Santa Barbara County PUBLIC Health DEPARTMENT

Environmental Health Services
225 Camino del Remedio ♦ Santa Barbara, CA 93110
805/681-4900 ♦ FAX 805/681-4901
2125 S. Centerpointe Pkwy., #333 ♦ Santa Maria, CA 93455-1340
805/346-8460 ♦ FAX 805/346-8485

PUBLIC RECORD REVIEW REQUEST

Requestor's Name (Please Print): Michelle Carter Agency/Affiliation: Rincon Consultants, Inc.

Address: 180 North Ashwood Avenue, Ventura, CA 93003
(Number) (Street) (City, State) (Zip code)

Daytime Phone Number: 805-644-4455 Fax Number: _____

Email: mcarter@rinconconsulants.com and slarese@rinconconsultants.com

☐ Business/Property Owner ☐ Agent of Business/Property Owner

Describe, in detail, the public record(s) being requested for review or photocopy:
Address of location being requested: 27 S. La Patera Lane, Goleta, California
APN of location: 073-050-033
Other details about the location and the type of record being requested:
Requesting documentation regarding USTs, LUSTs, clarifiers or any environmental hazardous materials releases located onsite.

RESPONSIBILITY STATEMENT

I have read and understand the Public Records Review Guidelines on the back of this page and agree to abide by them.

Michelle Carter _____ 11/11/2019
PRINT NAME SIGNATURE DATE

FOR COUNTY USE BELOW THIS LINE

ACTION	DATE	INITIAL	NOTES/INFORMATION
REQUEST RECEIVED			
SUPERVISOR REVIEW			
RETURNED TO CLERICAL			
REQUESTOR CONTACTED # 1			
REQUESTOR CONTACTED # 2			
DATE/TIME REVIEW SCHEDULED			
DATE/TIME MATERIAL REVIEWED			

Number of Copies: _____ *@ .35¢ each =* _____ *Postage Fee* _____ *Total: $*_____

Amount Paid $ _____ *Date:* _____ *Check #:* _____ *Receipt #:* _____

Public Record Review Guidelines

To protect the records and your right to review them, please follow these "Guidelines for Public Record Re- view." Your signature on the opposite side of this document (under RESPONSIBILITY STATEMENT) shall serve as evidence of your understanding of, and compliance with, these directions.

AN APPOINTMENT MUST BE ARRANGED TO REVIEW PUBLIC RECORDS IN ADVANCE

Any person may request access to public records (excluding privileged legal or trade secret information) of this agency by fax, email, or U.S. mail. A request will reasonably describe an identifiable record or information to be produced. Requests will be processed as soon as possible, taking into consideration staff availability. Upon receipt of a written request, a member of our staff will contact you and coordinate a time and date for the review. Making an appointment ensures files will be available for your review, saving your time as well as ours. In the interest of fairness, there may be a limit of the number of files per request. Another request may be submitted once files have been reviewed and returned. Requests may take up to seven (7) to ten (10) days to be processed, based on staff availability.

Requests are processed in the order in which they are received.

WHEN YOU ARRIVE

The File Review Coordinator will ensure that you have read and signed this Public Record Review form prior to reviewing any files.

- No pens are allowed near the files.
- You will be provided with a pencil for notes, and paper clips to indicate pages you want to have copied.
- Do not remove pages or mark on the public records.

Altering or removing documents is an offense punishable by law.

When you are finished reviewing the files, please advise the Coordinator who will then collect the files from you. No records will be permitted to leave this office.

COPIES OF PUBLIC RECORDS

If you wish to have a limited number of pages copied, this office will attempt to meet your needs for a nominal fee of $.35 a sheet plus postage, if mailed. For copying beyond this, you will need to contact a bonded copying company. The copying company of your choice will then schedule a time with the File Review Coordinator to come to this office and copy your documents.

COUNTY OF SANTA BARBARA • FIRE PREVENTION DIVISION

4410 Cathedral Oaks Road, Santa Barbara CA 93110 • (805) 681-5500 • Fax (805) 681- 5553

PER TANK	COUNTY FEE
Construction	$ 1288.00
Modification	$ 621.00

FOR OFFICE USE	
Operating Permit #	CTS-4606
Date Received:	12-3-08
# of Tanks	1
Fee Paid	1,288.00
Receipt #	1905651

APPLICATION TO CONSTRUCT AND / OR MODIFY AN UNDERGROUND HAZARDOUS MATERIALS STORAGE FACILITY

Applicant must submit this completed form, State Form A, and State Form B for each tank, and applicable fees to obtain a permit to: (check the applicable request)

- ☒ **1. CONSTRUCT AND OPERATE -- include State Forms A, B and C.**
- ☐ **2. MODIFY AND OPERATE -- include State Forms A & B.**
- ☐ **3. INSTALL LEAK DETECTION / MONITORING SYSTEM -- include State Forms A & B.**

REFERENCE: *CA Health & Safety Code, Division 20, Chapter 6.7, Section 25286, states:*

"An application for a permit to operate an underground storage tank, or for renewal of the permit shall be made by the owner on a standardized form prepared by the board and provided by the Local Agency, and shall be accompanied by the appropriate fee ... As a condition of any permit to operate an underground storage tank, the permittee shall notify the Local Agency within the period determined by the Local Agency, of any changes in the usage of the underground storage tank, including the storage of new hazardous substances, changes in monitoring procedures, and if there has been any unauthorized release from the underground storage tank ... "

The permit application shall include, but not be limited to, the information required by Section 2711 of the California Code of Regulations, Title 23, Chapter 16, Underground Tank Regulations.

Note 1: You are required to contact other agencies such as the local Fire Department, Air Pollution Control District, and Building Department for applicable permits.

Note 2: If you check only item 3 above (leak detection), Sections E and J do not apply.

A FACILITY / SITE INFORMATION:

Site Name: Direct Relief International

Site Address: 27 S. La Patera Ln. Goleta, CA 93117

B TANK OPERATOR:

Name: Direct Relief International

Mail To: 27 S. La Patera Ln. Goleta, CA 93117

Contact: Judy Gerrard Partch Telephone: (805) 964-4767 x139

24 Hour Emergency Contact: Judy Gerrard Partch Telephone: (805) 452-0478

C CONTRACTOR: **Contractors acting as an agent for the tank owner must also submit a letter from the tank owner authorizing their agent status.**

Primary Contractor: B & T Servi Station Contrs License #: 902037 Type of Lic: A, B, C61/040, HAZ

All Sub Contractors: _____ License #: _____ Type of Lic: _____

_____ _____ _____

_____ _____ _____

Mail To: 630 S. Frontage Rd. Nipomo, CA 93444

Name of Contact on Site: Mike Conoway Telephone: 431-8843

Worker's Compensation Insurance Company: Assurance Co. of America

Insurance Company Telephone: (866) 671-5046

Proposed Start Date: December 2008

Describe proposed construction, repair or modification here (also attach a list of all equipment to be installed or modified) :

Install 1,800 gallon doublewall underground tank to power generator. Install double wall vent box with lid and vent rack system. Install double wall fiberglass supply, return, and vent piping from underground tank to Day Tank to generator. Install Veeder Root TLS-350 monitoring system.

D **WILL ANY EXISTING TANK(S) ON THE PROPERTY BE REMOVED OR ABANDONED?** ☒ No ☐ Yes

If yes, complete a County Hazardous Materials Unit APPLICATION TO PERMANENTLY CLOSE AN UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK and submit with this application.

E **TOTAL NUMBER OF TANKS TO BE INSTALLED / MODIFIED:** 1 **State Form B must be submitted for each tank.**

F **UNDERGROUND STORAGE TANK LEAK DETECTION SYSTEM** Note: Attach manufacturer's specification sheet(s).

☒ Continuous leak detection device within the secondary containment, connected to audible / visual alarm system.

Manufacturer / Model Number: Veeder Root TLS-350

Probe or Sensor Model # and Description: 794380-304

☐ Visual Monitoring of the primary and secondary containments.

Note: All exterior surfaces of the primary containment including the floor surface must be monitored by direct viewing.

☐ Other, briefly describe: _____

_____

_____

G **UNDERGROUND STORAGE TANK PIPING** Note: Attach manufacturer's specification sheet(s).

Manufacturer: Smith

H **UNDERGROUND PIPING LEAK DETECTION SYSTEM** Note: Attach manufacturer's specification sheet(s).

Manufacturer: Veeder Root TLS-350

I **UNDERGROUND STORAGE TANK SPILL / OVERFILL PREVENTION SYSTEMS** Note: Attach manufacturer's specification sheet(s)

☒ Catchment Basin Surrounding the Product Fill Pipe. Capacity: 5 gallon

Manufacturer: OPW

☒ Automatic Shutoff Device at Fill Tube.

Manufacturer: OPW 7150-410C-EVR

☒ Product Level Sensing Device with High Level Alarm.

Manufacturer: Veeder Root TLS-350 @ 90%

☐ Ball Float Valves on vapor and vent line.

☐ Other, briefly describe:

J **DESCRIBE HOW YOU PROPOSE TO BALLAST THE TANKS FROM FLOATATION** *(Tanks must be ballasted if highest anticipated groundwater is 25' or less below ground surface):*

☒ Anchor Straps per Manufacturer's specification with deadman and/or slab. Buoyancy Calculations (must be submitted).

☒ **DEPTH OF HIGHEST ANTICIPATED GROUNDWATER:** 8 feet

How this was determined: 2007 Groundwater Monitoring Report on Geo Tracker website for 133 S. La Patera Ln. Goleta

K **If tank is to be used to store other than automotive fuel, a certification from the manufacturer, or his authorized representative, of the tank and piping materials as to the capability of the tank and piping materials to store the proposed hazardous materials is required. Remember to attach completed Forms A, B and/or C as applicable; appropriate manufacturer specification sheets; and agent authorization letter if contractor agent for the tank owner. Also, the contents of the tank(s) must be entered on a Business Plan inventory within 30 days of initial storage.**

I declare to the best of my knowledge and belief, the statements and information provided are true and correct.
I understand that additional information may be needed in order to obtain approval from the County Hazardous Materials Unit.

I will notify the County Hazardous Materials Unit at least three working days (72 hours) before work on this tank installation / modification is to begin in order to schedule the first required inspection.

Signature: * _____ Title: DIRECTOR, HR/ADMINISTRATION

Print Name: TOBY PARTCH Date: 11/25/08

Telephone Number: 805-964-4767

* *The permit application must be signed by: a) the owner of the underground storage tank or duly authorized representative; b) if the tank is owned by a corporation, partnership, or public agency, by 1) a principal executive officer at the vice-president or by an authorized representative responsible for the overall operation of the facility where the underground storage tanks are located; 2) a general partner proprietor; or, 3) a principal executive officer, ranking elected official, or authorized representative of a public agency. [CCR Title 23, Section 2711(a)(13)].*

NOTE: ATTACHED TWO 11 X 17 INCH COPIES OF PLANS SHOWING THE FOLLOWING:

- North arrow
- Plot plan scale and key of symbols used
- Location of manual gauging site
- Location of all tanks and piping and their secondary containment
- Distances from all property lines, proposed and existing buildings, basements, sumps, utility vaults, etc.
- Any surface water within 200 feet of the site
- Location of fill connections
- Location of surface drains

Draw installation cross-section and elevations showing the following:

- Spacing between tanks (if more than one)
- Depth of tank(s)
- Types and dimensions of back fill material
- Overfill and overspill prevention devices
- Thickness of soil cover
- Indicate whether tanks will be subject to overhead traffic
- Depth of concrete or asphalt cover plate
- Monitoring system

REQUIRED INSPECTIONS

After plans have been reviewed, field inspections shall be made to verify that the tank system has been installed as approved. The approved plans that are stamped by our Department must be on-site for the inspector to review and sign off in accordance to Section 25283.5 of the California Health and Safety Code.

1. Holiday test of fiberglass coated steel tanks prior to placement in the excavation.
2. Placement of the tanks in the excavation. The manufacturer's specifications for installation shall be followed.
3. Pressure test on the primary UST system at 3 to 5 psi[1] piping at manufacturer's specified pressures or minimum of 40 psi.
4. Pressure test of the secondary UST system at manufacturer's specifications for minimum of 30 minutes and verification of proper fall of all piping.
5. Liquid tightness test of other forms of secondary containment (e.g. concrete vaults, manways, etc.)
6. Final inspection to test leak detectors, automatic turbine shutdown and verify construction was completed as indicated on the plans and within scope of conditions of permit.

Questions concerning underground storage tanks should be directed to the inspector that will be handling the oversight of the project.

[1] 3-5 psi testing must be done with gauges having a maximum range of 15 psi.

EXT. #13 - Judy Patrick 964-4767

FOR OFFICE USE ONLY:

Approved / Denied By: Joan McJones @ 1/23/09 Date: 12/22/08

APPROVED APPLICATIONS ARE VALID FOR 90 DAYS FROM DATE OF ISSUANCE.

CONDITIONS AND PROCEDURE FOR FIELD INSPECTIONS

1. Any change of contractor or equipment will void approval and require re-submittal of plans and fees.
2. All sub contractors must be "pre-approved" for work on any component of a UST system.
3. Adhere to the permitting requirements of other County agencies, e.g. Building Department, Local Fire Department.
4. Comply with all applicable OSHA regulations.
5. Secure open excavations per Building Department requirements.
6. Dispensers shall be mounted on a concrete island 6 inches or more in height with bollards at each end constructed per § 8001.11.3 UFC.
7. Current/updated written monitoring/maintenance plan must be submitted prior to final inspection for approval on forms provided by SB Co. Fire.
8. Station owner/operator must be present for final inspection and familiar with responsibilities under monitoring/maintenance plan and owner/operator agreement.
9. All monitoring system sensors must be permanently mounted in sumps/dispenser pans.
10. State Form C to be submitted at final inspection.
11. USTs to be 80% or more full or emptied, cleaned, inerted and maintained at <3% LEL during modification projects.

12. Financial Responsibility form Required.
13. Contact Speed. Inspector for Installation work date and testing oversight.
14. Business Plan required prior to UST completion.
15. Monitoring Plan and Response Plan req. prior to UST completion
16. Emergency Generator - Mfr. Spec sheets —

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SANTA BARBARA COUNTY FIRE DEPARTMENT

Fire Prevention Division - Certified Unified Program Agency

4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5523 Fax (805) 681-5553

UNDERGROUND STORAGE TANK CONSTRUCTION/ MODIFICATION/ TESTING INSPECTION REPORT

Facility Name Direct Relief International-DRI Date 3-19-09

Site Address 27 South La Patera Lane Program No. 2300

Goleta, CA 93117 Permit No. CTS-4606

All modifications to underground storage tank systems must be in compliance with Federal, state and local laws and regulations.

Inspection for UST Installation L-382116
UST Delivery and UST Tank Set.

- Modern Welding - 1800 gal. DW fiberglass diesel tank. Glastek II - Fresno
- W/ Continuous Monitoring & hydrostatic annular spaces by Veeder Root TLS-350 tank & piping alarm System

Schedule -

- Install 1 - 25 gal AGST diesel day tank w/ factory pump to draw fuel supply.
- Install Master 3/4 HP Turbine and 3 gph leak detector
- Install supply & return lines / DW & Vent line
- Install Veeder Root Tank & Line Alarm Panel Control TLS-350R
- ✱ Financial Responsibility form required - 10 days
- Revise Monitoring Plan TLS-350R - By Final Insp.
- Meeting with Judy Partel, Dir Human Resources & Admin.

Depth excavation 121" - 10'1"
Vacuum - 13"Hg Fresco 0500 / 5"Hg 0900 48°)

- 12"-pea gravel 1/4" size
- Contact Insp. for Primary / Sec Piping Insp. & final Testing

SPECIALIST Tom McDonough ICC# 7041010 UT Phone 681-4045

OWNER/ OPERATOR Signature Judy Partch Print JUDY PARTCH Phone 805-964-4767 Date 3/19/09

NOTE: A plan shall be submitted to terminate storage of hazardous materials at least 30 days prior to facility

cell # J. Partel 452-0478

USTCMTIF (3/06)

SANTA BARBARA COUNTY FIRE DEPARTMENT

Fire Prevention Division - Certified Unified Program Agency

4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5523 Fax (805) 681-5553

UNDERGROUND STORAGE TANK CONSTRUCTION/ MODIFICATION/ TESTING INSPECTION REPORT

Facility Name Direct Relief International · Date 4/15/9

Site Address 27 S La Patera Ln Program No. 2300

Goleta Permit No. CTS-4606

All modifications to underground storage tank systems must be in compliance with Federal, state and local laws and regulations.

On site for a 2nd inspection.

