENTER
15255 E INNOVATION DR #203
SAN DIEGO, CA 92028-

114230

RE: Underground Tank Facility
555 E VALLEY PY, ESCONDIDO, 92025-3048

The Hazardous Materials Division (HMD) of the Department of Environmental Health is the Certified Unified Program Agency (CUPA) in the County of San Diego. The HMD, as the CUPA, regulates the construction, installation, operation, repair and removal of underground storage tank (UST) systems. Recent changes in state regulations require owners and operators of UST systems to submit the new Unified Program Consolidated Forms developed by the State Water Resources Control Board. Completed forms must be submitted to the CUPA at the address above by August 31, 2008.

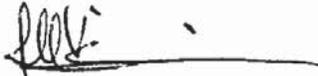
The changes to the UST regulations which went into effect on January 17, 2008, require UST owners and operators to use the new standardized forms to submit all required (current and new) registration information. All UST owners and operators must provide the CUPA with tank and facility information (including Monitoring Plan, Emergency Plan and Plot Plan*) on the new forms. The forms (listed below) are available in interactive format at www.sdcounty.ca.gov/hazmat/hmd_forms.html. Failure to submit these new forms will result in non-renewal of the UST Operating Permit. To prevent any delay to the renewal of your UST Operating Permit, submit these forms immediately. Copies of the completed forms must be maintained at the UST facility. If you manage more than one facility, a complete set of forms is required for each facility.

The new standardized forms will promote consistency in record keeping which will benefit HMD and UST owners and operators. If you have recently submitted the information on the new forms, please disregard this advisory.

July 10, 2008

If you have any questions about the information contained in this bulletin, please contact the Hazardous Materials Division Duty Specialist at (619) 338-2231.

Sincerely,



J. M. VIZZIER, Chief
Hazardous Materials Division

JMV/lms

Enclosures: UST Facility Page (HM-9715)
UST Tank Information Page (HM-9717)
UST Monitoring Plan (HM-9222A)
UST Emergency Plan (HM-9222B)
UST Plot Plan (HM-9222C)*

(*If you already have a diagram (Plot Plan) that shows the required information, include it with this submission.)



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 2 of 5 DATE 11/10/2008
 PERMIT # 114230
 TIME START 8:30A END 2:00 P
 BUS. CODE K65
 SPECIALIST Gohres
 INSPECTION CONTACT/TITLE
Dan Farrow / Dir. Plant Operations
 PHONE 760-739-3000

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

Corrective action: Within 30 days ensure that all containers that are accumulating hazardous waste are labeled with a hazardous waste label. The following information is required on the label: The words "Hazardous Waste", the name and address of the generator, the accumulation start date, the contents, and the physical (solid, liquid, gas) and chemical (ignitable, corrosive, reactive, toxic) characteristics of the waste. Hazardous waste labels are to be in good condition and clearly legible at all times.

2. **Observation:** Empty containers are not marked with the date that they became empty.
Corrective action: Immediately begin marking on the container the date that the container became empty. Empty containers may be stored on site for one year. Within one year the empty containers are to be used, recycled, or manifested off site as hazardous waste.
3. **Observation:** Legible photo copies of the hazardous waste manifests are not being mailed to DTSC within 30 days of the waste being removed off site.
Corrective action: Within 30 days make legible photo copies of the hazardous waste manifests that have not been mailed and mail them to DTSC. Immediately begin the process of mailing copies of manifests to DTSC within 30 days of the waste being removed off site.
4. **Observation:** In the 180-day hazardous waste storage area there is a 55-gallon container of new hydrochloric acid stored next to hazardous waste. There are at least five containers of trace chemotherapy waste (medical waste) stored next to hazardous waste containers.
Corrective action: Within 30 days remove the medical waste and the container of new hydrochloric acid from the hazardous waste storage area. This area is only for the storage of hazardous waste. Do not store hazardous materials with hazardous waste. Do not store hazardous waste with medical waste.
5. **Observation:** In the 180-day hazardous waste storage area there is a 30-gallon black metal container that is not labeled or marked to identify the contents inside the container.
Corrective action: Within 10 days identify the contents inside this container. If the contents can not be identified the container shall be managed and disposed of as hazardous waste

Signature of Business Representative

12-9-08

Date Signed

Director Plant ops

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdelh.org



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE 3 of 5 DATE 11/10/2008
PERMIT # 114230
TIME START 8:30A END 2:00 P
BUS. CODE K65
SPECIALIST Gohres
INSPECTION CONTACT/TITLE
Dan Farrow / Dir. Plant Operations
PHONE 760-739-3000

Medical Waste Violations

Notice to Comply

6. **Observation:** Large red bags are not being labeled with the generator information when waste is first placed into an empty bag.
Corrective action: Immediately begin the process of labeling large red bags with the generator name, address, and phone number when waste is placed into the bag. Do not wait until the bag is full to place the label on the bag.

7. **Observation:** The Medical Waste Management Plan reviewed on this day has not been completed. The sections on the second page have not been completed. The document has not been signed.
Corrective action: Within 30 days enter the missing information on the plan. Have the plan signed by a responsible person.

8. **Observation:** In the area of the designated medical waste storage where new containers are stored, three full sharps containers were stored next to the new containers.
Corrective action: Do not store medical waste in this area. Medical waste is to be stored in the appropriate area away from the new containers.

9. **Observation:** Medical waste storage containers in the interim storage areas were not tightly closed.
Corrective action: Within 30 days ensure that all storage containers in the interim medical waste storage areas have a lid and the lids are in place (tightly closed) when used to store medical waste.

Signature of Business Representative

12-9-08

Date Signed

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdedeh.org



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center

ADDRESS 555 E. Valley Parkway

CITY/ZIP Escondido, CA 92025

PAGE 5 of 5 DATE 11/10/2008
PERMIT # 114230
TIME START 8:30A END 2:00 P
BUS. CODE K65
SPECIALIST Gohres
INSPECTION CONTACT/TITLE
Dan Farrow / Dir. Plant Operations
PHONE 760-739-3000

- CUPA facility permit is posted on site. It expires 11/30/2008.
- Hazardous waste manifests for the last three years were reviewed on this day.
- Employee training per SQG requirements is adequate.
- Emergency contact information was verified during the inspection.
- New UST forms are required to be completed and submitted to the CUPA.
- The Annual Hazardous Materials Business Plan Certification needs to be completed and submitted to the CUPA.
- Strongly suggest considering the onsite treatment of the formalin waste. Review the guidance document provided.
- Non-empty aerosol cans may be managed as universal waste.

Within 30 days of receiving this final report, a Return to Compliance document is to be submitted to the CUPA to my attention. The document is required to state how the violations observed were corrected and the date they were corrected. If you have any questions concerning this inspection report, please call me at (760) 940-2953.

Jim Gohres, EHS III
Hazardous Materials Division
Department of Environmental Health

Signature of Business Representative

12-9-08

Date Signed

Director Plant ops

Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcedh.org



COUNTY OF SAN DIEGO

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

PERMIT # 114230
DATE 11/10/08
PAGE 6 OF 7

BUSINESS ADDRESS: 555 E. Valley Pky Escondido

ZIP: 92025

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC), Small Quantity Hazardous Waste Generator (SQG); Large Hazardous Waste Quantity Generator (LQG); Code 40 of Federal Regulations (CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 18 rows of violations related to HMR requirements.

HAZWASTE REQUIREMENTS FOR LOGs & SOGs

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 10 rows of violations related to HAZWASTE LOGs & SOGs.

HAZWASTE REQUIREMENTS FOR SOGs ONLY

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 10 rows of violations related to SOGs ONLY.

HAZWASTE REQUIREMENTS FOR LOGs & SOGs RECORDKEEPING

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 15 rows of violations related to RECORDKEEPING.

TRAINING, CONTINGENCY PLAN & ER PROCEDURES Pursuant to 66262.34(d)(2)

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 6 rows of violations related to TRAINING, CONTINGENCY PLAN & ER PROCEDURES.

DISPOSAL AND TRANSPORTATION

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 8 rows of violations related to DISPOSAL AND TRANSPORTATION.

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

Table with 2 columns: Viol #, V VIOLATION DESCRIPTION. Contains 6 rows of violations related to HAZARDOUS WASTE TANK SYSTEMS.

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED 12, 9, 08

TITLE OF BUSINESS REPRESENTATIVE Director Plant ops



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT # 114230
 DATE 11/10/08
 PAGE 7 OF 7

BUSINESS ADDRESS: 555 E. VALLEY PKY ESCONDIDO

ZIP: 92025

VIOLATION REPORT: *The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.*

STORAGE AND LABELING

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4201 UPF Permit not obtained. 117705, 68.905
8	<input checked="" type="checkbox"/>	V4202 Medical Waste (MW) not separated from other waste at point of origin. 118275
	<input type="checkbox"/>	V4203 Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
	<input type="checkbox"/>	V4204 MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
	<input type="checkbox"/>	V4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/>	V4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/>	V4207 Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
	<input type="checkbox"/>	V4208 Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)
6	<input checked="" type="checkbox"/>	V4209 Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205, 68.1206
	<input type="checkbox"/>	V4210 MW not stored in approved and properly marked red bags. 118275
	<input type="checkbox"/>	V4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
9	<input checked="" type="checkbox"/>	V4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
	<input type="checkbox"/>	V4213 Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)
	<input type="checkbox"/>	V4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/>	V4215 Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
	<input type="checkbox"/>	V4306 Full sharps container stored >30 days at >0°C. 118285(c)
	<input type="checkbox"/>	V4307 Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
	<input type="checkbox"/>	V4308 Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
	<input type="checkbox"/>	V4309 MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 ft. 118307, 118310
	<input type="checkbox"/>	V4310 MW Interim storage area not properly secured. 118307

TREATMENT AND DISPOSAL

	<input type="checkbox"/>	V4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/>	V4252 Standardized written operating procedures for steam sterilization not available. 118215(2)(A)
	<input type="checkbox"/>	V4253 Recording thermometer not calibrated annually. 118215(2)(B)
	<input type="checkbox"/>	V4254 No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	<input type="checkbox"/>	V4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)
	<input type="checkbox"/>	V4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	<input type="checkbox"/>	V4257 Onsite steam sterilization did not reach 121°C/250 °F for 30 minutes. 118215(2)(B)
	<input type="checkbox"/>	V4258 Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215(2)(E)
	<input type="checkbox"/>	V4259 Disposal of untreated MW to an unauthorized point. 118340

TRANSPORTATION REQUIREMENTS

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4260 Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025
	<input type="checkbox"/>	V4304 No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118025, 118030(a)(1)
	<input type="checkbox"/>	V4305 LQHE not renewed annually as required. 118030(b)
	<input type="checkbox"/>	V4311 Medical Waste tracking documents not in vehicle transporting MW. 118040(c)
	<input type="checkbox"/>	V4312 MW tracking documents/logs not maintained for 3 years for LQHE. 118040(a)

SMALL QTY. GENERATORS ONLY (<200 lbs/mo) MW)

	<input type="checkbox"/>	V4301 Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	<input type="checkbox"/>	V4302 Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)
	<input type="checkbox"/>	V4303 Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945(b)
	<input type="checkbox"/>	V4309 MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (≥ 200 pounds of waste generated per month)

7	<input checked="" type="checkbox"/>	V4351 MWMP not submitted to HMD (initial/updates). 117960, 117970
	<input type="checkbox"/>	V4352 Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
	<input type="checkbox"/>	V4353 Did not retain on file disposal receipts/tracking documents for at least 3yrs. for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

	<input type="checkbox"/>	V4401 Chemo waste not segregated from other MW. 118275(e)
	<input type="checkbox"/>	V4402 Chemo waste container not properly labeled. 118275(e)
	<input type="checkbox"/>	V4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/>	V4411 Pathology waste not segregated from other MW. 118275(f)
	<input type="checkbox"/>	V4412 Pathology waste container not properly labeled. 118275(f)
	<input type="checkbox"/>	V4413 Illegal disposal of pathology waste. 118340
	<input type="checkbox"/>	V4421 Pharmwaste not segregated from other MW. 118275(g)
	<input type="checkbox"/>	V4422 Pharmwaste not properly labeled. 118275(g)
	<input type="checkbox"/>	V4423 Pharmwaste stored >90 days when container full, or stored longer than one year (max. allowable time). 118280(e)
	<input type="checkbox"/>	V4432 Illegal disposal of pharmwaste. 118340, 118222(b)
	<input type="checkbox"/>	V4441 Illegal disposal of photo/hazwaste to sewer/trash. 25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

	<input type="checkbox"/>	V4501 Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	<input type="checkbox"/>	V4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/>	V4503 Condition(s) of the MW treatmt. permit violated. 65623

SIGNATURE OF BUSINESS REPRESENTATIVE

12/9/08
DATE SIGNED

Owner Plus ops
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE 1 OF DATE 11/10/08PERMIT # 114230TIME START 8³⁰ END 2⁰⁰BUS. CODE K65SPECIALIST Gohres

INSPECTION CONTACT/TITLE

Dan Farrow Dir. FacilitiesPHONE: (760) 739-3000

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E. Valley Pkwy
 CITY/ZIP Escondido 92025

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

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

Y	N/A	Consent to inspect granted by: <input checked="" type="checkbox"/> Inspection Contact	<input type="checkbox"/> Other:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unified Program Facility Permit current and available	Y	N/A	Permit Expires on: <u>9/30/09</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Business Plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contingency Plan available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee training is adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee training records available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste disposal records available for review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal waste managed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency contacts current <input type="checkbox"/> Updated today	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers <input type="checkbox"/> closed <input type="checkbox"/> labeled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical inventory current <input type="checkbox"/> Updated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste containers in good condition

Routine Compliance Inspection
Annual UST Monitoring System Certification

Summary of observations

1. USED oil containers not labeled or labels in good condition.
2. Start Date not entered on all labels.
3. Empty containers not dated.
4. ~~Mail~~ photo copies of Manifests to DTSC.
5. Complete Medical Waste Mgmt. Plan.
6. Don't mix medical waste with new containers.
7. Main Haz Waste Storage - Mix medical waste & Hazardous Materials.
8. Identify contents of 30-gal. Black container.
9. Large red bags require generator label when first used.
10. Label RCRA waste container in pharmacy.
11. Ensure lids are tightly closed in intermediate storage.

A Final Report will be issued within 14 days.

This is an annual certification that the Hazardous Materials Business Plan (inventory & site map, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative

Dan Farrow

Signature of Business Representative

11/10/2008

Date Signed

Director Plant Operations

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

Phone: (619) 338-2222 Fax: (619) 338-2377 1-800-253-9933 <http://www.sdcdelh.org>



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

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - FACILITY PAGE

(One page per site) Page of

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENT FACILITY CLOSURE
	<input checked="" type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE	<input type="checkbox"/> 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY	FACILITY ID #	3 7 -- 0 0 0 - 1 1 4 2 3 0	
BUSINESS NAME (Same as FACILITY NAME or DBA Using Business Act)	Palomar Medical Center		
BUSINESS SITE ADDRESS	CITY	STATE	ZIP CODE
555 East Valley Parkway	Escondido	CA	92025-
FACILITY TYPE	Is the facility located on Indian Reservation or Trust lands?		
<input type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input checked="" type="checkbox"/> 6. OTHER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME	PHONE	
Dan Farrow	(760) 739-3186 x	
MAILING ADDRESS		
555 East Valley Parkway		
CITY	STATE	ZIP CODE
Escondido	CA	92025-

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME	PHONE	
Dan Farrow	(760) 739-3186 x	
MAILING ADDRESS		
555 East Valley Parkway		
CITY	STATE	ZIP CODE
Escondido	CA	92025-

IV. TANK OWNER INFORMATION

TANK OWNER NAME	PHONE	
Dan Farrow	(760) 739-3186 x	
MAILING ADDRESS		
555 East Valley Parkway		
CITY	STATE	ZIP CODE
Escondido	CA	92025-

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to:	<input checked="" type="checkbox"/> 1. FACILITY OWNER	<input type="checkbox"/> 4. TANK OPERATOR
	<input type="checkbox"/> 3. TANK OWNER	<input type="checkbox"/> 5. FACILITY OPERATOR
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only)		

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.		
APPLICANT SIGNATURE	DATE	PHONE
	12/10/2008	(760) 737-3186 x
APPLICANT NAME (print)	APPLICANT TITLE	
Dan Farrow	Director Plant Operations	



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-243-9933**

**UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - TANK INFORMATION**

(One form per UST)

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 410

1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION

6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: _____ DATE EXISTING UST DISCOVERED: _____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) **Palomar Medical Center** FACILITY ID # **37-000-014230**

BUSINESS SITE ADDRESS **555 East Valley Parkway** CITY **Escondido** CA ZIP CODE **92025**

II. TANK DESCRIPTION

TANK ID # **10000** TANK MANUFACTURER **Joor** TANK CONFIGURATION: THIS TANK IS 1. A STAND-ALONE TANK 2. ONE IN A COMPARTMENTED UNIT.

DATE UST SYSTEM INSTALLED **1986** TANK CAPACITY IN GALLONS **10,000** NUMBER OF COMPARTMENTS IN THE UNIT **1**

III. TANK USE AND CONTENTS

TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING

3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (includes Used Oil) 5. EMERGENCY GENERATOR FUEL (HM: 325281, 9(c))

6. OTHER GENERATOR FUEL 9. UNKNOWN 99. OTHER (Specify): _____

CONTENTS PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED

3. DIESEL 5. JET FUEL 6. AVIATION GAS

8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): _____

NON-PETROLEUM: 7. USED OIL 10. ETHANOL

11. OTHER NON-PETROLEUM (Specify): _____

IV. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 9. UNKNOWN

PRIMARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER

7. STEEL INTERNAL LINING 9. UNKNOWN 99. OTHER (Specify): _____

SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKHEED

9. UNKNOWN 99. OTHER (Specify): _____

OVERFILL PREVENTION 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE

4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 1. SINGLE-WALLED 2. DOUBLE-WALLED 99. OTHER

SYSTEM TYPE 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION (23 CCR §26.76(a)(3))

PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC

9. NONE 95. UNKNOWN 99. OTHER (Specify): _____

SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC

9. NONE 95. UNKNOWN 99. OTHER (Specify): _____

PIPING/TURBINE CONTAINMENT SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 9. NONE

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

VENT PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

VR SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 9. NONE

RISER PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

RISER SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 9. NONE 99. OTHER (Specify)

FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 9. NONE

CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify)

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE: *Dan Farrow* DATE **12/10/2008**

APPLICANT NAME (print) **Dan Farrow** APPLICANT TITLE **Director Plant Operations**



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

UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - TANK INFORMATION

(One form per UST)

TYPE OF ACTION (Check one item only). For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below.
1. NEW PERMIT
2. TEMPORARY UST CLOSURE
3. RENEWAL PERMIT
4. CHANGE OF INFORMATION
5. CHANGE OF INFORMATION
6. TEMPORARY UST CLOSURE
7. UST PERMANENT CLOSURE ON SITE
8. UST REMOVAL

DATE UST PERMANENTLY CLOSED:

DATE EXISTING UST DISCOVERED:

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA (Doing Business As))

Palomar Medical Center

FACILITY ID #

3 7 - 0 0 0 - 0 1 4 2 3 0

BUSINESS SITE ADDRESS

555 East Valley Parkway

CITY

Escondido

CA ZIP CODE: 92025-

II. TANK DESCRIPTION

TANK ID #

3000

TANK MANUFACTURER

Joor

TANK CONFIGURATION. THIS TANK IS
1. A STAND-ALONE TANK
2. ONE IN A COMPARTMENTED UNIT.
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED

1986

TANK CAPACITY IN GALLONS

3,000

NUMBER OF COMPARTMENTS IN THE UNIT

III. TANK USE AND CONTENTS

TANK USE

- 1a. MOTOR VEHICLE FUELING
1b. MARINA FUELING
3. CHEMICAL PRODUCT STORAGE
4. HAZARDOUS WASTE (Includes Used Oil)
6. OTHER GENERATOR FUEL
9. UNKNOWN
1c. AVIATION FUELING
5. EMERGENCY GENERATOR FUEL (USE 229281.5(e))
99. OTHER (Specify):

CONTENTS

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

IV. TANK CONSTRUCTION

TYPE OF TANK

- 1. SINGLE WALL
2. DOUBLE WALL
9. UNKNOWN

PRIMARY CONTAINMENT

- 1. STEEL
3. FIBERGLASS
6. INTERNAL BLADDER
9. UNKNOWN
99. OTHER (Specify):

SECONDARY CONTAINMENT

- 1. STEEL
3. FIBERGLASS
6. EXTERIOR MEMBRANE LINER
7. JACKETED
9. UNKNOWN
99. OTHER (Specify):

OVERFILL PREVENTION

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

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION

- 1. SINGLE-WALLED
2. DOUBLE-WALLED
9. OTHER

SYSTEM TYPE

- 1. PRESSURE
2. GRAVITY
3. CONVENTIONAL SUCTION
4. SAFE SUCTION (23 CFR 320.36(a)(3))
9. NONE
95. UNKNOWN
8. FLEXIBLE
10. RIGID PLASTIC

PRIMARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
9. OTHER (Specify):

SECONDARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
8. FLEXIBLE
10. RIGID PLASTIC
9. NONE
95. UNKNOWN
99. OTHER (Specify):

PIPING/TUBING CONTAINMENT SUMP TYPE

- 1. SINGLE WALL
2. DOUBLE WALL
9. NONE

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

VENT PRIMARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

VENT SECONDARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

VR PRIMARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

VR SECONDARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

VENT PIPING TRANSITION SUMP TYPE

- 1. SINGLE WALL
2. DOUBLE WALL
9. NONE

RISER PRIMARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

RISER SECONDARY CONTAINMENT

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
9. NONE
99. OTHER (Specify):

