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NOTICE TO COMPLY

1. This Notice To Comply *Written Summary of Violations* is issued with a *Checklist Summary of Violations* for each inspection type.
2. Violations requiring priority corrective action are flagged in the red Priority Corrective Action summary box on this form.
3. Priority Corrective Action violations must be corrected within 14 days; all other violations must be corrected within 30 days (unless otherwise noted on the Notice To Comply).
4. Proof of correction must be received by EMD within 19 days for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply).
5. A reinspection may occur at any time to verify correction of noted violations.
6. Correction of the following violations may not preclude enforcement action being taken against this facility.

INSPECTION TYPE:	<input checked="" type="checkbox"/> CBP <input checked="" type="checkbox"/> CWG <input type="checkbox"/> OTP <input type="checkbox"/> OUST <input type="checkbox"/> OAST <input type="checkbox"/> OSW <input type="checkbox"/> OUW <input type="checkbox"/> CALARP <input type="checkbox"/> REINSPECTION				
INSPECTION DATE:	5/16/11	FACILITY ID#:	FA0010441		
DBA/FACILITY NAME:	Paramount Petroleum Corporation		SITE PH #:	916/875-9253	
ADDRESS:	10090 Waterman Rd.	CITY:	ELK GROVE	ZIP:	95624
SPECIALIST:	Knoche / Vandusen		SPECIALIST PHONE#:	(916) 876-7888	Page 1 of 3

By signing this document, I acknowledge that consent has been given to inspect this facility and I have been notified of the regulatory violations cited below. I understand that failure to return to compliance within the specified time frame could result in a reinspection of this facility with an additional fee and possible enforcement action including penalties.

RECEIVED BY: [Signature] Signature: DAVID E. ROBERT Print Name: TERMINAL MGR Title:

Priority Corrective Actions noted in this box are required within 14 days or otherwise noted below.

* HM34, HM35, HM02, W126, W110, W110 *

ECD Violation Code:	Written Summary of Violations	Photos Taken <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
* HM34 * 14 DAYS	① Observed three, 275 gallon totes in the boneyard area not labelled. All containers holding hazardous materials must be labelled with its contents. Properly label these totes and submit photos to the Environmental Management Department (EMD). Attn: Rebecca Knoche	
* HM35, W110 * 14 DAYS	② Observed six, 275 gallon totes and one large poly tank [redacted], not being managed properly as empty containers. Empty containers greater than 5 gallons need to be labelled "EMPTY" with the date they're emptied and either recycled or returned to the vendor within 1 year. Label as empty and submit photos.	

DOC TYPE: INSPECTION REPORT:

WHITE: ECD YELLOW: FACILITY



NOTICE TO COMPLY, continued

INSPECTION DATE: 5/10/11 FACILITY ID# 1A0010441 Page 2 of 3
DBA/FACILITY NAME: Paramount Petroleum Corp. ADDRESS: 10590 Waterman Rd. 95624
SPECIALIST: Knoche, Randi Signature: SPECIALIST PHONE: (916) 876 7888
RECEIVED BY: Signature: David Tibbert Title: Terminal Manager

ECD Violation
Code:

Written Summary of Violations, continued

W100
14 DAYS

③ Observed several rusted 55 gallon drums in the [REDACTED]. All containers that hold hazardous waste must be in good condition. Either:
① provide a suitable, non-rusted container and transfer the contents into it and submit photos; OR
② Dispose of all drums and contents through a licensed hazardous waste hauler and submit a copy of the waste receipt.

W120
14 DAYS

④ Facility has not characterized the contents that is generated in the QA/QC Lab. The Terminal Manager, [REDACTED], states that all of the emulsion/asphalt samples, after all necessary testing is completed, is taken to the reclaimer to be reclaimed. Properly characterize this material/waste emulsion/asphalt mix to determine if hazardous waste ~~is present~~ at a state certified laboratory. Submit copy of test results; OR provide a detailed explanation of your generator knowledge.