-70 psi on primary piping held since the 23th of April

all joints swaged - no leaks.

all items passed - work fuel is OK

no violations

SPECIALIST Jim Morris ICC# 5272052-UT Phone 681-5538

OWNER/ OPERATOR Alivia Birdwell ALIVIA BIRDWELL (805)964-4767 4.15.9

Signature Print Phone Date

NOTE : A plan shall be submitted to terminate storage of hazardous materials at least 30 days prior to facility

USTCMTIF (3/06)

SANTA BARBARA COUNTY FIRE DEPARTMENT

Fire Prevention Division - Certified Unified Program Agency

4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5523 Fax (805) 681-5553

UNDERGROUND STORAGE TANK CONSTRUCTION/ MODIFICATION/ TESTING INSPECTION REPORT

Facility Name Direct Relief International Date 4/29/09

Site Address 27 S La Patera Ln Program No. 3300

Goleta Permit No. CTS-4606

All modifications to underground storage tank systems must be in compliance with Federal, state and local laws and regulations.

On site to check ~~tank~~ ~~UST~~ tank sensor for 90% / 95% & associated alarms -

- Problem with the above - Veeder-Root shows alarm, but not outside alarm

Trouble shooting this problem was very lengthy & required this inspection (part) to be done at a later date

SPECIALIST Jim Morris ICC# 5272052-41 Phone 681-5538

OWNER/ OPERATOR A Bell Signature ALIVIA BIRDWELL Print (805) 964-4767 Phone 4/29/09 Date

NOTE : A plan shall be submitted to terminate storage of hazardous materials at least 30 days prior to facility

USTCMTIF (3/06)

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: Direct Relief Bldg. No.:

Site Address: 27 S. La Patera Lane Goleta, CA Zip: 93117

Facility Contact Person: Judy Partch Contact Phone No.: (805) 964-4767

Make/Model of Monitoring System: TLS 350 Date of Testing/Servicing: 04/30/09

B. Inventory of Equipment Tested/Certified

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

Tank ID: TI Diesel ☒ In-Tank Gauging Probe. Model: Mag 1 ☒ Annular Space or Vault Sensor. Model: 420/Vac. ☒ Piping Sump / Trench Sensor(s). Model: 208 ☒ Fill Sump Sensor(s). Model: 208 ☒ Mechanical Line Leak Detector. Model: EXIDN ☒ Tank Overfill / High-Level Sensor. Model: Mag 1 ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: Line Sump ☑ Dispenser Containment Sensor(s). Model: 208 ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): Tina Ramirez Signature:

Certification No.: A29438 License. No.: 902034

Testing Company Name: B&T Service Station Contractors Phone No.: (805)929-8944

Testing Company Address: 630 S. Frontage Rd. Nipomo, CA 93444 Date of Testing/Servicing: 5/6/09

D. Results of Testing/Servicing

Software Version Installed: 329

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☒ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☒ Yes	☐ No* ☐ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90 %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments:

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

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

*** In 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:

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

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

H. Comments:

Site Name/Address: Direct Relief International 27 La patera

Refer to California Fire Code (CFC). The following Code sections are either in violation (V) of, or in compliance (C) with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown (N).

REQUIREMENTS	CODE SECTIONS	V#	V	C	N	
CALIFORNIA FIRE CODE	CFC	23				
Address clearly visible from street?	901.4.4	70		✓		
Fire extinguishers present?	5202.9	71		✓		
Fire extinguisher service current?	1001.5.1	72		✓		
Shear valves operational?	5202.5.3.2	73			✓	
Emergency fuel shut down device labeled?	5201.5.3	74		✓		
Emergency fuel shut down device operational?	5201.5.3	75		✓		
No smoking sign posted?	5201.8	76			✓	
Stop engine sign posted?	5201.8	77			✓	
Sign posted prohibiting dispensing into unapproved containers?	5201.8	78			✓	

☐ NOTICE OF VIOLATION: The violations noted above must be corrected by: ____________

I have read and understand the above stated violations. After these violations have been corrected, I will submit any requested information, sign and return this form.

[signature] JUDY PARTCH 5/5/90

Signature of Responsible Party Printed Name Date

NARRATIVE:

- On site for final
- all sensors all vacuum - brine
- not programed to shutdown the system
  during use

- all paperwork turned in. - need no other items

No Violations noted - system operational

(Specialist) Initials: JW Date: 5-6-5 Phone No. 681-5534

USTIF-1 (4/04)

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:	Date of Testing: 5/6/09
Facility Address:	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name:	B&T Service Station Contractors
Technician Conducting Test:	
Credentials[1]:	× CSLB Contractor × ICC Service Tech. SWRCB Tank Tester Other *(Specify)* _____
License Number(s):	902034

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	Hydrostatic	Vacuum	X Other	
Test Equipment Used:			Equipment Resolution:	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1	2	3	4
Bucket Installation Type:	Direct Bury / Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	11"			
Bucket Depth:	18"			
Wait time between applying vacuum/water and start of test:				
Test Start Time (T_I):				
Initial Reading (R_I):				
Test End Time (T_F):				
Final Reading (R_F):				
Test Duration ($T_F - T_I$):				
Change in Reading ($R_F - R_I$):				
Pass/Fail Threshold or Criteria:				
Test Result:	(Pass) Fail	Pass Fail	Pass Fail	Pass Fail

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

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

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: 5/6/09

Leak Detector
FXT EVALUATION CHART

Site Location:	Service Company: B&T Service Station Contractors
Date: 5/6/09	
Technician: Tino Ramirez	Tech Number: A29438

TYPES OF LEAK DETECTORS TESTED

☐ XLD (116-036-5)	☐ FX1D (116-054-5	☐ FX2BFLD
☐ DLD (116-017-5	☐ FX2 (116-046-5	☐ FX1V (116-056-5)
☐ BFLD (XL Model 116-039-5	☐ FX2D (116-048-5)	☐ FX2V (116-057-5)
☐ BFLD (116-012-5)	☑ FX1DV (116-055-5)	☐ FX1DV (116-058-5)
☐ XLP (116-035-5	☐ FX2DV (116-053-5)	☐ FX2DV (116-059-5
☐ PLD (116-030-5	☐ FX1BFLD	☐ FX1V (116-051-5
☐ FX1 (116-047-5	☐	☐ FX2V (116-052-5)

TEST INFORMATION

Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
Diesel	6231	3 sec.	—	15 psi	3 GPH @ 10 psi	Pass	28 psi

Owner/Operator

(Signature) (Date)

50-6808

Reviewed 5/20/09 JM

B & T Service Station Contractors

INVOICE 24727

630 South Frontage Road
Nipomo, CA 93444 (805) 929-8944 FAX (805) 929-8948 License # 902034

To: Direct Relief
27 S. La Patera Lane
Goleta CA 93117

Date: 5/6/09

P.O. No. _____

WORK PERFORMED

Monitor certification, reprogramming of sensors and installation of IID

Jim Morris

JOB COMPLETE YES ☐ NO ☐ EPA CHARGE QUANTITY ☐

MATERIAL USED

DESCRIPTION	QUAN.	PRICE	AMOUNT

TIME RECORD

NAME	ARRIVAL TIME	DEPARTURE TIME	LABOR HOURS	TRAVEL HOURS	TOTAL HOURS	HOURLY RATE	AMOUNT
Tino	900	230	5	1.5	6.5		
Ishmael	900	230	5	1.5	6.5		

Attorney's Fees: Should the services of an attorney be required to enforce any part of the credit agreement, or for the collection of a delinquent account from the under signed customer or guarantor, it is agreed that the debtor will pay reasonable costs of collection including a reasonable attorney's fee.

TERMS: A SERVICE CHARGE OF 1 1/2% PER MONTH (ANNUAL RATE OF 18%) WILL BE CHARGED ON PAST DUE BALANCES OVER 30 DAYS

REC'D BY

THIS IS TO CERTIFY THAT WORK WAS SATISFACTORILY COMPLETED IN INDICATED TIME

SIGNATURE-DEALER, JOBBER OR CONSIGNEE

MATERIAL	$
LABOR COST	$
EQUIPMENT	$
MILEAGE CHARGE	$
OUTSIDE SERVICES	$
TAX _____	$
TOTAL INVOICE	$

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

CERTIFICATION OF INSTALLATION / MODIFICATION

(One form per project.)

I. FACILITY INFORMATION

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

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) — 3.
DIRECT RELIEF INTERNATIONAL

BUSINESS SITE ADDRESS — 103.
27 SOUTH LA PATERA

CITY — 104.
GOLETA

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) — 483a.
- [x] 1. TANK INSTALLATION OR REPLACEMENT
- [ ] 2. PIPING INSTALLATION OR REPLACEMENT
- [ ] 3. SUMP INSTALLATION OR REPLACEMENT
- [ ] 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
- [ ] 5. OTHER

WORK AUTHORIZED UNDER PERMIT (Number or Date): — 483b.

DESCRIPTION OF WORK BEING CERTIFIED: — 483c
NEW INSTALLATION; INSTALL 1,800 GAL DOUBLEWALL STEEL TANK, DOUBLE WALL FIBERGLASS DSL SUPPLY, RETURN, + VENT PIPING; CONSTANTLY MONITORED. NEW DOUBLEWALL TRANSITION SUMP.

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION — 482a.
B&T SERVICE STATION CONTRACTORS

CONTRACTOR LICENSE # — 482b.
902034

ICC CERTIFICATION # — 482c.
5268589-U1

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

DATE — 484.
5/6/09

PHONE — 487.
(805) 964-4767

CERTIFIER'S NAME (print) — 485
KEITH SIOCUM

CERTIFIER'S TITLE: — 486.
PRESIDENT

NAME OF CERTIFIER'S EMPLOYER (DBA) — 488
B&T SERVICE STATION CONTRACTORS

CERTIFIER'S RELATIONSHIP TO TANK OWNER — 489.
- [ ] 1. TANK OWNER
- [ ] 2. TANK OPERATOR
- [x] 3. CONTRACTOR
- [ ] 4. PROPERTY OWNER
- [ ] 5. OTHER AUTHORIZED AGENT OF TANK OWNER

SANTA BARBARA COUNTY FIRE DEPARTMENT
Fire Prevention Division - Certified Unified Program Agency
4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5500 Fax (805) 681-5553

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: Direct Relief International Date: 4/7/10 Inspected By: S. Mattern
Site Address: 27 S La Patera Ln Phone No: ICC No:
City: Goleta Program Number
Facility Contac/Escort: Judy Partich Partich

The following Code sections are either in violation **(V)** of, or in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel			
Install Date:	2008			
Size:	1800			

REQUIREMENTS	CODE SECTIONS CHSC	CCR	V#	V	C	N	Tank ID	Tank ID	Tank ID	Tank ID
FILE RECORDS										
Form A current?	25286(a)		03		✓					
Form B current?	25286(a)		04		✓					
Financial Responsibility current?	25292.2(a)		40		✓					
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	05			✓				
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	06		✓					
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)	08		✓					
Permits current and retained at facility?	25284(a)	2712(i)	02		✓					
Plot Plan Submitted?		2711(a)(8)	07		✓					
UST SYSTEM RECORDS										
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	09		✓					
Secondary Containment tested as required?	25284.1	2637(a) VPH	10	6 Months:		3 Years: ✓				
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652,	28			✓				
Maintenance and monitoring records available?	25293	2712(b)	15			✓				
UST SYSTEM INSPECTION										
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	11		✓					
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	12		✓					
Sticker affixed to all monitoring components at certification?		2638(f) None	13	✓	✓					
UST system has approved functional overfill protection?		2635(b)(2) Flapper	14		✓					
Is spill container in good condition and liquid free?		2635(b)(1)	17		✓					
Spill container drain functional or alternative available?		2635(b)(1)(C)	18		✓					
Containment sump(s), turbine/fill, liquid free?		2631(d)(4) transition	19		✓					
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	20		✓					
Dispenser containment present if currently required?	25284.1(a)(5)(C)		21			✓				
Dispenser containment adequately monitored?		2636(f)(1) & (g)	22			✓				
Dispenser containment free of liquid?		2631(d)(4)	23			✓				
ADDITIONAL REQUIREMENTS										
Contractor trained?	25284.1(a)(5)(D)	2715(h)	36							
Name: Aaron Shultz		Monitoring System Training Verification:								
ICC#: 5266795-UT Exp: 10/2011										
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A), 2715(i)	24							
48 hour notification prior to monitor certification?		2638(e)	30							
DESIGNATED UST OPERATOR		2715(a) Name: Shawn Bytham		ICC# 5266795 Exp: 9/2010						
MONITORING SYSTEM INFORMATION										
MFR. NAME: Veeder-Root										
MODEL #: TLS-350										
PRESSURIZED SYSTEM										
OPTION 1 WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS										
Continuous audible and visual alarm with positive shut off & UDC stops flow ?		2636(f)(1) & (5)	41							
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	42							
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	44							
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d). 2638(a)	45							
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY										
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1)	47							
Line leak detector detects 3.0 gph or equivalent?		2636(f)(2) & (3)	48							
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	49							
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	50							
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*										
Continuous audible and visual alarm?		2636(f)(6)	53		✓					
Monitoring system check daily?		2636(f)(6)	54		✓					
OTHER										
Fuel filters disposed to:			37							

(Owner/Operator) Initials: _____ Date: 4/7/10

USTIF-1 (5/06)

Site Name/Address: DIRECT RELIEF INTERNATIONAL, 27 S. LA PATERA LN, GOLETA

Refer to California Fire Code (CFC). The following Code sections are either in violation **(V)** of, or in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

REQUIREMENTS	CODE SECTIONS	V#	V	C	N	
CALIFORNIA FIRE CODE	CFC	23				
Address clearly visible from street?	901.4.4	70		✓		
Fire extinguishers present?	5202.9	71		✓		
Fire extinguisher service current?	1001.5.1	72		✓		
Shear valves operational?	5202.5.3.2	73			✓	
Emergency fuel shut down device labeled?	5201.5.3	74		✓		
Emergency fuel shut down device operational?	5201.5.3	75		✓		
No smoking sign posted?	5201.8	76		✓		
Stop engine sign posted?	5201.8	77			✓	
Sign posted prohibiting dispensing into unapproved containers?	5201.8	78			✓	

☐ **NOTICE OF VIOLATION: The violations noted above must be corrected by:** April 30, 2010.

I have read and understand the above stated violations. After these violations have been corrected, I will submit any requested information, sign and return this form.

Signature of Responsible Party | JUDY PARTCH (Printed Name) | 4/7/10 (Date)

NARRATIVE:

(1) Circuit Panel switch for powering the Veeder-Root Monitoring device is not labeled. Unable to shut-down Veeder-Root from panel, power removed directly at Veeder Root panel. Locate & identify switch

(2) NO STICKERS AFFIXED TO Monitoring components from test date. 5/6/09. – B&T.

Monitoring System Certification Conducted. UST Monitoring device. (VPH) Responded as required.

Back up generator – NO shut-down.

Contractor. B&T.
aaron Shultz,
Veeder-Root # B36224.
Monitoring Cert. technician 2/2012

(Specialist) Initials: SM Date: 4/7/10 Phone No. 805-681-4044

USTIF-1 (4/04)

SANTA BARBARA COUNTY FIRE DEPARTMENT
Fire Prevention Division - Certified Unified Program Agency
4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5500 Fax (805) 681-5553

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: DIRECT RELIEF INTERNATIONAL Date: 4/1/11 Inspected By: S. MATTERN
Site Address: 27 LA PADERA LN Phone No: _____ Program No: _____
City: GOLETA
Facility Contact: JUDY PARTCH

Refer to the California Fire Code (CFC). The following Code sections are either in violation (V) of, or in compliance (C) with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown (N).

