

#### **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): _		Agency/Affiliation:		
Address:				
(Number)	Street)		(City, State)	(Zip code)
Daytime Phone Number:		F	Fax Number:	
Email:				
			nt of Business/Property	Owner Owner
Describe, in deta	il, the public re	cord(s) being re	quested for review or	photocopy:
Address of location being requested:				
APN of location:				
Other details about the location and the	type of record beir	ng requested:		
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11 4 4 4 4 41		ISIBILITY STA		
I have read and understand the	Public Records R	eview Guidelines	on the back of this page a	nd agree to ablde by them.
PRINT NAME		SIGNATURE		DATE
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	POR COOL	VII USE DELOV	V THIS LINE	
ACTION	DATE	INITIAL	NOTES/INFO	RMATION
REQUEST RECEIVED			,	
SUPERVISOR REVIEW				
RETURNED TO CLERICAL				
REQUESTOR CONTACTED # 1				
REQUESTOR CONTACTED # 2				
DATE/TIME REVIEW SCHEDULED	·			
DATE/TIME MATERIAL REVIEWED				
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Number of Copies:			ostage ree Roci	

#### 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.
- <u>Do not remove pages or mark on the public records</u>.

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 <u>limited number</u> 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 SALVIA BARBARA • FIRE PREVILITION DIVISION 4410 Cathedral Oaks Road, Santa Barbara CA 93110 • (805) 681-5500 • Fax (805) 681-5553

		Operating Permit # (175 - 4(a)6
		Date Received: 12-3-08
PER TANK	COUNTY FEE	# of Tanks
Construction	\$ 1288.00	Fee Paid 1, 288,00
Modification	\$ 621.00	Receipt # 1905651

FOR OFFICE USE

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

	plicant must submit this completed form, State Form A, and State Form B for each tank, <u>and</u> applicable fees to obtain a permit to: neck 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.
RE	FERENCE: 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.
No	You are required to contact other agencies such as the local Fire Department, Air Pollution Control District, and Building Department for applicable permits.
No	te 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
В	TANK OPERATOR:
	Name: Direct Relief International
¥.	Mail To: 27 S. La Patera Lh. Goleta, CA 93117
1	contact: Judy Gerrard Partch Telephone: (805) 964-4767 x 135
	24 Hour Emergency Tudy 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.

SITE ADDRESS: 27 S. La Patera Lh. Goleta UST-305.DOC REVISED JAN 2005 PAGE 1

Primary Contractor: B&T Servi. Station Continuense #: 7020: Type of Lic: A,B,C61/040, HA
All Sub Contractors: License #: Type of Lic:
<u> </u>
Mail To: 630 S. Frontage Rd. Nipomo, CA 93444
Name of Contact on Site: Mike Cohoway 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 <u>all</u> equipment to be installed or modified):
Install 1,800 gallon doublewall underground tank to power generate
Install double wall vent box with lid and vent rack system. Instal
double wall fiberglass supply, return, and vent piping from undergroun
tank to Day Tank to generator. Install Verder Root TLS-350 Monitoring
Systm.
WILL ANY EXISTING TANK(S) ON THE PROPERTY BE REMOVED OR ABANDONED?  WE NO YES  YES
If yes, complete a County Hazardous Materials Unit APPLICATION TO PERMANENTLY CLOSE AN UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK and submit with this application.
TOTAL NUMBER OF TANKS TO BE INSTALLED / MODIFIED: State Form B must be submitted for each tank.
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: 7 74 380 - 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:
UNDERGROUND STORAGE TANK PIPING  Note: Attach manufacturer's specification sheet(s).
G305 DOC REVISED IAN 2005 SITE ADDRESS: 27 S. L.G. Patera In Caleta Docs 2