Refer to page 1 for instructions

DOC TYPE: INSPECTION REPORT WHITE=ECD YELLOW=FACILITY



NOTICE TO COMPLY, continued

INSPECTION DATE: 5/16/11 FACILITY ID# FA0010441 Page 3 Of 3
DBA/FACILITY NAME: Paramount Petroleum Corp. ADDRESS: 10090 Waterman Rd. 95624
SPECIALIST: KNOX SPECIALIST PHONE: (916) 876-1888
RECEIVED BY: Signature: [Signature] Print Name: DAVID F. ROBERT Title: THERMISTOR MGR

ECD Violation
Code:

Written Summary of Violations, continued

HMO2
14 DAYS

⑤ Facility has incorrectly reported its Hydrochloric Acid on the chemical inventory form. Hydrochloric acid is an extremely hazardous substance (EHS) which was marked no on the inventory form. Also, at time of inspection, the MSDS for the hydrochloric acid used on-site currently is 37% by weight. The current inventory form on file at EMD is listed as 7-15% by weight. Update/revise this inventory form for hydrochloric acid with correct information and submit a copy to EMD.

OPDs/etc

*Hydrochloric acid at 37% concentration is an extremely hazardous substance (EHS) and may be subject to additional hazardous materials regulations.

Refer to page 1 for Instructions

Checklist Summary of Violations for Business Plan / Hazardous Materials / Above Ground Storage Tanks

FACILITY ID#: FA0010441	SPECIALIST: Knuche / Vandusen	INSPECTION DATE: 5/16/11
DBA/FACILITY NAME: Paramount Petroleum Corp.	ADDRESS: 10090 Waterman Rd.	
HAZARDOUS MATERIALS		Instructions: Elk Grove on 9/5/02/4



MATERIALS

Instructions:

1. Priority Corrective Action violations must be corrected within 14 days; all other violations must be corrected within 30 days, (unless otherwise noted on the Notice To Comply).
2. Proof of correction must be received by EMD within 19 days for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply). Complete and submit the Return To Compliance Statement on the back of this checklist.

Facility status is evaluated for each item on this Checklist as follows:
C= Compliance V= Violation N/A= Not Applicable RV= Repeat Violation

Violation Code	Authority	Requirement	Facility Status			
			C	V	N/A	RV
HM00	SCC 6.96.030	Has permit for hazardous materials storage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM01	19CCR 2729.2	Adequate submission / completion of Business Activities & Owner / Operator Identification Forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM02	19CCR 2729.2	Adequate submission / completion of chemical inventory forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HM02A	19CCR 2729.4 - .5	Adequate submission / completion of the annual hazardous materials renewal plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM02B	19CCR 2729.5	Annual submission of Business Activities & Owner / Operator Identification and chemical inventory forms when required by EPCRA (if storing >10,000 pounds of a hazardous material or an amount ≥ the TPQ or 500 lbs [whichever is less] for an extremely hazardous material).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM0S	19CCR 2729.2	Adequate submission / completion of site map.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM04	H&SC 25504 & 25503.5	Adequate submission / completion / retention of written Consolidated Contingency Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM07	H&SC 25503.5	HMP is maintained on-site or is accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM10	H&SC 25504(c) & 19CCR 2732	Initial employee training program for hazardous materials/emergency response implemented and adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM11	H&SC 25504(c) & 19CCR 2732	Annual hazardous materials/emergency response refresher component of the employee training program implemented and adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM12	19CCR 2731(c)	MSDS (Material Safety Data Sheets) are accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM2D	19CCR 2731(c)	Emergency shutoffs for chemical processes or equipment are labeled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM21	19CCR 2731(c)	Emergency equipment (such as fire extinguishers, spill prevention & alarm equipment) tested & maintained as necessary (e.g. fire extinguishers assessed annually).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM22	19CCR 2731(c)	Adequate spill control and spill mitigation materials are available (e.g. absorbents, rags, or shop vac).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM23	19CCR 2731(c)	Ability to protect against/prevent any unplanned release to air, soil or surface water as warranted (e.g. berms, secondary containment, drain covers, socks, etc...).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM30	19CCR 2731(c)	Containers, tanks (fixed or portable) and totes are kept closed unless in use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM31	19CCR 2731(c)	Containers, tanks (fixed or portable) and totes are in good condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM32	19CCR 2731(c)	Containers, tanks (fixed or portable) and totes stored in a manner to prevent rupture, leaking or structural deterioration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM33	19CCR 2731(c)	Containers, tanks (fixed or portable) and totes are compatible with contents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM34	19CCR 2731(c)	Containers, tanks (fixed or portable) and totes are properly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HM35	22CCR 66261.7	Containers, tanks (fixed or portable) and totes are disposed of properly when empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HM4D	19CCR 2731(c)	Minimal spills in storage area. All spills promptly addressed to prevent discharge to air, soil or surface water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM41	19CCR 2731(c)	Storage area is maintained to separate incompatible materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHSC 25270.3	Does the facility have AST(s)? If yes, complete the following: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <input type="checkbox"/> If AST(s) are < 1,320 gallons, they are unregulated. <input type="checkbox"/> If AST(s) are ≥ 1,320 and < 10,000 gallons, complete Tier I/II APSA Facility Checklist. <input type="checkbox"/> If AST(s) are ≥ 10,000 gallons, refer to AST Team.					
OBS/REC	None	Any comments entered with this code are observations or recommendations only and are not violations. Such information is educational or suggested preventative practice but is not currently required.				