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel			
Install Date:	2008			
Size:	1800			

REQUIREMENTS	CHSC	CCR	V#	V	C	N	
FILE RECORDS			23				
Form A current?	25286(a)		03		✓		
Form B current?	25286(a)		04		✓		
Financial Responsibility current?	25292.2(a)		(40)	✓			2009
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	05			✓	
Monitoring Plan approved?	25293	2632(b),2634(d),2711(a)(9)	06		✓		
Emergency Response Plan current?	25289(b)	2632(d)(2),2634(e)	08		✓		
Permits current and retained at facility?	25284(a)	2712(i)	02		✓		
Plot Plan Submitted?		2711(a)(8)	07		✓		
UST SYSTEM RECORDS							
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d),2641(j)	09		✓		
Secondary Containment tested as required?	25284.1	2637(a)	10				6 Months: _____ 3 Years: VPH
Releases reported/recorded?	25294, 25295	2651, 2652	28			✓	
Maintenance and monitoring records available?	25293	2712(b)	15				
UST SYSTEM INSPECTION							
Is monitor **not** in state of alarm at beginning of inspection?		2632(d)	11		✓		
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	12		✓		
Sticker affixed to all monitoring components at certification?		2637(b)(6)	13		✓		
UST system has approved functional overfill protection?	Flapper	2635(b)(2) & ATG	14		✓		
Is spill container in good condition and liquid free?		2635(b)(1)	17		✓		
Spill container drain functional or alternative available?		2635(b)(1)(C)	18		✓		
Containment sump(s), turbine/fill, liquid free?		2631(d)(4) TRANSITION	19		✓		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	20		✓		
Dispenser containment present if currently required?	25284.1(a)(5)(C)		21			✓	
Dispenser containment adequately monitored?		2636(f)(1) & (g)	22			✓	
Dispenser containment free of liquid?		2631(d)(4)	23			✓	
ADDITIONAL REQUIREMENTS							
Contractor trained? B&T 902034	25284.1(a)(5)(D)	2637(b)(1)(B)	36				
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	24				
48 hour notification prior to monitor certification?		2637(b)(5)	30				
DESIGNATED UST OPERATOR		2715(a)					Name: MARCUS GARCIA 434105 7506 EXP. 7/2012
MONITORING SYSTEM INFORMATION							
MFR. NAME: VEEDER-ROOT							
MODEL #: TLS-350							
PRESSURIZED SYSTEM MLLD TESTED - PASS							
OPTION 1 WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS							
Continuous audible and visual alarm with positive shut off?		2636(g)(1) & (2)	41				
Pump shuts off when monitor is disconnected or fails?		2636(g)(4)	42				
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2)	44				
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2641(j)	45				
OPTION 2 WITH TURBINE SHUT DOWN BUT **NO** AUDIBLE & VISUAL ALARMS ON ALL COMPONENTS							
Cont. aud. & vis. alarm w/ pos. shut off except on dispensers?		2636(f)(1) & (3)	43				
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2)	44				
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2641(j)	45				
Annual piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	46				
OPTION 3 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY							
Continuous audible and visual alarm only		2636(g)(1) & (2)	47				
Line leak detector detects 3.0 gph or equivalent?		2636(f)(2)	48				
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2641(j)	49				
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	50				
OPTION 4 - FOR EMERGENCY GENERATORS ONLY							
Continuous audible and visual alarm?		2636(g)(1) & (2)	53		✓		
Monitoring system check daily?		2636(g)(5)	54		✓		
OTHER							
Are fuel filters managed properly?			37				

(Owner/Operator) Initials: _____ Date: 4/1/11

Site Name/Address: DIRECT RELIEF INTERNATIONAL, 27 LA PATERA, GOLETA

Refer to California Fire Code (CFC). The following Code sections are either in violation (V) of, or in compliance (C) with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown (N).

REQUIREMENTS	CODE SECTIONS	V#	V	C	N	
CALIFORNIA FIRE CODE	CFC	23				
Address clearly visible from street?	901.4.4	70		✓		
Fire extinguishers present?	5202.9	71		✓		
Fire extinguisher service current?	1001.5.1	72		✓		
Shear valves operational?	5202.5.3.2	73			✓	
Emergency fuel shut down device labeled?	5201.5.3	74		✓		
Emergency fuel shut down device operational?	5201.5.3	75		✓		
No smoking sign posted?	5201.8	76	✓			generator area.
Stop engine sign posted?	5201.8	77			✓	
Sign posted prohibiting dispensing into unapproved containers?	5201.8	78			✓	

☐ **NOTICE OF VIOLATION: The violations noted above must be corrected by:** April 25, 2011

I have read and understand the above stated violations. After these violations have been corrected, I will submit any requested information, sign and return this form.

Sarah Eyman — Signature of Responsible Party | Sarah Eyman — Printed Name | 4/1/11 — Date

NARRATIVE:

RECORDS/

1. CERTIFICATE OF FINANCIAL RESPONSIBILITY IS DATED 3/20/09. CERTIFICATE & LETTER FROM CHIEF FINANCIAL OFFICER SHALL BE REVISED ANNUALLY, PROVIDE UPDATED COPY.

2. OWNER STATEMENT OF DESIGNATED OPERATOR SHOWS THE D.O LICENSE HAS EXPIRED AS OF 2010. PROVIDE REVISED COPY.

TRAINING DOCUMENTED.

ICC # FOR D.O MARCUS GARCIA APPEARS TO BE INCORRECT ON D.O MONTHLY INSPECTION FORMS. REVIEW AS NEEDED. INVESTIGATE VALIDITY OF ICC FOR UST OPERATOR.

3. PROVIDE SITE MAP WITH MONITORING SYSTEM CERTIFICATION REPORT

FIRE CODE/

PROVIDE NFPA 704 DIAMOND TO GENERATOR ENCLOSURE.
RED - FIRE #2 DIESEL.
POST "NO SMOKING" SIGN TO ENCLOSURE.

MONITORING SYSTEM IS OPERATING AS REQUIRED.

CONTRACTOR: B&T, TECH AARON SHULTZ,
V-R B36224.
ICC# 526795-UT EXPIR. 01/13/2012.

(Specialist) Initials: SM Date: 4/1/11 Phone No. 805/681-4044

USTIF-1 (4/04)

SANTA BARBARA COUNTY FIRE DEPARTMENT
Fire Prevention Division – Certified Unified Program Agency
4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5500 Fax (805) 681-5553
UNIFIED PROGRAM INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTERNATIONAL Date: 4/1/11

Site Address: 27 LA PATERA, GOLETA

Program(s) Inspected: ☐ Business Plans ☐ HW Generator ☑ UST ☐ AST / SPCC ☐ Cal ARP ☐ Fire Code ☐ Plan Check ☐ Other:

Description of Violations / Corrections (continued):

TURBINE SUMP (BRINE) RESERVOIR IS POSITIONED BELOW THE "FEED" LINE. MAKE THE NECESSARY POSITION ADJUSTMENT TO THE RESERVOIR TO ENSURE LIQUID LEAK DETECTION FUNCTIONS CORRECTLY.

FEED LINE HAS "AIR" BLOCK.

Signature of Responsible Party [signature] Print Name Sarah Eyman Date 4/1/11

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:	Direct Relief	Date of Testing:	04/01/11
Facility Address:	27 La Patera Santa Barbara, CA		
Facility Contact:	Judy Partch	Phone:	805-964-4767
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	B&T Service Station Contractors
Technician Conducting Test:	
Credentials[1]:	× CSLB Contractor × ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	902034

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☐ Hydrostatic	☐ Vacuum	X Other	
Test Equipment Used: Visual			Equipment Resolution:	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 Diesel**	**2**	**3**	**4**
Bucket Installation Type:	☐ Direct Bury x Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	11"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	N/A			
Test Start Time (T_I):				
Initial Reading (R_I):				
Test End Time (T_F):				
Final Reading (R_F):				
Test Duration ($T_F - T_I$):				
Change in Reading ($R_F - R_I$):				
Pass/Fail Threshold or Criteria:				
Test Result:	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

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

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: Clarence Shultz Date: 4-1-11

Leak Detector
FXT EVALUATION CHART

Site Location: Direct Relief 27 S. La Patera, Santa Barbara, CA	Service Company: B&T Service Station Contractors
Date: 04/01/11	
Technician:	Tech Number:

TYPES OF LEAK DETECTORS TESTED

XLD (116-036-5)	FX1D (116-054-5	FX2BFLD
DLD (116-017-5	FX2 (116-046-5	FX1V (116-056-5)
BFLD (XL Model 116-039-5	FX2D (116-048-5)	FX2V (116-057-5)
BFLD (116-012-5)	x FX1DV (116-055-5)	FX1DV (116-058-5)
XLP (116-035-5	FX2DV (116-053-5)	FX2DV (116-059-5
PLD (116-030-5	FX1BFLD	FX1V (116-051-5
FX1 (116-047-5		FX2V (116-052-5)

TEST INFORMATION

Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
Diesel		3 sec	------	16 PSI	3 GPH	PASS	25 PSI

Owner/Operator

_____ 4/1/11_____

(Signature) (Date)

Direct Relief
Monitor Cert 04/01/11

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

APR 1, 2011 11:18 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

SYSTEM SETUP

APR 1, 2011 11:18 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS/DENSITY
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

NONE FOUND

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:DIESEL

PRODUCT CODE	:	1
THERMAL COEFF	:	.000450
TANK DIAMETER	:	63.75
TANK PROFILE	:	4 PTS
FULL VOL	:	1834
47.8 INCH VOL	:	1475
31.9 INCH VOL	:	924
15.9 INCH VOL	:	364

FLOAT SIZE: 4.0 IN.

WATER WARNING	:	1.5
HIGH WATER LIMIT	:	2.5
MAX OR LABEL VOL	:	1834
OVERFILL LIMIT	:	90%
	:	1650
HIGH PRODUCT	:	95%
	:	1742
DELIVERY LIMIT	:	50%
	:	917
LOW PRODUCT	:	200
LEAK ALARM LIMIT	:	99
SUDDEN LOSS LIMIT	:	99
TANK TILT	:	0.00
PROBE OFFSET	:	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC	:	25%
	:	458
LEAK MIN ANNUAL	:	25%
	:	458

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

Direct Relief
Monitor Cert 04/01/11

```
LEAK TEST METHOD
- - - - - - - - - - - - -
TEST ON DATE : ALL TANK
JAN 29. 2009
START TIME : DISABLED
TEST RATE  :0.20 GAL/HR
DURATION   : 2  HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
                NORMAL
```

```
LIQUID SENSOR SETUP
- - - - - - - - - - - - -

L 1:DIESEL STP  BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP


L 2:DIESEL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS


L 3:DIESEL FILL SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP


L 4:DIESEL FILL BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS


L 5:VENT SUMP BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS


L 6:VENT SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS
```

```
PUMP SENSOR SETUP
- - - - - - - - - - - - -

S 1:DIESEL
TANK #:  1
DISPENSE MODE:
  STANDARD
```

```
OUTPUT RELAY SETUP
- - - - - - - - - - - - -

R 1:OVERFILL ALARM
TYPE:
  STANDARD
NORMALLY OPEN


IN-TANK ALARMS
 T 1:OVERFILL ALARM
 T 1:HIGH PRODUCT ALARM
 T 1:MAX PRODUCT ALARM

R 2:DIESEL TURBINE
TYPE:
  PUMP CONTROL OUTPUT
TANK #:  1

- NO ALARM ASSIGNMENTS -
```

```
SMARTSENSOR SETUP
- - - - - - - - - - - - -

S 1:PRODUCT LINE VAC
CATEGORY  VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME:   29.4 GALLONS
RELIEF VALVE: : NO

S 2:VENT LINE VAC
CATEGORY  VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME:   29.4 GALLONS
RELIEF VALVE: : NO

S 3:RETURN LINE VAC
CATEGORY  VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME:   29.4 GALLONS
RELIEF VALVE: : NO

S 4:ANNULAR VAC
CATEGORY  VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE 0
VOLUME:   64.3 GALLONS
RELIEF VALVE: : NO

S 8:ATME SENSOR
CATEGORY  ATM P SENSOR
```

Direct Relief
Monitor Cert 04/01/11

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

APR 1, 2011 9:05 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
MAR 22, 2011 11:15 AM
PRINTER ERROR
MAR 22, 2011 11:16 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DIESEL

HIGH WATER ALARM
APR 30, 2009 8:30 AM

OVERFILL ALARM
APR 30, 2009 11:53 AM
APR 28, 2009 12:06 PM
APR 28, 2009 11:56 AM

LOW PRODUCT ALARM
APR 28, 2009 12:25 PM
APR 28, 2009 10:41 AM

SUDDEN LOSS ALARM
APR 30, 2009 11:51 AM

HIGH PRODUCT ALARM
APR 28, 2009 11:34 AM

PROBE OUT
APR 30, 2009 11:54 AM
APR 30, 2009 11:52 AM
APR 30, 2009 9:04 AM

HIGH WATER WARNING
APR 30, 2009 8:30 AM

DELIVERY NEEDED
APR 28, 2009 12:25 PM
APR 28, 2009 10:41 AM

LOW TEMP WARNING
APR 30, 2009 11:53 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
I. 1:DIESEL STP BRINE
STP SUMP
FUEL ALARM
APR 7, 2010 3:28 PM

FUEL ALARM
APR 7, 2010 3:27 PM

FUEL ALARM
APR 7, 2010 3:07 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:DIESEL STP
OTHER SENSORS
FUEL ALARM
APR 7, 2010 2:59 PM

FUEL ALARM
MAY 6, 2009 10:03 AM

FUEL ALARM
APR 30, 2009 2:46 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DIESEL FILL SUMP
PIPING SUMP
FUEL ALARM
APR 7, 2010 3:16 PM

FUEL ALARM
MAY 6, 2009 10:06 AM

* * * * * END * * * * *

Direct Relief
Monitor Cert 04/01/11

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:DIESEL FILL BRINE
OTHER SENSORS
FUEL ALARM
APR 7, 2010 3:18 PM

FUEL ALARM
APR 7, 2010 3:17 PM

FUEL ALARM
MAY 6, 2009 10:08 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:VENT SUMP
OTHER SENSORS
FUEL ALARM
APR 7, 2010 3:22 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:VENT SUMP BRINE
OTHER SENSORS
FUEL ALARM
APR 7, 2010 3:22 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
S 1:PRODUCT LINE VAC
NO VACUUM ALARM
APR 7, 2010 3:13 PM

NO VACUUM ALARM
APR 7, 2010 3:12 PM

NO VACUUM ALARM
APR 7, 2010 3:12 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
S 2:VENT LINE VAC
HIGH LIQUID ALARM
APR 7, 2010 3:14 PM

NO VACUUM ALARM
APR 7, 2010 3:12 PM

NO VACUUM ALARM
APR 7, 2010 3:11 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
S 3:RETURN LINE VAC
HIGH LIQUID ALARM
APR 7, 2010 3:15 PM

NO VACUUM ALARM
APR 7, 2010 3:13 PM

SETUP DATA WARNING
APR 28, 2009 10:44 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
S 4:ANNULAR VAC
VACUUM WARNING
APR 8, 2010 12:00 PM

NO VACUUM ALARM
APR 8, 2010 11:49 AM

VACUUM WARNING
APR 8, 2010 11:40 AM

SANTA BARBARA COUNTY FIRE DEPARTMENT
Fire Prevention Division - Certified Unified Program Agency
4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5500 Fax (805) 681-5553

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Rel of Intl Date: 4/12/12 Inspected By: Nathan West
Site Address: 27 La Patera Phone: ICC #: Not legible
City: Goleta Specialist Signature:
Facility Contact: Judy Partch

The following Code sections are either in violation **(V)** of, Or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel			
Install Date:	2006			
Size:	1800			

REQUIREMENTS	CHSC	CCR	V	V	C	N	
FILE RECORDS							
Form A current?	25286(a)		303		✓		
Form B current?	25286(a)		304		✓		
Financial Responsibility current?	25292.2(a)		340	✓			4/7/11
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305		✓		
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306	✓	✓		
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	308	✓			INCOMPLETE
Permits current and retained at facility?	25284(a)	2712(i)	302		✓		
Plot Plan Submitted?		2711(a)(8)	307		✓		
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓		
Name: Aaron Shultz		ICC#: 5266795 UC		Expires: 3/19/14			
UST SYSTEM RECORDS							
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓		4/1/11
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Months:			3 Years: VPH
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328				
Maintenance and monitoring records available?	25293	2712(b)	315		✓		
UST SYSTEM INSPECTION							
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓		
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓		
Sticker affixed to all monitoring components at certification?		2638(f)	313		✓		
UST system has approved functional overfill protection?		2635(b)(2) Flapper, ATG	314	✓			
Is spill container in good condition and liquid free?		2635(b)(1)	317		✓		
Spill container drain functional or alternative available?		2635(b)(1)(C)	318		✓		
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319		✓		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓		
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓	
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓	
Dispenser containment free of liquid?		2631(d)(4)	323			✓	
ADDITIONAL REQUIREMENTS							
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓		
Name: B+T		Monitoring System Training Verification:					
ICC #: 5266795 UC	Expires: 3/14						
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓		
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓		
MONITORING SYSTEM INFORMATION							
MFR. NAME VR							
MODEL # TLS-350							

PRESSURIZED SYSTEM MLLD																				
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS				V	C	N	V	C	N	V	C	N	V	C	N	V	C	N	V	C	N
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341																	
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342																	
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344																	
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2638(a)	345																	
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY																				
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1	347																	
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348																	
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349																	
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350																	
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*																				
Continuous audible and visual alarm?		2636(f)(6)	353		✓															
Monitoring system check daily?		2636(f)(6)	354		✓															
OTHER																				
Fuel filters disposed to:			337																	

(Owner/Operator) Initials: Date: 4/12/12

USTIF-1 (04-2011)

ANTA BARBARA COUNTY FIRE DEPARTM
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Site Name/Address: DIRECT RELIEF INT / 27 LA PATERA, Goleta

Refer to California Fire Code (CFC). The following Code sections are either in violation **(V)** of, or in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

REQUIREMENTS	CODE SECTIONS	V#	V	C	N	
CALIFORNIA FIRE CODE	CFC					
Address clearly visible from street?	901.4.4	370		✓		
Fire extinguishers present?	2205.5	371			✓	
Fire extinguisher service current?	901.6.1	372			✓	
Shear valves operational?	2206.7.4	373			✓	
Emergency fuel shut down device labeled?	2203.2	374		✓		
Emergency fuel shut down device operational?	2203.2	375		✓		
No smoking sign posted?	2205.6	376		✓		
Shut off engine sign posted?	2205.6	377			✓	
Sign posted prohibiting dispensing into unapproved containers?	2205.6	378			✓	

☐ **NOTICE TO COMPLY: The violations noted above must be corrected by:** _____

[signature] | JUDY PARTCH | 4/12/12

Signature of Responsible Party | Printed Name | Date

POST INSPECTION INSTRUCTIONS: Correct the violation(s) noted during inspection on _____ by _____

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be correct and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

NARRATIVE: Consent to inspect is granted by Jenna Nelson.
MONITORING CERT + ANNUAL UST INSPECTION CONDUCTED THIS DAY.