FILL COMPONENTS INSTALLED

- 1. SPILL BUCKET
3. STRIKER PLATE/BOTTOM PROTECTOR
4. CONTAINMENT SUMP

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE

- 1. SINGLE WALL
2. DOUBLE WALL
3. NO DISPENSERS
9. NONE

CONSTRUCTION MATERIAL

- 1. STEEL
4. FIBERGLASS
10. RIGID PLASTIC
99. OTHER (Specify):

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION

- 2. SACRIFICIAL ANODE(S)
4. IMPRESSED CURRENT
6. ISOLATION

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE

[Signature]

DATE 12/10/2008

APPLICANT NAME (print) Dan Farrow

APPLICANT TITLE Director Plant Operations



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
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**UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 1 of 2)**

TYPE OF ACTION 1. NEW PLAN 2. CHANGE OF INFORMATION

PLAN TYPE 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-1

(Check one item only) 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S)(specify): 490-2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) Palomar Medical Center 3 FACILITY ID # 103

BUSINESS SITE ADDRESS 555 East Valley Parkway 104 CITY Escondido 105 ZIP CODE CA 92025-

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

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

MONITORING EQUIPMENT IS SERVICED 1. ANNUALLY 99. OTHER (Specify): 490-2a

III. MONITORING LOCATIONS

1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN. 490-3a

2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634) 490-3b

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNUAL (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2632, 2634) 490-4

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

PANEL MANUFACTURER: Pneumercator 490-7 MODEL #: TMS 2000 490-8

LEAK SENSOR MANUFACTURER: Pneumercator 490-9 MODEL #(S): LS600 490-10

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

PANEL MANUFACTURER: 490-12 MODEL #: 490-11

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

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

d. MONTHLY c. OTHER (Specify): 490-17

PROGRAMMED TESTS: a. 0.1 g.p.h. b. 0.2 g.p.h. c. OTHER (Specify): 490-18

3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1) 490-19

4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645); TESTING PERIOD: a. 36 HOURS b. 60 HOURS 490-20

5. TANK INTEGRITY TESTING (23 CCR §2643.1); TEST FREQUENCY: a. ANNUALLY b. BIENNIALY c. OTHER (Specify): 490-21

99. OTHER (Specify): 490-22

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

1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS (23 CCR §2636) 490-23

SECONDARY CONTAINMENT IS: a. DRY b. LIQUID FILLED c. PRESSURIZED d. UNDER VACUUM 490-29

PANEL MANUFACTURER: Pneumercator 490-30 MODEL #: TMS 2000 490-31

LEAK SENSOR MANUFACTURER: Pneumercator 490-32 MODEL #(S): LS600 490-33

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

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

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

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

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

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

PROGRAMMED IN LINE LEAK TEST: 1. MINIMUM MONTHLY 0.2 g.p.h. 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. a. YES b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. a. YES b. NO 490-44

4. PIPE INTEGRITY TESTING: TEST FREQUENCY a. ANNUALLY b. EVERY 3 YEARS c. OTHER (Specify): 490-46, 490-47

5. VISUAL PIPE MONITORING: FREQUENCY a. DAILY b. WEEKLY c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-48, 490-49

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

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

99. OTHER (Specify): 490-52, 490-53



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

This plan has been reviewed and is:
 Approved Approved with conditions*
 Date: 12/10/08
 Specialist: [Signature]
 (Local Agency Signature) *conditions on back

**UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)**

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD:

1. CONTINUOUS ELECTRONIC MONITORING 2. FLOAT AND CHAIN ASSEMBLY 3. ELECTRONIC STAND-ALONE

4. NO DISPENSERS 99. OTHER (Specify):

PANEL MANUFACTURER: _____ MODEL #: _____

LEAK SENSOR MANUFACTURER: _____ MODEL #(S): _____

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS a. YES b. NO

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN a. YES b. NO

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN a. YES b. NO

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER a. YES b. NO

2. UDC CONSTRUCTION IS 1. SINGLE-WALLED 2. DOUBLE-WALLED

IF DOUBLE WALLED:
 UDC INTERSTITIAL SPACE IS MONITORED BY: 1. LIQUID 2. PRESSURE 3. VACUUM

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

VII. PERIODIC SYSTEM TESTING

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

2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS

3. SPILL BUCKETS ARE TESTED ANNUALLY.

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

Alarm logs Visual Inspection Records

Tank integrity testing results SIR testing results (and supporting documentation records)

Tank gauging results (and supporting documentation records) ATG Testing results (and supporting documentation records)

Corrosion Protection 60-day logs Equipment maintenance and calibration records

IX. TRAINING

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)

OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)

CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS

CALIFORNIA UNDERGROUND STORAGE TANK LAW

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

SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"

OTHER (Specify): _____

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

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

X. COMMENTS/ADDITIONAL INFORMATION

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

XI. PERSONNEL RESPONSIBILITIES

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

The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME: Matthew Bryant	TITLE: UTS service technician
NAME:	TITLE:

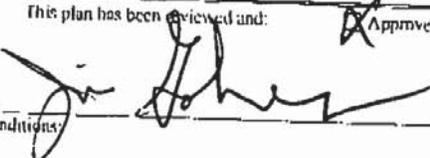
XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE: [Signature] DATE: 12/10/2008

REPRESENTING 1. Tank Owner/Operator 2. Facility Owner/Operator 3. Authorized Representative of Owner

APPLICANT NAME (print): Dan Farrow APPLICANT TITLE: Director Plant Operations

Agency Use Only	This plan has been reviewed and:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved With Conditions
Local Agency Signature:			Date: 12, 10, 08
Comments or Special Conditions:			

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This Monitoring Plan must be kept at the UST location at all times. The elements of this Monitoring Plan constitute conditions of the UST Operating Permit. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that you are required to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT – Indicate the method used for UDC monitoring.
 490-54b. SPECIFY – If 99 "Other" is checked, describe other method used.
 If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.
- 490-55. PANEL MANUFACTURER – Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
 490-56. MODEL # – Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- 490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).
 490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
 490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS – Indicate Yes or No
 490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN – Indicate Yes or No
 490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – Indicate Yes or No
 490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER – Indicate Yes or No.
 490-63. UDC CONSTRUCTION – Indicate if the construction of the UDC is single-walled, or double-walled.
 490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING – Indicate what is used to monitor the interstitial space.
 490-64b. LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS – Indicate Yes or No
 490-65. VII-1 ELD TESTING – Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- 490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.
- 490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.
 490-68a-h. VIII RECORDKEEPING – Indicate which monitoring and equipment maintenance records are maintained for this facility.
 490-69a. IX TRAINING STATEMENT – Check the box to verify that the statement is true.
 REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility.
 Note that the first two items on the list must be kept at the facility.
- 490-69b. MONITORING PLAN – Indicate that this plan is kept as a reference document.
 490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT – Indicate that this plan is kept as a reference document.
 490-69d. CA UST REGULATIONS – Indicate that this is kept as a reference document.
 490-69e. CA UST LAW – Indicate that this is kept as a reference document.
 490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION – "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION – Indicate that this is kept as a reference document.
 490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" – Indicate that this is kept as a reference document.
 490-69h. OTHER – Indicate that other reference documents are kept.
 490-69i. SPECIFY-IF "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
- 490-70. DESIGNATED OPERATOR TRAINING – Check this box to verify that this statement is true.
 490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
 490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
 490-73. TITLE – Enter the title of the person.
 490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
 490-75. TITLE -- Enter the title of the second person.
- OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
- 490-76. REPRESENTING – Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
 490-77. DATE – Enter the date the plan was signed.
 490-78. APPLICANT NAME – Print or type the name of the person signing the plan.
 490-79. APPLICANT TITLE – Enter the title of the person signing the plan.



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UNDERGROUND STORAGE TANK
RESPONSE PLAN - PAGE 2

(One form per facility)

VI. REPORTING AND RECORD KEEPING

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

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

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

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

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

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

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

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

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

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

VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE: 	DATE: 12/10/2008	R70
-------------------------------	---------------------	-----

OWNER/OPERATOR NAME (print) Dan Farrow	R71	OWNER/OPERATOR TITLE Director Plant Operations	R72
---	-----	---	-----

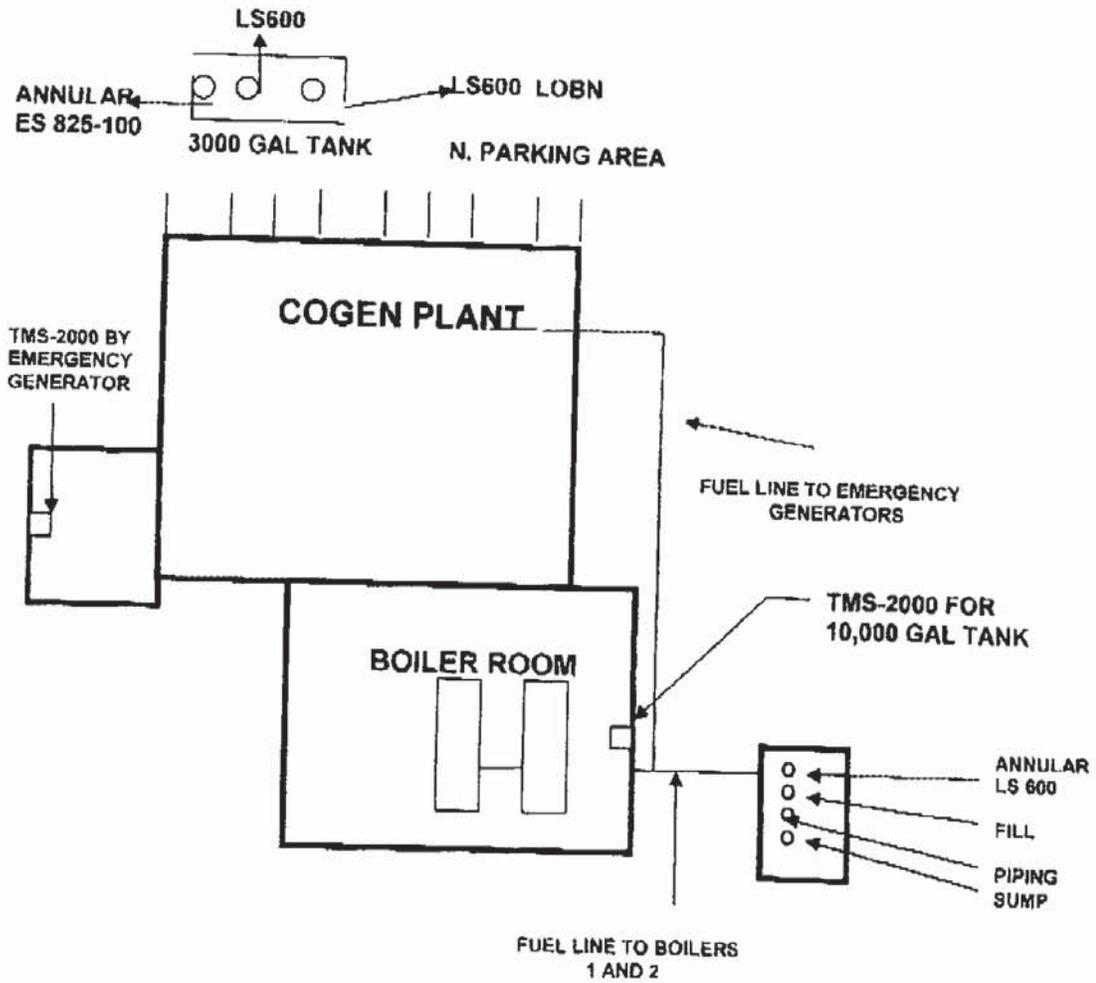
(Agency Use Only) This plan has been reviewed and is: Approved Approved With Conditions* Disapproved

Local Agency Signature: Date: 12/10/08

*Conditions of approval (if any):

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

Site Name PALOMAR MEDICAL CENTER Permit No. _____
Site Address 555 E. VALLEY PARKWAY, ESCONDIDO CALIF. 92025



DRAWN DATE 12-09-08

Operating Permit Issued on 12/12/2008
 Operating Permit Expires on: 12/11/2013
 Reference Number: 1058



San Diego County

Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMIT

UST Facility Name: PALOMAR MEDICAL CENTER Site Address: 555 E VALLEY PY, ESCONDIDO, 92025-3048
 Tank Owner's Name: PALOMAR POMERADO HOSPITAL DI
 Tank Operator's Name: PALOMAR MEDICAL CENTER

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1.	23489	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCTION AND/OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL
2.	23490	Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCTION AND/OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL

Total Number of Operating Permitted Tanks: 2

For Palomar Pomerado Health
Corp. Office: 15255 Innovation Drive
San Diego, CA 92128

114230

**REQUEST FOR LIMITED QUANTITY HAULING
EXEMPTION FOR MEDICAL WASTE**

Permit #: 114230
Persons transporting waste: 6
Processed in KVA on: 10/2/07
By: KAW

Name of establishment where waste is generated*: Community Flu clinics and health screenings in SD County.
Address: _____
Phone Number: (858) 675-5372 Contact Person: Mary Coalson

* For home health care providers, list the name of the consolidating facility here.

MEDICAL WASTE INFORMATION

- 1 Description of medical waste to be transported. Check all that apply:
- Sharps Culture plates Blood tubing Dressings Tissue waste
 Other _____
- 2 Quantity of Medical Waste generated weekly: < 20 lbs.

TRANSPORTATION INFORMATION

- 3 Quantity of Medical Waste transported at any one time: < 20 lbs.
- 4 Address where medical waste is transported to:
15615 Pomerado Road Poway CA 92064
Street Number Street Name City Zip Code
- 5 Unified Program Facility Permit number where medical waste is transported to: HK07-114230
- 6 Is Medical Waste Mgmt. Plan or equivalent documentation available on file in the generator's office? Yes No
- 7 List each employee who will be transporting the medical waste:
Mary Coalson Cathy Blazek
Kathy Pion Debra Schmuttermair
Christine Gleason Kay Kimball

(Attach a separate sheet with additional names if necessary)

CERTIFICATION

I am aware that I must maintain a properly completed entry log when transporting medical waste for treatment or disposal. I am requesting a Limited Quantity Hauling Exemption to transport medical waste. All medical waste will be handled and disposed of as required in the Medical Waste Management Act. NOTE: Fee is no longer required with this application. Fees will be added to your Unified Program Facility Permit billing/renewal invoice.

PRINT NAME: Mary Coalson TITLE: Health Education Specialist
SIGNATURE: Mary Coalson DATE: 9/21/07

GRANTED DENIED

This exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Act. If you have any questions, please contact the Hazardous Materials Division at (619) 338-2222.

Michelle Davis
Environmental Health Specialist

09, 26, 07
Date



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

ENTERED OCT 29 2007

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

PAGE 1 of 6
 EST. NO. 114230
 DATE 09/19/2007
 TIME START 11:00 am END
 BUS. CODE K65
 SPECIALIST Michelle Chairs
 CONTACT Dan Farrow
 TITLE Plant Operations Director
 PHONE 760-739-3000

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

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

- | | |
|---|--|
| Y N/A | Y N/A |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Unified Program Facility Permit current and available | Permit Expires on: 9/ 30/08 |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Hazardous Materials Business Plan available | <input checked="" type="checkbox"/> <input type="checkbox"/> Contingency Plan available |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Employee Training is adequate | <input type="checkbox"/> <input checked="" type="checkbox"/> Employee Training records available |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Waste disposal records available for review | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers kept closed |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Emergency contacts current <input checked="" type="checkbox"/> Updated today | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers kept labeled |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Chemical inventory current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers in good condition |
| <input type="checkbox"/> All violations noted on this compliance inspection report were corrected during this inspection. | |

Routine Inspection was performed with Dan Farrow - Plant Operations Director.
 Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection.
 UST OP PERMIT EXPIRES: 12/12/2008.

Applicable Violation Checklists and Return to Compliance form is attached.

Notice To Comply

RECEIVED OCT 02 2007

OBSERVATION - Financial assurance not available.
VIOLATION 3105 - Documentation showing evidence of financial responsibility is not available. HSC 25292.2
NOTICE TO COMPLY - Submit, within 30 days to my attention, documents showing evidence of financial responsibility.

OBSERVATION - Designated operator monthly inspection reports not available for 8/06, 9/06, 7/07, & 8/07.
VIOLATION 3192 - Designated operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715(c)(d)(e)
NOTICE TO COMPLY - Complete forms each month per instructions (for each sump, tank, and dispenser by designated operator for facility. Submit to my attention within 30 days.

Emailed to facility on 9/25/07

 Signature of Business Representative

 Date Signed

Dan Farrow

 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE	2 of 6
EST. NO.	114230
DATE	09/19/2007
TIME START	11:00 am END
BUS. CODE	K65
SPECIALIST	Michelle Chairs
CONTACT	Dan Farrow
TITLE	Plant Operations Director
PHONE	760-739-3000

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

OBSERVATION - Copies of manifests signed by the TSDF are not available for the manifest dated 2/07/07.

VIOLATION 0138 - Generator has not maintained the required signed copy of the hazardous waste manifest from the TSD facility on site for review. CCR 66262.40
NOTICE TO COMPLY - Maintain copies of the completed manifest on file for at least 3 years.

OBSERVATION - Red bags (ER) and sharps container (morgue) storing medical waste without generator identification labeling.

VIOLATION 4209 - Containers storing medical waste are not properly labeled as required. 68.1205

NOTICE TO COMPLY - Immediately label red bags and sharps containers in-use with facility name, address and phone number.

OBSERVATION - Overfilled red bags (lab countertops) not tied off.

VIOLATION 4211 - Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280

NOTICE TO COMPLY - Tie off red bags to prevent leakage/expulsion of contents during handling and storage.

OBSERVATION - Medical Waste Management Plan not submitted to HMD.

VIOLATION 4351 - Medical Waste Management Plan not submitted to HMD (initial/updates). 117950, 117960, 117970

NOTICE TO COMPLY - Provide a copy of a Medical Waste Management Plan to the address below within 30 days.

OBSERVATION - Chemo waste container did not have proper labels

VIOLATION 4402 - Chemo waste container not properly labeled. 118275

NOTICE TO COMPLY - Label Chemo waste immediately.

OBSERVATION - Pharmwaste waste storage for greater than 90 days (3rd flr. Med. Rm.) dated 3/06..

VIOLATION 4423 - Pharmwaste waste storage for greater than 90 days. 118340

NOTICE TO COMPLY - Immediately collect Pharmwaste waste for proper disposal.

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

Emailed to facility on 9/25/07

Signature of Business Representative

Date Signed

Dan Farrow

Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

PAGE	<u>3 of 6</u>
EST. NO.	<u>114230</u>
DATE	<u>09/19/2007</u>
TIME START	<u>11:00 am</u> END
BUS. CODE	<u>K65</u>
SPECIALIST	Michelle Chairs
CONTACT	Dan Farrow
TITLE	<u>Plant Operations Director</u>
PHONE	<u>760-739-3000</u>

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO
 MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 151 Carmel Street PHONE (760)940-2854
 SAN MARCOS, CA 92078 FAX (760)940-2853

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

 Initials of Business Representative

Emailed to facility on 9/25/07

 Signature of Business Representative

 Date Signed

Dan Farrow

 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230

DATE: 09/19/07

PAGE: 4 OF 6

BUSINESS ADDRESS:

ZIP:

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

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

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

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #					
		NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overfill protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 25291(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				

Emailed to facility on 9/25/07

Signature of Business Representative

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

Date Signed

Title of Business Representative

Dan Farrow

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



COUNTY OF SAN DIEGO

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

PERMIT # 114230

DATE 09/19/2007

PAGE 5 OF 6

BUSINESS ADDRESS:

ZIP:

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 8.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR). All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
	<input type="checkbox"/>	1001 UPF permit not obtained for hazardous materials. 68.905
	<input type="checkbox"/>	1002 HMBP not established/implemented. 25503.5(a)
	<input type="checkbox"/>	1004 HMBP not submitted to HMD. 25505(a)
	<input type="checkbox"/>	1005 Emergency contact not provided or current. 25509(a)(7)
	<input type="checkbox"/>	1007 Highly toxic gas (TLV≤10 ppm) not disclosed.68.1113(b)
	<input type="checkbox"/>	1008 Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
	<input type="checkbox"/>	1009 Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
	<input type="checkbox"/>	1010 Did not report release or threatened release. 25507(a), CCR 2703
	<input type="checkbox"/>	1013 Copy of HMBP not onsite for inspector's review. 25505(e)
	<input type="checkbox"/>	1014 HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
	<input type="checkbox"/>	1015 Did not have adequate employee training program 2732 &/or 25504 (c)
	<input type="checkbox"/>	1016 Failure to have an adequate emergency response plan 25504 (b); 2731
	<input type="checkbox"/>	1017 Business Plan not certified annually. 25505(d) & (e)(2)
	<input type="checkbox"/>	1018 Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
	<input type="checkbox"/>	0216 Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
	<input type="checkbox"/>	0217 Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
	<input type="checkbox"/>	0218 Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 and 66266.130(c)(3)
	<input type="checkbox"/>	0219 Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
	<input type="checkbox"/>	0220 Spent lead acid batteries not properly managed. 66266.81
	<input type="checkbox"/>	0221 Failed to comply with satellite regulations. 66262.34(e)
	<input type="checkbox"/>	0222 Failed to properly label ERM. 25143.9(a)
	<input type="checkbox"/>	0223 Failed to properly manage non-empty container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
	<input type="checkbox"/>	0224 Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(c) & (f).