RETURN TO COMPLIANCE STATEMENT

This Return To Compliance Statement must be returned to EMD within 19 days of your facility's inspection for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply). Also include copies of any proof of compliance documents (e.g. photos, copies of manifests/disposal records or receipts, or other original paperwork).

Compliance Certification

1. I certify that the violations noted on the Notice To Comply (and accompanying inspection checklists) have been corrected in the manner indicated below.
2. I have personally examined any attached documentation submitted as proof of compliance and I believe the information to be true, accurate and complete.
3. I am aware that there are significant penalties for submitting false information and/or for non-compliance with violations noted.
4. I declare under penalty of perjury that the foregoing certification is true and correct.

Executed at: _____, California

Date: _____

Signature: _____

Printed Name: _____

Position/Title: _____

Summary of Violation Compliance Action

Code	Check Type of Evidence Submitted			Code	Check Type of Evidence Submitted			Code	Check Type of Evidence Submitted		
	Photo	Paperwork	Statement		Photo	Paperwork	Statement		Photo	Paperwork	Statement
HM00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM02B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HM03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
HM04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
HM07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
HM10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HM32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Statements: _____

CHECKLIST SUMMARY OF VIOLATIONS FOR HAZARDOUS WASTE (Page 1 of 2)

Facility ID#: PAC010441	Facility Name: PARAMOUNT PETROLEUM CORP.	Inspection Date: 5/6/11
HAZARDOUS WASTE 	DOES FACILITY HAVE REPORTABLE QUANTITIES OF HAZARDOUS WASTE?	
	<input checked="" type="checkbox"/> Yes. Requires HM Permit, Business Plan submittal & separate HM Inspection/Checklist for waste. <input type="checkbox"/> No. No additional HM requirements for waste.	

INSTRUCTIONS:

- | | |
|---|---|
| 1. Priority Corrective Action violations must be corrected within 14 days; all other violations must be corrected within 30 days (unless otherwise noted on the Notice To Comply). | 2. Proof of correction must be received by EMD within 19 days for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply). Complete and submit the <u>Return To Compliance Statement</u> on the back of this checklist. |
|---|---|

Facility status is evaluated for each inspection requirement on this Checklist as follows:

NVO = No Violation Observed • V= Violation Observed • NA= Not Applicable • U = Undetermined • RV= Repeat Violation