(1) MONITORING PLAN INACCURATELY DESCRIBES SYSTEM.
490-6 a+d; 490-29 d; 490-34 b; 490-35 a; 490-36 checked; 490-37,38
490-66 unchecked.
Revise as described + resubmit. Marked up copy provided to facility.

(2) Response plan at facility is incomplete.
Corrected at the time of inspection

(3) OVERFILL Alarm light does not function.
-replace bulb or repair as required.

(4) Certification of Financial Responsibility is dated 4/7/11. Certificate + letter from Chief Financial OAficer shall be revised + submitted to CUPA Annually.

(Specialist) Initials: NDW Date: 4/12/12 Phone: 681-4015

SANTA BARBARA COUNTY FIRE DEPARTMENT
Fire Prevention Division - Certified Unified Program Agency
4410 Cathedral Oaks Road, Santa Barbara, CA 93110 (805) 681-5500 Fax (805) 681-5553

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief Int'l | Date: 4/12/13 | Inspected By: Nathan West
Site Address: 27 S. La Patera | Phone: | ICC #: 504530-01
City: Goleta | Specialist Signature:
Facility Contact: Judy Partch

The following Code sections are either in violation **(V)** of, Or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel	Trans.		
Install Date:	2008	sump		
Size:	1800	2008		

REQUIREMENTS	CHSC	CCR	V	V	C	N
FILE RECORDS						
Form A current?	25286(a)		303		✓	
Form B current?	25286(a)		304		✓	
Financial Responsibility current?	25292.2(a)		340		✓	
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305		~~✓~~	✓
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306		✓	
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	308		✓	
Permits current and retained at facility?	25284(a)	2712(i)	302			
Plot Plan Submitted?		2711(a)(8)	307		✓	
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓	
Name: A. Shultz		ICC#: 5266795 UC		Expires: 3/14		
UST SYSTEM RECORDS						
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓	
Secondary Containment tested as required?	25284.1	2637(a) VPH	310	6 Months:		3 Years:
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328			
Maintenance and monitoring records available?	25293	2712(b)	315		✓	
UST SYSTEM INSPECTION						
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓	
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓	
Sticker affixed to all monitoring components at certification?		2638(f)	313		✓	
UST system has approved functional overfill protection?	Alarm & Flapper	2635(b)(2)	314		✓	
Is spill container in good condition and liquid free?		2635(b)(1)	317			
Spill container drain functional or alternative available?		2635(b)(1)(C)	318			✓
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319	✓		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓	
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓
Dispenser containment free of liquid?		2631(d)(4)	323			✓
ADDITIONAL REQUIREMENTS						
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓	
Name: BT		Monitoring System Training Verification: A20030				
ICC #: 5246325 8158837	Expires: 9/2014					
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓	
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓	
MONITORING SYSTEM INFORMATION						
MFR. NAME	VR					
MODEL #	TLS-350					

PRESSURIZED SYSTEM MLLD + VPH														
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS			V	C	N	V	C	N	V	C	N	V	C	N
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341											
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342											
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344											
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2638(a)	345											
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY														
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1	347											
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348											
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349											
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350											
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*														
Continuous audible and visual alarm?		2636(f)(6)	353		✓									
Monitoring system check daily?		2636(f)(6)	354		✓									
OTHER														
Fuel filters disposed to:			337											

(Owner/Operator) Initials: RS Date: 4/12/13

USTIF-1 (04-2011)

4/24/13 R

ANTA BARBARA COUNTY FIRE DEPARTM T
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Site Name/Address: Direct Relief Int'l / 27 S. La Patera, Goleta

Refer to California Fire Code (CFC). The following Code sections are either in violation **(V)** of, or in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

REQUIREMENTS	CODE SECTIONS	V#	V	C	N	
CALIFORNIA FIRE CODE	CFC					
Address clearly visible from street?	901.4.4	370			✓	
Fire extinguishers present?	2205.5	371			✓	
Fire extinguisher service current?	901.6.1	372			✓	
Shear valves operational?	2206.7.4	373			/	
Emergency fuel shut down device labeled?	2203.2	374		✓		
Emergency fuel shut down device operational?	2203.2	375		✓		
No smoking sign posted?	2205.6	376			✓	
Shut off engine sign posted?	2205.6	377			/	
Sign posted prohibiting dispensing into unapproved containers?	2205.6	378			/	

☑ **NOTICE TO COMPLY: The violations noted above must be corrected by:** 5/12/13

[signature] Rick Snekvik 4/12/13

Signature of Responsible Party — Printed Name — Date

POST INSPECTION INSTRUCTIONS: Correct the violation(s) noted during inspection on ______ by ______

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be correct and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) ______ (Print Name) ______ (Date) ______

NARRATIVE:

MONITORING SYSTEM CERTIFICATION AND ANNUAL UST INSPECTION CONDUCTED THIS DAY.

Permission to inspect granted by Rick Snekvik, DIR. OF OPERATIONS.

(317) Liquid is accumulated in spill bucket
& remove liquid Corrected at the time of inspection

(319) Liquid is accumulated in transition sump.
Liquid is accumulated in STP sump. — Corrected at the time of inspection
& remove liquid.

Sensors tested as follows: Transition sump containment, Trans. sump annular, Fill sump containment, Fill sump annular, STP sump containment, STP sump annular; tape shows same.

(Specialist) Initials: NPW Date: 4/12/13 Phone: (805) 681-4045

Business Plan / Cal-ARP / Hazardous Waste Generator Inspection Report / Notice to Comply

Facility Name: DIRECT RELIEF INT'L Date: 4/12/13

Site Address: 27 S. LA PATERA GOLETA

HSC / CCR 22	V	1 2 M	REQUIREMENTS
Spill Prevention Control & Countermeasure (SPCC) Plan (HSC Chapter 6.67)			
25270.3	131		Valid SPCC, PE certified, petroleum storage ≥ 1320 gallons (1 or aggregate of AST)

AST Tank #	Tank Capacity	Contents	SPCC Required
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Accidental Release Prevention (Cal-ARP)			
2740.1(c)	21		Accurate Cal-ARP registration form submitted for all processes
2735.5 **25545.3**	22		Establish and implement a Risk Management Plan (RMP)
2765.1-2765.2	32		Emergence Response Program (Programs 2 & 3), ERP onsite.
2775.1	33		Record keeping, keep implementation records for 5 years.

OBSERVATIONS / CORRECTIVE ACTION

Hazardous Material Business Plan inspection conducted this day.

Chemical inventory is up to date.

A pile of trash next to dumpster contains intact & broken fluorescent bulbs, and electrical equipment including DC power supplies. A printed circuit board is visible in dumpster.

- IMMEDIATELY CEASE DISPOSAL OF HAZARDOUS WASTE & UNIVERSAL WASTE INTO THE TRASH.

DISPOSE OF FLUORESCENT BULBS AT AN AUTHORIZED FACILITY.

DCSB COMMUNITY HAZ WASTE COLLECTION CENTER FLYER PROVIDED TO BUSINESS.

☐ No Violations Noted At Time of Inspection

Signature of Responsible Party: X [signature] Print Name: Rick Snekvik Date: 4/12/13

☑ **NOTICE OF VIOLATION: The violations noted above must be corrected by:** Date: 5/12/13

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **ALL VIOLATIONS ARE TO BE CORRECTED AND A COPY OF THIS FORM SIGNED AND RETURNED WITHIN 35 DAYS**, certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) [signature] (Print Name) Rick Snekvik (Date) 5/10/13

COMMUNITY HAZARDOUS WASTE
COLLECTION CENTER
Make Checks Payable To:
County of Santa Barbara
Resource Recovery & Waste Management Division
130 East Victoria Street, Suite 100, Santa Barbara, CA 93101

HAZARDOUS WASTE COLLECTION CENTER

Invoice

SOLD TO:

Direct Relief
27 South La Patera Lane
Goleta CA 93117

P.O. Number:

Invoice No. 22097
Disposal Date: 05/10/2013
Statement Date: 5/10/2013
2nd Statement Date:
Amount Paid:
Check Number:

TOTAL DUE: $154.61

DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMOUNT
Facility Fee Waived - Non-Profit				
Fluorescent Tubes	500	Foot	$0.22	$110.00
Alkaline Batteries	19	Pound	$1.35	$25.65
Overpack - Misc. Chemicals	18	Pound	$3.00	$54.00
Latex Paint	3	Gallon	$5.50	$16.50
Less 25% Non-Profit Discount	1	Each	-$51.54	-$51.54

Total Disposal: $154.61

Payments are due 30 days from date of drop-off. If you have already mailed payment or have questions, please call the County of Santa Barbara at (805) 882-3602.

THANK YOU FOR RESPONSIBLY DISPOSING OF YOUR HAZARDOUS WASTE.

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: Direct Relief Bldg. No.:

Site Address: 27 S. La Patera Lane Goleta, CA Zip: 93117

Facility Contact Person: Judy Partch Contact Phone No.: (805) 964-4767

Make/Model of Monitoring System: TLS 350 Date of Testing/Servicing: 04/07/14

B. Inventory of Equipment Tested/Certified

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

Tank ID: T1 Diesel	**Tank ID:**
x In-Tank Gauging Probe. Model: Mag 1	☐ In-Tank Gauging Probe. Model:
x Annular Space or Vault Sensor. Model: 420/Vac	☐ Annular Space or Vault Sensor. Model:
x Piping Sump / Trench Sensor(s). Model: 208	☐ Piping Sump / Trench Sensor(s). Model:
x Fill Sump Sensor(s). Model: 208	☐ Fill Sump Sensor(s). Model:
x Mechanical Line Leak Detector. Model: FXIDV	☐ Mechanical Line Leak Detector. Model:
x Tank Overfill / High-Level Sensor. Model: Mag 1	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID:	**Tank ID:**
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
☐ Annular Space or Vault Sensor. Model:	☐ Annular Space or Vault Sensor. Model:
☐ Piping Sump / Trench Sensor(s). Model:	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Electronic Line Leak Detector. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Tank Overfill / High-Level Sensor. Model:
	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: Line Sump	**Dispenser ID:**
x Dispenser Containment Sensor(s). Model: 208	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s	☐ Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): James Welsch Signature:

Certification No.: 8201843 UT License. No.: 902034

Testing Company Name: B&T Service Station Contractors Phone No.:(805)929-8944

Testing Company Address: 630 S. Frontage Rd. Nipomo, CA 93444 Date of Testing/Servicing: 04/07/14

D. Results of Testing/Servicing

Software Version Installed: 125.09

Complete the following checklist:

x Yes	☐ No*	Is the audible alarm operational?
x Yes	☐ No*	Is the visual alarm operational?
X Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
x Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* x N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☐ Yes	☐ No* X N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
x Yes	☐ No* ☐ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90 %
☐ Yes*	X 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.
x Yes*	☐ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
X Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
x Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments: Small amount of liquid found in line sump.

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

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

*** In 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:

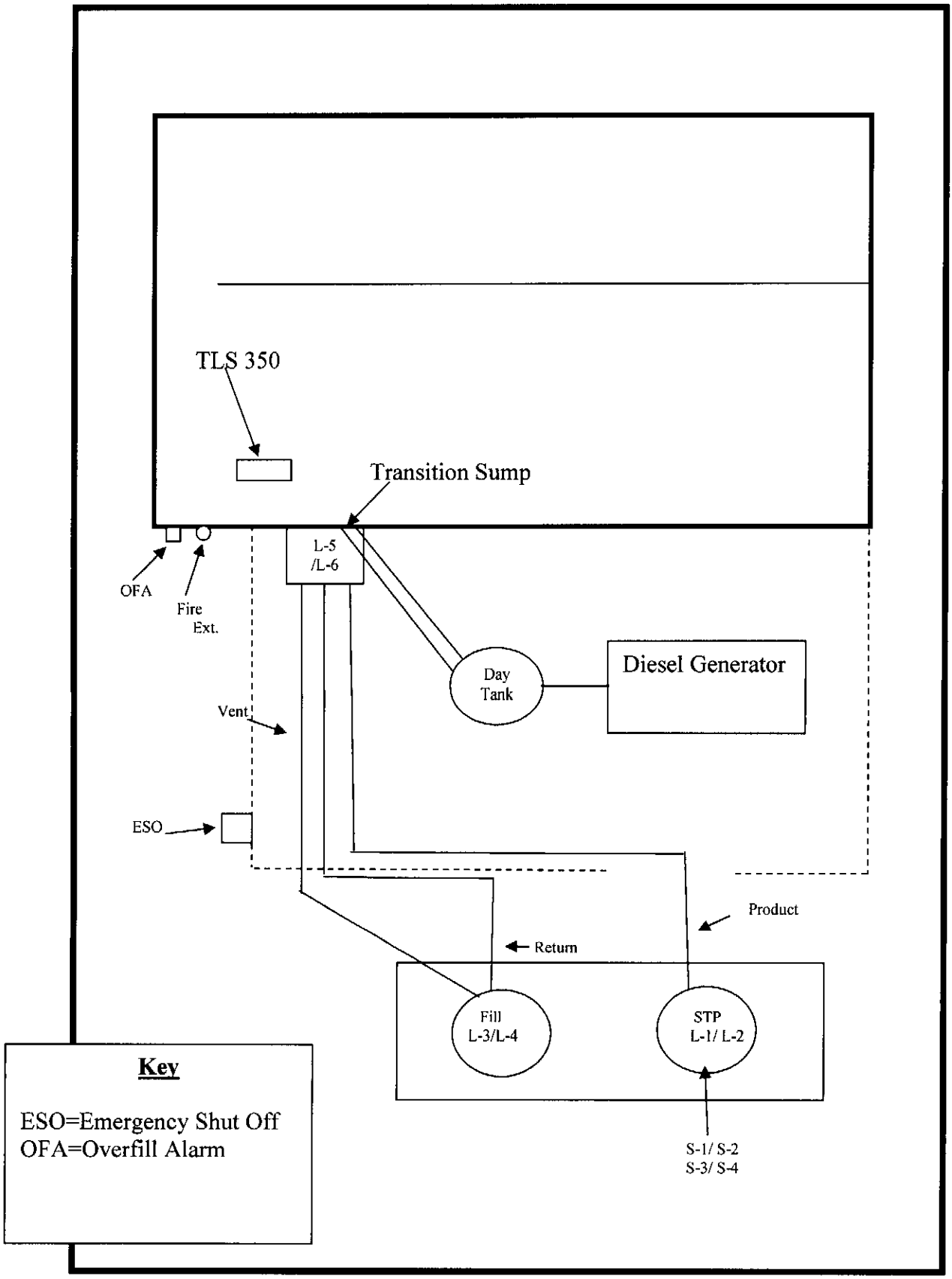
X Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: X 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
X Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
X Yes	☐ No*	Was the testing apparatus properly calibrated?
X Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* X N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* X N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* X N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* X N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
X Yes	☐ 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: 27 S. La Patera Santa Barbara



04/12/12

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:	Direct Relief	Date of Testing:	04-07-14
Facility Address:	27 La Patera Santa Barbara, CA		
Facility Contact:	Judy Partch	Phone:	805-964-4767
Date Local Agency Was Notified of Testing :	03/25/14		
Name of Local Agency Inspector *(if present during testing)*:	Nathan West		

2. TESTING CONTRACTOR INFORMATION

Company Name:	B&T Service Station Contractors
Technician Conducting Test:	James Welsch
Credentials[1]:	× CSLB Contractor × ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	902034

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☐ Hydrostatic	☐ Vacuum	X Other	
Test Equipment Used: Visual			Equipment Resolution:	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 Diesel**	**2**	**3**	**4**
Bucket Installation Type:	☐ Direct Bury x Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	11"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	N/A			
Test Start Time (T_I):	11:00a			
Initial Reading (R_I):	full			
Test End Time (T_F):	12:00p			
Final Reading (R_F):	full			
Test Duration ($T_F - T_I$):	1 hour			
Change in Reading ($R_F - R_I$):	0			
Pass/Fail Threshold or Criteria:				
Test Result:	**x Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