D

E

G

	Man	ufacturer: Smith
ď	Und	ERGROUND PIPING LEAK DETECTION SYSTEM  Note: Attach manufacturer's specification sheet(s).
	Man	ufacturer: VRedex Root TLS-350
	Und	ERGROUND STORAGE TANK SPILL / OVERFILL PREVENTION SYSTEMS Note: Attach manufacturer's specification sheet(s)
	Ø	Catchment Basin Surrounding the Product Fill Pipe. Capacity: 591/04  Manufacturer:
	×	Automatic Shutoff Device at Fill Tube.
	.5.4	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		CRIBE HOW YOU PROPOSE TO BALLAST THE TANKS FROM FLOATATION (Tanks must be ballasted if highest anticipated groundwater is 25' ss below ground surface):
	×	Anchor Straps per Manufacturer's specification with deadman and/or slab. Buoyancy Calculations (must be submitted).
74		this was determined: 2007 Groundwater Monitoring Report on Geo Tracker  bsile for 1335, La Patera Un. Goleta
(	If ta	nk is to be used to store other than automotive fuel, a certification from the manufacturer, or his authorized representative, ne tank and piping materials as to the capability of the tank and piping materials to store the proposed hazardous materials equired. Remember to attach completed Forms A, B and/or C as applicable; appropriate manufacturer specification sheets; agent authorization letter if contractor agent for the tank owner. Also, the contents of the tank(s) must be entered on a iness Plan inventory within 30 days of initial storage.

UST-305.DOC REVISED JAN 2005

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: * Intel	Title: DICECTOR, HR/ADMINISTRATION
Print Name: TUDY PARTCH	Date: 11/25/08
Telephone Number: 805-964-4767	

#### 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
- · Any surface water within 200 feet of the site
- Location of fill connections
- · Location of surface drains

Distances from all properly lines, proposed and existing buildings, basements, sumps, utility vaults, etc.

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

UST-305.DOC REVISED JAN 2005

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.

- Holiday test of fiberglass coated steel tanks prior to placement in the excavation.
- 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<sup>1</sup> 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
- 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.

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

27 S. La Patera Lh. Goleta

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)].

FOR OFFICE USE ONLY: Denied By: APPROVED APPLICATIONS ARE VALID FOR <u>90 DAYS</u> FROM DATE OF ISSUANCE. CONDITIONS AND PROCEDURE FOR FIELD INSPECTIONS Any change of contractor or equipment will void approval and require re-submittal of plans and fees. 1. All sub contractors must be "pre-approved" for work on any component of a UST system. 2. Adhere to the permitting requirements of other County agencies, e.g. Building Department, Local Fire Department. 3. Comply with all applicable OSHA regulations. 4. 5. Secure open excavations per Building Department requirements. Dispensers shall be mounted on a concrete island 6 inches or more in height with bollards at each end constructed 6. per § 8001.11.3 UFC. Current/updated written monitoring/maintenance plan must be submitted prior to final inspection for approval on forms provided by SB 7. Co. Fire. Station owner/operator must be present for final inspection and familiar with responsibilities under monitoring/maintenance plan and 8. 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. USTs to be 80% or more full or emptied, cleaned, inerted and maintained at <3% LEL during modification projects.

#### 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 Relig International BRI Date 3-19-09
Site Address 24 South La Patera Lane Program No. 2700
Solete, CA 93117 Permit No. 075-4606
All modifications to underground storage tank systems must be in compliance with Federal, state and local laws and regulations.
Impection for UST Installation Q-382116
UST Deliveryland UST Tank Set.
Jank Glaster II - Fresho
· w/ Continuous monitoring of hydrostaticannula
spaces by Veeder Root 745-350 tank & piping
Le de la System
: Install 2 - 25 gal AGST diesel day tank w/factory
pump to draw fuel supply.
· Inster Master 3/4 HP Purbine and 3 gph lisk detects
· Gustall supply + return lines / Div + Vent line
1 Install Veedy Root Tank + Line alarm Panel Control
723-350 R
* Linancial Desponseblets form required -
10 days
· Revie Mountaina Clan TLS - 350 R - By Final
· Revue Moutring Plan TLS - 3.50 R - By Final
" Meeting wirl Judy Partel, Dir Hum Rebruce
* Deptherhavation 121"-10"1"
of Vacuum - 13"4Fresco 0500 / 5"Hg 0900 48°)
is 12"-per gravel 1/4" tige
· Contact Insp. for Primary See Piping Ing. & final Testing
1 mil
SPECIALIST Jon Milynous 10C# 7041010 41 Phone 681-4045
OWNER PARTE TUDY PARTEH 805-964-4767 3/19/09
OPERATOR Signature Print Phone Date
OTE A plan shall be submitted to terminate storage of hazardous materials at least 30 days prior to facility
STCMTIF (3/06)  OTE: A plan shall be submitted to terminate storage of hazardous materials at least 30 days prior to facility  Lett # J.  451-0 478 Nav.
STCMTIF (3/06) 451-0478 Par