VIOLATION CODE	AUTHORITY	REQUIREMENTS	FACILITY STATUS					
			NVO	V	NA	U	RV	
PERMIT	W100	SCC 6.98.030	Facility has a permit for hazardous waste generation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CESQG/SQG TRAINING REQUIREMENTS	W101	22CCR 66262.34(d)	Have a designated emergency coordinator who responds to any emergency, coordinates facility response and makes notifications if emergency threatens health or environment [ref. 40CFR Part 262.34(d)(5).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W102	22CCR 66262.34(d)	Have posted by telephone the Emergency Coordinator's name and phone number, Fire Dept phone number and locations of fire extinguishers, spill control materials and any fire alarm equipment [ref. 40CFR Part 262.34(d)(5).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W103	22CCR 66262.34(d)	Have implemented minimum emergency response/notification to CUPA and CA EMA procedures (ref. 40CFR Part 262.34(d)(5).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W104	22CCR 66262.34(d)	Employees thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities [ref. 40CFR Part 262.34(d)(5).]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTAINER MANAGEMENT	W105	22CCR 66262.34	Containers or tanks provided and suitable for accumulation of hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W106	22CCR 66265.171	CONTAINERS NOT LEAKING AND IN GOOD CONOMION (NOT RUSTED OR DEFECTIVE.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W107	22CCR 66265.173	Containers kept closed unless adding/removing waste. Containers managed in a manner to prevent rupture or leaking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W108	22CCR 66265.172	CONTAINER NOT REACTIVE WITH CONTENTS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W109	22CCR 66262.31-34	Containers and portable tanks labeled as "Hazardous Waste" with Generator name/address/contents /hazards/physical state/EPA ID#. Missing accumulation start date <input type="checkbox"/> = Class II. (Exception: for used oil, label "Used Oil" rather than "Hazardous Waste." Remaining requirements still apply).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W110	22CCR 66261.7	Containers >5 gallons managed properly when empty (dated when emptied, recycled, returned to vendor within 1 year; if held EHS, must also be triple-rinsed with proper disposal of rinsate.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HW TANKS	W111	22CCR 66262.34(d)	(SQG tanks) - Hazardous waste accumulation tanks inspected daily (discharge control equipment, monitoring equipment, tank level) and weekly (tank corrosion or leaks.) [ref 40CFR 265.201.]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W112	22CCR66262.31-34	Stationary tanks labeled as "Hazardous Waste" and marked with accumulation start date. [Exception: For used oil, label as "Used Oil" rather than "Hazardous Waste"; remaining requirements still apply.] Missing accumulation start date <input type="checkbox"/> = Class II.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping/Spill Prevention	W113	22CCR 66265.35	Unobstructed aisle space provided and maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W114	22CCR 66265.32(a) and (b)	Has access to communication equipment for emergency response (phone, alarm, or 2 way radio.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W115	22CCR 66265.32(c) and (d)	Has portable fire extinguishing equipment and water for firefighting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W116	22CCR 66265.32(c)	Adequate spill control and spill mitigation materials available (e.g. absorbents, raqs, or shop vacuum.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W117	22CCR 66265.31	Ability to protect against / prevent any unplanned release to air, soil or surface water as warranted (e.g. berms, secondary containment, drain covers, socks, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W118	22CCR 66265.33	Emergency equipment (such as fire extinguishers, spill prevention equipment, alarm equipment, and decontamination equipment) tested and maintained as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W119	22CCR 66265.31	Minimal spills in storage areas. All spills promptly addressed to prevent discharge to air, soil or surface water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W120	22CCR 66265.174	Storage area inspected weekly for leaking or deteriorated containers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W121	22CCR 66265.177	SEPARATION OF INCOMPATIBLE HAZARDOUS WASTES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	W122	22CCR 66266.130	Proper handling, labeling, management, and recycling of waste oil filters, (drained, labeled as "Drained Used Oil Filters" with accumulation start date and disposed of every 6 months (if >1 ton) or annually (if < 1 ton.))	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W123	H&SC 25250.7	Used Oil not contaminated with hazardous waste other than minimal amounts of vehicle fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Obs/Rec. Any comments entered with this code are observations or recommendations only and are not violations. This information is educational or suggested preventative practice but is not currently required.

County of Sacramento • Environmental Management Department • Environmental Compliance Division

10590 Armstrong Avenue, Ste. A • Mather, CA 95655

Internet Address: <http://www.emd.saccounty.net> Voice (8am – 5pm): 916/875-8550 • FAX: 916/875-8513

RETURN TO COMPLIANCE STATEMENT

This *Return To Compliance Statement* must be returned to EMD within 19 days of your facility's inspection for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply.) Also include copies of any proof of compliance documents (e.g. photos, copies of manifests/disposal records or receipts, or other original paperwork.)

Compliance Certification

1. I certify that the violations noted on the Notice To Comply (and accompanying inspection checklists) have been corrected in the manner indicated below.
2. I have personally examined any attached documentation submitted as proof of compliance and I believe the information to be true, accurate and complete.
3. I am aware that there are significant penalties for submitting false information and/or for non-compliance with violations noted.
4. I declare under penalty of perjury that the foregoing certification is true and correct.

Executed at: _____, California

Date: _____

Signature: _____

Printed Name: _____


Position/Title: _____

SUMMARY OF HAZARDOUS WASTE VIOLATION COMPLIANCE ACTION

Violation Code	Check Type of Evidence Submitted			Violation Code	Check Type of Evidence Submitted			Violation Code	Check Type of Evidence Submitted		
	Photo	Paperwork	Statement		Photo	Paperwork	Statement		Photo	Paperwork	Statement
W100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W137	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W143	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
W123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Statements: _____

CHECKLIST SUMMARY OF VIOLATIONS FOR HAZARDOUS WASTE (Page 2 of 2)

Facility ID#: TA0010441	Facility Name: PARAMOUNT Petroleum Corp.	Inspection Date: 5/16/11
HAZARDOUS WASTE 	INSTRUCTIONS:	
	1. Priority Corrective Action violations must be corrected within 14 days; all other violations must be corrected within 30 days (unless otherwise noted on the Notice To Comply).	2. Proof of correction must be received by EMD within 19 days for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply). Complete and submit the <u>Return To Compliance Statement</u> on the back of this checklist.