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

	<input type="checkbox"/>	0131 Unified Program Facility (UPF) permit not obtained. SDCC 68.905
	<input type="checkbox"/>	0132 Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
	<input type="checkbox"/>	0133 Failed to send manifest copy to DTSC. 66262.23(a)(4)
	<input type="checkbox"/>	0134 Failed to file Exception Report with DTSC. 66262.42
	<input type="checkbox"/>	0135 Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
	<input type="checkbox"/>	0136 Did not have records of battery disposal. 66266.81(a)(4)(B)
	<input type="checkbox"/>	0137 Failed to complete manifest properly. 66262.23(a)
3	<input checked="" type="checkbox"/>	0138 Failed to have TSDF copy of manifest onsite. 66262.40(a)
	<input type="checkbox"/>	0140 Failed to have LDR documentation onsite. 66268.7(a)(8)
	<input type="checkbox"/>	0141 Failed to obtain approval for TSDF. 25201(a)
	<input type="checkbox"/>	0142 Failed to notify CUPA for eligible onsite treatment. 25201(a)
	<input type="checkbox"/>	0145 ERM reporting not submitted biennially &/or available. 25143.10
	<input type="checkbox"/>	0146 Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
	<input type="checkbox"/>	0147 Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
	<input type="checkbox"/>	0148 Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
	<input type="checkbox"/>	0149 Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

	<input type="checkbox"/>	0225 Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
	<input type="checkbox"/>	0226 Did not accumulate waste in container or tank. 66262.34 (d)(2)
	<input type="checkbox"/>	0227 Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
	<input type="checkbox"/>	0228 Failed to keep container closed. CFR 265.173
	<input type="checkbox"/>	0229 Failed to conduct weekly inspections. CFR 265.174
	<input type="checkbox"/>	0230 Failed to maintain aisle space. CFR 265.35
	<input type="checkbox"/>	0231 Failed to properly separate incompatible wastes. CFR 265.177
	<input type="checkbox"/>	0232 Waste accumulated in a container in poor condition. CFR 265.171
	<input type="checkbox"/>	0233 Failed to use a lined/compatible container. CFR 265.172.
	<input type="checkbox"/>	0234 Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

	<input type="checkbox"/>	0407 Employee training program not adequate. CFR 262.34(d)(5)(iii)
	<input type="checkbox"/>	0408 Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
	<input type="checkbox"/>	0409 Spill/fire control equip not available. CFR 265.32(c)
	<input type="checkbox"/>	0410 Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
	<input type="checkbox"/>	0411 Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
	<input type="checkbox"/>	0412 Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	0301 Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
	<input type="checkbox"/>	0302 Unlawful transportation of hazardous waste (HW). 25163(a)
	<input type="checkbox"/>	0303 Did not use HW manifest for disposal.66262.20(a), 25160.2(b)9
	<input type="checkbox"/>	0304 Failed to make a proper waste determination. 66262.11 & 66260.200(c)
	<input type="checkbox"/>	0305 Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
	<input type="checkbox"/>	0306 Disposed of latex paint illegally. 25217.1
	<input type="checkbox"/>	0307 Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
	<input type="checkbox"/>	0308 Impermissible dilution of hazardous waste. 66268.3(a)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

	<input type="checkbox"/>	1612 Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
	<input type="checkbox"/>	1613 Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
	<input type="checkbox"/>	1614 Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
	<input type="checkbox"/>	1615 Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
	<input type="checkbox"/>	1616 Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

Emailed to facility on 9/25/07

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

Dan Farrow

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 09/19/2007

PAGE 6 OF 6

BUSINESS ADDRESS: _____ **ZIP:** _____
VIOLATION REPORT: *The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.*
All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

STORAGE AND LABELING

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4201 UPF Permit not obtained. 117705, 68.905
	<input type="checkbox"/>	V4202 Medical Waste (MW) not separated from other waste at point of origin. 118275
	<input type="checkbox"/>	V4203 Enclosure or designated accumulation area for MW containers not secured. 118307, 118310
	<input type="checkbox"/>	V4204 MW designated accumulation area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
	<input type="checkbox"/>	V4205 Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
	<input type="checkbox"/>	V4206 Spill of MW not properly cleaned up. 118300
	<input type="checkbox"/>	V4207 Sharps not stored in approved and properly marked sharps container. 118285(a)(d)
	<input type="checkbox"/>	V4208 Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285(b)
4	<input checked="" type="checkbox"/>	V4209 Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205
	<input type="checkbox"/>	V4210 MW not stored in approved and properly marked red bags. 118275
5	<input checked="" type="checkbox"/>	V4211 Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280(a)
	<input type="checkbox"/>	V4212 Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280(b)
	<input type="checkbox"/>	V4213 Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280(b)
	<input type="checkbox"/>	V4214 Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
	<input type="checkbox"/>	V4215 Frozen (0C/32 F) MW stored >90 days. 118280(d)(2)
	<input type="checkbox"/>	V4306 Full sharps container stored >30 days at >0°C. 118285(c)
	<input type="checkbox"/>	V4307 Red bag waste stored >7 days at >0°C (for generators of >20lbs/month). 118280(d)(1)(A)
	<input type="checkbox"/>	V4308 Red bag waste stored >30 days at >0°C (for generators of <20lbs/month). 118280(d)(1)(B)
	<input type="checkbox"/>	V4219 MW interim storage area not marked with warning sign or a biohazard symbol legible from 5 ft. 118307, 118310
	<input type="checkbox"/>	V4220 MW Interim storage area not properly secured. 118307

TREATMENT AND DISPOSAL

	<input type="checkbox"/>	V4251 MW treated by unapproved method/procedure. 118215
	<input type="checkbox"/>	V4252 Standardized written operating procedures for steam sterilization not available. 118215(2)(A)
	<input type="checkbox"/>	V4253 Recording thermometer not calibrated annually. 118215(2)(B)
	<input type="checkbox"/>	V4254 No records of annual thermometer calibration checks onsite for at least the past 3 years. 118215(2)(B)
	<input type="checkbox"/>	V4255 Heat-sensitive tape/other approved method not used for each load treated onsite. 118215(2)(C)
	<input type="checkbox"/>	V4256 Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215(2)(D)
	<input type="checkbox"/>	V4257 Onsite steam sterilization did not reach 121°C/250 °F for 30 minutes. 118215(2)(B)
	<input type="checkbox"/>	V4258 Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215(2)(E)
	<input type="checkbox"/>	V4259 Disposal of untreated MW to an unauthorized point. 118340

TRANSPORTATION REQUIREMENTS

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V4260 Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025
	<input type="checkbox"/>	V4304 No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118025, 118030(a)(1)
	<input type="checkbox"/>	V4305 LQHE not renewed annually as required. 118030(b)
	<input type="checkbox"/>	V4311 Medical Waste tracking documents not in vehicle transporting MW. 118040(c)
	<input type="checkbox"/>	V4312 MW tracking documents/logs not maintained for 3 years for LQHE. 118040(a)

SMALL QTY. GENERATORS ONLY (<200 lbs/mo) MW)

	<input type="checkbox"/>	V4301 Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
	<input type="checkbox"/>	V4302 Did not maintain and show proof of "onsite" medical waste treatment records for 3 yrs. 117943, 118215(2)(E)
	<input type="checkbox"/>	V4303 Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945(b)
	<input type="checkbox"/>	V4309 MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (≥ 200 pounds of waste generated per month)

6	<input checked="" type="checkbox"/>	V4351 MWMP not submitted to HMD (initial/updates). 117960, 117970
	<input type="checkbox"/>	V4352 Records of MW treatment not available for 3 years. 117975, 118215(2)(E)
	<input type="checkbox"/>	V4353 Did not retain on file disposal receipts/tracking documents for at least 3yrs. for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

	<input type="checkbox"/>	V4401 Chemo waste not segregated from other MW. 118275(e)
	<input checked="" type="checkbox"/>	V4402 Chemo waste container not properly labeled. 118275(e)
	<input type="checkbox"/>	V4403 Illegal disposal of chemo waste. 118340
	<input type="checkbox"/>	V4411 Pathology waste not segregated from other MW. 118275(f)
	<input type="checkbox"/>	V4412 Pathology waste container not properly labeled. 118275(f)
	<input type="checkbox"/>	V4413 Illegal disposal of pathology waste. 118340
	<input type="checkbox"/>	V4421 Pharm waste not segregated from other MW. 118275(g)
	<input type="checkbox"/>	V4422 Pharm waste not properly labeled. 118275(g)
8	<input checked="" type="checkbox"/>	V4423 Pharm waste stored >90 days when container full, or stored longer than one year (max. allowable time). 118280(e)
	<input type="checkbox"/>	V4432 Illegal disposal of pharm waste. 118340, 118222(b)
	<input type="checkbox"/>	V4441 Illegal disposal of photo/hazwaste to sewer/trash. 25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

	<input type="checkbox"/>	V4501 Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118135, 65620, 65623
	<input type="checkbox"/>	V4502 Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
	<input type="checkbox"/>	V4503 Condition(s) of the MW treatmt. permit violated. 65623

Emailed to facility on 9/25/07

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

Dan Farrow

TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE	1 of 4
EST. NO.	114230
DATE	09/19/2007
TIME START	11:00 am END
BUS. CODE	K65
SPECIALIST	Michelle Chairs
CONTACT	Dan Ferrett Farrow
TITLE	Facility Manager
PHONE	760-739-3000

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

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

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

- | | |
|--|--|
| Y N/A | Y N/A |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Unified Program Facility Permit current and available | Permit Expires on: 9/ 30/08 |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Hazardous Materials Business Plan available | <input checked="" type="checkbox"/> <input type="checkbox"/> Contingency Plan available |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Employee Training is adequate | <input type="checkbox"/> <input checked="" type="checkbox"/> Employee Training records available |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Waste disposal records available for review | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers kept closed |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Emergency contacts current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers kept labeled |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Chemical inventory current <input type="checkbox"/> Updated today | <input checked="" type="checkbox"/> <input type="checkbox"/> Waste containers in good condition |
| <input type="checkbox"/> All violations noted on this compliance inspection report were corrected during this inspection. | |

Routine Inspection was performed with Dan ^{Farrow}~~Perrell~~ - Facility Mgr.
 Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection.
 UST OP PERMIT EXPIRES: 12/12/2008.

Applicable Violation Checklists and Return to Compliance form (if needed) will be provided at the end of inspection.

A follow-up Compliance Inspection Report (if needed) detailing applicable violations and corrective action recommendations will be forwarded to business.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO
 MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 151 Carmel Street PHONE (760)940-2854
 SAN MARCOS, CA 92078 FAX (760)940-2853

<input checked="" type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	 _____ Initials of Business Representative
--	--

 _____ Signature of Business Representative	9/19/2007 _____ Date Signed	Director Plant Ops _____ Title of Business Representative
---	-----------------------------------	---

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230DATE: 09/19/07PAGE: 2 OF 4

BUSINESS ADDRESS: _____

ZIP: _____

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

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOLATION DESCRIPTION			
Viol # NOV	UST SYSTEM RECORDS	VIOL	V	Viol # NOV	FILE RECORDS	VIOL	V
	Current UPF permit not obtained/not available. 25284; 68.905, 68.1003, 68.1005	3101			Secondary containment testing not done at 6/36 months and/or not sent to CUPA within 30 days. 25284.1; 2637(a)&(e)	3114	
	Current Operating Permit not available at facility. 25284(a), 25286(a); 2712 (i); 68 1003	3102			Secondary containment testing not completed (passed) for all components &/or repairs to secondary containment components not completed. 25284.1, 25291(a)(2); 2637	3115	
	All permit operating conditions not met 25284; 2712	3158			All releases not recorded and/or reported. 25294, 25295; 2650, 2651, 2652	3151	
	UST repair/modify/closure permit not obtained. 68.1004, 68.1005, 68.1009.5	3103			All maintenance/monitoring/calibration/ repair records not available. 25293; 2712 (b)	3152	
	CUPA UST form(s) A &/or B not available/completed/ submitted to HMD. 25286(a); 2711	3104			Monitoring Certification not submitted to CUPA within 30 days of inspection. 2638(d)	3161	
1	Current evidence of financial responsibility not available. 25292.2(a), 25299.33; 2809	3105	✓		Enhanced leak detection not performed as required. 25292.4; 2640(e)	3154	
	Owner/operator agreement not available/ completed/ submitted to HMD. 25284(a)(3); 2620(b)	3106			Contractor &/or technician not trained & certified as required. 25284.1(a)(5)(D); 2715	3162	
	Monitoring procedures not available/completed/ submitted to HMD. 2632(b)&(d), 2634(d), 2641(h), 2711(a)(9)	3107			Contractor did not have required license, i.e., Class A, C-10, C34, C36 and/or C61. 25284.1(a)(5)(D); 2715	3163	
	Emergency Response Plan is not available/complete. 25289(b); 2632(b), 2634(e), 2641(h)	3108			Monitoring system disabled or tampered with and/or monitoring records falsified. 25299(f)	3157	
	Scaled Plot plan showing tank, piping & equipment location not available/complete/ submitted to HMD. 2711(a)(8), 2632(d)(1)(C)	3109			All monitoring equipment not installed, calibrated, operated, and/or maintained per manufacturer's instructions. 2638(a), 2641(j)	3164	
	Annual certification for ATG and/or sensors not completed. 2641(j), 2638	3110			UST system repair(s) not completed properly. 25292.1(c); 2660 (a)(k)(l)(m)	3160	
	Annual certification for continuous monitoring system not completed. 25284.1(a)(4)(C); 2630(d), 2638	3116			Designated Operator monthly inspection not conducted, incomplete or DO inspection reports not onsite. 2715 (c)(d)(e)	3192	✓
	Designated Operator (DO) Notification/Change form not submitted &/or DO not ICC certified. 2715 (a)(b)	3191		2			

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #					
		NOV	VIOL	V	V	V	V
	Monitor in alarm at beginning of inspection. Alarm not investigated, recorded or reported. 2632 (c)(2)(B), 2650(e)(3)&(4), 2630(d)		3251				
	All audible and/or visual alarms not functioning properly. 2632(c)(2)(B), 2636(f)(1)		3252				
	Sticker/tag not affixed to monitoring equipment at certification. 2638(f)		3270				
	UST system does not have an approved overflow protection system. 2635(b)(2)		3254				
	Spill container is not in good condition and/or liquid free. 2635 (b)(1), 2636(a)(1)		3255				
	Fill box drain not functional and backup system is not available. 2635(b)(1)(C)		3256				
	Secondary containment system components not liquid free. 2631(d)(4)		3257				
	Sensors not placed adequately and/or at low point in sumps. 2641(a), 2691(a)(7)(C)		3258				
	Dispenser containment currently required and not present. 25284.1(a)(5); 2636(g)		3259				
	Dispenser containment not adequately monitored. 2636(f)(1) or (f)(5)(A)		3267				
	Dispenser containment not maintained free of liquid. 2631(d)(4)		3261				
	Secondary containment piping obstructed preventing drainage to sump. 2632		3262				
	Monitoring system components &/or devices are not all functional. 2630, 2641(j), 2632		3263				
	Spill containment not tested annually. 25284.2		3264				
	UST system not operated to prevent spills and/or overfills. 25292.1 (a)		3265				
	UST system not product tight (for tank installs on or after 7/1/03). 25290.1(c), 25290.2 (c)		3268				
	UST system not continuously monitored using Vacuum/Pressure/Hydrostatic (VPH) system (for tank installs on or after 7/1/04). 25290.1 (d)&(e)		3269				
CATHODIC PROTECTION							
	System not checked as required by tester (at 6 months/3yrs). 2635(a)(2)(A)		3301				
	Impressed-current system not checked every 60 days. 2635(a)(2)(A)		3302				
	Corrosion protection not adequate. 25292.1(b); 2635(a)(2), 2662(c)		3303				
CLOSURE REQUIREMENTS							
	Temporary closure requirements not completed. 25298, 2671		3322				
	Unused tank not properly closed. Permanent closure requirements not met. 25298, 2672		3324				

Signature of Business Representative

9/19/2007

Date Signed

Dore Plat O.P.S

Title of Business Representative



COUNTY OF SAN DIEGO

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

PERMIT # 114230DATE 09/19/07PAGE 3 OF 4**BUSINESS ADDRESS:****ZIP:**

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5 & 6.95 of the Health and Safety Code, and/or the San Diego County Code (SDCC). Small Quantity Hazardous Waste Generator=(SQG); Large Hazardous Waste Quantity Generator=(LQG); Code 40 of Federal Regulations=(CFR).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form (HM-926) to document your return to compliance. Your Specialist can provide this form. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS MATERIALS REQUIREMENTS

Viol #	V	VIOLATION DESCRIPTION
<input type="checkbox"/>	1001	UPF permit not obtained for hazardous materials. 68.905
<input type="checkbox"/>	1002	HMBP not established/implemented. 25503.5(a)
<input type="checkbox"/>	1004	HMBP not submitted to HMD. 25505(a)
<input type="checkbox"/>	1005	Emergency contact not provided or current. 25509(a)(7)
<input type="checkbox"/>	1007	Highly toxic gas (TLV≤10 ppm) not disclosed. 68.1113(b)
<input type="checkbox"/>	1008	Annual carcinogen/reproductive toxin list not sent to HMD. 68.1113(c)
<input type="checkbox"/>	1009	Site map is not sufficient or complete. 25509(a)(5) & 25505(a)(2)
<input type="checkbox"/>	1010	Did not report release or threatened release. 25507(a), CCR 2703
<input type="checkbox"/>	1013	Copy of HMBP not onsite for inspector's review. 25505(e)
<input type="checkbox"/>	1014	HMBP is incomplete/inadequate/not amended to reflect changes. 25504, 25505(a)(2) &/or 25509(a); 25505(b); 19 CCR 2729
<input type="checkbox"/>	1015	Did not have adequate employee training program 2732 &/or 25504 (c)
<input type="checkbox"/>	1016	Failure to have an adequate emergency response plan 25504 (b); 2731
<input type="checkbox"/>	1017	Business Plan not certified annually. 25505(d) & (e)(2)
<input type="checkbox"/>	1018	Inventory not amended for 100% increase of hazardous material onsite or inventory is incomplete. 25509, 25510

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

Viol #	V	VIOLATION DESCRIPTION
		STORAGE AND HANDLING
<input type="checkbox"/>	0216	Failed to label hazardous materials within 10 days or less. 25124(b)(3)(A) & 66262.34(f)
<input type="checkbox"/>	0217	Failed to repackage damaged/deteriorated hazardous material container within 96 hours. 25124(b)(3)(B) & 66262.34(f)
<input type="checkbox"/>	0218	Failed to label &/or close drained <input type="checkbox"/> used oil filters &/or <input type="checkbox"/> used fuel filters. 25250.22 and 66266.130(c)(3)
<input type="checkbox"/>	0219	Failed to properly segregate used oil &/or fuel drained from filters. 66266.130(c)(6) or 25250.22(b)(4)
<input type="checkbox"/>	0220	Spent lead acid batteries not properly managed. 66266.81
<input type="checkbox"/>	0221	Failed to comply with satellite regulations. 66262.34(e)
<input type="checkbox"/>	0222	Failed to properly label ERM. 25143.9(a)
<input type="checkbox"/>	0223	Failed to properly manage <u>non-empty</u> container or inner liner removed from a container. 66261.7 (b), (d) &/or (r)
<input type="checkbox"/>	0224	Failed to mark date on empty container larger than 5 gallons and/or manage it within one year. 66261.7(e) & (f).