#### SANIA 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 Durest Relief International"	Date 4.15.9
Site Address 27 & Lo Patera La	Program No. 3300
Goleta	Permit No. CTS-UEDE
All modifications to underground storage tank systems must be Federal, state and local laws and regulations	
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nale for a 2nd mercotion.	
- 70 ps, on primary pupos held suce the	13th of goul
all joins souped-no leaks-	<u> </u>
A (1110	
al temp passed - nock fil is Ok	
No valations	
,	
•	
SPECIALIST Jun Marris ICC#5072052	-ul Phone 6\$1-5338
OWNER/ ABJELL ALVA BIEDWELL OPERATOR Signature Print	805)9164-47674.18-a Phone Date

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

#### 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

2. + D. 1 T L.

Facility Name	West Rebel International	Date 111 25 00
Site Address	27 S. La Poten lu	Program No. 3300
*	Colel	Permit No. CTS-4606
*	All modifications to underground storage tank systems must Federal, state and local laws and regulation	
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Cr	a site to check fank yet t	ank sence
- for	av % ( 95% & associated	alaims -
- 7	roblem with the above - i	Deeder-Root
shou	es alarm, but not outrede a	lovin
The	uned this impertion (part) &	s very lengthy of
puro	A	
<u> </u>	*	
	*	
SPECIALIST	Jun Marris 100#527,205	2-11 Phone 681-5538
OWNER/ A	Bell ALIVIABIRDUELL (805) Signature ALIVIABIRDUELL (805)	964-4767 4 29 09 Phone Date

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

#### Appendix VI

(Coples 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.

		100 - 100 - Land - Land - 100	,	W. C. C. C. C. C.
A.	General Informat Facility Name:		Bldg. No.:	
	Site Address:	27 S. La Patera Lane Goleta, CA	Zip: <u>93117</u>	
	A CANADA CAMPAGA CANADA		Contact Phone No.: (805) 964-4767	
	Make/Model of Mo	onlitoring System: 77.S 350	Date of Testing/Servicing: 04/30/09	
В.	Inventory of Equi	pment Tested/Certified ppriate boxes to indicate specific equipmen	t Inspected/serviced:	
	k ID: TI DICS	el	Tank ID:	
A A A A	n-Tank Gauging Pr Annular Space or V Piping Sump / Trenx ill Sump Sensor(s) Mechanical Line Le: Fank Overfill / High- Other (specify equip	ault Sensor. Model: 420/Va.C. ch Sensor(s). Model: 208 Model: 207 Model: FX 10 M	□ In-Tank Gauging Probe.	-
	k ID:	ault Sensor. Model:	Tank ID:  ☐ In-Tank Gauging Probe. ☐ 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)	
/ C	Denser ID:Dispenser Containm Shear Valve(s). Dispenser Containm	ent Sensor(s). Model: 20%	Dispenser ID:  Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).	_
Disp D D	penser ID: Dispenser Containm Shear Valve(s).		Dispenser ID:  Dispenser Containment Sensor(s). Model: Shear Valve(s). Dispenser Containment Float(s) and Chain(s).	=
Disp D D	enser ID: Dispenser Containm Shear Valve(s).		Dispenser ID:  ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	
*If the C.  Technic Certific Testing	e facility contains m Certification - I guidelines. Attac and a Piot Plan s copy of the repor ician Name (print): eation No.: A 29 g Company Name:	certify that the equipment identified in this ched to this Certification is information (e.g. nhowing the layout of monitoring equipment. It; (check all that apply):  TING Raminas Signature:  B&T Service Station Contractors  Phone N	information for every tank and dispenser at the facility.  If document was inspected/serviced in accordance with the manufacturers' checklists) necessary to verify that this information is for any equipment capable of generating such reports, I have also attain the Alarm history report  License. No.: 902034	correct
Monito	oring System Cert	ification Pag	ge 1 of 4 12	2/07