Specialist: **Proche/Vandusen**

Facility status is evaluated for each inspection requirement on this Checklist as follows:
 NVQ = No Violation Observed • V= Violation Observed • NA= Not Applicable • U = Undetermined • RV= Repeat Violation

VIOLATION CODE	AUTHORITY	REQUIREMENTS	FACILITY STATUS				
			NVO	V	NA	U	RV
HAZARDOUS WASTE RECORD KEEPING	W124	H&SC 25189.5(A) AUTHORIZED / PROPER DISPOSAL OF HAZARDOUS WASTES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W125	Facility has valid /active EPA ID Number (Information and application available at www.dtsc.ca.gov) <input type="checkbox"/> Class II = Facility has no EPA ID Number <input type="checkbox"/> Minor = EPA ID Number is inactive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W126	Proper characterization / testing of waste streams.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W127	Hazardous waste analysis test results retained for three years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W128	Hazardous waste transported by a licensed hazardous waste hauler (exception: TSDF or HHW generator transport).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W129	Hazardous waste shipped to an authorized TSDF or recycler for disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W130	Hazardous waste manifests, bills of lading and/or consolidated manifests completed properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W131	Hazardous waste manifests, bills of lading and/or consolidated manifests retained for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W132	Legible copy of the waste generator uniform hazardous waste manifest mailed to DTSC within 30 days of hazardous waste shipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W133	Copies of uniform hazardous waste manifest received and signed by TSDF retained on site for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCUMULATION TIME	W134	Exception report filed with DTSC if TSDF signed manifest(s) copies not obtained within 45 days of waste shipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W135	Hazardous waste disposed of within 90 days of initial accumulation date (required if generate > 1000kg / 270 gallons of hazardous waste per month or >1kg of acutely/extremely hazardous waste per month.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W136	Hazardous waste disposed of within 180 days from the first day of accumulation (eligible only if facility generates <1000 kg / 270 gallons hazardous waste per month and never stores more than 1620 gallons) or within 270 days from first day of accumulation if waste destination is more than 200 miles from generator site.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W137	Hazardous waste disposed of within 180 days of accumulating 100kg / 27 gallons or within 270 days of accumulating 100kg / 27 gallons if waste destination is more than 200 miles from generator site.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIVERSAL WASTE	W138	Hazardous waste disposed within 1 year of accumulation start date (even if <100 kg / 27 gallons accumulated) OR within 90 days of accumulating 55 gallons - whichever comes first (eligible for satellite rule only if waste accumulation at/near point of generation and meet labeling and storage conditions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W139	Universal Waste (fluorescent lamps, non-automotive batteries, CRTs, Aerosol cans, mercury switches/thermostats/lamps, etc.) are not being disposed of into the trash. (CESQUWG= facility generates < 100kg of RCRA hazardous waste per month + UW is generated (must generate < 5 CRTs / year.))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECYCLABLE MATERIALS	W140	Proper handling, labeling and recycling of universal wastes. Facility must label UW, document accumulation start date, send to collection/disposal/recycling facility within 1 year of accumulation start and retain disposal/recycling documentation for 3 years. (Required if facility is a SQHUW: <5,000kg/11,000lbs. or a LQHUW: >5000kg/11,000lbs. kept on site at any time).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W141	Proper handling, labeling, management, and recycling of spent automotive lead acid batteries (Must be stored on a non-reactive surface, disposed of every 6 months (if >1 ton) or annually (if < 1 ton).)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W142	Proper handling, labeling and management of any recyclable material.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unauth. Trt.	W143	Proper completion of UPCF Recyclable Materials Report every two years if recycle onsite > 100kg / 27 gallons per month recyclable materials (in lieu of hazardous waste disposal for that material.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TP00	H&SC 25201 AUTHORIZED TREATMENT OF HAZARDOUS WASTES.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Obs/Rec. Any comments entered with this code are observations or recommendations only and are not violations. This information is educational or suggested preventative practice but is not currently required.

Is Facility an LQG of HW (generates >1,000 kg/270 gallons/2,200 lbs/month)? NO ☐ YES ☒ If YES, complete LQG Checklist.