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

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: 9-11-14

Leak Detector
FXT EVALUATION CHART

Site Location: Direct Relief 27 S. La Patera, Santa Barbara, CA	Service Company: B&T Service Station Contractors
Date: 04/07/14	
Technician: JAMES WELSCH	Tech Number:8201843 UT

TYPES OF LEAK DETECTORS TESTED

☐ XLD (116-036-5)	☐ FX1D (116-054-5	☐ FX2BFLD
☐ DLD (116-017-5	☐ FX2 (116-046-5	☐ FX1V (116-056-5)
☐ BFLD (XL Model 116-039-5	☐ FX2D (116-048-5)	☐ FX2V (116-057-5)
☐ BFLD (116-012-5)	x FX1DV (116-055-5)	☐ FX1DV (116-058-5)
☐ XLP (116-035-5	☐ FX2DV (116-053-5)	☐ FX2DV (116-059-5
☐ PLD (116-030-5	☐ FX1BFLD	☐ FX1V (116-051-5
☐ FX1 (116-047-5	☐	☐ FX2V (116-052-5)

TEST INFORMATION

Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
Diesel		3sec	10psi	15psi	3.0gph	pass	24

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: Veederoot	**Model:**	**System Type:** ☐ Pressure; ☒ Vacuum

Sensor ID	
s-1	**Component(s) Monitored by this Sensor:** Product line Sensor Functionality Test Result: ☒ Pass; ☐ Fail Interstitial Communication Test Result: ☒ Pass; ☐ Fail
s-2	**Component(s) Monitored by this Sensor:** Vent line Sensor Functionality Test Result: ☒ Pass; ☐ Fail Interstitial Communication Test Result: ☒ Pass; ☐ Fail
s-3	**Component(s) Monitored by this Sensor:** Return line Sensor Functionality Test Result: ☒ Pass; ☐ Fail Interstitial Communication Test Result: ☒ Pass; ☐ Fail
s-4	**Component(s) Monitored by this Sensor:** Annular Sensor Functionality Test Result: ☒ Pass; ☐ Fail Interstitial Communication Test Result: ☒ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☒ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☒ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Vacuum was restored to operating levels in all interstitial spaces: ☒ Yes ☐ No *(If no, describe in Sec. J, below)*

J. Comments:

DIRECT RELIEF

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☑ 225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpointe Pkwy., Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTL Date: 4/7/14 Inspected By: NATHAN WEST

Site Address: 27 S. LA PATERA LN Phone: 452-0478 ICC #: 5042530

City: GOLETA Specialist Signature:

Facility Contact: JUDY PARTCH

The following Code sections are either in violation **(V)** or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	D	Trans.		
Install Date:	2008	Sump.		
Size:	1800	2008		

REQUIREMENTS	CHSC	CCR	V	V	C	N									
FILE RECORDS															
Form A current?	25286(a)		303		✓										
Form B current?	25286(a)		(304)	✓											
Financial Responsibility current?	25292.2(a)		(340)	✓											
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305		✓	✓									
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	(306)	✓	✓										
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	(308)	✓											
Permits current and retained at facility?	25284(a)	2712(i)	302			✓									
Plot Plan Submitted?		2711(a)(8)	307		✓										
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓										
Name: MARCUS GARCIA		ICC#: B074063		Expires: 7/16/14											
UST SYSTEM RECORDS															
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓		last 4/12/13								
Secondary Containment tested as required?	25284.1	2637(a) VPH	310	6 Months: ~~X~~			3 Years: ~~X~~								
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328			✓									
Maintenance and monitoring records available?	25293	2712(b)	315		✓										
UST SYSTEM INSPECTION							V	C	N	V	C	N	V	C	N
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓			✓							
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓			✓							
Sticker affixed to all monitoring components at certification?		2638(f)	313			✓			✓						
UST system has approved functional overfill protection?	Alarm + Flapper	2635(b)(2)	314		✓				✓						
Is spill container in good condition and liquid free?		2635(b)(1)	(317)	✓					✓						
Spill container drain functional or alternative available?		2635(b)(1)(C)	318			✓			✓						
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319		✓			✓	✓						
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓			✓	✓						
Dispenser containment present if currently required?	25284.1(a)(5)(C)	No Dispenser	321			✓			✓						
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓			✓						
Dispenser containment free of liquid?		2631(d)(4)	323			✓			✓						
ADDITIONAL REQUIREMENTS															
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓										
Name: B&T		Monitoring System Training Verification: B43211													
ICC #: 820184	Expires: 6/6/15														
Class (A) C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓										
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓										
MONITORING SYSTEM INFORMATION															
MFR. NAME	VEEDER-ROOT														
MODEL #	TLS-350														
PRESSURIZED SYSTEM	MLLD + VPH														
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS				V	C	N	V	C	N	V	C	N	V	C	N
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341			✓			✓						
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342			✓			✓						
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344			✓			✓						
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2638(a)	345			✓			✓						
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY															
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1	347			✓			✓						
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348			✓			✓						
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349			✓			✓						
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350			✓			✓						
OPTION 3 FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*															
Continuous audible and visual alarm?		2636(f)(6)	353		✓			✓							
Monitoring system check daily?		2636(f)(6)	354		✓			✓							
OTHER															
Fuel filters disposed to:			337												

(Owner/Operator) Initials: _____ Date: _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTERNATIONAL

Site Address: 27 S. LA PATERA LN, GOLETA

NARRATIVE:

UNDERGROUND STORAGE TANK INSPECTION AND MONITORING SYSTEM CERTIFICATION CONDUCTED THIS DAY.
AS SUBMITTED TO CERS:

(340) CERTIFICATION OF FINANCIAL RESPONSIBILITY IS DATED 4/16/12
CFO LETTER IS DATED 4/17/12.
— IMMEDIATELY SUBMIT FINANCIAL RESPONSIBILITY DOCUMENTATION VIA CERS. ANNUALLY UPDATE THEREAFTER.

(308) EMERGENCY RESPONSE PLAN SUBMITTED TO CERS IS INCOMPLETE.
— REVISE & RESUBMIT.

D.O. REPORTS ARE RETAINED IN FILE.
2013 Paper Financial Responsibility forms are in file.

(317) LIQUID & DEBRIS IS ACCUMULATED IN SPILL BUCKET.
— Regularly inspect & remove liquid/debris.

(304) CERS SUBMITTAL INDICATES SINGLEWALL TRANSITION SUMP.
(306) SUMP IS DOUBLEWALL.
~~— REVISE & RESUBMIT.~~
TANK HAS Fill tube shut-off valve.
Fill containment sump installed; TANK USE IS EMERG. GENERATOR
— Revise & resubmit.

Recommendation ONLY:
Overfill alarm box is not visible from tank fill.
Consider raising or relocating box to a visible location

☑ **NOTICE TO COMPLY: The violations noted above must be corrected by:** 5/7/14

Signature of Responsible Party | JUDY PARTZH (Printed Name) | 4/7/14 (Date)

POST INSPECTION INSTRUCTIONS: Correct the violation(s) noted during inspection on 4/7/14 by 5/7/14

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

(Specialist) Initials: NPW Date: 4/7/14 Phone: (805) 681-4045

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☑ 225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpointe Pkwy., Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTERNATIONAL Date: 4/9/15 Inspected By: NATHAN WEST

Site Address: 27 S LA PATERA Phone: _____ ICC #: 5024530

City: GOLETA Specialist Signature: [signature]

Facility Contact: _____

The following Code sections are either in violation **(V)** or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	D			
Install Date:	2008			
Size:	1,800			

REQUIREMENTS	CHSC	CCR	V	V	C	N
FILE RECORDS						
Form A current?	25286(a)		303		✓	
Form B current?	25286(a)		304		✓	
Financial Responsibility current?	25292.2(a)		340		✓	
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305			✓
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306		✓	
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	308		✓	
Permits current and retained at facility?	25284(a)	2712(i)	302		✓	
Plot Plan Submitted?		2711(a)(8)	307		✓	
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓	
Name:		ICC#:		Expires:		
UST SYSTEM RECORDS						
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓	
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Months: _____		3 Years: _____
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328			
Maintenance and monitoring records available?	25293	2712(b)	315		✓	
UST SYSTEM INSPECTION						
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓	
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓	
Sticker affixed to all monitoring components at certification?		2638(f)	313			✓
UST system has approved functional overfill protection?		2635(b)(2)	314		✓	
Is spill container in good condition and liquid free?		2635(b)(1)	317		✓	
Spill container drain functional or alternative available?		2635(b)(1)(C)	318			✓
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319		✓	
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	(320)	✓		
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓
Dispenser containment free of liquid?		2631(d)(4)	323			✓
ADDITIONAL REQUIREMENTS						
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓	
Name:		Monitoring System Training Verification:				
ICC #:	Expires:					
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓	
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓	
MONITORING SYSTEM INFORMATION						
MFR. NAME	VEEDER-ROOT					
MODEL #	TLS-350					

PRESSURIZED SYSTEM VPH W/ PLLD, NO POSITIVE SHUTDOWN (EMERG. GENERATOR)

OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS			V	C	N	V	C	N	V	C	N	V	C	N
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341			✓								
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342											
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344											
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2638(a)	345											
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY														
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1	347											
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348											
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349											
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350											
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*														
Continuous audible and visual alarm?		2636(f)(6)	353		✓									
Monitoring system check daily?		2636(f)(6)	354		✓									
OTHER														
Fuel filters disposed to:			337											

(Owner/Operator) Initials: _____ Date: _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTERNATIONAL

Site Address: 27 S LA PATERA LN, GOLETA

NARRATIVE:

VST INSPECTION CONDUCTED THIS DAY.

(320) STP SUMP LIQUID SENSOR IS NOT POSITIONED TO DETECT A RELEASE AT THE EARLIEST OPPORTUNITY, IN THAT SENSOR IS POSITIONED AT OPPOSITE SIDE OF SUMP FROM PRODUCT PIPING
- REPOSITION SENSOR.

☑ **NOTICE TO COMPLY: The violations noted above must be corrected by:** 5/9/15

x Sean Copeland — Signature of Responsible Party

Sean Copeland — Printed Name

4/9/15 — Date

POST INSPECTION INSTRUCTIONS: Correct the violation(s) noted during inspection on 4/9/15 by 5/9/15

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

(Specialist) Initials: NPW Date: 4/9/15 Phone: 805 681 4045

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: DIRECT RELIEF INTERNATIONAL

Site Address: 27 S LA PATERA LN, GOLETA

NARRATIVE:

VST INSPECTION CONDUCTED THIS DAY

(720) STP SUMP LIQUID SENSOR IS NOT POSITIONED TO DETECT A RELEASE AT THE EARLIEST OPPORTUNITY IN THAT SENSOR IS POSITIONED A OPPOSITE SIDE OF SUMP FROM PRODUCT PIPING
- REPOSITION SENSOR.

☑ **NOTICE TO COMPLY: The violations noted above must be corrected by:** 5/9/15

X [signature] Sean Copeland 4/9/15

Signature of Responsible Party | Printed Name | Date

POST INSPECTION INSTRUCTIONS: Correct the violation(s) noted during inspection on 4/9/15 by 5/9/15

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) [signature] (Print Name) JUDY PARTCH (Date) 4/9/15

(Specialist) Initials: MPW Date: 4/9/15 Phone: 805 681 4045

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: **DIRECT RELIEF** Bldg. No.: ____
Site Address: **27 LA PATERA LN** City: **GOLETA** Zip: **93117**
Facility Contact Person: **JUDY PARTCH** Contact Phone No.: **(805) 964-4767**
Make/Model of Monitoring System: **TLS -350** Date of Testing/Servicing: **4/8/2016**

B. Inventory of Equipment Tested/Certified

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

Tank ID: RED DSL	Model	Tank ID:	Model
☒ In-Tank Gauging Probe.	MAG 1	☐ In-Tank Gauging Probe.	
☒ Annular Space or Vault Sensor.	420 /VAC	☐ Annular Space or Vault Sensor.	
☒ Piping Sump / Trench Sensor(s).	208 / 304	☐ Piping Sump / Trench Sensor(s).	
☒ Fill Sump Sensor(s).	208 / 304	☐ Fill Sump Sensor(s).	
☒ Mechanical Line Leak Detector.	FX	☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☒ Tank Overfill / High-Level Sensor.	MAG 1	☐ Tank Overfill / High-Level Sensor.	
☐ Other (specify equipment type and model in Section E on Page 2).		☐ Other (specify equipment type and model in Section E on Page 2).	

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

Dispenser ID: VENT BOX	Model	Dispenser ID:	Model
☒ Dispenser Containment Sensor(s).	208 / 304	☐ Dispenser Containment Sensor(s).	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

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

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

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

C. Certification

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

Technician Name (print): **MARCUS GARCIA** Signature: [signature]
Certification No.: **8074063** License. No.: **902034**
Testing Company Name: **B&T Service Station Contractors** Phone No.: **(805) 929-8944**
Testing Company Address: **630 S. Frontage Road Nipomo, CA. 93444** Date of Testing/Servicing: **4/8/2016**

D. Results of Testing/Servicing

Software Version Installed: 129.01

Complete the following checklist:

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

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

E. Comments: DISCOVERED AND REMOVED A SMALL AMOUNT OF WATER IN THE VENT BOX.

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

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

*** In 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:

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

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

H. Comments:

Leak Detector
FXT EVALUATION CHART

Site Location: Direct Relief 27 S. La Patera, Santa Barbara, CA	Service Company: B&T Service Station Contractors
Date: 4/8/2016	
Technician: MARCUS GARCIA	Tech Number: 8074063

TYPES OF LEAK DETECTORS TESTED

XLD (116-036-5)	FX1D (116-054-5	FX2BFLD
DLD (116-017-5	FX2 (116-046-5	FX1V (116-056-5)
BFLD (XL Model 116-039-5	FX2D (116-048-5)	FX2V (116-057-5)
BFLD (116-012-5)	x FX1DV (116-055-5)	FX1DV (116-058-5)
XLP (116-035-5	FX2DV (116-053-5)	FX2DV (116-059-5
PLD (116-030-5	FX1BFLD	FX1V (116-051-5
FX1 (116-047-5		FX2V (116-052-5)

TEST INFORMATION

Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
RED DSL		3 SECS	10 PSI	12 PSI	3 GPH	PASS	24 PSI

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: VEEDER ROOT	**Model:** 463	**System Type:** ☐ Pressure; ☒ Vacuum

Sensor ID		
S-1	**Component(s) Monitored by this Sensor:** PRODUCT LINE	
	Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-2	**Component(s) Monitored by this Sensor:** VENT LINE	
	Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-3	**Component(s) Monitored by this Sensor:** RETURN LINE	
	Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-4	**Component(s) Monitored by this Sensor:** ANNULAR	
	Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☒ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Vacuum was restored to operating levels in all interstitial spaces: ☒ Yes ☐ No *(If no, describe in Sec. J, below)*