HAZWASTE REQUIREMENTS FOR LQGs & SQGs

RECORDKEEPING

<input type="checkbox"/>	0131	Unified Program Facility (UPF) permit not obtained. SDCC 68.905
<input type="checkbox"/>	0132	Failed to obtain & maintain a valid EPA ID Number. 66262.12(a)
<input type="checkbox"/>	0133	Failed to send manifest copy to DTSC. 66262.23(a)(4)
<input type="checkbox"/>	0134	Failed to file Exception Report with DTSC. 66262.42
<input type="checkbox"/>	0135	Failed to keep waste manifests/receipts for 3 years available for inspection. 66262.40(a) & 25160.2(b)(3)
<input type="checkbox"/>	0136	Did not have records of battery disposal. 66266.81(a)(4)(B)
<input type="checkbox"/>	0137	Failed to complete manifest properly. 66262.23(a)
<input checked="" type="checkbox"/>	0138	Failed to have TSDF copy of manifest onsite. 66262.40(a)
<input type="checkbox"/>	0140	Failed to have LDR documentation onsite. 66268.7(a)(8)
<input type="checkbox"/>	0141	Failed to obtain approval for TSDF. 25201(a)
<input type="checkbox"/>	0142	Failed to notify CUPA for eligible onsite treatment. 25201(a)
<input type="checkbox"/>	0145	ERM reporting not submitted biennially &/or available. 25143.10
<input type="checkbox"/>	0146	Failed to have adequate records demonstrating claim of exemption for Excluded Recyclable Material (ERM). 25143.2(f) & 66261.2(g)
<input type="checkbox"/>	0147	Failed to keep universal waste record for 3 years for offsite shipment. SQH:66273.19(b)&(c)(2); LQH:66273.39(b)&(c)(2)
<input type="checkbox"/>	0148	Failed to keep copies of analytical results, waste analysis records, or waste determination results. (3 years) 66262.40(c)
<input type="checkbox"/>	0149	Failed to keep disposal receipts (3 years) for drained used oil filters and/or drained fuel filters. 25250.22 and 66266.130(c)(5)

HAZWASTE REQUIREMENTS FOR SQGs ONLY

STORAGE AND HANDLING-Pursuant to 66262.34(d)

<input type="checkbox"/>	0225	Accumulated waste too long (>180 or 270 days). 66262.34(d), CFR 262.34(e) & (f), &/or 25201(a) [>90 days for an AHW waste]
<input type="checkbox"/>	0226	Did not accumulate waste in container or tank. 66262.34 (d)(2)
<input type="checkbox"/>	0227	Failed to properly label/date hazardous waste container &/or tank. 66262.34(f)
<input type="checkbox"/>	0228	Failed to keep container closed. CFR 265.173
<input type="checkbox"/>	0229	Failed to conduct weekly inspections. CFR 265.174
<input type="checkbox"/>	0230	Failed to maintain aisle space. CFR 265.35
<input type="checkbox"/>	0231	Failed to properly separate incompatible wastes. CFR 265.177
<input type="checkbox"/>	0232	Waste accumulated in a container in poor condition. CFR 265.171
<input type="checkbox"/>	0233	Failed to use a lined/compatible container. CFR 265.172.
<input type="checkbox"/>	0234	Did not maintain &/or operate facility to prevent release or fire. CFR 265.31

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	0407	Employee training program not adequate. CFR 262.34(d)(5)(iii)
<input type="checkbox"/>	0408	Failed to post ER plan by phone. CFR 262.34(d)(5)(ii)
<input type="checkbox"/>	0409	Spill/fire control equip not available. CFR 265.32(c)
<input type="checkbox"/>	0410	Failed to equip facility with internal communication or alarm. CFR 265.32(a) & (b)
<input type="checkbox"/>	0411	Failed to carry out contingency plan during an emergency. CFR 262.34(d)(5)(iv)
<input type="checkbox"/>	0412	Failed to have an emergency coordinator on call or available during emergency. CFR 262.34(d)(5)(i)

DISPOSAL AND TRANSPORTATION

<input type="checkbox"/>	0301	Unauthorized disposal of hazardous waste. 25189.5(a) or 25189(d)
<input type="checkbox"/>	0302	Unlawful transportation of hazardous waste (HW). 25163(a)
<input type="checkbox"/>	0303	Did not use HW manifest for disposal. 66262.20(a), 25160.2(b)9
<input type="checkbox"/>	0304	Failed to make a proper waste determination. 66262.11 & 66260.200(c)
<input type="checkbox"/>	0305	Disposed of used oil illegally. 25250.5(a) and 25189.5(a)
<input type="checkbox"/>	0306	Disposed of latex paint illegally. 25217.1
<input type="checkbox"/>	0307	Disposal of universal waste to an unauthorized point. 25189.5(a); SQH:66273.11(a); LQH 66273.31(a)
<input type="checkbox"/>	0308	Impermissible dilution of hazardous waste. 66268.3(a)

HAZARDOUS WASTE TANK SYSTEMS Pursuant to 66262.34(d)(2)

<input type="checkbox"/>	1612	Hazardous waste improperly stored in a tank system that <input type="checkbox"/> leaks, <input type="checkbox"/> is corroded, or <input type="checkbox"/> failing. CFR 265.201(b)(2)
<input type="checkbox"/>	1613	Failed to comply with tank standards which include: two feet of freeboard (where applicable), shut off for waste feed line, & daily and weekly inspections. CFR 265.201(b) & (c)
<input type="checkbox"/>	1614	Failed to properly complete &/or document closure for a hazardous waste tank. CFR 265.201(d) & 67383.3
<input type="checkbox"/>	1615	Failed to safely accumulate ignitable or reactive waste in a tank. CFR 265.201(e)
<input type="checkbox"/>	1616	Failed to safely manage incompatible waste in a tank. CFR 265.201(f)

SIGNATURE OF BUSINESS REPRESENTATIVE

DATE SIGNED

TITLE OF BUSINESS REPRESENTATIVE



County of San Diego

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

Permit #

1	1	4	2	3	0
---	---	---	---	---	---

Employee #

--	--	--	--	--	--

Date

0	9	/	1	9	/	0	7
---	---	---	---	---	---	---	---

Business Address

Zip Code

VIOLATION REPORT: *The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; County Code of Regulatory Ordinances Sections 68.1201 et. al.; and California Code of Regulations, Title 22 Sections 65600 et. al. All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.*

Storage And Labeling

- | Violation | Violation Description |
|---|--|
| <input type="checkbox"/> V4201 | UPF Permit not obtained. 117705, 68.905 |
| <input type="checkbox"/> V4202 | Medical Waste (MW) not separated from other waste at point of origin. 118275 |
| <input type="checkbox"/> V4203 | Enclosure or designated accumulation area for MW containers not secured. 118310 |
| <input type="checkbox"/> V4204 | MW storage area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310 |
| <input type="checkbox"/> V4205 | Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211 |
| <input type="checkbox"/> V4206 | Spill of MW not properly cleaned up. 118300 |
| <input type="checkbox"/> V4207 | Sharps not stored in approved and properly marked sharps container. 118275 |
| <input type="checkbox"/> V4208 | Full sharps container not taped, closed or tightly lidded to preclude loss of contents. 118285 |
| 4 <input checked="" type="checkbox"/> V4209 | Red bags/sharps container not labeled with generator's name, address and phone number. 68.1205, 68.1206 |
| <input type="checkbox"/> V4210 | MW not stored in approved and properly marked red bags. 118275 |
| 5 <input checked="" type="checkbox"/> V4211 | Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280 |
| <input type="checkbox"/> V4212 | Red bags not containerized in rigid, leak resistant and covered containers or bins. 118280 |
| <input type="checkbox"/> V4213 | Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280 |
| <input type="checkbox"/> V4214 | Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305 |
| <input type="checkbox"/> V4215 | Frozen (0C/32°F) MW stored > 90 days. 118280 |
| <input type="checkbox"/> V4306 | Full sharps container stored > 7 days at room temp. 118285 |
| <input type="checkbox"/> V4307 | Red bag waste stored > 7 days at room temperature (for generators of > 20 lbs/month). 118280 |
| <input type="checkbox"/> V4308 | Red bag waste stored > 30 days at room temperature (for generators of < 20 lbs/month). 118280 |

Treatment and Disposal

- | | |
|--------------------------------|---|
| <input type="checkbox"/> V4251 | MW treated by unapproved method/procedure. 118215 |
| <input type="checkbox"/> V4252 | Standardized written operating procedures for steam sterilization not available. 118215 |
| <input type="checkbox"/> V4253 | Recording thermometer not calibrated annually. 118215 |
| <input type="checkbox"/> V4254 | No records of thermometer calibration checks onsite for at least the past 3 years. 118215 |
| <input type="checkbox"/> V4255 | Heat-sensitive tape/other approved method not used for each load treated onsite. 118215 |
| <input type="checkbox"/> V4256 | Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215 |
| <input type="checkbox"/> V4257 | Onsite Steam Sterilization did not reach 121° C/250° F for 30 minutes. 118215 |
| <input type="checkbox"/> V4258 | Treatment records/logs of dates, time and temperature not available for 3 years. 118215 |
| <input type="checkbox"/> V4259 | Disposal of untreated MW to an unauthorized point. 118340 |

Transportation Requirements

- | Violation | Violation Description |
|--------------------------------|---|
| <input type="checkbox"/> V4260 | Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025 |
| <input type="checkbox"/> V4304 | No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118030, 118025 |
| <input type="checkbox"/> V4305 | LQHE not renewed annually as required. 118030 |
| <input type="checkbox"/> V4311 | Medical Waste tracking documents not in vehicle transporting MW. 118040 |
| <input type="checkbox"/> V4312 | MW tracking documents/logs not maintained for 3 years for LQHE. 118040 |

Small Quantity Generators Only (<200 lbs/mo MW)

- | | |
|--------------------------------|---|
| <input type="checkbox"/> V4301 | Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935 |
| <input type="checkbox"/> V4302 | Did not maintain or show proof of "onsite" medical waste treatment records for 3 years. 118215, 117943 |
| <input type="checkbox"/> V4303 | Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 years. 117945 |
| <input type="checkbox"/> V4309 | MWMP or equivalent information not onsite. 117945 |

Large Quantity Generators Only (>=200 lbs/mo MW)

- | | |
|---|--|
| 6 <input checked="" type="checkbox"/> V4351 | MWMP not submitted to HMD (initial/updates). 117950, 117960, 117970 |
| <input type="checkbox"/> V4352 | Records of MW treatment not available for 3 years. 118215, 117975 |
| <input type="checkbox"/> V4353 | Did not retain on file disposal receipts/tracking documents for at least 3 years for waste shipped offsite. 117975 |

Pathology, Chemotherapy, Pharmac & Hazardous Waste

- | | |
|---|--|
| <input type="checkbox"/> V4401 | Chemo waste not segregated from other MW. 118275 |
| 7 <input checked="" type="checkbox"/> V4402 | Chemo waste container not properly labeled. 118275 |
| <input type="checkbox"/> V4403 | Illegal disposal of chemo waste. 118340 |
| <input type="checkbox"/> V4411 | Pathology waste not segregated from other MW. 118275 |
| <input type="checkbox"/> V4412 | Pathology waste container not properly labeled. 118275 |
| <input type="checkbox"/> V4413 | Illegal disposal of pathology waste. 118340 |
| <input type="checkbox"/> V4421 | Pharmwaste not segregated from other MW. 118275 (g) |
| <input type="checkbox"/> V4422 | Pharmwaste not properly labeled. 118275(e) |
| 8 <input checked="" type="checkbox"/> V4423 | Pharmwaste stored > 90 days. (>= 10 lbs/yr). 118280(e) |
| <input type="checkbox"/> V4431 | VSQG of pharmwaste (<10 lb/yr) stored > 1 yr. 118280(e) |
| <input type="checkbox"/> V4432 | Illegal disposal of pharmaceutical waste. 118340, 118222 |
| <input type="checkbox"/> V4441 | Illegal disposal of photo/hazwaste to sewer/trash. 25189.5 |

Onsite MW Treatment Facility Requirements

- | | |
|--------------------------------|---|
| <input type="checkbox"/> V4501 | Onsite MW treatment to permit not obtained/renewed. 117950, 118130, 118115, 65620/65623 |
| <input type="checkbox"/> V4502 | Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180 |
| <input type="checkbox"/> V4503 | Condition(s) of the MW treatment permit violated. 65623 |

Date Signed 09 / 19 / 07

DEH:HM-9255(05/05)

Date Signed

Page 4 of 4

Signature of Business Representative

Title of Business Representative

21313





COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

ENTERED SEP 13 2006

PAGE	1 of 2
EST. NO.	114230
DATE	08/30/2006
TIME START	10:00 am END 5:00 pm
BUS. CODE	K65
SPECIALIST	Michelle Chairs
CONTACT	Jamie Whiteman
TITLE	Facility Manager
PHONE	760-739-3000

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

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

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance. RECEIVED SEP 05 2006

Routine Inspection was performed with Jamie Whiteman - Facility Mgr.
 Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection.
 Copy of current financial assurance coverage for USTs was provided during inspection.

Drop tube for interstitial space sensor was replaced on 10,000 gallon UST on 2/22/06 and integrity/SB989 secondary containment testing results were not available on site or submitted to HMD.

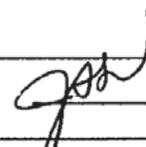
OBSERVATION - Secondary containment testing documentation not submitted to HMD.
VIOLATION 3113 - Secondary containment testing has not been submitted to HMD within 30 days of testing. 2637(a)(4).

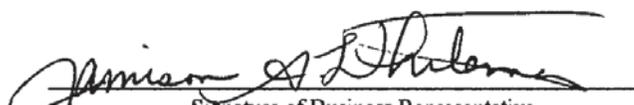
NOTICE TO COMPLY - Submit within 10 days to my attention, a copy of your secondary containment testing documentation.

FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/06.
 UST OF PERMIT EXPIRES: 12/12/2008.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 338 VIA VERA CRUZ PHONE (760) 940-2854
 SAN MARCOS, CA 92069 FAX (760) 940-2853

<input checked="" type="checkbox"/> This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.	 Initials of Business Representative
--	--


 Signature of Business Representative

8/30/2006
 Date Signed

FACILITY MANAGER
 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT#: 114230

DATE: 08 /30 /2006

PAGE: 2 OF 2

BUSINESS ADDRESS: _____ ZIP: _____

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

GENERAL UNDERGROUND STORAGE TANK (UST) REQUIREMENTS

VIOLATION DESCRIPTION				VIOL	V	NA	VIOLATION DESCRIPTION				VIOL	V	NA
#	UST SYSTEM RECORDS					✓	#	FILE RECORDS					
	UPF Permit current and at facility? 25284; 68.905, 68.1003, 68.1005			3101				Secondary containment repairs conducted? 25284.1; 25291(a)(2); 2637(a)(2)			3115		
	Operating Permit current and at facility? 25284(a); 25286(a), 2712 (j), 68.1003			3102				Releases reported/recorded? 25294, 25295; 2650, 2651, 2652			3151		
	UST Repair/modify/closure permit obtained? 68.1004, 68.1005, 68.1009.5			3103				Maintenance/monitoring/calibration/ repair records available? 25293; 2712 (b)			3152		
	Current forms A and B submitted? 25286(a)			3104				Monitoring certification submitted to CUPA within 30 days? 2637(b)(4)			3153		
	Financial Responsibility current? 25292.2(a)			3105				Enhanced Leak detection performed if required? 25292.4			3154		
	Owner/Operator Agreement Submitted? 25284(a)(3); 2620(b)			3106				Contractor or technician trained? 25284.1(a)(5)(D); 2637(b)(1)(B) & (C)			3155		
	Monitoring Procedures complete? 2632(b)& (d), 2634(d), 2641(h), 2711(a)(9)			3107				Contractor has Class A, C-10, C34, C36, or C61 license? 25284.1(a)(5)(D); 2637(b)(1)(A)			3156		
	UST Emergency Response Plan complete? 25289(b); 2632(b), 2634(e), 2641(h)			3108				No evidence of falsification of records or tampering with monitoring system? 25299(f)			3157		
	Monitoring plot plan submitted? 2711(a)(8)			3109				All operating permit conditions met? 2712			3158		
	Annual certification of ATG and sensors? 2641(j)			3110				Monitoring equipment installed, calibrated, operated, and maintained per manufacturer's instructions? 2637(b), 2641(j)			3159		
	Continuous monitoring system certified annually? 25284.1(a)(4)(C), 2630(d), 2637(b)			3111				UST system repairs done properly? 25292.1(c); 2660 (a)(k)(l)(m).			3160		
	2ndary containm. test done at 6/36 months; sent to CUPA w/i 30 days 25284.1; 2637(a); 2637(a)(4)			3114	✓								

UST SYSTEM INSPECTION

Requirements applicable for both, single & double walled systems

#	VIOLATION DESCRIPTION	TANK #		T006							
		VIOL	V	NA	V	NA	V	NA	V	NA	
	Is monitor not in state of alarm at beginning of inspection? 2632(d)	3251									
	Audible and visual alarms functioning properly? 2632(c)(2)(B), 2636(f)(1)	3252									
	Sticker/tag affixed to monitoring equipment at certification? 2637(b)(5)	3253									
	UST system has approved overfill protection? 2635(b)(2)	3254									
	Is spill container in good condition and liquid free? 2635 (b)(1), 2636(a)(1)	3255									
	Fill box drain functional or alternative available? 2635(b)(1)(C)	3256									
	Is secondary containment liquid free? 2631(d)(4)	3257									
	Are sensors placed adequately and/or at low point in sumps? 2641(a), 2691(a)(7)(C)	3258									
	Dispenser containment present if currently required? 25284.1(a)(5)(C)	3259									
	Dispenser containment adequately monitored? 2636(f)(1) & (g)	3260									
	Dispenser containment free of liquid? 2631(d)(4)	3261									
	Secondary containment piping unobstructed to allow drainage to sump? 2632	3262									
	All monitoring system components &/or devices functional? 2630, 2641(j), 2632	3263									
	Spill containment tested annually? 25284.2	3264									
	UST system operated to prevent spills and/or overfills 25292.1 (a)	3265									
	Under Dispenser Containment installed? 2636(h). Required by December 31 st , 2003	3266									
CATHODIC PROTECTION											
	System checked as required by tester? (6 mo./3yrs.) 2635(a)(2)(A)	3301									
	Impressed current system check every 60 days? 2635(a)(2)(A)	3302									
	Is corrosion protection adequate? 25292.1(b); 2635(a)(2), 2662(c)	3303									
CLOSURE REQUIREMENTS:											
	Temporary closure requirements completed? 25298, 2671	3322									
	Unused tank properly closed? Permanent closure requirements met? 25298, 2672	3324									

Jamison A. L. Whiteman

8/30/2006

BETA Healthcare Group, A Public Entity

CERTIFICATE OF PARTICIPATION
HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT

CERTIFICATE NUMBER
C-41-891

NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER: Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128
ITEM 2: SUBSIDIARIES: Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Pomerado Hospital Authority, Partners For Community Access, Inc., 343 East 2nd Avenue Investors, Ltd. Partnership, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Auxiliary Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Auxiliary Gift Shop, Pomerado Hospital Medical Staff, Ramona Radiology Center, Villa Pomerado, San Marcos Ambulatory Care Center, Palomar Pomerado North County Health Development.
ITEM 3: CONTRACT PERIOD: (a) Effective Date: 7/1/2006 (b) Expiration Date: 7/1/2007 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1
ITEM 4: LIMIT OF LIABILITY: \$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate
ITEM 5: DEDUCTIBLE: See Section 7.9.B \$10,000
ITEM 6: CONTRIBUTION: See Section 7.9.A
ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/06) 120, 130, 131, 132, 137, 145, 203, 210, 212, 237, 262, 272
ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

Authorized Representative of BETA Healthcare Group

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number H210-01		Amendment No.: H210-01
Issued to: Palomar Pomerado Health		
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 5 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of **\$500,000 per Claim and \$1,000,000** in the aggregate for all Claims first made and reported to BHG during the **Contract Period**, BHG will pay those sums which the Member is legally required to pay as **Damages** for a **Claim for Bodily Injury or Property Damage** arising out of or resulting from **Pollution** at or from the **Named Member's or Subsidiary's** premises, a **Waste site** or the **Named Member's or Subsidiary's** work site, provided that:

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

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

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

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

3. **Defense Expenses** are part of and not in addition to this **Limit of Liability**, and payment of **Defense Expenses** by BHG will reduce the **Limit of Liability** provided by this Amendment. The most BHG will pay for all **Damages and Defense Expenses** for any **Claim** arising out of or resulting from **Pollution** or alleging liability for **Pollution** is the **Limit of Liability** set forth in A.1 above, in excess of the **Deductible** stated in Item 5 of the **Certificate of Participation**. BHG's right and duty to defend ends when BHG has paid this **Limit of Liability**. The **Limit of Liability** for this coverage is within, not in addition to, the **Aggregate limit** stated on the **Certificate**.

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: C-00009	Amendment No.: H210-01
--------------------------------	---------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional Contribution: Per Contract

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

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.
2. No coverage is provided for any **Occurrence** commencing prior to the **Retroactive Date** stated in A.1.a above.
3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "**Contract Period**" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.
2. "**Damages**" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.
3. "**Pollution**" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. **Pollution** includes indoor **Pollution**.
4. No **Claim** shall be deemed first made against any **Member** during the **Contract Period** if the **Claim** or **Occurrence** was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any **Member** prior to the Effective Date.
5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and one Limit of Liability shall apply to all such **Claims**.
6. The **Member** must notify BHG, as soon as practicable, of an **Occurrence**, act, error or omission which may reasonably be expected to result in a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution**. The notice must include:

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: 07-06-09	Amendment No.: H210-01
---------------------------------	---------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/06 at 12:01 a.m.	Expiration Date: 07/01/07 at 12:01 a.m.	Additional Contribution: Per Contract

- a. how, when and where the **Occurrence**, act, error or omission took place;
- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the **Occurrence**, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

b. The **Named Member** does not have the right to purchase an extended reporting period if, on the date of termination, the **Named Member** has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or **Defense Expenses** in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BHG

04/11/06

sent to Hotchkiss

#114230

SWRCB, January 2002

Page 1 of 12

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Palomar Hospital		Date of Testing: 02/22/2006
Facility Address: 555 E. Valley Parkway Escondido, CA. 92025		
Facility Contact: Glen Hotchkiss		Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 02/16/06		
Name of Local Agency Inspector (if present during testing):		

2. TESTING CONTRACTOR INFORMATION

Company Name: George Bryant Construction		
Technician Conducting Test: Ron Franklin		
Credentials: CSLB Licensed Contractor XXX		SWRCB Licensed Tank Tester
License Type: 718466		License Number: 718466
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon Sump Tester		

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Fill Bucket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Ronald Franklin

Date: 2/22/2006

SWRCB, January 2002

Page 22 of 22

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Spill Box # 1	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying pressure/vacuum/water and starting test:	5 minutes			
Test Start Time:	7:25			
Initial Reading (R _i):	Visual			
Test End Time:	8:25			
Final Reading (R _f):	Visual			
Test Duration:	1 Hour			
Change in Reading (R _f -R _i):	None			
Pass/Fail Threshold or Criteria:	<.002"			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

SWRCB, January 2002

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Palomar Hospital	Date of Testing: 02/22/2006
Facility Address: 555 E. Valley Parkway Escondido, CA. 92025	
Facility Contact: Glen Hotchkiss	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 02/16/06	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name: George Bryant Construction		
Technician Conducting Test: Ron Franklin		
Credentials: CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester	
License Type: 718466	License Number: 718466	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon Sump Tester		

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Bucket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Ronald Franklin

Date: 2/22/06

SWRCB, January 2002

Page 2 of 3

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: 4" liquid gauge	Equipment Resolution:			
	Tank # 1	Tank #	Tank #	Tank #
Is Tank Exempt From Testing? ¹	<input type="checkbox"/> Yes <input checked="" 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
Tank Capacity:	10,000			
Tank Material:	glass/moel			
Tank Manufacturer:	Joor			
Product Stored:	discs			
Wait time between applying pressure/vacuum/water and starting test:	10 minutes			
Test Start Time:	7:45			
Initial Reading (R _i):	10"Hg			
Test End Time:	8:45			
Final Reading (R _f):	10"Hg			
Test Duration:	1 hour			
Change in Reading (R _f -R _i):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

Riser to tank top was replaced and then retamed.