County of Sacramento • Environmental Management Department • Environmental Compliance Division

10590 Armstrong Avenue, Ste. A • Mather, CA 95655

Internet Address: <http://www.emd.saccounty.net> Voice (8am – 5pm): 916/875-8550 • FAX: 916/875-8513

RETURN TO COMPLIANCE STATEMENT

This Return To Compliance Statement must be returned to EMD within 19 days of your facility's inspection for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply.) Also include copies of any proof of compliance documents (e.g. photos, copies of manifests/disposal records or receipts, or other original paperwork.)

Compliance Certification

1. I certify that the violations noted on the Notice To Comply (and accompanying inspection checklists) have been corrected in the manner indicated below.
2. I have personally examined any attached documentation submitted as proof of compliance and I believe the information to be true, accurate and complete.
3. I am aware that there are significant penalties for submitting false information and/or for non-compliance with violations noted.
4. I declare under penalty of perjury that the foregoing certification is true and correct

Executed at: _____, California

Date: _____

Signature: _____

Printed Name: _____


Position/Title: _____

SUMMARY OF HAZARDOUS WASTE VIOLATION COMPLIANCE ACTION

Violation Code	Check Type of Evidence Submitted			Violation Code	Check Type of Evidence Submitted			Violation Code	Check Type of Evidence Submitted		
	Photo	Paperwork	Statement		Photo	Paperwork	Statement		Photo	Paperwork	Statement
W100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W137	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W143	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
W122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
W123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Statements:

LQG CHECKLIST SUMMARY OF VIOLATIONS FOR HAZARDOUS WASTE (PAGE 1 OF 1)

Facility ID# FAD010441	Facility Name: Paramount Petroleum Corp.	Inspection Date: 5/10/14
LQG GENERATOR OF HAZARDOUS WASTE 	INSTRUCTIONS:	
	1. Priority Corrective Action violations must be corrected within 14 days; all other violations must be corrected within 30 days (unless otherwise noted on the Notice To Comply).	2. Proof of correction must be received by EMD within 19 days for Priority Corrective Action violations and within 35 days for all other violations (unless otherwise noted on the Notice To Comply). Complete and submit the <u>Return To Compliance Statement</u> on the back of this checklist.

Facility status is evaluated for each inspection requirement on this Checklist as follows:
 NVO = No Violation Observed • V= Violation Observed • NA= Not Applicable • U = Undetermined • RV= Repeat Violation

LQG REQUIREMENTS (Generates more than 1,000kg/270 gallons per month of HW)				Facility Status				
Violation Code	Authority			NVO	V	NA	U	RV
RECORD KEEPING	W144	22CCR 66262.41	LQGs of RCRA hazardous waste (>1000kg/month) submitted Biennial Report to DTSC by March 1 of even years for prior calendar years and copy retained on-site for 3 years.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W145	22CCR 66265.51-56	Adequate submission / completion / retention of written Consolidated Contingency Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W146	22CCR 67100.3	(SB 14) – Source Reduction requirements met for facility routinely generating > 12,000kg (approx. 3,165 gallons or 26,400lbs) hazardous waste per year (automotive fluids exempt from waste totals calculation.) Includes: Source Reduction Plan, HW Management Performance Report, and submission of Summary Progress Report every 4 years with all retained for 3 years after preparation. Documents must be made available within 5 days of request. (If <250 employees, only complete DTSC's Hazardous Waste Source Reduction Compliance Checklist and Summary Progress Report.)	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING REQUIREMENTS	W147	22CCR 66265.16(a)	Employees trained on emergency response procedures, equipment use, chemical handling and safety, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W148	22CCR 66265.16(a)	Employees trained on proper hazardous waste management practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W149	22CCR 66265.16(b)	Employee training completed within 6 months for new hires / new position / or new facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W150	22CCR 66265.16(c)	Employee training includes an annual refresher component.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W151	22CCR 66265.16(e)	Written documentation of employee training retained for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W152	22CCR 66265.16(d)	Written documentation of training includes a brief outline of training program and dates of training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W153	22CCR 66265.16(d)	Written documentation of training includes employee names, job titles and job descriptions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS WASTE TANK REQUIREMENTS	W154	22CCR 66265.193	Stationary hazardous waste tank system has secondary containment.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W155	22CCR 66265.195	Stationary hazardous waste tank system inspected daily and inspections are documented.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W156	22CCR 66265.194(b)	Stationary hazardous waste tank system has spill prevention controls (e.g. check valves), overfill protection controls (e.g. auto shut off, level sensing device or alarms, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W157	22CCR 66265.192(a)	Written hazardous waste tank system assessment obtained and kept on file at facility.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W158	22CCR 66262.192(a)	Written hazardous waste tank system assessment reviewed and certified by an independent, qualified Professional Engineer (P.E.) registered in CA.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W159	22CCR 66265.192	Hazardous waste tank system assessment documents compliance with all requirements listed in 22CCR 66265.192.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W160	22CCR 66265.193	Hazardous waste tank system secondary containment and leak detection meet requirements for hazardous waste tank systems.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W161	22CCR 66265.196(c)	Hazardous waste removed from the secondary containment in a timely manner.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	W162	22CCR 66265.197	Properly completed and / or documented closure for hazardous waste tank system.	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATIONS	Obs/Rec.	Any comments entered with this code are observations or recommendations only and are not violations. This information is educational or suggested preventative practice but is not currently required.						