D. I	Resul	ts of	Testin	g/Servicing
				329
Soft	ware \	Versi	on Insta	alled:
Con	notete	the	follow	ing checklist:
	Yes	D	No*	Is the audible alarm operational?
8	Yes	0	No*	Is the visual alarm operational?
-	Yes	0	No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
1	Yes	10	No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with the
-	,			proper operation?
(1)	Yes	0	No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modern) operational?
U	Yes	1	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.
M	Yes	П Ü	No*	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 %
1.1	Yes*	7	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*	X	No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply)   Product;  Water,  yes, describe causes in Section E, below.
N	Yes	D	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
0	Yes	0	No*	Is all monitoring equipment operational per manufacturer's specifications?
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Monitoring System Certification

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F.	In-Tank	Gauging /	SIR Equipment:	20	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 n	nust be compl	eted if in-tank gauging equipment is used	lo pe	form leak detection monitoring.
Con	plete the	following ch	necklist:		
8	Yes	□ No*	Has all input wiring been inspected for p	roper	entry and termination, including testing for ground faults?
Ø	Yes	□ No*	Were all tank gauging probes visually in	spect	ed for damage and residue buildup?
N	Yes	13 No*	Was accuracy of system product level re	adin	gs tested?
8	Yes	□ No*	Was accuracy of system water level read	dings	tested?
B	Yes	□ No*	Were all probes reinstalled properly?		
B	Yes	□ No*	Were all items on the equipment manufa	cture	r's maintenance checklist completed?
* Ir	the Sect	ion H, below	, describe how and when these deficien	cies	were or will be corrected.
		ak Detector		this	box if LLDs are not installed.
					and the state of t
	Yes	□ No*	that apply) Simulated leak rate: A3 g.p	.h.; 1	34/3
122	Yes	□ No*	Were all LLDs confirmed operational and		
	Yes	□ No*	Was the testing apparatus properly calib		
	Yes	□ No*	For mechanical LLDs, does the LLD res		
D	Yes	□ No*	For electronic LLDs, does the turbine au	toma	tically shut off if the LLD detects a leak?
ם	Yes	□ No*	For electronic LLDs, does the turbine a disconnected?	uton	natically shut off if any portion of the monitoring system is disabled or
D	Yes	□ No* ☑ N/A	For electronic LLDs, does the turbine a fails a test?	utom	atically shut off if any portion of the monitoring system malfunctions or
П	Yes	□ No"	For electronic LLDs, have all accessible	wiring	g connections been visually inspected?
J.	Yes	□ No*	Were all items on the equipment manufa	cture	r's maintenance checklist completed?
	Comme		describe how and when these deficien	Ules	were of will be corrected.

Monitoring System Certification

Page 3 of 4

12/07

					1	
Site Name/Address:	Direct	P. Leel	Intervation of	27	a Datesa	
			either in violation (V) of, or in compliance (C)			malianas ir
Refer to California File Co		Code sections are	either in violation (v) or, or in compliance (c)	with the officergrou	nd Storage Tank laws and regulations, or co	ripliance is

Refer to California Fire Code (CFC). not applicable, not addressed, or unk		are either in violation (V)	of, or in c	complia	ince (C)	with the Ur	Inderground Storage Tank laws and regulations, or compliance in	S
DECUIDENT	CUTC	L CODE CECTIONS	1/4	1 1/	0 1			-

REQUIREMENTS	CODE SECTIONS	V#	٧	C	N	
CALIFORNIA FIRE CODE	CFC	23		2.0	All-	[50] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
Address clearly visible from street?	901.4.4	70		-	-	
Fire extinguishers present?	5202.9	71	E a	G.P.	ZEH.	THE SECTION AND A SECTION OF SECTION AND A SECTION OF SECTION ASSESSMENT AND ASSESSMENT OF SECTION ASSESSMENT
Fire extinguisher service current?	1001.5.1	72		1		
Shear valves operational?	5202.5.3.2	73	16.41	(UMA)	L	
Emergency fuel shut down device labeled?	5201.5.3	74		in.		
Emergency fuel shut down device operational?	5201.5.3	75		L	115	
No smoking sign posted?	5201.8	76			-	
Stop engine sign posted?	5201.8	77	tan-E	1	1	
Sign posted prohibiting dispensing into unapproved containers?	5201.8	78			1	

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 of Responsible Party   Party   Date   Date
NARRATIVE:/
<u> </u>
- On sate for final
- att Jenens alte vour - bring
- not regramed to shutdown the septem
uningy use
-ull papely work turned in need no other items
No Violations vores - System operational
en e
(Specialist) Initials: Date: 5 b h Phone No. 44 5534 Page 1 of 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.