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

SWRCB, January 2002

Page 3 of 3

9. SPILL/OVERFILL CONTAINMENT BOXES

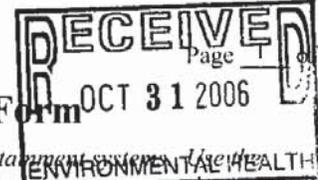
Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer				
<input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic				
<input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Spill Box # 1	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying pressure/vacuum/water and starting test:	5 minutes			
Test Start Time:	7:25			
Initial Reading (R _i):	Visual			
Test End Time:	8:25			
Final Reading (R _f):	Visual			
Test Duration:	1 Hour			
Change in Reading (R _f -R _i):	None			
Pass/Fail Threshold or Criteria:	<.002"			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

e

Site
copy

WPP # 114230



Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. The appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

101- M. CHAIRS

Facility Name: Palomar Medical Center	Date of Testing: 10/10/2006
Facility Address: 555 E. Valley Parkway, Escondido, CA 92055	
Facility Contact: Glen Hotchkiss	Phone: (760) 739-3111
Date Local Agency Was Notified of Testing : 10/03/06	
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name: George Bryant Construction, Inc.		
Technician Conducting Test: George Bryant		
Credentials: CSLB Licensed Contractor XXX	SWRCB Licensed Tank Tester	
License Type: 718466	License Number: 718466	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Incon Sump Tester		

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Sump 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Bucket 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Sump 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Bucket 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Line 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Line 10,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Line 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Line 3,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: George Bryant

Date: 10/10/2006

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Vacuum Generator			Equipment Resolution:	
	Tank # 1	Tank # 2nd	Tank #	Tank #
Is Tank Exempt From Testing? ¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	10,000	3,000		
Tank Material:	glass/steel	glass/steel		
Tank Manufacturer:	Joor	Joor		
Product Stored:	Diesel	Diesel		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:30	9:45		
Initial Reading (R _I):	10"Hg	10"Hg		
Test End Time:	8:30	10:45		
Final Reading (R _F):	10"Hg	10"Hg		
Test Duration:	1 hour	1 hour		
Change in Reading (R _F -R _I):	0	0		
Pass/Fail Threshold or Criteria:	0	0		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

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

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used:	Equipment Resolution:			
	Piping Run # 1	Piping Run # 2nd	Piping Run # 4	Piping Run # 4
Piping Material:	fiberglass	fiberglass	fiberglass	fiberglass
Piping Manufacturer:	A.O.Smith	A.O.Smith	A.O.Smith	A.O.Smith
Piping Diameter:	3"	3"	3"	3"
Length of Piping Run:	70 feet	70 feet	130 feet	130 feet
Product Stored:	diesel	diesel	diesel	diesel
Method and location of piping-run isolation:	test boot/sump	test boot/sump	test boot/sump	test boot/sump
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	7:45	7:45	10:00	10:00
Initial Reading (R _I):	6 psi	6 psi	6 psi	6 psi
Test End Time:	8:45	8:45	11:00	11:00
Final Reading (R _F):	6 psi	6 psi	6 psi	6 psi
Test Duration:	1 hour	1 hour	1 hour	1 hour
Change in Reading (R _F -R _I):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail			

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

Piping run #1 Supply line 10,000
 Piping run #2 Return line 10,000
 Piping run #3 Supply line 3,000
 Piping run #4 Return line 3,000

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Sump # 1-10,000	Sump # 2-3,000	Sump #	Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	52"		
Sump Material:	fiberglass	fiberglass		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	13"	15"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested ¹	bottom 15"	bottom 13"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R _I):	4.8275 4.8273	5.0826 5.0823		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _F):	4.8275 4.8272	5.0824 5.0825		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0000 .0001	.0002 .0002		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

¹ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:	Equipment Resolution:		
	UDC #	UDC #	UDC #
UDC Manufacturer:			
UDC Material:			
UDC Depth:			
Height from UDC Bottom to Top of Highest Piping Penetration:			
Height from UDC Bottom to Lowest Electrical Penetration:			
Condition of UDC prior to testing:			
Portion of UDC Tested ¹			
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time			
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test			
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I):			
Pass/Fail Threshold or Criteria:			
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

¹ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Fill Sump # 1-10K	Fill Sump # 2-3K	Fill Sump #	Fill Sump #
Sump Diameter:	30"	30"		
Sump Depth:	45"	51"		
Height from Tank Top to Top of Highest Piping Penetration:	11"	10"		
Height from Tank Top to Lowest Electrical Penetration:	15"	13"		
Condition of sump prior to testing:	good	good		
Portion of Sump Tested	bottom 18"	bottom 14"		
Sump Material:	fiberglass	fiberglass		
Wait time between applying pressure/vacuum/water and starting test:	30 minutes	30 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R _i):	5.9492 5.9491	4.5343 4.5336		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _f):	5.9492 5.9491	4.5338 4.5335		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _f -R _i):	.0000 .0000	.0005 .0001		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor alarm when either product or water is detected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution:	
	Spill Box # 1	Spill Box # 2nd	Spill Box #	Spill Box #
Bucket Diameter:	12"	12"		
Bucket Depth:	13.5"	13"		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	7:20 7:35	9:20 9:36		
Initial Reading (R _I):	2.3614 2.3613	0.4040 0.4039		
Test End Time:	7:35 7:50	9:35 9:51		
Final Reading (R _F):	2.3613 2.3613	0.4040 0.4041		
Test Duration:	15 minutes	15 minutes		
Change in Reading (R _F -R _I):	.0001 .0000	.0000 .0002		
Pass/Fail Threshold or Criteria:	<.002"	<.002"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

Spill box #1-10,000
Spill box #2-3,000

PALOMAR MEDICAL
CENTER
555 E. VALLEY PARKWAY
ESCONDIDO CA
92055

10/10/2006 7:35 AM

BUMP LEAK TEST REPORT

PIPING

TEST STARTED 7:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 4.8275 IN
END TIME 7:35 AM
END DATE 10/10/2006
END LEVEL 4.8275 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILL

TEST STARTED 7:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 5.9492 IN
END TIME 7:35 AM
END DATE 10/10/2006
END LEVEL 5.9492 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILLBUC

TEST STARTED 7:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 2.3614 IN
END TIME 7:35 AM
END DATE 10/10/2006
END LEVEL 2.3613 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR MEDICAL
CENTER
555 E. VALLEY PARKWAY
ESCONDIDO CA
92055

10/10/2006 7:50 AM

BUMP LEAK TEST REPORT

PIPING

TEST STARTED 7:35 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 4.8273 IN
END TIME 7:50 AM
END DATE 10/10/2006
END LEVEL 4.8272 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILL

TEST STARTED 7:35 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 5.9491 IN
END TIME 7:50 AM
END DATE 10/10/2006
END LEVEL 5.9491 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

FILLBUC

TEST STARTED 7:35 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 2.3613 IN
END TIME 7:50 AM
END DATE 10/10/2006
END LEVEL 2.3613 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR MEDICAL
CENTER
555 E. VALLEY PARKWAY
ESCONDIDO CA
92055

10/10/2006 9:35 AM

SUMP LEAK TEST REPORT

3KPIPE

TEST STARTED 9:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 5.0826 IN
END TIME 9:35 AM
END DATE 10/10/2006
END LEVEL 5.0824 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFILL

TEST STARTED 9:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 4.5343 IN
END TIME 9:35 AM
END DATE 10/10/2006
END LEVEL 4.5338 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCK

TEST STARTED 9:20 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 0.4040 IN
END TIME 9:35 AM
END DATE 10/10/2006
END LEVEL 0.4040 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

PALOMAR MEDICAL
CENTER
555 E. VALLEY PARKWAY
ESCONDIDO CA
92055

10/10/2006 9:51 AM

SUMP LEAK TEST REPORT

3KPIPE

TEST STARTED 9:36 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 5.0823 IN
END TIME 9:51 AM
END DATE 10/10/2006
END LEVEL 5.0825 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KFILL

TEST STARTED 9:36 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 4.5336 IN
END TIME 9:51 AM
END DATE 10/10/2006
END LEVEL 4.5335 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED

3KBUCK

TEST STARTED 9:36 AM
TEST STARTED 10/10/2006
BEGIN LEVEL 0.4039 IN
END TIME 9:51 AM
END DATE 10/10/2006
END LEVEL 0.4041 IN
LEAK THRESHOLD 0.002 IN
TEST RESULT PASSED



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

ENTERED NOV 03 2005

PAGE	1 of 1
EST. NO.	114230
DATE	09/16/2005
TIME START	09:30 am END 4:00pm
BUS. CODE	K65
SPECIALIST	Michelle Chairs
CONTACT	Jamie Whiteman
TITLE	Facility Manager
PHONE	760-739-3000

Jamie Whiteman

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

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

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

Routine Inspection was performed with Jamie Whiteman - Facility Mgr.
 Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel. Annual certification of monitoring equipment was performed in conjunction with routine inspection.

FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/05.
 UST OP PERMIT EXPIRES: 12/12/2005.

RECEIVED OCT 11 2005

OBSERVATION - Container storing bulk chemo waste in pharmacy, without labels and or accumulation start dates.

VIOLATION 0202 - Hazardous waste containers are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34

CORRECTIVE ACTION - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste.

OBSERVATION - The medical waste management plan was not submitted / was unavailable for review.

VIOLATION 4301 - A Medical Waste Management Plan is not maintained, submitted and/or updated annually as required. 117935

CORRECTIVE ACTION - Maintain a completed medical waste management plan on-site for inspector's review.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 338 VIA VERA CRUZ PHONE (760) 940-2854
 SAN MARCOS, CA 92069 FAX (760) 940-2853

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

JAW
 Initials of Business Representative

Jamie A. Whiteman
 Signature of Business Representative

09/16/2005
 Date Signed

FACILITY OPS MANAGER
 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



Operating Permit Issued on 12/12/2005
 Operating Permit Expires on: 12/11/2008
 Reference Number: 1058

Permit #: 114230
 State ID: 37-000-114230

San Diego County Department of Environmental Health

UNDERGROUND STORAGE TANK OPERATING PERMITTING PERMIT

UST Facility Name: PALOMAR MEDICAL CENTER Site Address: 555 E VALLEY PY, ESCONDIDO, 92025-3048

Tank Owner's Name: PALOMAR POMERADO HOSPITAL DI

Tank Operator's Name: PALOMAR MEDICAL CENTER

**See reverse side for permit conditions and requirements.*

Tank#	Capacity (gallons)	Tank Use	Piping Construction	Contents	Monitoring Alternative
1.	23489	10000 Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCTION AND/OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL
2.	23490	3000 Motor Vehicle Fuel	DOUBLE WALL	DIESEL	DW TANK DW SUCTION AND/OR GRAVITY PIPING WITH INTERSTITIAL MONITORS: INTERSTITIAL

Total Number of Operating Permitted Tanks: 2

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

104114230
file copy

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Ctr Bldg. No.: _____
Site Address: 555 E. Valley Pkwy. City: Escondido Zip: _____
Facility Contact Person: Escandido Glen Hotchkiss Contact Phone No.: (760) 739-3111
Make/Model of Monitoring System: Pneumexator TMS 2000 Date of Testing/Service: 09/16/05

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>10 K Diesel</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>L5-600</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>L5-600</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: <u>L5-600</u> <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Technician Name (print): Pablo Fuerte Signature: [Signature]
Certification No.: 10122 License No.: 767952
Testing Company Name: P.F. Services Phone No.: (909) 949-9141
Site Address: 555 E. Valley Pkwy. Date of Testing/Service: 09/16/05

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

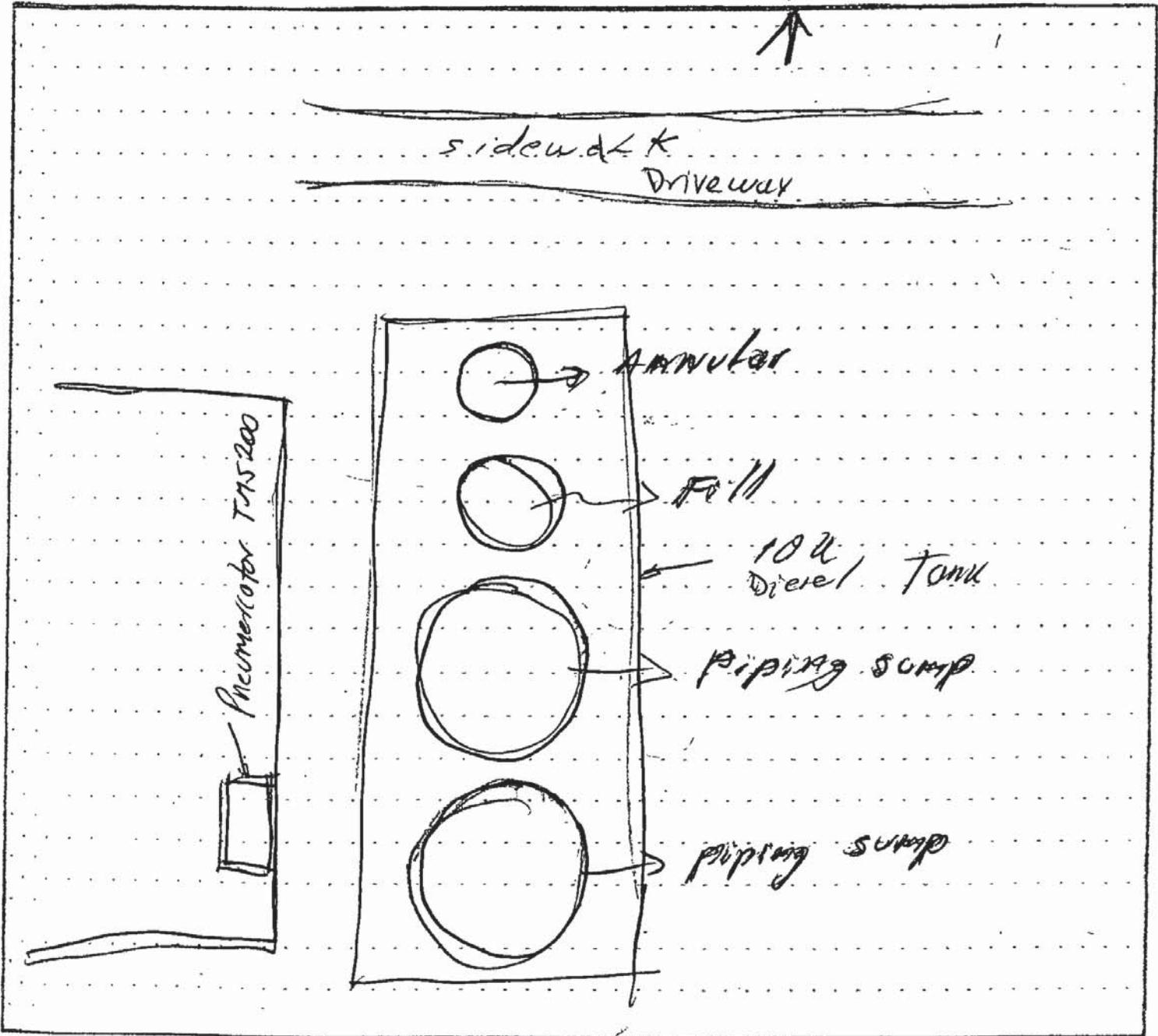
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1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

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

H. Comments:

UST Monitoring Site Plan

Site Address: _____



Date map was drawn: 09/16/05

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

MONITORING SYSTEM CERTIFICATION

3/14/230
File copy

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Ctr Bldg. No.: _____
 Site Address: 555 E Valley Pkwy. City: Escondido Zip: 92025
 Facility Contact Person: Glen Hutchins Contact Phone No.: (760) 739-3111
 Make/Model of Monitoring System: TMS 2000 Date of Testing/Servicing: 09/16/05

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>4 K Diesel</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100E</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: <u>LS 600</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

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

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

Technician Name (print): Pablo Fuerte Signature: [Signature]
 Certification No.: 10122 License No.: _____
 Testing Company Name: P.F. Services Phone No.: (909) 949-9741
 Site Address: 555 E. Valley Pkwy Date of Testing/Servicing: 09/16/05

D. Results of Testing/Service

Software Version Installed: _____

Complete the following checklist:

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

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

E. Comments:

Performed a visual ^{spill} containment test OK.

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

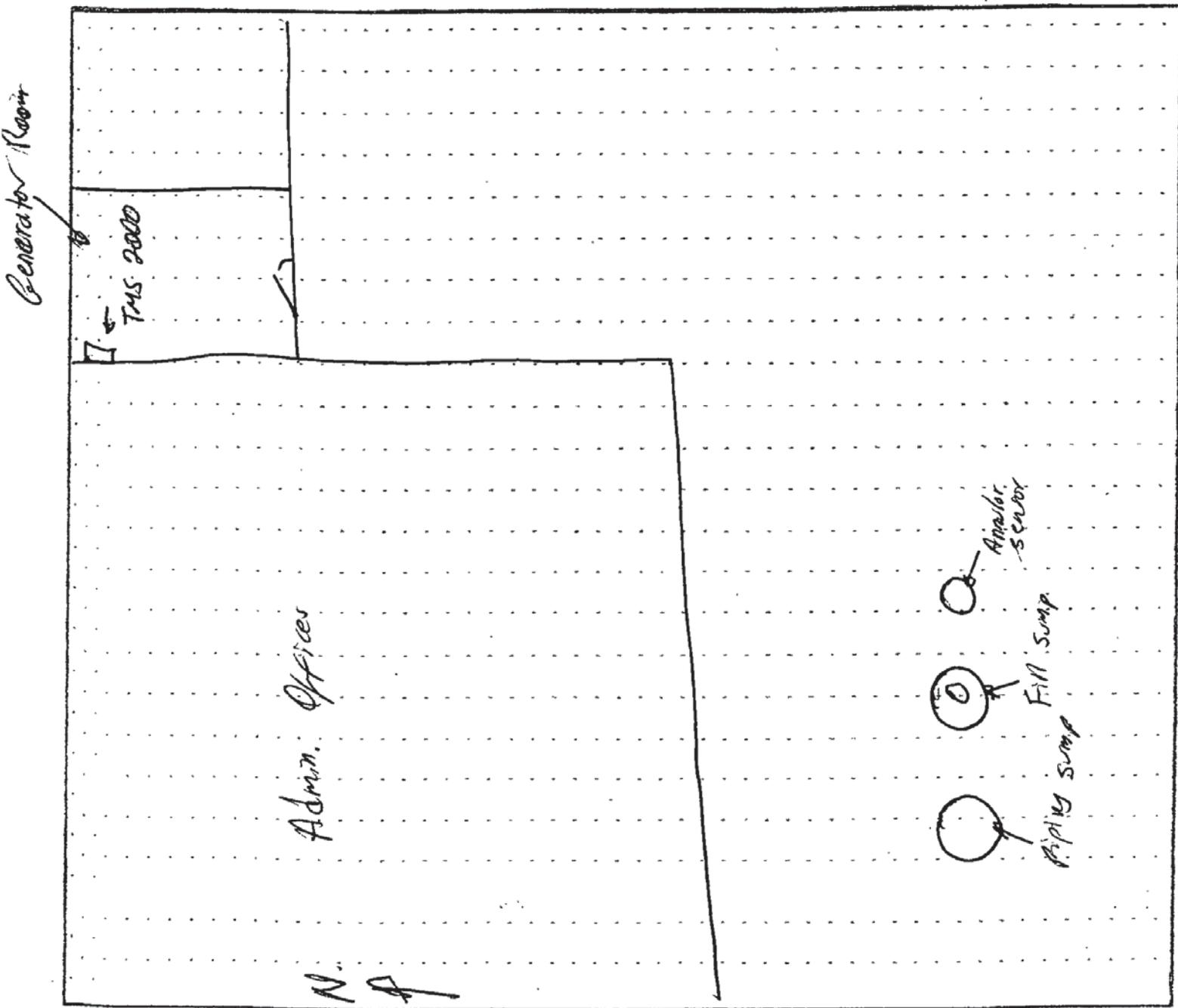
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1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

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

H. Comments:

UST Monitoring Site Plan

Site Address: _____



Date map was drawn: 09/16/05

Instructions

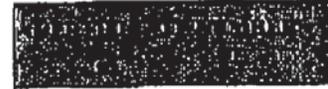
If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

BETA Healthcare Group, A Public Entity

114230

**CERTIFICATE OF PARTICIPATION
HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT**

ENTERED MAY 23 2006



NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

ITEM 1: NAMED MEMBER: Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128
ITEM 2: SUBSIDIARIES: Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Pomerado Hospital Authority, Partners For Community Access, Inc., 343 East 2nd Avenue Investors, Ltd. Partnership, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Auxiliary Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Auxiliary Gift Shop, Pomerado Hospital Medical Staff, Ramona Radiology Center, Villa Pomerado, San Marcos Ambulatory Care Center, Palomar Pomerado North County Health Development.
ITEM 3: CONTRACT PERIOD: (a) Effective Date: 7/1/2005 (b) Expiration Date: 7/1/2006 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1
ITEM 4: LIMIT OF LIABILITY: \$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate
ITEM 5: DEDUCTIBLE: See Section 7.9.B \$10,000
ITEM 6: CONTRIBUTION: See Section 7.9.A
ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/05) 120, 130, 131, 132, 137, 145, 203, 210, 237, 262, 272, 276
ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.

Authorized Representative of BETA Healthcare Group

D. E. H.
MAILROOM

**Owner Statements of Designated Underground Storage Tank (UST) Operator
and Understanding of and Compliance with UST Requirements**

Facility Name: PALOMAR Medical Center	Facility ID #: 114230
Facility Address: 555 E. VALLEY PKWY Escondido, CA 92025	Reason for Submitting this Form (Check One)
Facility Phone #: 760 739 3185	<input checked="" type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: George Bryant	Relation to UST Facility (Check One)
Business Name (If different from above): G. B. C. Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 944-3517	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: BRK00002	Expiration Date: 10-15-06

ALTERNATE 1 (Optional)

Designated Operator's Name: Ronald Franklin	Relation to UST Facility (Check One)
Business Name (If different from above): G. B. C. Inc.	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: (909) 944-3517	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
International Code Council Certification #: FRK00002	Expiration Date: 10-15-06

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

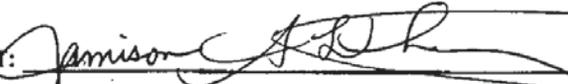
I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

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

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): JAMISON A. WHITEMAN

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT: 

DATE: 9-NOV 04 OWNER'S PHONE #: 760-739-3170

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: POM-C-04-691		Amendment No.: H210-01
Issued to: Palomar Pomerado Health		
Effective Date: 07/01/04 at 12:01 a.m.	Expiration Date: 07/01/05 at 12:01 a.m.	Additional Contribution: Per Contract

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

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

A. BHG's Basic Obligation. What BHG will pay under the Pollution Liability Coverage, in Excess of the Deductible stated in Item 5 of the Certificate of Participation, Unless Excluded in Section B.