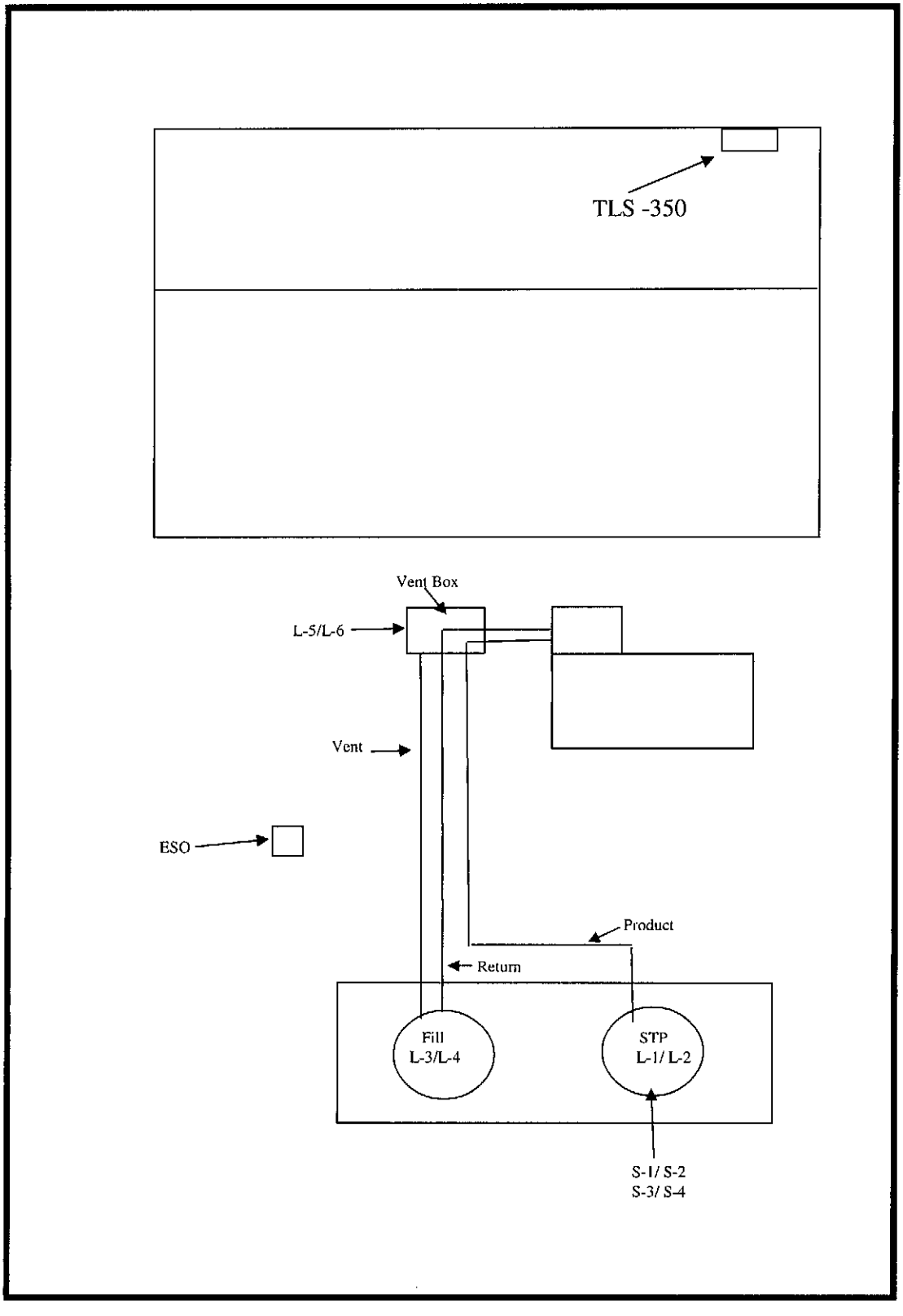
J. Comments: ______

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

UST Monitoring Site Plan

Site Address: 27 S. La Patera Santa Barbara

G



04/01/11

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:	DIRECT RELIEF	Date of Testing:	4/8/2016
Facility Address:	27 LA PATERA LN , GOLETA CA		
Facility Contact:	JUDY PARTCH		
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:	JOAN NING - TRUJILLO		

2. TESTING CONTRACTOR INFORMATION

Company Name: B&T Service Station Contractor
Technician Conducting Test: MARCUS GARCIA
Credentials[1]: X CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s): 902034

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☐ Hydrostatic	☐ Vacuum	X Other	
Test Equipment Used: VISUAL			Equipment Resolution:	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 RED DSL**	**2**	**3**	**4**
Bucket Installation Type:	☐ Direct Bury ✖ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	11"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	NA			
Test Start Time (T_I):	11:00AM			
Initial Reading (R_I):	FULL			
Test End Time (T_F):	12:00 PM			
Final Reading (R_F):	FULL			
Test Duration ($T_F - T_I$):	1 HR			
Change in Reading ($R_F - R_I$):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	✖ **Pass** ☐ **Fail**	☐ **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: _____ Date: 4/8/2016

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

SYSTEM SETUP

APR 8, 2016 9:35 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

PORT SETTINGS:

NONE FOUND

232 END OF MESSAGE
DISABLED

T 1:DIESEL
PRODUCT CODE : 1
THERMAL COEFF : .000450
TANK DIAMETER : 63.75
TANK PROFILE : 4 PTS
FULL VOL : 1834
47.8 INCH VOL : 1475
31.9 INCH VOL : 924
15.9 INCH VOL : 364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 1834
OVERFILL LIMIT : 90%
: 1650
HIGH PRODUCT : 95%
: 1742
DELIVERY LIMIT : 50%
: 917

LOW PRODUCT : 200
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 25%
: 458

LEAK MIN ANNUAL : 25%
: 458

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

TEST ON DATE : ALL TANK
JAN 29, 2009
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:DIESEL STP BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 2:DIESEL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 3:DIESEL FILL SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

L 4:DIESEL FILL BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 5:VENT SUMP BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 6:VENT SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

[illegible]

S 1:DIESEL
TANK #: 1
DISPENSE MODE:
STANDARD

OUTPUT RELAY SETUP
- - - - - - - - - - - - - - -

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
T 1:OVERFILL ALARM
T 1:HIGH PRODUCT ALARM
T 1:MAX PRODUCT ALARM

R 2:DIESEL TURBINE
TYPE:
PUMP CONTROL OUTPUT
TANK #: 1

[illegible]

SM[illegible]

s 1:PRODUCT LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

s 2:VENT LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

s 3:RETURN LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

s 4:ANNULAR VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 64.3 GALLONS
RELIEF VALVE: : NO

s 8:ATME SENSOR
CATEGORY ATM P SENSOR

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

APR 8. 2016 11:46 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:DIESEL
VOLUME = 1255 GALS
ULLAGE = 579 GALS
90% ULLAGE= 395 GALS
TC VOLUME = 1250 GALS
HEIGHT = 41.22 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 68.6 DEG F

* * * * * END * * * * *

[illegible]

----- SENSOR ALARM -----
L 1:DIESEL STP BRINE
STP SUMP
FUEL ALARM
APR 8. 2016 10:17 AM

FUEL ALARM
SEP 7. 2015 11:20 AM

FUEL ALARM
APR 9. 2015 10:33 AM

* * * * * END * * * * *

[illegible]

----- SENSOR ALARM -----
L 3:DIESEL FILL SUMP
PIPING SUMP
FUEL ALARM
APR 8. 2016 10:28 AM

FUEL ALARM
APR 9. 2015 10:36 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
JAN 27. 2016 3:38 PM
PRINTER ERROR
JAN 27. 2016 3:38 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:DIESEL STP
OTHER SENSORS
FUEL ALARM
APR 8. 2016 10:11 AM

FUEL ALARM
APR 9. 2015 10:32 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:DIESEL FILL BRINE
OTHER SENSORS
FUEL ALARM
APR 8. 2016 10:41 AM

FUEL ALARM
APR 8. 2016 10:41 AM

FUEL ALARM
DEC 17. 2015 11:21 PM

[illegible] REPORT

----- SENSOR ALARM -----
L 5:VENT SUMP BRINE
OTHER SENSORS
FUEL ALARM
APR 9, 2015 12:39 PM

FUEL ALARM
APR 9, 2015 10:39 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 1:PRODUCT LINE VAC
NO VACUUM ALARM
APR 8, 2016 10:56 AM

HIGH LIQUID ALARM
APR 9, 2015 12:10 PM

NO VACUUM ALARM
APR 9, 2015 12:09 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 3:RETURN LINE VAC
NO VACUUM ALARM
APR 8, 2016 10:23 AM

HIGH LIQUID ALARM
APR 9, 2015 11:20 AM

NO VACUUM ALARM
APR 9, 2015 11:19 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:VENT SUMP
OTHER SENSORS
FUEL ALARM
APR 8, 2016 10:37 AM

FUEL ALARM
APR 8, 2016 10:29 AM

FUEL ALARM
APR 9, 2015 10:37 AM

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 2:VENT LINE VAC
NO VACUUM ALARM
APR 8, 2016 10:57 AM

HIGH LIQUID ALARM
APR 9, 2015 11:20 AM

NO VACUUM ALARM
APR 9, 2015 11:17 AM

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 4:ANNULAR VAC
NO VACUUM ALARM
APR 8, 2016 10:25 AM

NO VACUUM ALARM
APR 9, 2015 11:56 AM

HIGH LIQUID ALARM
APR [illegible], 2015 11:39 AM

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☒ 225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpoint Pkwy Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief Date: 4/8/2016 Inspected By: Joan Ning-Trujillo

Site Address: 29 S La Patera Phone: 805-879-4939 ICC #: 8410880

City: Goleta Specialist Signature: Joan Ning Trujillo

Facility Contact: Rick

The following Code sections are either in violation **(V)** of, or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	D			
Install Date:	2008			
Size:	1800			

REQUIREMENTS	CHSC	CCR	V	V	C	N
FILE RECORDS						
Form A current?	25286(a)		303			
Form B current?	25286(a)		304			
Financial Responsibility current?	25292.2(a)		340			
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305			
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306			
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)	308			
Permits current and retained at facility?	25284(a)	2712(i)	302			
Plot Plan Submitted?		2711(a)(8), 2632(d)(1)(C)	307		✓	
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓	
Name: Marcus Garcia		ICC#: 8874063		Expires: 5/17/2017		
UST SYSTEM RECORDS						
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓	
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Months:		3 Years:
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328			
Maintenance and monitoring records available?	25293	2712(b)	315		✓	
UST SYSTEM INSPECTION						
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓	
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓	
Sticker affixed to all monitoring components at certification?		2638(f)	313			✓
UST system has approved functional overfill protection?		2635(b)(2)	314		✓	
Is spill container in good condition and liquid free?		2635(b)(1)	317		✓	
Spill container drain functional or alternative available?		2635(b)(1)(C)	318			✓
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319	✓		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓	
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓
Dispenser containment free of liquid?		2631(d)(4)	323			✓
ADDITIONAL REQUIREMENTS						
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓	
Name: Marcus Garcia		Monitoring System Training Verification:		#B34901 exp. 1/12/2018		
ICC #: 8074063		Expires: 5/17/2017				
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓	
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓	

MONITORING SYSTEM INFORMATION

MFR. NAME	Veeder Root
MODEL #	TLS-350

PRESSURIZED SYSTEM VPT w/ LLD, NO positive shutdown (Emergency Gen)

OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS			V	C	N
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341		
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342		
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344		
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	345		
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY					
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1)	347		
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348		
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	349		
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350		
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*					
Continuous audible and visual alarm?		2636(f)(6)	353		✓
Monitoring system check daily?		2636(f)(6)	354		✓
OTHER					
Fuel filters disposed to:			337		

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International

Site Address: 27 S. La Patera, Santa Barbara

NARRATIVE:

Onsite to witness a monitoring certification and perform a underground Storage tank inspection.

At the time of inspection, a rain event occurred in the morning of 4/8/2016.

(319) - Lift station/sump by Generator has liquid.
- Clean, pump out water/liquid and dispose as Haz. waste.
Need to have dry brake free of debris prior to leaving site.

Email to Joan.Ning-Trujillo@sbcphd.org compliance certification when violations have been corrected.

RICK SNEKVIK
Director, Operations
RSnekvik@DirectRelief.org
DirectRelief.org

Direct Relief
Deliver a world of good.

27 S. LA PATERA LANE SANTA BARBARA, CA 93117 USA
DIRECT: (805) 879-4938 MAIN: (805) 964-4767 FAX: (805) 681-4838

☒ **NOTICE TO COMPLY:** **The violations noted above must be corrected by:** 5/8/2016

Signature of Responsible Party	Printed Name	Date
	Rick Snekvik	4/8/2016

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900, Fax (805) 681-4901
2125 S. Centerpointe Pkwy., Rm 333, Santa Maria, CA 93455 (805) 346-8460, Fax (805) 346-8485

Business Plan / Cal-ARP / Hazardous Waste Generator Inspection Report / Notice to Comply

Facility Name: Direct Relief International Date: 5/23/17
Site Address: 27. S. La Patera Phone #: (805) 964-4767
City: Goleta Inspected By: Chris Newcomb
Facility Contact: Jonathan Brock (Signature)

Purpose of Inspection: ☒ Routine ☐ Follow-Up ☐ New Permit ☐ Complaint ☐ Enforcement
CONSENT TO INSPECT GRANTED BY / ESCORT Name: Jonathan Brock Title: Operations Lead

The following code sections marked in the column (V) are in violation with the statue or regulations.

HSC / CCR 22	V	1 2 M	REQUIREMENTS	OBSERVATIONS
Business Plan: ☐ Lube Oil Exemption ☐ Waste Oil Exemption ☐ Compressed Inert Gas Exemption				
SBC	06		CUPA Hazardous Materials fees paid	
25507	04		Business Plan established and implemented	
25505.1	05		Written Business Plan notification to landlord	
25505(a)(3)	18		Emergency Response Plan established and implemented	
25505(a)(4)	19		Employee training documented and implemented	
25508(a)	07	2	Annual Certification or annual Business Plan submitted	Last Submitted 4/9/15
25508.1	02	2	Reported inventory current with established annual plan	
Hazardous Waste Generator: ☐ SQG ☐ LQG **Tiered Permit:** CE ☐ CA ☐ PBR ☐				
SBC 18-31	01		CUPA permit to generate hazardous waste current & posted	
25200.3, 67450.2(b)	31		Authorized HW treatment – PBR / **CA / CE** - notice submitted	
66262.11/40(c)	03		HW determination made and documented	
66262.12	02		EPA ID number (except silver-only CESQGs)	CALOOOO410951
66265.51(a)	99		Contingency Plan and equipment available **(LQG only)**	
66265.16	99		All personnel training & annual review completed **(LQG only)**	
66265.16(d)&(e)	99		Training records maintained onsite **(LQG only)**	
66262.34(d)(2)	07		Personnel trained for familiarity with HW	
66262.34(f)	15		HW container(s) properly labeled	
66262.34	26		HW tank/container accumulation time(s) exceeded	
66265.173(a)	14		All HW containers closed	
66265.171/174	13		All HW containers in good condition/not leaking/inspected weekly	
66265.172	13		All HW containers compatible with HW	
66265.35	36		Required aisle space for HW containers provided	
66261.7, .7(f)	16		Empty containers are empty/dated/managed within 1 year	
66262.34(e)	20		Satellite accumulation HW containers managed properly	
66268.7	11		Land Disposal Restriction Notification Statement retained for 3 years	
66265.31	37		Management to prevent HW release	
66262.40	10		Manifests / Receipts / HW analysis, retained for 3 years	
25189.5(a)	33		HW disposed under manifests to authorized facility	
66262.23(a)(4)	08		Manifests copy sent to Department of Toxic Substances Control (DTSC)	
66273.31	99		Management of Universal Waste	
Used Oil & Gas Filters [Oil & Gas or Diesel Filters From Dispensers] (HSC Chapter 6.5 and CCR Title 22)				
66266.130 & HSC 25250.22	22		Used oil and fuel filters properly managed (e.g. labeled container)	
66266.130(c)(5)	10		Bill of lading for used oil filters retained for 3 years	
Hazardous Waste Tanks (CCR Title 22)				
66262.34(f)	15		Tank(s) marked "Hazardous Waste" & accumulation date. HW tank accumulation time(s) not exceeded	
66265.193	18		HW tank(s) provided with secondary containment **(LQG only)**	
66265.195	18		All HW tanks inspected daily	
Spent Lead Acid Batteries (HSC Chapter 6.5, CCR Title 22)				
66266.81	30		Lead acid batteries properly managed / transferred	
Contaminated Rags (HSC Chapter 6.5)				
25144.6	39		Contaminated rags managed properly	

Business Plan / Cal-ARP / Hazardous Waste Generator Inspection Report / Notice to Comply

Facility Name: Direct Relief ~~International~~ Date: 5/23/17
Site Address: 27 S. La Patera, Goleta

HSC / CCR 22	V	1 2 M	REQUIREMENTS
Spill Prevention Control & Countermeasure (SPCC) Plan (HSC Chapter 6.67)			
25270.4.5	131		Valid SPCC, PE certified, petroleum storage ≥ 1320 gallons (1 or aggregate of AST)

AST Tank #	Tank Capacity	Contents	SPCC Required
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Accidental Release Prevention (Cal-ARP)			
2740.1(c)	21		Accurate Cal-ARP registration form submitted for all processes
2735.5 **25545.3**	22		Establish and implement a Risk Management Plan (RMP)

OBSERVATIONS / CORRECTIVE ACTION

On site today to conduct a hazardous materials inspection.

Inventory:
18000 Gallons diesel stored in a UST
14 Gallons of propane for a forklift
~~Pharmaceutical~~
Pharmaceuticals stand on site.

Business generates waste pharmaceuticals from returned shipments.

(69) Business has failed to annually certify the Hazardous Materials Business plan on the California Environmental Reporting System or CERS.
- CERS was updated during the inspection violation corrected at time of inspection.

(62) Business has failed to update the CERS inventory to include propane.
- CERS was updated to include propane during inspection. Violation corrected at time of inspection.

☐ No Violations Noted At Time of Inspection

Signature of Responsible Party: [signature] Print Name: Jonathan Brock Date: JP 6/23 5/23/17

☒ **NOTICE OF VIOLATION: The violations noted above must be corrected by:** Date: 6/22/17

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **ALL VIOLATIONS ARE TO BE CORRECTED AND A COPY OF THIS FORM SIGNED AND RETURNED WITHIN 35 DAYS**, certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

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UNIFIED PROGRAM INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief ~~Enterprises~~ Date: 5/23/17

Site Address: 27 S. La Petera, Goleta

Program(s) Inspected: ☒ Business Plans ☒ HW Generator ☐ UST ☐ AST / SPCC ☐ Cal ARP ☐ Tiered Permit ☐ Plan Check ☐ Other:

Description of Violations / Corrective Action (continued):

Training was reviewed on site, training was conducted by J.J. Keller and associates.