	I. FAC	ILITY INFORMATION		
Facility Name:			Date of Testing:	5/6/09
Facility Address:				
Facility Contact:		Phon	e:	
Date Local Agency Was Notifie	ed of Testing:			
Name of Local Agency Inspecto	or (if present during testin	g):		
	2. TESTING C	ONTRACTOR INFORMA	TION	
The County of th	T Service Station Contrac	tors		
Technician Conducting Test:				
Credentials : × CSLB Contrac	ctor × ICC Service Tec	ch. SWRCB Tank T	ester Other (Specify)	
License Number(s):	902034			
	3. SPILL BUC	KET TESTING INFOR	MATION	
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:	// "			
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:				
Test Start Time (T <sub>1</sub> ):				
Initial Reading (R <sub>I</sub> ):				
Test End Time (T <sub>F</sub> ):				
Final Reading (R <sub>F</sub> ):				
Test Duration (T <sub>F</sub> - T <sub>I</sub> ):				
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):				
Pass/Fail Threshold or Criteria:				
Test Result:	(Pass) Fail	Pass Fail	Pass Fail	Pass Fail
Comments - (include information	on on repairs made prior i	to testing, and recommen	ded follow-up for failed to	ests)
- AMERICA - AMER				

5 2/21/07

<sup>&</sup>lt;sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

	CATION OF TECHNICIAN RESPONSIBLE FOR CON tast all the information contained in th	
i hereby certify th	full compliance with legal requi	irements.
Technician's Signature:	mod anny	Date: 5/6/09

6 2/21/07

			-11						
		ea	K	$\mathbb{D}\epsilon$	ete	C	to	DIC	
FX.	F	W	1	LUA	TIC	70	1	CHA	ART
Site Local	tion:	V 4	Mark St.		Service C	Comp	any:		
					B&T Ser	vice	Station	Contractor	S
Date:	5/6/09				T-1 N	1	120	, , 2-7	
Technicia	n: Tinol	Kamere	3		Tech Nu	mber	:129	458	
<b>TYPES</b>	OF LEAD	K DET	EC	CTORS T	ESTED				
□ XLD (1				FX1D (116-0			□ FX2	BFLD	
□ DLD (1			-	FX2 (116-04				V (116-056-	
	XL Model 116	5-039-5	_	FX2D (116-0				V (116-057-	
	116-012-5)		_	FX1DV (116				DV (116-05	
□ XLP (11			_	FX2DV (116	-053-5)			DV (116-05	
☐ PLD·(11			-	FX1BFLD				V (116-051- V (116-052-	
□ FX1 (11	0-047-3						LIFAZ	V (110-032-	3)
Product	Serial	Onesi		EST INFO	RMATI		roximate	Pass/Fail	Pump
Froduct	Number	Openi Time		Metering PSI/kPa	Element Holding PS/kPa	Te	st Leak Rate (L/Min GPH	Test Leak Rate ML/Min GPH	PSI/kPa Pressure
Diese!	6231	3 Sec.	,		15 Bi		PH OPSI	Pass	28 psi
	,								
					***************************************				
							(MC-1) **		
•									
Owner/Op	erator				ar.				· const

(Signature)

(Date)

Jim Morris

5/2019

# 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 Date: 27 S. La Patera Lane Goleta CA certification, pand installation of WORK PERFORMED