1. Subject to a Limit of Liability of \$500,000 per Claim and \$1,000,000 in the aggregate for all Claims first made and reported to BHG during the Contract Period, BHG will pay those sums which the Member is legally required to pay as Damages for a Claim for Bodily Injury or Property Damage arising out of or resulting from Pollution at or from the Named Member's or Subsidiary's premises, a Waste site or the Named Member's or Subsidiary's work site, provided that:

- a. the Bodily Injury or Property Damage is caused by an Occurrence that takes place on or after the following Retroactive Date: 07/01/93;
- b. on or before the Effective Date stated above the Member had no knowledge of facts or circumstances that would cause a reasonable person to believe that a Claim might be made; and
- c. the Claim is first made against the Member during the Contract Period and is reported in writing to BHG as soon as possible, and in no event later than thirty (30) calendar days after the termination of the Contract Period.

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

3. Defense Expenses are part of and not in addition to this Limit of Liability, and payment of Defense Expenses by BHG will reduce the Limit of Liability provided by this Amendment. The most BHG will pay for all Damages and Defense Expenses for any Claim arising out of or resulting from Pollution or alleging liability for Pollution is the Limit of Liability set forth in A.1 above, in excess of the Deductible stated in Item 5 of the Certificate of Participation. BHG's right and duty to defend ends when BHG has paid this Limit of Liability. The Limit of Liability for this coverage is within, not in addition to, the Aggregate limit stated on the Certificate.

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: POM-C-04-691	Amendment No.: H210-01
-------------------------------------	---------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/04 at 12:01 a.m.	Expiration Date: 07/01/05 at 12:01 a.m.	Additional Contribution: Per Contract

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

B. Exclusions Applicable to Pollution Liability Coverage.

1. Except for Exclusion 15 and 16, the exclusions in Section 6 of the Contract shall apply to this Amendment.
2. No coverage is provided for any **Occurrence** commencing prior to the **Retroactive Date** stated in A.1.a above.
3. Notwithstanding any other provision of this Contract, this coverage does not extend to any **Supplemental Member**.

C. Additional Conditions and Definitions

1. "**Contract Period**" means the time period from the Effective Date to the Expiration Date as stated above, or to any earlier termination date.
2. "**Damages**" shall include all costs incurred in the clean-up, detoxification, removal, monitoring, treatment or neutralization of **Pollution**, and such costs shall reduce this Amendment's Limit of Liability.
3. "**Pollution**" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and Waste. **Pollution** includes indoor **Pollution**.
4. No **Claim** shall be deemed first made against any **Member** during the **Contract Period** if the **Claim** or **Occurrence** was reported prior to the Effective Date to BHG or any insurer or group self-insurer, or was known by any **Member** prior to the Effective Date.
5. When two or more **Claims** are treated as a single **Claim** under the definition of "**Claim**," the single **Claim** shall be considered first made when the earliest of the **Claims** is first made, and one Deductible and one Limit of Liability shall apply to all such **Claims**.
6. The **Member** must notify BHG, as soon as practicable, of an **Occurrence**, act, error or omission which may reasonably be expected to result in a **Claim** for **Bodily Injury** or **Property Damage** arising out of or resulting from **Pollution**. The notice must include:

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

BETA Healthcare Group, A Public Entity
AMENDMENT
CLAIMS-MADE-AND-REPORTED POLLUTION LIABILITY COVERAGE

Certificate Number: POM-C-04-691	Amendment No.: H210-01
-------------------------------------	---------------------------

Issued to: Palomar Pomerado Health		
Effective Date: 07/01/04 at 12:01 a.m.	Expiration Date: 07/01/05 at 12:01 a.m.	Additional Contribution: Per Contract

- b. the names and addresses of any injured persons and witnesses; and
- c. the nature of any injury or damage arising out of the Occurrence, act, error or omission.

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

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

9. Limited Right to Extended Reporting Period

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

b. The Named Member does not have the right to purchase an extended reporting period if, on the date of termination, the Named Member has failed to pay any Contribution due under this Contract or has failed to reimburse BHG for any amount BHG has paid on account of any settlement or as damages or Defense Expenses in excess of any applicable Limit of Liability, or has otherwise failed to pay any other amount due BHG.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative of BHG

BETA Healthcare Group, A Public Entity

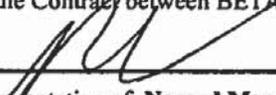
**CERTIFICATE OF PARTICIPATION
HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT**

CERTIFICATE NUMBER:
POM-C-04-691

NOTICE: THIS IS A CLAIMS MADE AND REPORTED CONTRACT WHICH APPLIES ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE MEMBER AND REPORTED IN WRITING TO BETA HEALTHCARE GROUP AS SOON AS POSSIBLE AND IN NO EVENT LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE CONTRACT EXPIRATION DATE. IN ADDITION, THIS COVERAGE CONTRACT PROVIDES NO COVERAGE OR DEFENSE FOR ACTS, ERRORS, OMISSIONS, OFFENSES OR "OCCURRENCES" WHICH OCCUR PRIOR TO THE "RETROACTIVE DATE." THE COVERAGE AFFORDED BY THIS CONTRACT DIFFERS IN SOME RESPECTS FROM THAT AFFORDED BY MOST INSURANCE POLICIES. PLEASE READ IT CAREFULLY.

<p>ITEM 1: NAMED MEMBER: Palomar Pomerado Health 15255 Innovation Drive, Suite 204 San Diego, CA 92128</p>
<p>ITEM 2: SUBSIDIARIES: Palomar Pomerado Insurance Administrators, Palomar Pomerado Health Foundation, Pomerado Hospital Authority, Partners For Community Access, Inc., 343 East 2nd Avenue Investors, Ltd. Partnership, Escondido Ambulatory Surgery Center, Ltd., Palomar Pomerado Health System: Palomar Medical Center, Palomar Medical Center Auxiliary, Palomar Medical Center Auxiliary Gift Shop, Palomar Medical Center Medical Staff, Palomar Continuing Care Center, Palomar Pomerado Home Care, Palomar Pomerado Health Concern, Palomar Pomerado Health Network, Palomar Pomerado Health Source, Palomar Pomerado Lab Services, Pomerado Rehabilitation Outpatient Services, Pomerado Hospital, Pomerado Hospital Auxiliary, Pomerado Hospital Auxiliary Gift Shop, Pomerado Hospital Medical Staff, Ramona Radiology Center, Villa Pomerado, San Marcos Ambulatory Care Center (SMACC)</p>
<p>ITEM 3: CONTRACT PERIOD: (a) Effective Date: 7/1/2004 (b) Expiration Date: 7/1/2005 (c) Retroactive Date: 7/1/2004 at 12:01 a.m. local time for all dates at the address in Item 1</p>
<p>ITEM 4: LIMIT OF LIABILITY: \$20,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate</p>
<p>ITEM 5: DEDUCTIBLE: See Section 7.9.B \$10,000</p>
<p>ITEM 6: CONTRIBUTION: See Section 7.9.A</p>
<p>ITEM 7: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE: HCL/CM(07/04) 120, 130, 131, 132, 135, 145, 203, 210, 262, 272, 276</p>
<p>ITEM 8: NOTICE REQUIRED TO BE GIVEN TO BETA HEALTHCARE GROUP MUST BE ADDRESSED TO: BETA Healthcare Group 1443 Danville Boulevard Alamo, CA 94507</p>

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETA Healthcare Group and the Members.


Authorized Representative of Named Member


Authorized Representative of BETA Healthcare Group

RECEIVED

114230
M. Chairs

D. E. H. MAIL ROOM

send to file

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 29, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____

Site Address: 555 E. Valley Parkway City: Escondido Zip: 92055

Facility Contact Person: Glen Hatchkiss Contact Phone No.: (760) 644-7122

Make/Model of Monitoring System: Pneumercator TMS 2000 Date of Testing/Service: 11/12/04

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>Diesel TANK 3,000</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 LDBA</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>N/A</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>N/A</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
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<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

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

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

Technician Name (print): Antonio Dominguez Signature: _____

Certification No.: 10121 License No.: 94-1571

Testing Company Name: Contract Environmental Service, Inc. Phone No.: (909) 822-6553

Site Address: 14759 Main St., Fontana 92336 Date of Testing/Service: 11/12/04

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

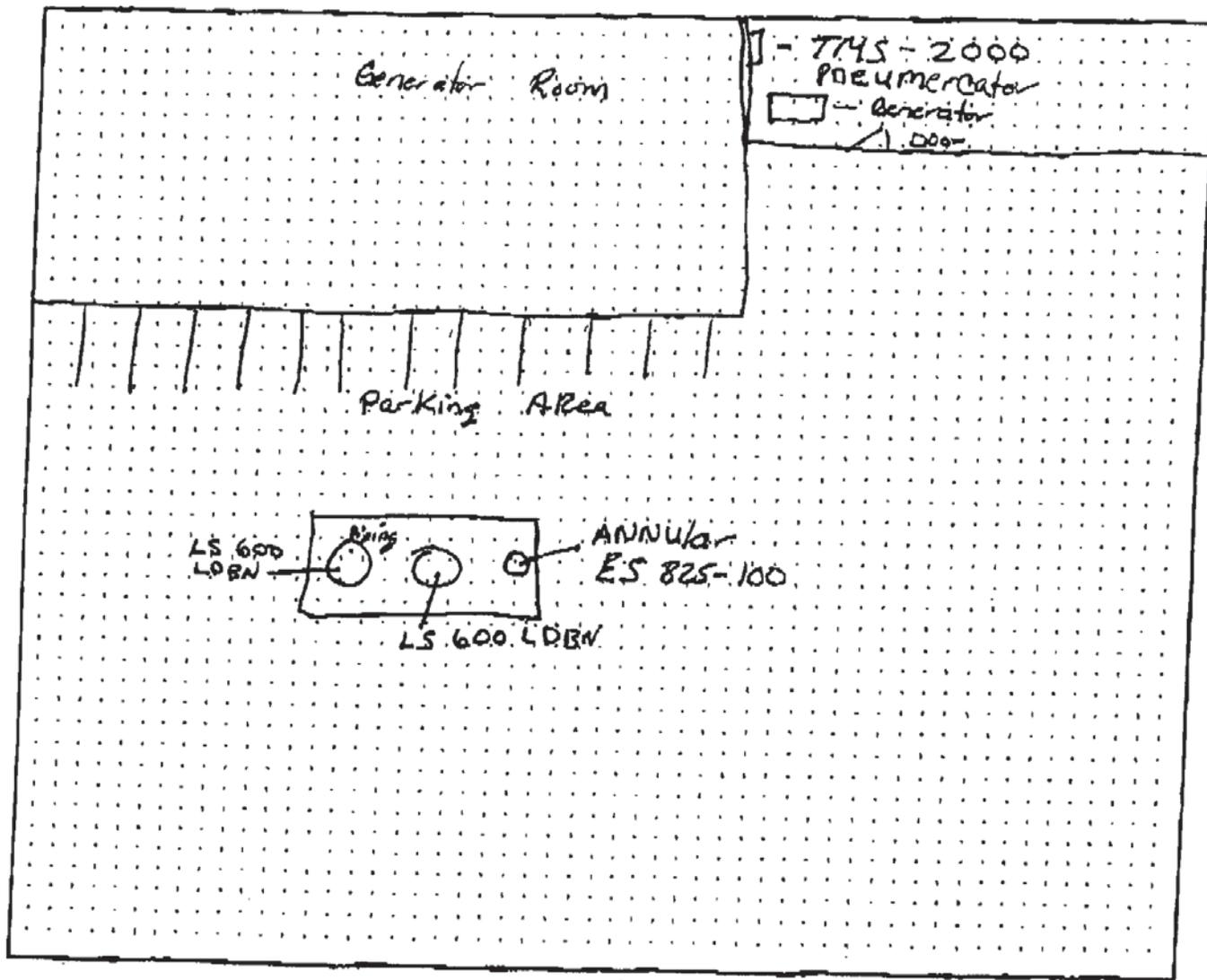
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: _____



Date map was drawn: 11/12/04

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Page 4 of 4

05/00

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Palomar Medical Center Bldg. No.: _____
 Site Address: 555 E. Valley Parkway City: Escondido Zip: 92055
 Facility Contact Person: Glen Hotchkiss Contact Phone No.: (760) 694-7122
 Make/Model of Monitoring System: Pneumecab TMS 2000 Date of Testing/Service: 11/12/04

B. Inventory of Equipment Tested/Certified

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

Tank ID: <u>Diesel TANK 10,000</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: <u>N/A</u> <input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS 600 LDRW</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 LDRW</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: <u>N/A</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: <u>N/A</u> <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>N/A</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
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Dispenser ID: <u>N/A</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

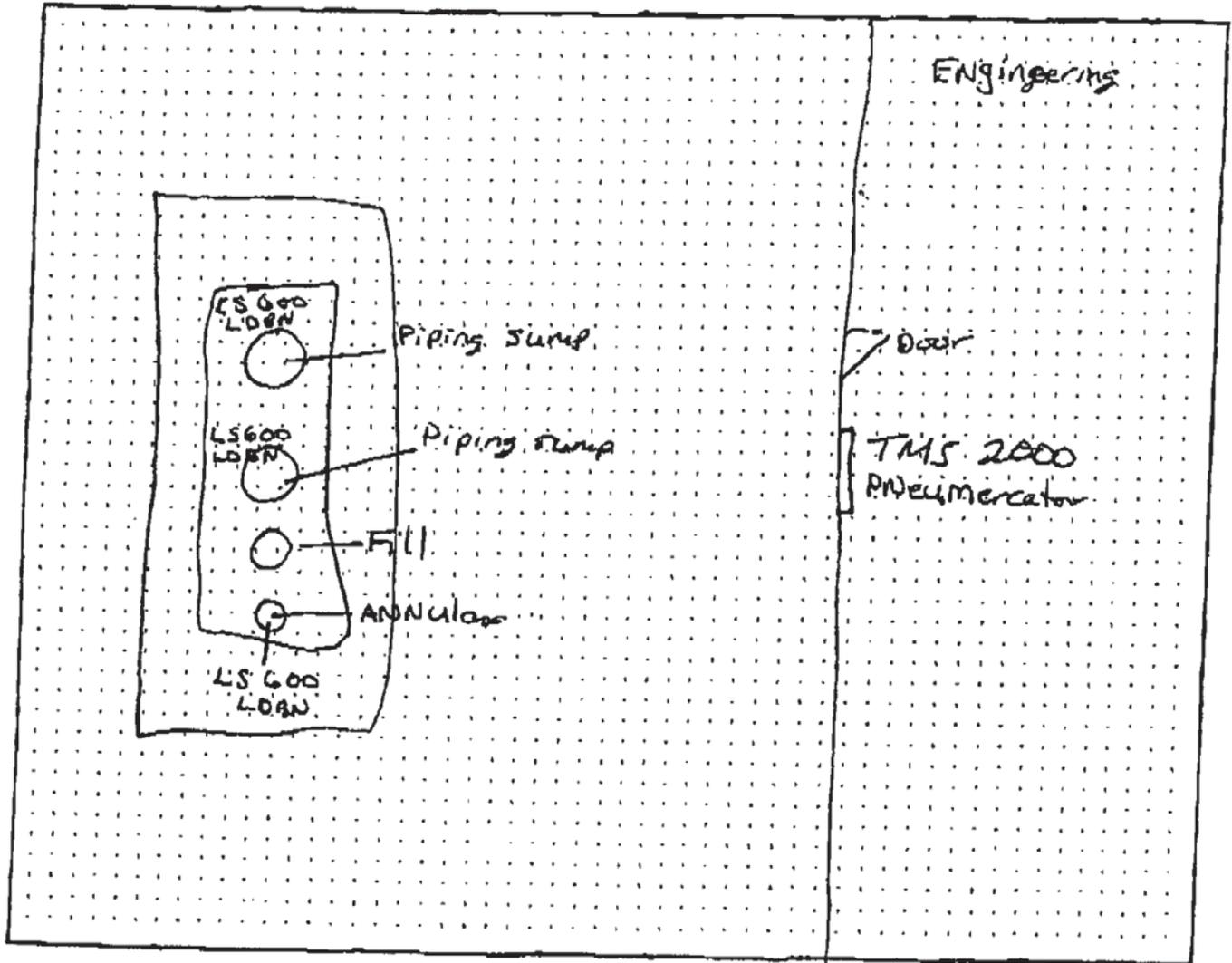
C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing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

Technician Name (print): Antonio Dominguez Signature: _____
 Certification No.: 10121 License No.: 94-1571
 Testing Company Name: Contract Environmental Service, Inc. Phone No.: (909) 822-6553
 Site Address: 14759 Main St, Fontana 92336 Date of Testing/Service: 11/12/04

Monitoring System Certification

UST Monitoring Site Plan

Site Address:



Date map was drawn: 11/12/04

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



CONSTRUCTION AND ENVIRONMENTAL SERVICES

HAZ • Remediation • Asbestos • Lead • Paint • Fuel Systems • CNG Systems • Demo

114230
M. Charts

RECEIVED

2005 JAN 7 AM 9 10

November 12, 2004

D. E. H.
MAILROOM

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

Re: SB989 Testing of 2 Fill boxes/Monitoring System Certification
Palomar Medical Center
555 E. Valley Parkway, Escondido, CA

To Whom It May Concern:

Enclosed please find the results from the testing performed on November 10, 2004. Both Fill Boxes and Monitoring System passed testing.

Should you have any questions or require further information, please contact our office at (909) 944-3517.

Sincerely,

M. S. Bryant
George Bryant Construction, Inc.

Enclosures

9333 Golden Street • Alta Loma, CA 91737-2821
2250 E. Tropicana Avenue, Suite 19-612 • Las Vegas, NV 89119
1642 McCulloch Avenue, #264 • Lake Havasu City, AZ 86403

(909) 944-3517 Phone • (800) 276-3517 Toll Free • (909) 948-2876 Fax

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: VISUAL			Equipment Resolution:	
	Spill Box # 1	Spill Box # 2	Spill Box #	Spill Box #
Bucket Diameter:	12 IN	12 IN		
Bucket Depth:	13 IN	13 IN		
Wait time between applying pressure/vacuum/water and starting test:	0	0		
Test Start Time:	9:40 AM	9:45 AM		
Initial Reading (R _I):	VISUAL	VISUAL		
Test End Time:	10:10 AM	10:15 AM		
Final Reading (R _F):				
Test Duration:	30 MIN	30 MIN		
Change in Reading (R _F -R _I):	0	0		
Pass/Fail Threshold or Criteria:	.002	.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PAGE	1 of 3
EST. NO.	114230
DATE	09/28/2004
TIME START	09:30 am
END	4:00 pm
BUS. CODE	K65
SPECIALIST	Michelle Chairs
CONTACT	Tina Reitsma
TITLE	Facility Ops Dir
PHONE	760-739-3000

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py
 CITY/ZIP Escondido, CA 92025

Passed 12/07/04 Off File

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

NOTE: Re-inspection fees will be charged if additional inspections are required to determine compliance.

Routine Inspection was performed with Jamie Whiteman - Facility Mgr and Tina Reitsma - Facility Ops Dir.

Business manages various hazardous materials, hazardous wastes, and bio-hazardous wastes in regulated quantities.

Business operates (2) underground storage tanks containing diesel fuel.

DEC 01 2004

FACILITY PERMIT CURRENT EXPIRATION DATE 9/30/05.
UST OP PERMIT EXPIRES: 12/12/2005.

OBSERVATION - Container storing bulk chemo waste in pharmacy, without labels and or accumulation start dates.

VIOLATION 0202 - Hazardous waste containers are missing labels, accumulation date and/or are improperly labeled. CCR 66262.34

CORRECTIVE ACTION - Immediately affix a complete hazardous waste label, including; accumulation start date (date waste was first put in container), physical state, hazardous properties, contents/composition, generator information (name address) to all containers of hazardous waste.

OBSERVATION - Pharmwaste waste improperly managed, disposed of in sharps container (3rd floor, ER).

VIOLATION 4421 - Pharmwaste waste not separated from other MW. 118275

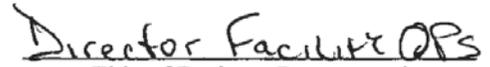
CORRECTIVE ACTION - Repackage Pharmwaste waste immediately.

QUESTIONS and/or CORRESPONDENCE REGARDING THIS REPORT SHOULD BE DIRECTED TO

MICHELLE CHAIRS, ENVIRONMENTAL HEALTH SPECIALIST III,
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS MANAGEMENT DIVISION
 338 VIA VERA CRUZ PHONE (760)940-2854
 SAN MARCOS, CA 92069 FAX (760)940-2853


 Signature of Business Representative

11/10/04
 Date Signed


 Title of Business Representative

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

PERMIT # 114230

DATE 11 / 10 / 2004

PAGE 2 OF 3

BUSINESS ADDRESS: 8650 La Jolla Shores Dr. La Jolla ZIP: 92093

VIOLATION REPORT: The items checked below refer to specific section numbers of Titles 19 & 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.95 of the Health and Safety Code (HSC), and/or the San Diego County Code (SDCC).