HAZARDOUS MATERIALS FACILITY INSPECTION NOTES

Facility Type: <input checked="" type="checkbox"/> BP <input type="checkbox"/> PWG <input type="checkbox"/> OTP <input type="checkbox"/> OUST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> OUW <input type="checkbox"/> OSW <input type="checkbox"/> REINSPECTION	Page 1 of 4	
Inspection Date: 05/06/11	Facility ID #: FA0010441	Specialist: Rebecca Knoche / Vandenuser
Facility Name: Paramount Petroleum Corporation	consent: Dave Tibbitt;	
Facility Address: 10090 Waterman Rd. Elk Grove 95624	Kathy Meehan, Joe	

Name(s) of Hazardous Materials Observed (previous)	Amount	Location	Name(s) of Hazardous Materials Observed (previous)	Amount	Location
1. Morlife 5000 (anti-strip)	7x275gal		11. emulsion soap soln	3x275gal	
2. latex	2x250gal		12. PC-1000 (PPA)	90x55gal	
3. latex (142 tank)			13. polymer H	1pallet	
4. emulsion	2x4000barr		14. sulfur	1pallet	
5. "	1x1100barr		15. soda ash (water)	1pallet	
6. "	9x500barr		16. caustic soda beads	1pallet	
7. HCl (37%) 1x5gal	1x800gal		17. soap tanks	3x500gal	
8. latex - 2m	1x400gal		18.		
9. surfactant (201)	1x840gal		19.		
10. HCl	1x400gal		20.		

<input checked="" type="checkbox"/>	Emerg. Equip.	Emerg. Shutoff	Labels	Absorb.	Dumpster / Lid	MSDS	Permit/ Fees Pd	HMP	Training	Disposal records	EPA ID #	Owner Info
Yes	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
No			②									

NOTES: 1 barrel = 42 gallons

Joe: safety compliance
24/7 facility

* label big "EMERG" poly tank

* John Armas: plant op. - discharges stormwater

* 3x275 totes in hallway (morlife) - not labeled

* All tanks are heated to around 300°F

2x275 " " unknown

1x275 empty

* varied latex goes to roll off bin for disposal HW

* re-certifies all contractors every year - loading/unloading rack

STORMWATER:

ultrasonic integrity testing every 5 yrs.

* Siemens carbon scrubber - change out carbon (HW?)

LAPI 053 / 5 yrs

(2 HCl) has scrubber unit affixed to collect fumes

HAZARDOUS MATERIALS FACILITY INSPECTION NOTES

Facility Type: <input type="radio"/> BP <input type="radio"/> WG <input type="radio"/> TP <input type="radio"/> UST <input type="radio"/> AST <input type="radio"/> UJW <input type="radio"/> SW <input type="radio"/> REINSPECTION	Page <u>1</u> of <u>4</u>
Inspection Date: <u>05/10/11</u>	Facility ID #: <u>FA0010441</u>
Specialist: <u>Rebecca Knoche</u>	<u>Vandusen</u>
Facility Name: <u>Paramount Petroleum Corporation</u>	consent:
Facility Address: <u>10090 Waterman Rd. Elk Grove 95624</u>	

Name(s) of Hazardous Materials Observed (previous)	Amount	Location	Name(s) of Hazardous Materials Observed (previous)	Amount	Location
1. propane (for heat)	2 gal		11. motor oil	1 x 90 gal	
2. compressed air	2200 ft		12. transfer oil	1 x 55 gal	
3. polymer	1 x 100 lbs		13. NA 475	1 x 55 gal	
4. compressed air			14. Duralite	50 lbs x 18	
5. railcars - asphalt			15.		
6. asphalt	3 x 10,000 barrel		16.		
7. "	2 x 100,000 barrel		17.		
8. "	3 x 700 barrel		18.		
9. "	5 x 200 barrel		19.		
10. "	2 x 3000 barrel		20.		