No wastes were observed on site at time of inspection.

Manifests are to be sent to me, Chris Newcomb. For the past 3 years. Christopher.Newcomb@sbcphd.org.

Hazardous Materials Specialist: Chris Newcomb Phone No. (805) 681-4926

Signature of Responsible Party	Print Name	Date
	Jonathan Brock	5/23/17

Date run : 5/23/2017 3:35:23PM
Run by : Chris Newcomb

Santa Barbara Co. Health/Hazmat
Facility Information as of 5/23/2017

Report # : 0002
Page # : 1

Record Selection Criteria: Facility ID FA0012878

Make changes/corrections in RED ink or pencil.
INFORMATION CHANGE (date) : 5/23/2017
OWNERSHIP CHANGE (date) : _____

OWNER FILE INFORMATION

Owner ID: OW0008775
Owner Name: DIRECT RELIEF INTERNATIONAL
Owner DBA:
Owner Address: 27 S LA PATERA LN
GOLETA, CA 93117
Home Phone: 805-964-4767
Work/Business Phone: Not Specified

Mailing Address: 27 S LA PATERA LN
GOLETA, CA 93117
Care of:

New Owner ID : _____
New CERS ID : _____
New EPA ID : _____

Please add facility to PE2201 due to generating hazardous waste. Facility generates waste pharmaceuticals. See inspection report below.
eko 5/31/2017
COMPLETED/RM 6/27/17 did not do an invoice this will get billed till next year.

FACILITY FILE INFORMATION

Facility ID: FA0012878
Facility Name: DIRECT RELIEF INTERNATIONAL
Location: 27 S LA PATERA LN
GOLETA, CA 93117
Phone: 805-964-4767

Mailing Address: 27 S LA PATERA LN
GOLETA, CA 93117
Care of:
EC E-mail: jpartch@directrelief.org
Location Code: 72 - GOLETA - CITY
BOS District: 004 - GOLETA, GAVIOTA, RMP

Latitude: 34.4372470
Longitude: -119.8433490
City Code: SBC - SANTA BARBARA COUNTY FIRE
Census Tract: 29.22 - Census Tract 29.22

CERS ID: 10209325
APN: _____
SIC Code: 9999

ACCOUNTS RECEIVABLE FILE INFORMATION

Account ID: AR0009313
Mail Invoices to:
Account Name: DIRECT RELIEF INTERNATIONAL

New Account ID: _____
Mail Invoices to: Owner / Facility / Account
(Circle One)

Account Balance as of 5/23/2017: $0.00

Program/Element and Description	Record ID	Employee ID and Name	Status	UST(s) Linked	Transfer to New Owner?		(Circle One) Active/Inactve Delete		
2161 - Business Plans 1-3 Chemicals	PR0506808	EE0010288 - Nathan West	Active		Y	N	A	I	D
	Last Activity: 05/23/2017 - ROUTINE-INITIAL-ONSITE								
2302 - General Underground Storage Tank	PR0509482	EE0010288 - Nathan West	Active	1	Y	N	A	I	D
	Last Activity: 05/03/2017 - ROUTINE-INITIAL-ONSITE								

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Hazardous Waste Generator: ☐ SQG ☐ LQG **Tiered Permit:** CE ☐ CA ☐ PBR ☐				
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66265.16(d)&(e)	99		Training records maintained onsite **(LQG only)**	
66262.34(d)(2)	07		Personnel trained for familiarity with HW	
66262.34(f)	15		HW container(s) properly labeled	
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66262.23(a)(4)	08		Manifests copy sent to Department of Toxic Substances Control (DTSC)	
66273.31	99		Management of Universal Waste	
Used Oil & Gas Filters [Oil & Gas or Diesel Filters From Dispensers] (HSC Chapter 6.5 and CCR Title 22)				
66266.130 & HSC 25250.22	22		Used oil and fuel filters properly managed (e.g. labeled container)	
66266.130(c)(5)	10		Bill of lading for used oil filters retained for 3 years	
Hazardous Waste Tanks (CCR Title 22)				
66262.34(f)	15		Tank(s) marked "Hazardous Waste" & accumulation date. HW tank accumulation time(s) not exceeded	
66265.193	18		HW tank(s) provided with secondary containment **(LQG only)**	
66265.195	18		All HW tanks inspected daily	
Spent Lead Acid Batteries (HSC Chapter 6.5, CCR Title 22)				
66266.81	30		Lead acid batteries properly managed / transferred	
Contaminated Rags (HSC Chapter 6.5)				
25144.6	39		Contaminated rags managed properly	

Business Plan / Cal-ARP / Hazardous Waste Generator Inspection Report / Notice to Comply

Facility Name: Direct Relief ~~International~~ Date: 5/23/17
Site Address: 27 S. La Patera, Goleta

HSC / CCR 22	V	1 2 M	REQUIREMENTS
Spill Prevention Control & Countermeasure (SPCC) Plan (HSC Chapter 6.67)			
25270.4.5	131		Valid SPCC, PE certified, petroleum storage ≥ 1320 gallons (1 or aggregate of AST)

AST Tank #	Tank Capacity	Contents	SPCC Required
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Accidental Release Prevention (Cal-ARP)			
2740.1(c)	21		Accurate Cal-ARP registration form submitted for all processes
2735.5 **25545.3**	22		Establish and implement a Risk Management Plan (RMP)

OBSERVATIONS / CORRECTIVE ACTION

On site today to conduct a hazardous materials inspection.

Inventory:
18000 Gallons diesel stored in a UST
14 Gallons of propane for a forklift
~~Pharmaceutical~~
Pharmaceuticals stand on site.

Business generates waste pharmaceuticals from returned shipments.

(69) Business has failed to annually certify the Hazardous Materials Business plan on the California Environmental Reporting System or CERS.
- CERS was updated during the inspection violation corrected at time of inspection.

(62) Business has failed to update the CERS inventory to include propane.
- CERS was updated to include propane during inspection. Violation corrected at time of inspection.

☐ No Violations Noted At Time of Inspection

Signature of Responsible Party: [signature] Print Name: Jonathan Brock Date: JP 6/23 5/23/17

☒ **NOTICE OF VIOLATION: The violations noted above must be corrected by:** Date: 6/22/17

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **ALL VIOLATIONS ARE TO BE CORRECTED AND A COPY OF THIS FORM SIGNED AND RETURNED WITHIN 35 DAYS**, certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☒ 225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpointe Pkwy Room 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNIFIED PROGRAM INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief ~~Enterprises~~ Date: 5/23/17

Site Address: 27 S. La Petera, Goleta

Program(s) Inspected: ☒ Business Plans ☒ HW Generator ☐ UST ☐ AST / SPCC ☐ Cal ARP ☐ Tiered Permit ☐ Plan Check ☐ Other:

Description of Violations / Corrective Action (continued):

Training was reviewed on site, training was conducted by J.J. Keller and associates.

No wastes were observed on site at time of inspection.

Manifests are to be sent to me, Chris Newcomb. For the past 3 years. Christopher.Newcomb@sbcphd.org.

Hazardous Materials Specialist: Chris Newcomb Phone No. (805) 681-4926

Signature of Responsible Party	Print Name	Date
	Jonathan Brock	5/23/17

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☒ 4225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpoint Pkwy Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International Date: 5/3/2017 Inspected By: Chris Newcomb

Site Address: 27 S La Patera Ln Phone: (805) 964-4767 ICC #: 83008338

City: Goleta Specialist Signature:

Facility Contact: Judy Partch

The following Code sections are either in violation **(V)** of, or, in compliance **(C)** with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown **(N)**.

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel			
Install Date:	12/1/08			
Size:	1600			

REQUIREMENTS	CODE SECTIONS CHSC	CCR	V	V	C	N	
FILE RECORDS							
Form A current?	25286(a)		303		✓		
Form B current?	25286(a)		304		✓		
Financial Responsibility current?	25292.2(a)		340	✓			Date 4/9/15
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305		✓		
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306		✓		
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)	308		✓		
Permits current and retained at facility?	25284(a)	2712(i)	302	✓			
Plot Plan Submitted?		2711(a)(8), 2632(d)(1)(C)	307	✓			NOT TO SCALE
Designated UST Operator - Notification to CUPA?		2715(a)	329	✓			
Name: Aaron Schultz		ICC#: 5266759		Expires: 3/19/14			
UST SYSTEM RECORDS							
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓		
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Months:			3 Years: VPH
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328		✓		
Maintenance and monitoring records available?	25293	2712(b)	315		✓		
UST SYSTEM INSPECTION							
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓		
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓		
Sticker affixed to all monitoring components at certification?		2638(f)	313			✓	
UST system has approved functional overfill protection?		2635(b)(2)	314			✓	
Is spill container in good condition and liquid free?		2635(b)(1)	317		✓		
Spill container drain functional or alternative available?		2635(b)(1)(C)	318			✓	
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319		✓		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓		
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓	
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓	
Dispenser containment free of liquid?		2631(d)(4)	323			✓	
ADDITIONAL REQUIREMENTS							
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336				
Name:		Monitoring System Training Verification:					
ICC #:	Expires:						
Class A, C10, C34, C36 of C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324			✓	
48 hour notification prior to monitor certification?		2637(b)(5)	330			✓	
MONITORING SYSTEM INFORMATION							
MFR. NAME	Veeder-Root						
MODEL #	TLS-350						

				V	C	N	V	C	N	V	C	N	V	C	N
PRESSURIZED SYSTEM															
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS															
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341												
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342												
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344												
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	345												
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY															
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1)	347												
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348												
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	349												
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350												
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*															
Continuous audible and visual alarm?		2636(f)(6)	353			✓									
Monitoring system check daily?		2636(f)(6)	354			✓									
OTHER															
Fuel filters disposed to:			337												

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International

Site Address: 27 S. La Patera Ln, Goleta

NARRATIVE:

On site today to conduct an Underground Storage Tank inspection.

(340) Business has failed to keep the financial responsibility current. Current financial responsibility submitted to CERS expired on 4/9/16.
- Business is required to update the financial responsibility and resubmit it to the California Environmental Reporting System (CERS) at ~~CERS.CALEPA~~ CERS.CALEPA.CA.GOV.

(207) Business has failed to submit a compliant plot plan to CERS. Plot plan submitted to CERS is missing a site scale.
- Business is required to submit a plot plan that includes a site scale to determine distance, and resubmit it to CERS.

(20) Business has failed to submit a designated operator to CERS that has a current ICC certification. The current CERS submittal lists Aaron Schultz as the current DO and his ICC certification expired on 3/19/14 according to the CERS submittal.
- The Designated operator notification on CERS is required to be updated to reflect a current and certified designated operator.

Stickers ~~spot~~ checked on sensors to ensure they were tested

Employee training last conducted on 11/15/16 according to training record found on site.

(202) Business has failed to keep a current permit on site. Permit not sent to facility due to non-compliant CERS and due to not having a UST inspection conducted.
- Business is required to update CERS to receive a permit, then post the permit on site once it is received.

☒ **NOTICE TO COMPLY: ~~The violations noted above must be corrected by:~~** 6/2/2017

Signature of Responsible Party	Printed Name	Date
Sar	SALLY TROST	03 MAY 2017

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

Notify Santa Barbara Co. Health/Hazmat of any change of ownership, type of business activity, business name, or billing address by calling 805-346-8460 Failure to notify Santa Barbara Co. Health/Hazmat may result in late penalties, Permit denial or revocation, and business closure. PERMITS TO OPERATE AND ANNUAL FEE PAYMENTS ARE NOT TRANSFERABLE. Permits become void on change of ownership. New owners must apply and pay for a new Permit(s) prior to beginning operation.

DIRECT RELIEF INTERNATIONAL
27 S LA PATERA LN
GOLETA, CA 93117

DETACH FORM HERE AND DISPLAY CONSPICUOUSLY ON THE PREMISES

UNIFIED PROGRAM FACILITY PERMIT

Santa Barbara Co. Health/Hazmat
2125 S. Centerpointe Parkway, Suite 333
Santa Maria, CA 93455
805-346-8460

REGULATED FACILITY : **DIRECT RELIEF INTERNATIONAL**
27 S LA PATERA LN
GOLETA, CA 93117

Facility ID: FA0012878
CERS ID: 10209325
Account ID: AR0009313
Issued: 7/10/2017

OWNER NAME : **DIRECT RELIEF INTERNATIONAL**

TA0506150	Underground Storage Tank	PT0006855	1,800 gal. DIESEL
PR0506808	Business Plans 1-3 Chemicals	PT0006937	

Valid From 4/1/2017 To 3/31/2018

ERIN K. O'CONNELL
HAZMAT SUPERVISOR

This permit to operate is NOT TRANSFERABLE and is valid only through continued compliance with all State and local laws, ordinances, rules and regulations applicable to the type of establishment for which this permit was issued and upon payment of annual renewal fee. This permit is the property of the Santa Barbara County EHS and may be suspended or revoked for due cause.

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

Access your facility information on the web at: http://cers.calepa.ca.gov

PERMIT TO OPERATE UNDERGROUND TANK FACILITY

DIRECT RELIEF INTERNATIONAL
27 S LA PATERA LN
GOLETA, CA 93117

Facility ID: FA0012878

TANK ID: TA0506150 SIZE: 1,800 gallons TANK CONTENTS: ERROR - Diesel
TANK MONITORING: Continuous Interstitial Monitoring

PIPING MONITORING:
Sump Sensors + Alarms+Failsafe; Mechanical Line Leak Detector

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Issuance of this permit to the above named underground hazardous materials storage tank owner subjects the owner and operator to all applicable State UST requirements including the California Health and Safety Code, Chapter 6.7 and 6.75; the California Code of Regulations Title 23, Division 3, Chapters 16 & 18; and local ordinances, rules, regulations and applicable compliance documents. A copy of your monitoring program (including monitoring plan, response plan and plot plan), as approved by the Santa Barbara County CUPA, must be maintained onsite. All unauthorized releases must be reported to this office within 24 hours. This permit is the property of the Santa Barbara County CUPA and may be suspended or revoked for due cause. This permit is NON-TRANSFERABLE.

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

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DIRECT RELIEF INTERNATIONAL
27 S LA PATERA LN
GOLETA, CA 93117

DETACH FORM HERE AND DISPLAY CONSPICUOUSLY ON THE PREMISES

UNIFIED PROGRAM FACILITY PERMIT

Santa Barbara Co. Health/Hazmat
2125 S. Centerpointe Parkway, Suite 333
Santa Maria, CA 93455
805-346-8460

REGULATED FACILITY : **DIRECT RELIEF INTERNATIONAL**
27 S LA PATERA LN
GOLETA, CA 93117

Facility ID: FA0012878
CERS ID: 10209325
Account ID: AR0009313
Issued: 4/3/2018

OWNER NAME : **DIRECT RELIEF INTERNATIONAL**

TA0506150	Underground Storage Tank	PT0006855	1,800 gal. DIESEL
PR0506808	Business Plans 1-3 Chemicals	PT0006937	
PR0514664	Hazardous Waste 0.00 - 0.99 Tons	PT0012536	

Valid From 4/1/2018 To 3/31/2019

C Dean MD

Charity Dean, M.D., M.P.H
Health Officer

This permit to operate is NOT TRANSFERABLE and is valid only through continued compliance with all State and local laws, ordinances, rules and regulations applicable to the type of establishment for which this permit was issued and upon payment of annual renewal fee. This permit is the property of the Santa Barbara County EHS and may be suspended or revoked for due cause.

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

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PERMIT TO OPERATE UNDERGROUND TANK FACILITY

DIRECT RELIEF INTERNATIONAL
27 S LA PATERA LN
GOLETA, CA 93117

Facility ID: FA0012878

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---

Issuance of this permit to the above named underground hazardous materials storage tank owner subjects the owner and operator to all applicable State UST requirements including the California Health and Safety Code, Chapter 6.7 and 6.75; the California Code of Regulations Title 23, Division 3, Chapters 16 & 18; and local ordinances, rules, regulations and applicable compliance documents. A copy of your monitoring program (including monitoring plan, response plan and plot plan), as approved by the Santa Barbara County CUPA, must be maintained onsite. All unauthorized releases must be reported to this office within 24 hours. This permit is the property of the Santa Barbara County CUPA and may be suspended or revoked for due cause. This permit is NON-TRANSFERABLE.