All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

HAZARDOUS WASTE REQUIREMENTS

RECORDKEEPING

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0131 UPF Permit not obtained SDCC. 68.905
	<input type="checkbox"/>	V0132 No EPA Identification Number. 66262.12
	<input type="checkbox"/>	V0133 Manifest copy not sent to DTSC. 66262.23
	<input type="checkbox"/>	V0134 Exception Rpt. not filed with DTSC. 66262.42
	<input type="checkbox"/>	V0135 Waste Manifests/Receipts not on-site for 3 years. 66262.40
	<input type="checkbox"/>	V0136 No records of battery disposal. 66262.81
	<input type="checkbox"/>	V0137 Manifest not properly completed. 66262.23
	<input type="checkbox"/>	V0138 TSDF signed-manifest not on-site. 66262.40
	<input type="checkbox"/>	V0139 Biennial report not sent to DTSC. 66262.41
	<input type="checkbox"/>	V0140 LDR Documentation not available. 66268.7
	<input type="checkbox"/>	V0141 Operating TSDF without authorization. 25201
	<input type="checkbox"/>	V0142 Failed to notify local CUPA of onsite treatment of hazardous waste. 25201
	<input type="checkbox"/>	V0143 Tiered Permitting notification has incomplete or incorrect information. 25201
	<input type="checkbox"/>	V0144 SB14 compliance doc. not available. 25244.19
	<input type="checkbox"/>	V0145 Excluded recyclable materials report not submitted to HMD. 25143.10

STORAGE AND HANDLING

	<input type="checkbox"/>	V0201 Waste container not kept closed. 66265.173
1	<input checked="" type="checkbox"/>	V0202 Waste container missing/improperly labeled. 66262.34, 25143.9
	<input type="checkbox"/>	V0203 Damaged container not repackaged. 66265.171
	<input type="checkbox"/>	V0204 Waste container not properly managed. 66265.173
	<input type="checkbox"/>	V0205 Waste container in poor condition. 66265.171
	<input type="checkbox"/>	V0206 Ignitable Waste < 50 feet of property line. 66265.176
	<input type="checkbox"/>	V0207 Facility not maintained/operated to minimize possibility of fire, explosion or release. 66265.31
	<input type="checkbox"/>	V0208 Storage area not inspected weekly. 66265.174
	<input type="checkbox"/>	V0209 Waste stored > 90, 180, or 270 days. 66262.34
	<input type="checkbox"/>	V0210 Hazwaste not cleaned up off floor surface. 66262.10b
	<input type="checkbox"/>	V0211 Incompatibles in the same container. 66265.177
	<input type="checkbox"/>	V0212 Incompatibles not stored separately. 66265.177
	<input type="checkbox"/>	V0213 Container incompatible with waste. 66265.172
	<input type="checkbox"/>	V0214 Waste oil contaminated. 25250.7
	<input type="checkbox"/>	V0215 Used oil filters improperly managed. 66266.130
	<input type="checkbox"/>	V0216 Hazardous materials not properly labeled. 25124

DISPOSAL AND TRANSPORTATION

	<input type="checkbox"/>	V0301 Unauth. disposal of waste to: _____ 25189.5
	<input type="checkbox"/>	V0302 Unlawful transportation of hazardous waste. 25163
	<input type="checkbox"/>	V0303 Waste transported without a manifest. 66262.20
	<input type="checkbox"/>	V0304 Waste determination not made. 66262.11

TRAINING, CONTINGENCY PLAN & ER PROCEDURES

Viol #	VIOL	VIOLATION DESCRIPTION
	<input type="checkbox"/>	V0401 Training records unavailable. 66265.16
	<input type="checkbox"/>	V0402 Training program not adequate. 66265.16
	<input type="checkbox"/>	V0403 Facility not designed to minimize release. 66265.31
	<input type="checkbox"/>	V0404 Spill control equip not available. 66265.32
	<input type="checkbox"/>	V0405 Aisle space is obstructed. 66265.35
	<input type="checkbox"/>	V0406 Contingency plan not prepared and/or on file. 66265.51, 66265.53

HAZARDOUS WASTE TANK SYSTEMS

	<input type="checkbox"/>	V1601 Hazwaste tanks w/o P.E. assessment. 66265.191a, 66265.192a
	<input type="checkbox"/>	V1602 P.E. Assessment report not complete. 66265.191g, 66265.192k
	<input type="checkbox"/>	V1603 Hazwaste tank system: no secondary containment. 66265.193a
	<input type="checkbox"/>	V1604 Secondary containment not kept empty. 66265.196(b)(c), 66265.194(c)
	<input type="checkbox"/>	V1605 No daily tank inspection/inspect. log 66265.195 (b&c)
	<input type="checkbox"/>	V1606 Improper or absent spill/overflow protection. 66265.194b
	<input type="checkbox"/>	V1607 Improper corrosion protection. 66265.191, 66265.192
	<input type="checkbox"/>	V1608 Integrity assessment not done for tanks without secondary containment system. 66265.191
	<input type="checkbox"/>	V1609 Improper use of hazwaste tank system. 66265.196
	<input type="checkbox"/>	V1610 No PE assessment report-repairs/changes. 66265.196g
	<input type="checkbox"/>	V1611 Improper closure of haz waste tank unit. 67383.3, 66265.197

HAZARDOUS MATERIALS REQUIREMENTS

BUSINESS PLAN REQUIREMENTS

	<input type="checkbox"/>	V1001 UPF permit not obtained for Haz. Materials. 68.905
	<input type="checkbox"/>	V1002 Hazardous Materials Business Plan (HMBP) not established/implemented. 25503.5
	<input type="checkbox"/>	V1003 HMBP not amended to reflect changes. 25505
	<input type="checkbox"/>	V1004 HMBP not submitted to HMD. 25505
	<input type="checkbox"/>	V1005 Emergency contacts not provided/current. 25509
	<input type="checkbox"/>	V1006 Inventory is incomplete. 25504
	<input type="checkbox"/>	V1007 Highly toxic gas (TLV≤10 ppm) not disclosed in chemical inventory. 68.1113
	<input type="checkbox"/>	V1008 Annual carcinogen & reproductive toxin list not submitted to HMD. 68.1113
	<input type="checkbox"/>	V1009 Site map is not sufficient. 25509
	<input type="checkbox"/>	V1010 Failure to report a release/threatened release. 25507
	<input type="checkbox"/>	V1011 Personnel training records not available. 19 CCR 2732
	<input type="checkbox"/>	V1012 SPCC plan required but not prepared. 25270.5 (c)
	<input type="checkbox"/>	V2504 Owner or operator (O/O) Stationary Source (SS) with >TPQ of a regulated substance (RS) did not comply with Chapter 4.5 (CalARP process). 2745.1
	<input type="checkbox"/>	V2553 O/O of a new or modified SS with >TPQ of RS did Not submit RMP. 2735.4, 25535 (d)

[Signature]
SIGNATURE OF BUSINESS REPRESENTATIVE

11-10-04
DATE SIGNED

[Signature]
TITLE OF BUSINESS REPRESENTATIVE



COUNTY OF SAN DIEGO

MEDICAL WASTE REQUIREMENTS COMPLIANCE INSPECTION REPORT

PERMIT #	114230
DATE	11 / 10 / 2004
PAGE	3 OF 3

BUSINESS ADDRESS: 4002 Vista Wy Oceanside ZIP: 92056
VIOLATION REPORT: The items checked below refer to specific section numbers of the California Health and Safety Code Sections 25100 and 117600 et. al.; the San Diego County Code of Regulatory Ordinances Sections 68.1201 et. al.; and the California Code of Regulations, Title 22 Sections 65600 et. al.
 All violations must be corrected. Submit documentation of return to compliance to your Specialist. You may use the Corrective Action Form to document your return to compliance. Your Specialist can provide these forms. Please call (619) 338-2222 or your Specialist if you have any questions.

STORAGE AND LABELING

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V4201	UPF Permit not obtained. 117705, 68.905
<input type="checkbox"/>	V4202	Medical Waste (MW) not separated from other waste at point of origin. 118275
<input type="checkbox"/>	V4203	Enclosure or designated accumulation area for MW containers not secured. 118310
<input type="checkbox"/>	V4204	MW storage area not posted with an approved and legible biohazardous waste "warning sign" in English and Spanish. 118310
<input type="checkbox"/>	V4205	Medical SOLID WASTE not secured to deny access to unauthorized persons. 68.1211
<input type="checkbox"/>	V4206	Spill of MW not properly cleaned up. 118300
<input type="checkbox"/>	V4207	Sharps not stored in approved and properly marked sharps container. 118275
<input type="checkbox"/>	V4208	Full sharps container not taped closed or tightly-lidded to preclude loss of contents. 118285
<input type="checkbox"/>	V4209	Red bags/sharps container not labeled with generator's name, address, and phone number. 68.1205, 68.1206
<input type="checkbox"/>	V4210	MW not stored in approved and properly marked red bags. 118275
<input type="checkbox"/>	V4211	Red bags not tied off to prevent leakage/expulsion of contents during handling and storage. 118280
<input type="checkbox"/>	V4212	Red bags not containerized in rigid, leak resistant, and covered containers or bins. 118280
<input type="checkbox"/>	V4213	Waste container/bin not labeled on the lid and side so as to be clearly visible. 118280
<input type="checkbox"/>	V4214	Reusable containers/bins for MW storage not kept clean/sanitary. 118295, 118305
<input type="checkbox"/>	V4215	Frozen (0C/32 F) MW stored >90 days. 118280
<input type="checkbox"/>	V4306	Full sharps container stored >7 days at room temp 118285
<input type="checkbox"/>	V4307	Red bag waste stored >7 days at room temperature (for generators of >20lbs/month). 118280
<input type="checkbox"/>	V4308	Red bag waste stored >30 days at room temperature (for generators of <20 lbs/month). 118280

TREATMENT AND DISPOSAL

<input type="checkbox"/>	V4251	MW treated by unapproved method/procedure. 118215
<input type="checkbox"/>	V4252	Standardized written operating procedures for steam sterilization not available. 118215
<input type="checkbox"/>	V4253	Recording thermometer not calibrated annually. 118215
<input type="checkbox"/>	V4254	No records of thermometer calibration checks onsite for at least the past 3 years. 118215
<input type="checkbox"/>	V4255	Heat-sensitive tape/other approved method not used for each load treated onsite. 118215
<input type="checkbox"/>	V4256	Monthly biological indicator or other approved method not used to confirm proper disinfection. 118215
<input type="checkbox"/>	V4257	Onsite Steam Sterilization did not reach 121°C/250 °F for 30 minutes. 118215
<input type="checkbox"/>	V4258	Treatment records/logs of dates, time and temperature not available for 3 yrs. 118215
<input type="checkbox"/>	V4259	Disposal of untreated MW to an unauthorized point. 118340

TRANSPORTATION REQUIREMENTS

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V4260	Transportation of MW without State Hauler Registration or a (LQHE) from HMD. 118025
<input type="checkbox"/>	V4304	No LQHE for "self-hauled" MW (<20 pounds of waste/wk). 118030, 118025
<input type="checkbox"/>	V4305	LQHE not renewed annually as required. 118030
<input type="checkbox"/>	V4311	Medical Waste tracking documents not in vehicle transporting MW. 118040
<input type="checkbox"/>	V4312	MW tracking documents/logs not maintained for 3years for LQHE. 118040

SMALL QTY. GENERATORS ONLY (<200 lbs/mo) MW)

Viol #	VIOL	VIOLATION DESCRIPTION
<input type="checkbox"/>	V4301	Medical Waste Mgmt. Plan (MWMP) not submitted to HMD (initial/updates if onsite treatment). 117935
<input type="checkbox"/>	V4302	Did not maintain and show proof of "onsite" medical waste treatment records for 3 years. 118215, 117943
<input type="checkbox"/>	V4303	Did not retain on file disposal receipts/tracking documents for waste shipped offsite for 2 yrs. 117945
<input type="checkbox"/>	V4309	MWMP or equivalent information not onsite. 117945

REQUIREMENTS FOR LARGE QUANTITY GENERATORS ONLY (> 200 pounds of waste generated per month)

<input type="checkbox"/>	V4351	MWMP not submitted to HMD (initial/updates). 117950, 117960, 117970
<input type="checkbox"/>	V4352	Records of MW treatment not available for 3 years. 118215, 117975
<input type="checkbox"/>	V4353	Did not retain on file disposal receipts/tracking documents for at least 3 yrs. for waste shipped offsite. 117975

PATHOLOGY, CHEMOTHERAPY, PHARMAC. & HAZ. WASTE

<input type="checkbox"/>	V4401	Chemo waste not segregated from other MW. 118275
<input type="checkbox"/>	V4402	Chemo waste container not properly labeled. 118275
<input type="checkbox"/>	V4403	Illegal disposal of chemo waste. 118340
<input type="checkbox"/>	V4411	Pathology waste not segregated from other MW. 118275
<input type="checkbox"/>	V4412	Pathology waste container not properly labeled. 118275
<input type="checkbox"/>	V4413	Illegal disposal of pathology waste. 118340
<input checked="" type="checkbox"/>	V4421	Pharmwaste not segregated from other MW. 118275g
<input type="checkbox"/>	V4422	Pharmwaste not properly labeled. 118275(g)
<input type="checkbox"/>	V4423	Pharmwaste stored >90 days. (≥ 10 lbs/yr) 118280(e)
<input type="checkbox"/>	V4431	VSQG of pharmwaste (<10 lb/yr) stored >1yr. 118280(e)
<input type="checkbox"/>	V4432	Illegal disposal of pharmaceutical waste. 118340, 118222
<input type="checkbox"/>	V4441	Illegal disposal of photo/hazwaste to sewer/trash. 25189.5

ONSITE MW TREATMENT FACILITY REQUIREMENTS

<input type="checkbox"/>	V4501	Onsite MW treatment permit not obtained/renewed. 117950, 118130, 118155, 65620/65623.
<input type="checkbox"/>	V4502	Current copy of the MW treatment permit not available. 65621(f), 65623, 118165, 118180
<input type="checkbox"/>	V4503	Condition(s) of the MW treatmt. permit violated. 65623


 SIGNATURE OF BUSINESS REPRESENTATIVE

11/10/04
 DATE SIGNED


 TITLE OF BUSINESS REPRESENTATIVE

DATE 11-69104-



OFFICE USE ONLY
H 114230

MEDICAL WASTE MANAGEMENT PLAN

Business Name: Palomar Medical Center Type of Business/Practice: Hospital

Site Address: 555 E. Valley Pkwy - Escondido Zip: 92025 Phone: _____

Contact Person: _____ Title: _____

24 Hour Emergency Phone: () _____

GENERATION AND STORAGE OF BIOHAZARDOUS WASTE:

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

MEDICAL WASTE TYPE	QUANTITY (lbs/month)	STORAGE (container type)	TREATMENT METHOD	ON-SITE	OFF-SITE	HAULER NAME*
BIOHAZARDOUS WASTE Sharp Waste Needles/syringes/slides	5970	Puncture-Proof Sharps Container	Auto Clave		✓	stericycle
Non-sharp Waste Articles containing Fluid Blood (gauze, bandages, tubing, etc.)	8780	Red Bio-Waste Bag	Auto Clave		✓	stericycle
Solids (cultures, lab waste, etc.)	1755	Bio-Waste Container w/Bag	Autoclave		✓	stericycle
Liquids (urine, etc.)	1053	Bio-waste Container w/Bio-Waste Bag	Sewer or Autoclave		✓	stericycle
Trace chemotherapy waste	61.11	Yellow Chemo Storage Containers	Incineration		✓	stericycle
Contaminated animal carcasses	N/A	N/A	N/A	N/A	N/A	N/A
Other Path	645.02	Red Bio-Waste Bag	Incineration		✓	stericycle
MEDICAL SOLID WASTE Gloves, empty specimen containers, gauze with dry blood, treated biohazardous waste	N/A		N/A	N/A	N/A	

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

Biohazardous WASTE STORAGE LOCATION: [Please check the appropriate box(es)].
Biohazardous Waste: Inside establishment in secured area Outside in posted, secure area
Medical Solid Waste: Inside establishment Outside in Locked/secured dumpster

PERSONNEL TRAINING:

All personnel handling biohazardous waste have been trained in all aspects of this management plan. Training includes the legal definition of biohazardous waste, separation and proper storage, transportation, treatment, and disposal of biohazardous waste. Documentation for completed employee training will be kept onsite.

CERTIFICATION STATEMENT:

I certify that the above management plan is complete and accurate, and that this business will adhere to all aspects of the plan. I further understand that any violation of this plan or any applicable law or regulation may result in legal action.

Jina Reina
SIGNATURE OF RESPONSIBLE PERSON

Jina Reina
NAME OF RESPONSIBLE PERSON (please print or type)

Jinifer Fox OPS
TITLE

11.9.04
DATE

DISTRIBUTION: WHITE - RETURN TO HMD
YELLOW - BUSINESS RETAINS



COUNTY OF SAN DIEGO

COMPLIANCE INSPECTION REPORT

BUSINESS NAME Palomar Medical Center
 ADDRESS 555 E Valley Py.
 CITY/ZIP ESCONDIDO 92025

1 OF **1** DATE 11/20/03
 PERMIT # 114230
 TIME START 9:00 END 3:00
 BUS. CODE K65
 SPECIALIST Michelle Chairs
 INSPECTION CONTACT/TITLE Tina Reitsma / Dir. Fac. Ops
 PHONE: (760) 739-3186
PRSD 1-23-04 cm File

On the above date, an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapters 6.5, 6.7, 6.95; Titles 19, 22 and 23 of the California Code of Regulations (CCR); and the San Diego County Code (SDCC). The following remarks are intended to provide guidance to correct the violations noted on the attached violation report.

- | | | | |
|---------------------------------------|------------------------------|---------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Routine Inspection:

Business manages (2) underground storage tanks, haz. materials, haz. waste, and biohazardous waste in regulated quantities.

Current medical waste management plan and financial responsibility coverage were provided during inspection.

All medical waste storage areas need to be secured to prevent access to unauthorized persons.

DEC 09 2003
DEC 09 2003

This is an annual certification that the Hazardous Materials Business Plan (inventory, emergency contacts, emergency response plan, and employee training plan) is current and includes all the information required in the H&SC and is maintained at the site where hazardous materials are stored.

Initials of Business Representative [Signature]

Tina Reitsma Signature of Business Representative 11-20-03 Date Signed Tina Reitsma Title

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261; (619) 338-2222; sdcdelh.org



COUNTY OF SAN DIEGO - UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Establishment Number: 114230

Plan Check Number: _____

1. FACILITY INFORMATION

Facility Name: <u>Palomar Medical Center</u>		Date of Testing: <u>9-12-03</u>
Facility Address: <u>555 E. Valley Parkway</u>		Test Type:
Facility Contact: <u>Glen Hatchkiss</u>	Phone: <u>(760) 739-3111</u>	<input type="checkbox"/> Initial
Date Local Agency Was Notified of Testing :		<input type="checkbox"/> 6 month
Name of Local Agency Inspector (if present during testing): <u>Juan Fernandez</u>		<input type="checkbox"/> 36 month

2. TESTING CONTRACTOR INFORMATION

Company Name: <u>George Bryant Construction</u>		
Technician Conducting Test: <u>MATT BRYANT</u>		
Credentials:	<input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: <u>A B C21 Haz ASB</u>	License Number: <u>719466</u>	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
<u>Sump #1 piping sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sump #2 Vent sump</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>piping run 1 3,000 gal TANK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>piping run 2 3,000 gal TANK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>piping run 1 10,000 gal tank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>piping run 2 10,000 gal TANK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:
water was pumped into 55gal Drums, taken to our office and hauled off by Haztec services.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Matt E. R

Date: 9-12-03

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used:	Equipment Resolution:			
	Sump # 1	Sump #	Sump #	Sump #
Sump Diameter:	30"			
Sump Depth:	40"			
Sump Material:	Fiber Glass			
Height from Tank Top to Top of Highest Piping Penetration:	12"			
Height from Tank Top to Lowest Electrical Penetration:	18"			
Condition of sump prior to testing:	Good			
Portion of Sump Tested ²	Bottom 14"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	N/A			
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 min			
Test Start Time:	7:43	8:04		
Initial Reading (R _i):	770	770		
Test End Time:	8:00	8:21		
Final Reading (R _f):	770	770		
Test Duration:	17.8	17.8		
Change in Reading (R _f -R _i):	0	0		
Pass/Fail Threshold or Criteria:	.002	.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Sensor not installed yet.