<input checked="" type="checkbox"/>	Emerg. Equip.	Emerg. Shutoff	Labels	Absorb.	Dumpster / Lid	MSDS	Permit/ Fees Pd	HMP	Training	Disposal records	EPA ID #	Owner info
Yes	/											
No												

NOTES: Lab → asphalt - emulsions samples get reclaimed in reclaimer

MSDS are online @ All vapor reclaims railcars come in at 225° F they heat reclaimer - by railcar go out as NON HAZ for profile analysis. up to 275° F

Max tank - caustic - very rusted.

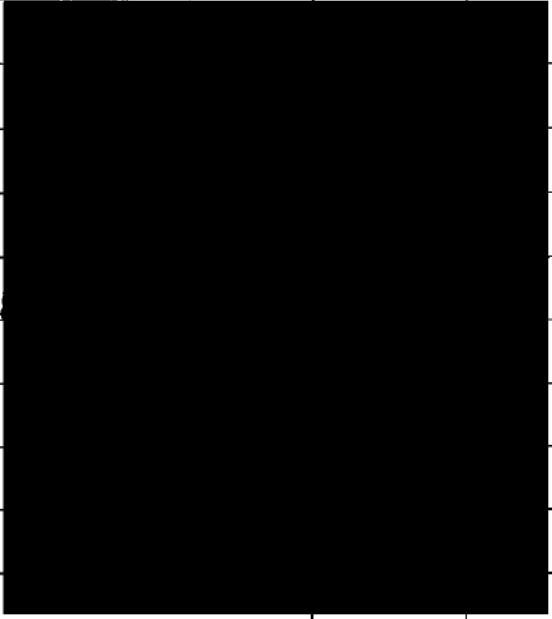
STORMWATER:

Chemsearch does chemicals for boilers.

TFS: (V)

total employees: 17 employees
Gen. awareness HAZWOPER annual
cet monthly training

HAZARDOUS WASTE FACILITY INSPECTION NOTES (continued) Page 3 of 4

Facility ID #:	FA0010441	EPA ID No:										C A R 0 0 0 0 4 4 5 5 2		OCESQG		OSQG		ALQG	
Hazardous Waste(s) Observed (previous / Inv sheet)		Amount On-Site										Location		Monthly		Annually			
HW - pending analysis L PPA = 11698 (acids) → loaded.		4 x 14 20 x 55 gal (16 x 4) x 55 gal																	
Used oily water - known?		2 x 55 gal																	
Vapor recovery return HW?		1 x 55 gal																	
Waste - (flam) 3/10/11		1 x 55 gal																	
Oily water		10 x 55 gal																	
Lab waste		1 x 55 gal																	

DISPOSAL RECORDS (use continuation sheet if additional space is needed)

HAULER NAME & EPA ID #	WASTE	Date	Amount	Date	Amount	Date	Amount
Safety Kleen	Plastic washer	12/29/10	100 lbs	10/15/10	40 lbs		
Clean Harbors	Waste solid containers	4/18/11	21300 lbs				
Ponder	transfer w/ < 1 PCB	4/1/10	10615 lbs				
"	oily debris	6/23/10	104	4/16/11			
"	non latex emulsion	6/16/10	4200 gal	6/17/10	3500 gal	6/16/10	3100 gal
"	Asphalt emulsion com	5/13/10	2300 gal	5/17/10	2200 gal	5/11/10	4400 gal
		5/10/10	4400 gal				

NOTES:

PPA = polyphosphoric acid

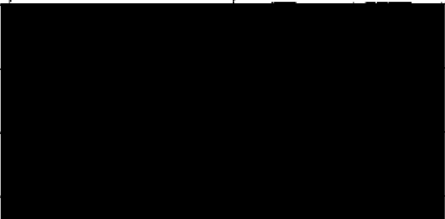
HW Acid stored in a lined metal drum.

TRADE SECRET MATERIAL(S)
FACILITY INSPECTION/SURVEY NOTES, continued

Facility ID: FA0010441

Page 4 of 4

Date:

	Name(s) of Hazardous Materials Observed	Amount	Location	
1	MILK pH: 11.1 ammonia-like	1x 6000g		
2	QTS pH: 11.5 (lm)	1x 6000g		
3	Bitusperse 4403	1x 275g		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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20				