1 10										
70	DB COMPLETE	YES 🗌	NO 🗆	EPA CHARGE	QUANTITY	- Carlotte	J			
L			DES	CRIPTION				QUA	N. PRICE	E AMOUNT
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	1.71									
3_	The Landson							-		
AIENIAL										
È										
	NAI	ΛE		ARRIVAL TIME	DEPARTURE TIME	LABOR HOURS	TRAVEL HOURS	TOTAL HOURS	HOURLY RATE	AMOUNT
	lino			900	230	5	1.5	6.5	The state of the s	480-14200
	shmael			900	210	5	1.5	6.5		
									0818	Mix
A	attorney's Fees: Should greement, or for the co	he services o	of an attorney	be required to	enforce any part of	the credit	MATER	RIAL	\$	
g	uarantor, it is agreed easonable attorney's fee	that the deb	tor will pay	reasonable co	sts of collection in	icluding a		COST	s	
Т	ERMS: A SERVICE CH	ARGE OF 1			AL RATE OF 18%	WILL BE	EQUIP	MENT		
	HARGED ON PAST D									
	HIS IS TO CERTIFY TO		2 - AIV-				13,4500,500,400	GE CHAI		
C	OMPLETED IN INDIC							DE SER		
		li de la companya di santa di	SIGNATURE	-DEALER, JO	BBER OR CONS	IGNEE	TAX_		\$	

TOTAL INVOICE

#### UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK

### CERTIFICATION OF INSTALLATION / MODIFICATION

(One form per project.)

I. FACILITY	NFORMATION
FACILITY ID # (Agency Use Only)	1.
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3.
DIRECT RELIEF INTERMITION	72
BUSINESS SITE ADDRESS	CITY
27 SOUTH LA PATERA	GOLETA
II. INSTALLATION / MODIFIC	ATION PROJECT DESCRIPTION
TYPE OF PROJECT (Check all that apply)  1. TANK INSTALLATION OR REPLACEMENT  2. PIPING INSTALLATION OR REPLACEMENT  3. SUMP INSTALLATION OR REPLACEMENT  4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACE  5. OTHER	WORK AUTHORIZED UNDER PERMIT (Number or Date):  MENT
DESCRIPTION OF WORK BEING CERTIFIED:	483c
NEW INSTALLATION: INSTALL 18	CO GAL DOUBLEMALL STEEL TANK,
DOUBLE WALL FIBERGLASS DISL SUPPL	T, KEIVEN, TVEN! FIFING, MONSHINITY
MONITORED. NEW DOUBLEMAN TRANS	SITION SLAWP,
	OR INFORMATION
NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICA	
BAT SERVE STATION COMPA	
CONTRACTOR LICENSE #	ICC CERTIFICATION#
902034	526858902
IV. CERTI	FICATION
I certify that the information provided herein is true, accurate,	
• The installer has met the requirements set forth in 23 CCR §27	and that the following conditions have been satisfied:
<ul> <li>The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written</li> <li>All work listed in the manufacturer's installation checklist has</li> <li>The installation has been inspected and approved by the local by a registered professional engineer having education and exists.</li> </ul>	15, subdivisions (g) and (h).  ny secondary containment was installed according to applicable installation instructions.  been completed.  agency, or if required by the local agency, inspected and certified
<ul> <li>The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written</li> <li>All work listed in the manufacturer's installation checklist has</li> </ul>	715, subdivisions (g) and (h).  Any secondary containment was installed according to applicable installation instructions.  been completed.  agency, or if required by the local agency, inspected and certified perience with underground storage tank system installations.  DATE  ARA PHONE
<ul> <li>The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written</li> <li>All work listed in the manufacturer's installation checklist has</li> <li>The installation has been inspected and approved by the local by a registered professional engineer having education and exists.</li> </ul>	15, subdivisions (g) and (h).  ny secondary containment was installed according to applicable installation instructions.  been completed.  agency, or if required by the local agency, inspected and certified perience with underground storage tank system installations.
<ul> <li>The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written</li> <li>All work listed in the manufacturer's installation checklist has</li> <li>The installation has been inspected and approved by the local by a registered professional engineer having education and exists.</li> </ul>	15, subdivisions (g) and (h).  Any secondary containment was installed according to applicable installation instructions.  been completed.  agency, or if required by the local agency, inspected and certified perience with underground storage tank system installations.  DATE  484.  PHONE  487.  (SOS)  PHY-47167  CERTIFIER'S TITLE:  486.
The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written All work listed in the manufacturer's installation checklist has The installation has been inspected and approved by the local by a registered professional engineer having education and existence of TANK OWNER OR OWNER'S AGENT  CERTIFIER'S NAME (print)  WAME OF CERTIFIER'S EMPLOYER (DBA)  488	15, subdivisions (g) and (h).  The secondary containment was installed according to applicable installation instructions.  The been completed.  The secondary containment was installed according to applicable applicable installation instructions.  The secondary containment was installed according to applicable installation installation installation installation installations.  The secondary containment was installed according to applicable installation inst
The underground storage tank, any primary piping, and a voluntary consensus standards and any manufacturer's written All work listed in the manufacturer's installation checklist has The installation has been inspected and approved by the local by a registered professional engineer having education and existence of TANK OWNER OR OWNER'S AGENT  CERTIFIER'S NAME (print)  The contraction of th	15, subdivisions (g) and (h).  The secondary containment was installed according to applicable installation instructions.  The been completed.  The agency, or if required by the local agency, inspected and certified perience with underground storage tank system installations.  The agency of the local agen