² If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer				
<input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic				
<input type="checkbox"/> Other (Specify)				
Test Equipment Used:			Equipment Resolution:	
	Fill Sump # 2	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:	30"			
Sump Depth:	40"			
Height from Tank Top to Top of Highest Piping Penetration:	12"			
Height from Tank Top to Lowest Electrical Penetration:	18"			
Condition of sump prior to testing:	Good			
Portion of Sump Tested	Bottom 14"			
Sump Material:	Fiber glass			
Wait time between applying pressure/vacuum/water and starting test:	30 min			
Test Start Time:	8:24	8:45		
Initial Reading (R _I):	700	700		
Test End Time:	8:41	9:02		
Final Reading (R _F):	700	700		
Test Duration:	17.7	17.6		
Change in Reading (R _F -R _I):	0	0		
Pass/Fail Threshold or Criteria:	.002	.002		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is there a sensor in the sump?	<input type="checkbox"/> Yes <input checked="" 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
Does the sensor alarm when either product or water is detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

sensor not installed yet

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input checked="" type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer				
<input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic				
<input type="checkbox"/> Other (Specify)				
Test Equipment Used: <u>Visual test</u>			Equipment Resolution:	
	Spill Box # /	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	<u>12"</u>			
Bucket Depth:	<u>13"</u>			
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:	<u>1:00pm</u>			
Initial Reading (R _i):				
Test End Time:	<u>1:30pm</u>			
Final Reading (R _F):				
Test Duration:	<u>30min</u>			
Change in Reading (R _F - R _i):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Visual test, Spill Box in Vent Sump. (Per inspector)
(Juan Fernandez)

Sump Leak Tester Model 300
Barnett Engineering
Fortuna, CA

Site: 555 E Valley Parkway
Palomar Medical

Sump: 1 piping sump

Date: 09/12/2003

Time: 07:43

Rate: Pass

Disp: <.002 inches

Elap: 17.8 minutes

Tech: Matt E

Sump Leak Tester Model 300
Barnett Engineering
Fortuna, CA

Site: 555 E Valley Parkway
Palomar Medical

Sump: 2 vent sump

Date: 09/12/2003

Time: 08:24

Rate: Pass

Disp: <.002 inches

Elap: 17.7 minutes

Tech: Matt E

Sump Leak Tester Model 300
Barnett Engineering
Fortuna, CA

Site: 555 E Valley Parkway
Palomar Medical

Sump: 1 piping sump

Date: 09/12/2003

Time: 08:04

Rate: Pass

Disp: <.002 inches

Elap: 17.8 minutes

Tech: Matt E

Sump Leak Tester Model 300
Barnett Engineering
Fortuna, CA

Site: 555 E Valley Parkway
Palomar Medical

Sump: 2 vent sump

Date: 09/12/2003

Time: 08:45

Rate: Pass

Disp: <.002 inches

Elap: 17.6 minutes

Tech: Matt E



State of California
State Water Resources Control Board

For Agency Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

500,000 dollars per occurrence

1 million dollars annual aggregate

or

AND

or

1 million dollars per occurrence

2 million dollars annual aggregate

B. _____ hereby certifies that it is in compliance with the requirements of Section 2807,

(Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
CLAIMS MADE POLLUTION LIABILITY INSURANCE	PROGRAM BETA 1443 DANVILLE BLVD ALAMO, CA 94507-1973	B-99-691	occur \$500,000 aggretate \$1,000,000	7-1-03 THRU 7-1-04		

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
PALOMAR MEDICAL CENTER	555 E VALLEY PKWY
Facility Name	ESCONDIDO, CA 92025
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
<i>[Signature]</i>	11-20-03	
Signature of Witness or Notary	Date	Name of Witness or Notary



P. F. Services

1199 N. Ukiah Way

Upland, CA 91786

Tel: (909) 949-9141 • Fax: (909) 920-6453

Toll Free: (877) 710-2189 • Email: pfuerte@earthlink.net

Lic# 767952

FACSIMILE COVER SHEET

TO: George Bryant Construction, Inc.

ATTENTION: George / Peggy

FAX #: (909) 948-2876

FROM: P.F. SERVICES
Joan Fuerte

DATE: October 29, 2003

No. of pages (including this coversheet): 16

MESSAGE:

Please find attached the monitoring certifications for Palomar Medical Center and Pablo's certification, etc.

Please let us know if you require additional information.

Hope you have a good day!

A handwritten signature in cursive script, appearing to read 'Joan'.

File 114230



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 120201, SAN DIEGO, CA 92112-0201
(619) 238-2222 FAX (619) 338-2377; 1-800-253-0933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____

Permit Number: 114230

A. General Information

Facility Name: Palomar Medical Ctr. Bldg. No.: _____

Site Address: 555 E. Valley Parkway City: Escondido Zip: 92025

Facility Contact Person: Glen Hotchkiss Contact Phone No.: (_____) _____

Make/Model of Monitoring System: Pneumerrator TMS 2000 Date of Testing/Service: 10/3/03

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced:

<p>Tank ID: <u>Diesel Tank</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: <u>N/A</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>LS 6000 LDR</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 6000 LDR</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>N/A</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). Model: _____</p>

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): System set-up Alarm history report

Technician Name (print): Pablo Fuente Signature: _____

Certification No.: 10122 License No.: 767957

Testing Company Name: P.F. Services Phone No.: (877) 710-2189

Site Address: Palomar Medical Ctr. 555 E. Valley Parkway Date of Testing/Service: 10/3/03

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Permit Number: _____

Software Version installed: _____

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes; which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No.
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: A Pneumercator monitoring system was installed TMS 2000 including two LS600L-DBN sump sensors and one LS600L-DBN monitor sensor.

Water was found in annular space sensor water probably coming from sprinkler system and going into annular space through broken sensor junction box. Note: Junction box was repaired as well

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

- Check this box if tank gauging is used only for inventory control
- Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

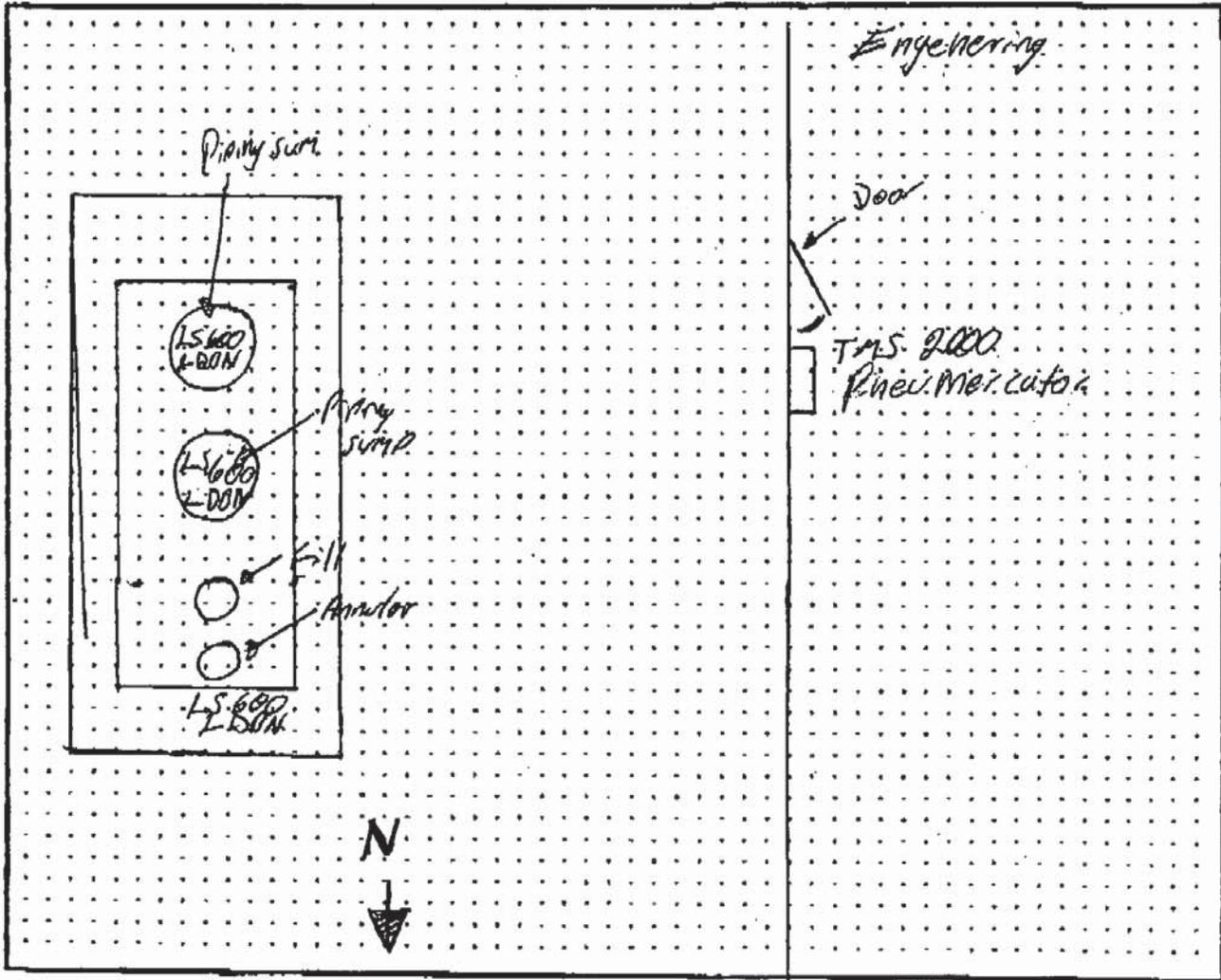
H. Comments:

UST MONITORING PLOT PLAN UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Site Name: *Palomar Medical Ctr.*

Permit No:

Site Address: *555 E. Valley Parkway Escondido, CA 92025*



Date map was drawn or revised: *10-24-03*

Instructions

On your site monitoring plot plan, show the general layout of tanks and piping in relation to nearby buildings or other structures. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, trench systems, under-dispenser containment, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 328-2222 FAX (619) 328-2377; 1-800-253-8933

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

FILE
114230

This form must be used to document installation, testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

Plan Check Number: _____ Permit Number: 114230

A. General Information

Facility Name: Palomar Medical Ctr. Bldg. No.: Emergency
Site Address: 555 E. Valley Pkwy. City: Escondido Zip: 92025
Facility Contact Person: Alex Hatcher Contact Phone No.: ()
Make/Model of Monitoring System: Pneumator TMS 2000 Date of Testing/Service: 10/13/07

B. Inventory of Equipment Tested/Certified: Check the appropriate boxes to indicate specific equipment installed/inspected/serviced.

<p>Tank ID: <u>Diesel farm</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: <u>ES 825-100</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>LS 600 LDRH</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: <u>N/A</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>N/A</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>N/A</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s). _____</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____</p>

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was installed/inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply): System set-up Alarm history report

Technician Name (print): Pablo Fuertes Signature: [Signature]
Certification No.: 10122 License No.: 767952
Testing Company Name: P.F. Services Phone No.: (877) 710-2189
Site Address: 555 E. Valley Pkwy. Date of Testing/Service: 10/13/07

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Permit Number: _____

Software Version Installed: _____

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No.
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: A Proconicator TMS 2000 monitoring system was
install including two LGS 600 + DBN sump sensors and one
ES 825-100 optical annular space sensor.

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

F. In-Tank Gauging / SIR Equipment:

Permit Number: _____

Check this box if tank gauging is used only for inventory control

Check this box if no tank gauging or SIR equipment is installed

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In Section H below, describe how and when these deficiencies were or will be corrected.

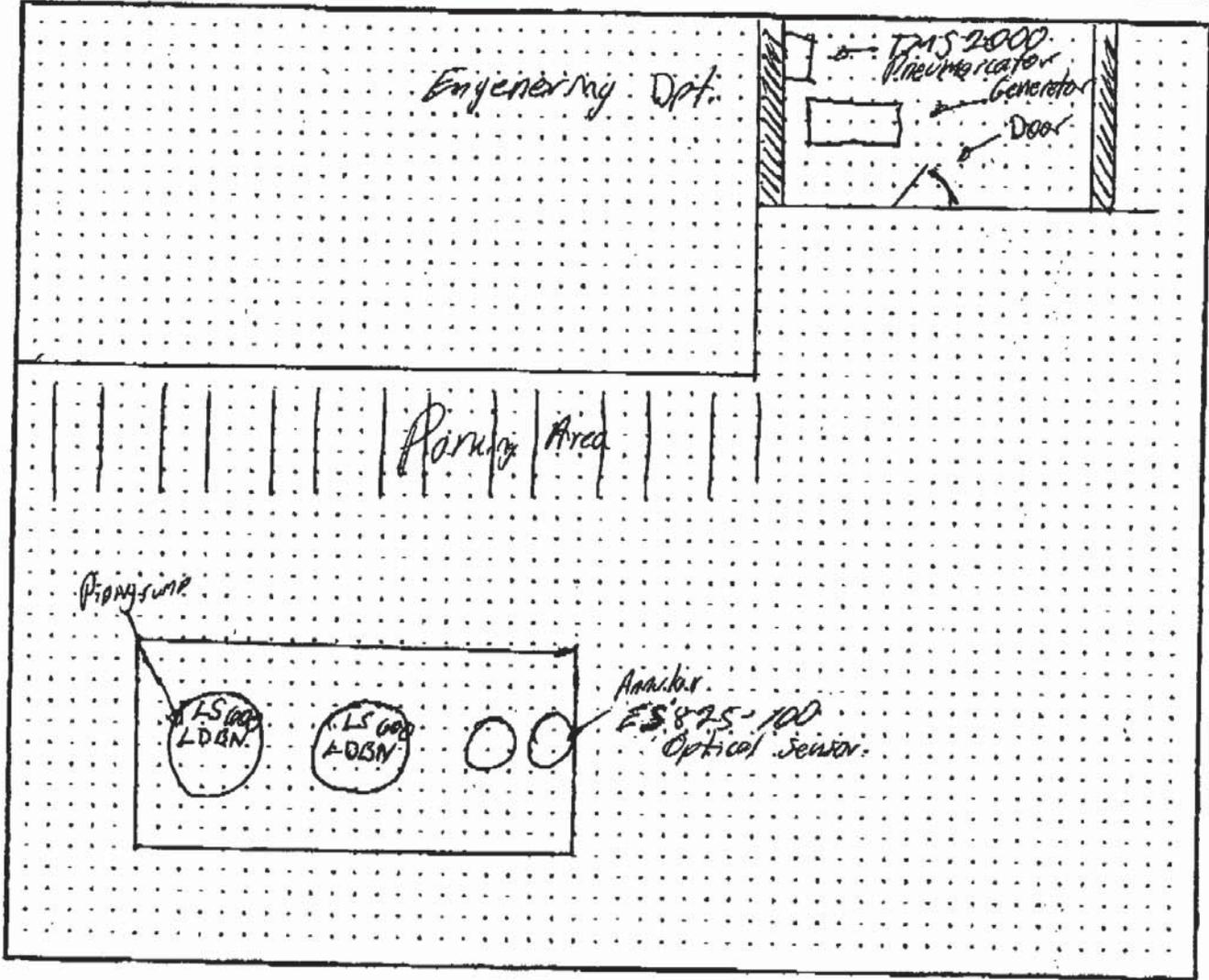
H. Comments:

UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION

Permit Number: _____

UST Monitoring Site Plan

Site Address: _____



Date map was drawn: 10/24/03

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

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UPFP: 114230
FILE

WRITTEN MONITORING PROCEDURES UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: Title 23 CCR, Sections 2832 (d)(1), 2834 (d)(2), and 2641 (f)

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder must submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, within 30 days of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: *Palomar Medical Ctr.*
Facility Address: *555 E. Valley Pkwy.*

- Tank and piping monitoring is identical for all UST's located at this facility; or
- This plan covers only the following tank(s):

- No electronic leak detection systems are used to monitor UST systems covered by this plan; or
- The following type of electronic monitoring system performs leak detection monitoring for UST systems covered by this plan (i.e.: Veeder Root TLS 350):

Manufacturer: *Pneumercator* Model # *TMS 2000*
Manufacturer: Model #

B. Tank Monitoring (refer to annual monitor certification for help)

- Continuous electronic monitoring of tank interstitial space or secondary containment:
 - Leak Sensor Manufacturer: *Pneumercator* Sensor Model # *LS600 LDBN Sump*
- Automatic Tank Gauging system used to monitor single-walled tank(s):
 - In-Tank Probe Manufacturer: *ES 825-100 Annular*
 - Frequency of Leak Tests: Continuous (i.e. CFTLD, CSLD) Daily Weekly
 - Monthly Other (Specify)
 - Programmed Leak Threshold: 0.1 gph 0.2 gph
 - Weekly Manual Tank Gauging. Testing Period: 36 hours 60 hours
 - Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test
SIR Vendor:
 - Tank Tightness Testing conducted: Annually Monthly Other (specify)
 - Other Monitoring (specify):

C. Piping Monitoring (refer to annual monitor certification for help)

- Line Monitoring is performed using the following methods: (check all that apply)
- No product or remote-fill piping connected to UST
 - Continuous electronic monitoring of piping sump and other secondary containment sumps:
 - Sensor Manufacturer: *Pneumercator* Sensor Model # *LS600 LDBN Sump*
 - Will piping leak alarm trigger automatic shutdown of pump? Yes No
 - Will failure/disconnection of monitoring system trigger automatic shutdown of pump? Yes No
 - Mechanical line leak detector (performs 3.0 gph leak test & restricts or shuts off flow when leak is detected):
 - Manufacturer: Model #
 - Electronic line leak detector (ELLD):
 - Manufacturer: Model #
 - Programmed line tightness test: 0.1 gph annually 0.2 gph monthly 3.0 gph
 - Will ELLD detection of a piping leak trigger automatic shutdown of pump? Yes No
 - Will failure or disconnection of the ELLD trigger automatic shutdown of pump? Yes No
 - Line tightness testing conducted: Annually Every 3 years Other (specify)
 - Piping is suction piping meeting all requirements for exemption from monitoring (23 CCR § 2636(a)(3))
 - Dispensers are checked daily and "Suction Piping Daily Inspection Log" is completed
 - Above ground visual monitoring daily
 - Other (specify):

D. Dispenser Leak Detection (check all that apply)

- No Under Dispenser Containment (UDC) Dispenser housings are opened and fittings inspected daily
- No dispensers in system
- Float and chain assembly in under dispenser containment trips shear valve in case of leak
Assembly Manufacturer: Model #
- Continuous electronic monitoring of UDC

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WRITTEN MONITORING PROCEDURES

Page 2 of 2

Leak sensor Manufacturer:

Model #:

Will leak trigger audible and visual alarms?

Yes No

Will leak trigger automatic shutdown of turbine pump?

Yes No

Will failure/disconnection of monitoring system trigger shutdown of pump?

Yes No

Other (specify):

E. Overfill Protection

The following method is present to prevent overfilling the UST(s): (check all that apply)

High Level Alarm alerts transfer operator when tank is % capacity

Ball Float Valve that activates at 95 % of tank capacity

Automatic Shut-off device (flapper valve)

Total secondary containment of piping including vent lines

F. Monitoring Locations

Attached to this monitoring plan is a site plan which shows the general tank and piping layouts and the location where monitoring is performed (i.e. locations of sumps, sensors, line leak detectors, control panels, etc.)

G. Personnel Responsibilities

The following facility personnel are responsible for performing UST monitoring activities and/or maintaining UST leak detection equipment: (include employee job title and specific UST monitoring responsibilities: i.e., inspection of equipment, reporting of alarms, arranging equipment testing & servicing, maintaining monitoring records, etc.)

Name	Title	Area of Responsibility
Glenn Hochstetler	Lead Engineer	Plant Operations
Bill Yace	Plant Operator	Plant Operations

H. Reporting Format

Briefly describe the reporting format for monitoring: (i.e. SIR, in tank test, annual certification.)

I. Equipment Testing and Preventive Maintenance

State law requires that testing, preventive maintenance, and calibration (if applicable) of monitoring equipment (i.e. sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufacturer's instructions or annually, whichever is more frequent. Qualified personnel must perform such work.

Monitor equipment is serviced: Annually Other (specify)

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known)

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:

Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator *[Signature]*

Date 11/13/03

Below This Line For Agency Use Only

This plan has been approved
Specialist's Signature *[Signature]* 11-21-03
Comments:

This plan has been returned
Date

OFFICE USE ONLY

UPPP: 114230

FILE

WRITTEN MONITORING PROCEDURES UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: Title 23 CCR, Sections 2632 (d)(1), 2634 (d)(2), and 2641 (f)

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder must submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, within 30 days of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: *Palomar Medical Ctr.*
Facility Address: *555 E Valley Parkway*

- Tank and piping monitoring is identical for all UST's located at this facility; or
- This plan covers only the following tank(s):

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- The following type of electronic monitoring system performs leak detection monitoring for UST systems covered by this plan (i.e.: Veeder Root TLS 350):

Manufacturer: *Pneumercator* Model # *TMS 2000*
Manufacturer: Model #

B. Tank Monitoring (refer to annual monitor certification for help)

- Continuous electronic monitoring of tank interstitial space or secondary containment:
Leak Sensor Manufacturer: *Pneumercator* Sensor Model # *LS 600 LDDN*

- Automatic Tank Gauging system used to monitor single-walled tank(s):
In-Tank Probe Manufacturer: Probe Model:
Frequency of Leak Tests: Continuous (i.e. CITLD, CSLD) Daily Weekly
 Monthly Other (Specify)

- Programmed Leak Threshold: 0.1 gph 0.2 gph
- Weekly Manual Tank Gauging. Testing Period: 36 hours 60 hours

- Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test
SIR Vendor:

- Tank Tightness Testing conducted: Annually Monthly Other (specify)
- Other Monitoring (specify):

C. Piping Monitoring (refer to annual monitor certification for help)

Line Monitoring is performed using the following methods: (check all that apply)

- No product or remote-fill piping connected to UST
- Continuous electronic monitoring of piping sump and other secondary containment sumps:
Sensor Manufacturer: *Pneumercator* Sensor Model # *LS 600 LDDN*

Will piping leak alarm trigger automatic shutdown of pump? Yes No *N/A Emergency Generator*
Will failure/disconnection of monitoring system trigger automatic shutdown of pump? Yes No *N/A Emergency Generator*

- Mechanical line leak detector (performs 3.0 gph leak test & restricts or shuts off flow when leak is detected):
Manufacturer: Model #

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Manufacturer: Model #
Programmed line tightness test: 0.1 gph annually 0.2 gph monthly 3.0 gph
Will ELLD detection of a piping leak trigger automatic shutdown of pump? Yes No
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- Continuous electronic monitoring of UDC

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UPFP: _____

WRITTEN MONITORING PROCEDURES

Page 2 of 2

Leak sensor Manufacturer: _____

Model #: _____

Will leak trigger audible and visual alarms? Yes No

Will leak trigger automatic shutdown of turbine pump? Yes No

Will failure/disconnection of monitoring system trigger shutdown of pump? Yes No

Other (specify): _____

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The following method is present to prevent overfilling the UST(s): (check all that apply)

High Level Alarm alerts transfer operator when tank is _____ % capacity

Ball Float Valve that activates at 95 % of tank capacity

Automatic Shut-off device (flapper valve)

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Bill Pace	Plant Operator	Plant Operations

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Briefly describe the reporting format for monitoring: (i.e. SIR, in tank test, annual certification.)

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Monitor equipment is serviced: Annually Other (specify)

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known)

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:

Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator _____

Date 11-13-03

Below This Line For Agency Use Only

This plan has been approved

Specialist's Signature _____

11-21-03

Comments: _____

This plan has been returned

Date _____