THIS FORM MUST BE DISPLAYED CONSPICUOUSLY ON THE PREMISES

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: Direct Relief Bldg. No.:

Site Address: 27 S. La Patera Lane Goleta, CA Zip: 93117

Facility Contact Person: Duan Harrion Contact Phone No.: (805) 964-4767

Make/Model of Monitoring System: TLS 350 Date of Testing/Servicing: 4-10-18

B. Inventory of Equipment Tested/Certified

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

Tank ID: T1 Diesel x In-Tank Gauging Probe. Model: Mag 1 x Annular Space or Vault Sensor. Model: 420/Vac x Piping Sump / Trench Sensor(s). Model: 208 x Fill Sump Sensor(s). Model: 208 x Mechanical Line Leak Detector. Model: FXIDV x Tank Overfill / High-Level Sensor. Model: Mag 1 ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: Vent Sump x Dispenser Containment Sensor(s). Model: 208/304 ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name (print): James Welsch Signature:

Certification No.: 8201843 UT License. No.: 902034

Testing Company Name: B&T Service Station Contractors Phone No.:(805)929-8944

Testing Company Address: 630 S. Frontage Rd. Nipomo, CA 93444 Date of Testing/Servicing: 4-10-18

D. Results of Testing/Servicing

Software Version Installed: 125.09

Complete the following checklist:

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

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

Liquid found in Vent box and removed. Brine sensor (304) in vent box failed, will return within 3 days to replace and retest.

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

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

*** In 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:

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

Leak Detector FXT EVALUATION CHART

Site Location: Direct Relief 27 S. La Patera, Santa Barbara, CA	Service Company: B&T Service Station Contractors
Date: 4-10-18	
Technician: James Welsch	Tech Number: 8201843 UT

TYPES OF LEAK DETECTORS TESTED

☐ XLD (116-036-5)	☐ FX1D (116-054-5	☐ FX2BFLD
☐ DLD (116-017-5	☐ FX2 (116-046-5	☐ FX1V (116-056-5)
☐ BFLD (XL Model 116-039-5	☐ FX2D (116-048-5)	☐ FX2V (116-057-5)
☐ BFLD (116-012-5)	x FX1DV (116-055-5)	☐ FX1DV (116-058-5)
☐ XLP (116-035-5	☐ FX2DV (116-053-5)	☐ FX2DV (116-059-5
☐ PLD (116-030-5	☐ FX1BFLD	☐ FX1V (116-051-5
☐ FX1 (116-047-5	☐	☐ FX2V (116-052-5)

TEST INFORMATION

Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
Diesel		3 sec	3	18 PSI	3 GPH	PASS	24 PSI

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:	Direct Relief	Date of Testing:	4-10-18
Facility Address:	27 La Patera Santa Barbara, CA		
Facility Contact:	Duan Harrion	Phone:	805-964-4767
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:	DJ MACASKILL		

2. TESTING CONTRACTOR INFORMATION

Company Name:	B&T Service Station Contractors
Technician Conducting Test:	JAMES WELSCH
Credentials[1]:	× CSLB Contractor × ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	902034

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☐ Hydrostatic	☐ Vacuum	X Other	
Test Equipment Used: Visual			Equipment Resolution:	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 Diesel**	**2**	**3**	**4**
Bucket Installation Type:	☐ Direct Bury x Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	11"			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	N/A			
Test Start Time (T_I):	9:30a			
Initial Reading (R_I):	12"			
Test End Time (T_F):	10:30a			
Final Reading (R_F):	12"			
Test Duration ($T_F - T_I$):	1 hour			
Change in Reading ($R_F - R_I$):	0.00"			
Pass/Fail Threshold or Criteria:	.002"			
Test Result:	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

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

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: 4-10-18

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

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: Veeder Root	**Model:** TLS-350	**System Type:** ☐ Pressure; ☒ Vacuum
Sensor ID		
S-1	**Component(s) Monitored by this Sensor:** Product line Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-2	**Component(s) Monitored by this Sensor:** Vent Line Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-3	**Component(s) Monitored by this Sensor:** Return Line Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☒ Pass; ☐ Fail
S-4	**Component(s) Monitored by this Sensor:** Annular Sensor Functionality Test Result: ☒ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
How was interstitial communication verified? ☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☒ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*		
Vacuum was restored to operating levels in all interstitial spaces: ☒ Yes ☐ No *(If no, describe in Sec. J, below)*		

J. Comments:

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

SYSTEM SETUP

APR 10, 2018 12:09 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS XM

DIRECT RELIEF
27 S. LA PATERA LN
SANTA BARBARA CA.
805-964-4767 X100

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS DENSITY
DISABLED

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 29, 2009
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:DIESEL STP BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 2:DIESEL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 3:DIESEL FILL SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

L 4:DIESEL FILL BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 5:VENT SUMP BRINE
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 6:VENT SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

IN-TANK SETUP

RS-232 END OF MESSAGE
DISABLED

FLOAT SIZE: 4.0 IN.
WATER WARNING : 1.5
HIGH WATER LIMIT: 2.5
MAX OR LABEL VOL: 1834
OVERFILL LIMIT : 90%
HIGH PRODUCT : 95%
1650
DELIVERY LIMIT : 50%
917
LOW PRODUCT : 200
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 25%
458
LEAK MIN ANNUAL : 25%
458

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TST SIPHON BREAK:OFF

TANK TEST NOTIFY: OFF

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

T 1:DIESEL
PRODUCT CODE : 1
THERMAL COEFF :.000450
TANK DIAMETER : 63.75
TANK PROFILE : 4 PTS
FULL VOL : 1834
47.8 INCH VOL : 1475
31.9 INCH VOL : 924
15.9 INCH VOL : 364

* * * * * END * * * * *

SMARTSENSOR ALARM --
1:ANNULAR VAC
HIGH LIQUID ALARM
; 10, 2018 9:48 AM
VACUUM ALARM
; 10, 2018 9:45 AM
VACUUM ALARM
; 10, 2018 9:37 AM

PRN HISTORY REPORT

* * * * * END * * * * *

SMARTSENSOR ALARM --

PRN HISTORY REPORT

* * * * * END * * * * *

SMARTSENSOR ALARM --

PRN HISTORY REPORT

* * * * * END * * * * *

STANDARD

OUTPUT RELAY SETUP
- - - - - - - - - - - - - - -

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
T 1:OVERFILL ALARM
T 1:HIGH PRODUCT ALARM
T 1:MAX PRODUCT ALARM

R 2:DIESEL TURBINE
TYPE:
PUMP CONTROL OUTPUT
TANK #: 1

- NO ALARM ASSIGNMENTS -

SMARTSENSOR SETUP
- - - - - - - - - - - - - - -

S 1:PRODUCT LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

S 2:VENT LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

S 3:RETURN LINE VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 29.4 GALLONS
RELIEF VALVE: : NO

S 4:ANNULAR VAC
CATEGORY VAC SENSOR
PUMP #:
R 2:DIESEL TURBINE
VOLUME: 64.3 GALLONS
RELIEF VALVE: : NO

S 8:ATME SENSOR
CATEGORY ATM P SENSOR

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM -
s 1:PRODUCT LINE VAC
NO VACUUM ALARM
APR 10. 2018 10:21 AM

HIGH LIQUID ALARM
APR 10. 2018 9:38 AM

COMMUNICATION ALARM
APR 7. 2017 11:46 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:DIESEL FILL BRINE
OTHER SENSORS
FUEL ALARM
APR 10. 2018 9:22 AM

FUEL ALARM
DEC 11. 2017 1:31 PM

FUEL ALARM
DEC 11. 2017 7:01 AM

* * * * * END * * * * *

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SYSTEM ALARM ---
PAPER OUT
APR 10. 2018 9:58 AM
PRINTER ERROR
APR 10. 2018 9:58 AM

* * * * * END * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:DIESEL STP
OTHER SENSORS
FUEL ALARM
APR 10. 2018 9:30 AM

FUEL ALARM
APR 7. 2017 9:27 AM

FUEL ALARM
APR 8. 2016 10:11 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 2:VENT LINE VAC
HIGH LIQUID ALARM
APR 10. 2018 9:38 AM

NO VACUUM ALARM
APR 10. 2018 9:35 AM

HIGH LIQUID ALARM
APR 7. 2017 10:29 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:VENT SUMP BRINE
OTHER SENSORS
FUEL ALARM
APR 10. 2018 10:14 AM

FUEL ALARM
APR 10. 2018 10:07 AM

FUEL ALARM
APR 10. 2018 10:06 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- IN-TANK ALARM ---

T 1:DIESEL

* * * * * END * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DIESEL FILL SUMP
PIPING SUMP
FUEL ALARM
APR 10. 2018 9:23 AM

FUEL ALARM
MAR 21. 2018 7:21 PM

FUEL ALARM
APR 7. 2017 9:28 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --
s 3:RETURN LINE VAC
HIGH LIQUID ALARM
APR 10. 2018 9:37 AM

NO VACUUM ALARM
APR 10. 2018 9:36 AM

HIGH LIQUID ALARM
APR 7. 2017 10:29 AM

ALARM HISTORY REPORT

----- SENSOR ALARM ---
L 6:VENT SUMP
OTHER SENSORS
FUEL ALARM
APR 10. 2018 9:50 AM

FUEL ALARM
APR 7. 2017 9:23 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM ---
L 1:DIESEL STP BRINE
STP SUMP
FUEL ALARM
APR 10. 2018 9:28 AM

FUEL ALARM
APR 25. 2017 9:33 AM

FUEL ALARM
[illegible]25. 2017 9:33 AM

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☒ 225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901

☐ 2125 S. Centerpoint Pkwy Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International Date: 4/10/2018 Inspected By: DJ MacAskill

Site Address: 27 S LA Patera Phone: ICC #: 835726

City: Goleta Specialist Signature:

Facility Contact: Judy Partch

The following Code sections are either in violation (V) of, or, in compliance (C) with the Underground Storage Tank laws and regulations, or compliance is not applicable, not addressed, or unknown (N).

	Tank ID	Tank ID	Tank ID	Tank ID
Contents:	Diesel			
Install Date:	12/1/08			
Size:	1800			

REQUIREMENTS	CHSC	CCR	V	V	C	N
FILE RECORDS						
Form A current?	25286(a)		303		✓	
Form B current?	25286(a)		304		✓	
Financial Responsibility current?	25292.2(a)		340		✓	
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305		✓	
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306		✓	
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)	308		✓	
Permits current and retained at facility?	25284(a)	2712(i)	302		✓	
Plot Plan Submitted?		2711(a)(8), 2632(d)(1)(C)	307		✓	
Designated UST Operator - Notification to CUPA?		2715(a)	329		✓	
Name: Jose Valdez		ICC#: 8468845			Expires:	
UST SYSTEM RECORDS						
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		✓	5/3/2017
Secondary Containment tested as required?	25284.1	2637(a)	310		6 Months:	3 Years:
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328			
Maintenance and monitoring records available?	25293	2712(b)	315			
UST SYSTEM INSPECTION						
Is monitor **not** in state of alarm at beginning of inspection?		2632(e)	311		✓	
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		✓	
Sticker affixed to all monitoring components at certification?		2638(f)	313			✓
UST system has approved functional overfill protection?		2635(b)(2) AV, Flapper	314		✓	
Is spill container in good condition and liquid free?		2635(b)(1)	317		✓	
Spill container drain functional or alternative available?		2635(b)(1)(C)	318		✓	
Containment sump(s), turbine/fill, liquid free?		2631(d)(4) vent transition	(319)	✓	✓	
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320		✓	
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321			✓
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322			✓
Dispenser containment free of liquid?		2631(d)(4)	323			✓
ADDITIONAL REQUIREMENTS						
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		✓	
Name: James Walsh		Monitoring System Training Verification:				
ICC #: 820843	Expires: 5/2/19					
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		✓	
48 hour notification prior to monitor certification?		2637(b)(5)	330		✓	
MONITORING SYSTEM INFORMATION						
MFR. NAME	~~Tester~~ Veeder root	B43211				
MODEL #	TLS 350					

PRESSURIZED SYSTEM																		
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL ALARMS ON **ALL** COMPONENTS, INCLUDING DISPENSERS				V	C	N	V	C	N	V	C	N	V	C	N			
Continuous audible and visual alarm with positive shut off & UDC stops flow?		2636(f)(1) & (5)	341															
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342															
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(2) & (3)	344															
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	345															
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICAL SENSOR FOR DISPENSER SHUT DOWN ONLY																		
Continuous audible and visual alarm for piping / UDC shuts down dispenser only?		2636(f)(1)	347															
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348															
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	349															
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350															
OPTION 3 - FOR EMERGENCY GENERATORS *WITH PRESSURE SYSTEMS ONLY*																		
Continuous audible and visual alarm?		2636(f)(6)	353		✓													
Monitoring system check daily?		2636(f)(6)	(354)	✓														
OTHER																		
Fuel filters disposed to:			337															

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International

Site Address: 27 S La Patera Ln

NARRATIVE:

Onsite to conduct an underground storage tank monitoring system certification inspection on this day.

Monitoring certification was performed 4/8/2016 but then not until 5/3/2017 NO violation was cited last year, and it has been fewer than 365 days since the last monitoring system certification

- monthly DO inspections available at time of inspection
- last Employee training conducted 11/9/2017

(354) violation: Monitoring System for Emergency Generator System Not checked at least daily
observation: Daily log of monitoring system to see if ~~a~~ System is in alarm (to satisfy 2636(f)(6) not being conducted according to facility contact DUAN Harrion
★ corrective Action: implinent ~~a system~~ protocol to conduct daily checks of monitoring system via veeder root monitoring panel to ensure no alarms have sounded. Maintain a physical or electronic log of these daily checks

(319) violation: Containment sump not liquid free
observation: vent transition sump contained about 1.5 inches of water, with some red diesel as well.
★ corrective Action: remove liquid from sump and maintain sump liquid free ★ corrected at time of inspection

(25281.5(b)(3)) violation: No monthly logs for visual inspections of unburied fuel piping connected to emergency generator
Observation: visual inspections conducted during monthly DO inspections but not documented. Piping is intact and appears free of leaks.

☒ **NOTICE TO COMPLY: The violations noted above must be corrected by:** 5/10/2018

Signature of Responsible Party	Printed Name	Date
	DUAN HARRION	4/10/2018

POST INSPECTION INSTRUCTIONS:

The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A re-inspection may occur at any time on or after the compliance deadline to verify correction of violations. **All violations are to be corrected and a copy of this form signed and returned within 35 days,** certifying the correction of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspection fee, fines and/or suspension or revocation of your Unified Program Facility Permit.

COMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.

(Signature) _____ (Print Name) _____ (Date) _____

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

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☐ 2125 S. Centerpointe Pkwy Room 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485

UNIFIED PROGRAM INSPECTION REPORT / NOTICE TO COMPLY

Facility Name: Direct Relief International Date: 4/10/2018

Site Address: 27 S La Patera Ln

Program(s) Inspected: ☐ Business Plans ☐ HW Generator ☒ UST ☐ AST / SPCC ☐ Cal ARP ☐ Tiered Permit ☐ Plan Check ☐ Other:

Description of Violations / Corrective Action (continued):

25281.5 (b)(3) continued

★ corrective action: Document monthly visual inspections of unburried emergency generator piping

(25290.1(d)) violation: ~~underground~~ vent transition sump annular space not continuously monitored

Observation: 304 sensor in vent transition sump is not functional at time of inspection; was not going into alarm when removed from brine reservoir

★ Corrective Action: Replace 304 sensor in vent transition sump within (3) days, as per conversation with testing contractor. Until sensor has been replaced, conduct daily visual monitoring of vent transition sump brine reservoir to ensure no brine is being lost due to a leak. Document daily visual monitoring until ~~repair~~ replacement has been conducted.

Hazardous Materials Specialist: DJ McCaskill Phone No. 805 681 4318

Signature of Responsible Party | Print Name | Date

SANTA BARBARA COUNTY
CERTIFIED UNIFIED PROGRAM AGENCY

☐ 225 Camino del Remedio, Santa Barbara, CA 93110 | (805) 681-4900 | Fax (805) 681-4901
☐ 2125 S. Centerpointe Pkwy., Rm 333, Santa Maria, CA 93455 | (805) 346-8460 | Fax (805) 346-8485

Facility Name: Direct Relief Date: 4/13/2018

Site Address: 27 S La Patera

Program(s) Inspected: ☐ Business Plans ☐ HW Generator ☒ UST ☐ APSA/SPCC ☐ Cal ARP ☐ Tiered Permit ☐ Plan Check ☐ Other: _____

UNIFIED PROGRAM INSPECTION REPORT / NOTICE TO COMPLY / NOTICE OF VIOLATION

Description of Violations / Corrective Action (continued):

Onsite to continue monitoring system certification initiated 4/10/18

Transition sump interstitial reservoir monitor failed at time of initial inspection. 304 sensor was replaced on 4/12/18

25290.1(d) is now closed. 304 sensor went into alarm when removed from reservoir liquid. System is now being continuously monitored.

Hazardous Materials Specialist: DJ MacAskill Phone No.: 8056814318

Signature of Responsible Party Print Name SAMIR RAI Date 4/13/2018