Rev. (12/2007)

#### SA... A 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 Relies Direct Site Address: 27 9 La Patera In City: goleta Facility Contac/Escort: Judy Pariest T	NATIONAL	Date: 4/7/10		Inchect	ad By	SM	ATTE	RN			
Site Address: 27 S La Patera In	4-11-00	Phone No:		Inspected By: S. MATTERN ICC No:							
City: goleta		Program Number									
Facility Contac/Escort: Juny Dancy 7	artich			Tank	D	Tank ID	Tank ID		Tank ID		
The following Code sections are either in violation (V) of, or in co	mpliance (C) with the	- Underground Storogo Took	Contents:			Talkib	Talk ID		I dilk ID	_	
				Die			_	_		_	
laws and regulations, or compliance is not applicable, not address	ssed, or unknown (N)	•	Install Date:	200		-	_	$\rightarrow$			
			Size:	180	0						
REQUIREMENTS		CODE SECTIONS	V#	V	CN						
FILE RECORDS	CHSC	CCR									
Form A current?	25286(a)		03	1							
Form B current?	25286(a)		04								
Financial Responsibility current?	25292.2(a)		40		1						
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	05		-						
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	06		1						
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	1							
UST SYSTEM RECORDS	000014131016		1		1						
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	09		1					_	
Secondary Containment tested as required?	25284.1	2637(a) VPH	10	6 Mo	nths: _	W.	3 Years	š:			
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652,	28		-						
Maintenance and monitoring records available?	25293	2712(b)	15		1						
UST SYSTEM INSPECTION											
Is monitor not in state of alarm at beginning of inspection?		2632(e)	11	-	1	$\vdash$	$\rightarrow$				
Audible and visual alarms functioning properly?	N N	2632(c)(2)(B), 2636(f)(1)	12	1	-	$\vdash$		++			
Sticker affixed to all monitoring components at certification?		2638(f) None	13					+	_		
UST system has approved functional overfill protection?		2635(b)(2) FLAPPET	14	-	1	$\vdash$		+	-		
Is spill container in good condition and liquid free?		2635(b)(1)	17		1	$\vdash$		++	-		
Spill container drain functional or alternative available?		2635(b)(1)(C)	18 19	+	-	$\vdash$	-	++	_	-	
Containment sump(s), turbine/fill, liquid free?	25291(a)(7)(C)	2631(d)(4) transition	20	+ + +	1	$\vdash$	+	+	+		
Sensors placed for leak detection at earliest opportunity?		2641(a)	21	++:	1	<del></del>					
Dispenser containment present if currently required?  Dispenser containment adequately monitored?	25284.1(a)(5)(C)	2636(A(1) P (a)	22	++	1				-	_	
Dispenser containment adequately monitored?  Dispenser containment free of liquid?		2636(f)(1) & (g) 2631(d)(4)	23	++	1.					_	
ADDITIONAL REQUIREMENTS		2031(0)(4)	20		10					-	
Contractor trained?	25284.1(a)(5)(D)	2715(h)	36		T					-	
	Monitoring System T										
ICC#: 546-795-UT Exp: 10/2011	3 /	, , , , , , , , , , , , , , , , , , , ,									
ICC#: 5466795-UT Exp: [0] 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: 54 Awa	J BIHAN	2		CC# 520	6795	Exp:_	9/20	OIC	
MONITORING SYSTEM INFORMATION			1						-		
MFR. NAME: Veeder-Root											
MODEL#: TL5-350											
PRESSURIZED SYSTEM											
OPTION 1 WITH TURBINE SHUT DOWN, AUDIBLE & VIS			ISPENSERS								
Continuous audible and visual alarm with positive shut off & UDO	stops flow?	2636(f)(1) & (5)	41			$\sqcup$					
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	$\bot$		$\Box$		$\perp$			
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d). 2638(a)	45	$\perp$		ш				Щ	
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRIC			T 4=								
Continuous audible and visual alarm for piping / UDC shuts down	a dispenser only?	2636(f)(1)	47	++		$\vdash$		$\vdash$	-		
Line leak detector detects 3.0 gph or equivalent?	05004 4/=\/4\/0\	2636(f)(2) & (3)	48	+	+	$\vdash$		$\vdash$	_		
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	49	+	+	$\vdash$		+	-	$\vdash$	
Piping integrity test detects .1 gph at 150% pressure?  OPTION 3 - FOR EMERGENCY GENERATORS WITH PRE	COUDE OVETEMO	2636(f)(4)	50			ш				Ч	
Continuous audible and visual alarm?	SOURE STOTEMS		53	10	1		1			Н	
Monitoring system check daily?		2636(f)(6) 2636(f)(6)	54	H.	/	$\vdash$		+	+-		
OTHER		2000(1)(0)	04			اللل				Ч	
Fuel filters disposed to:			37	T							
, as, mino dioposis			1 01	11 1	4					$\neg$	
									_		

(Owner/Operator) Initials:

Date: 4/7/18

Page 1 of 2

Site Name/Address: DIRET RELIEF I	NTEKNATU	NAC		27	5.4	A PATE	na LN	Sous	28
Refer to California Fire Code (CFC). The following Code sections	are either in violation (V)	of, or in	compli	ance (	C) with the	Underground Sto	rage Tank laws a	and regulations, or	compliance is
not applicable, not addressed, or unknown (N).	i		i		<u> </u>				
REQUIREMENTS	CODE SECTIONS	V#	٧	С	N				
CALIFORNIA FIRE CODE	CFC	23	-						
Address clearly visible from street?	901.4.4	70	-	-					
Fire extinguishers present?	5202.9	71 72	-	~					
Fire extinguisher service current?	1001.5.1 5202.5.3.2	73	-	~					
Shear valves operational?	5202.5.3.2	74		-	-				
Emergency fuel shut down device labeled? 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	1						
I have read and understand the above stated violating and return this form.						pri   3	,		ormation,
sign and return tills form.	<del></del>	-	_			1	1	1	
the total	TUDY Printed Name	1	A	27	ZH	v	4/7	110	
Signature of Responsible Party	Drinted Name		, 1/	,	- 1		Date	100	
	Trinted Name /						Date		
NA RRATIYE:									
Circuit Panel swite device is not cabele from panel, power weate of identify si	d. Unab removed	di	to rec	5 +L	the Shu 1 ad	Veeder Lt-don Veed	-Ruo- on Vee er Ru	t Monider-Ru ot Par	toring ot rel.
weate of identity Si	witch								
								- 120	
3) NO STICKURS AFFIXE 5/6/09 B&T.	50 70 Mg	nite	viv	15		ponent	s from	n test	date.
Munitoring System device. (UPH) Resp	Certific ended a						). US	ST Me	metoring
Back up generator-	- 22 5	hu	+-	-al	egu)	<u> </u>			
Parities					000				
1 1 1 000				_	_				
Confractor BET.									
aaron Shultz,									
Veeder-Root # B36224.									
umitoring Cent. Jechnicia	1/2012								
	,								
(Specialist) Initials: SM Date: 4/7/10 USTIF-1 (4/04)	Phone No. 805	5-6	81	-4	byy			Page 2 of	

#### 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

7 - 0	idiloonb oi	141.1.		0	•			~		۸.				`		
Facility Name: DIRECT RELIED THIS Site Address: 27 LA PARTA LN Situation	RNATUNA	Coate: 4/1//							۷. ۱	<u> </u>	Α-	15	<u>M</u>	$\sim$		
Site Address: 27 CA PASERA UN City: 90LFTA		Phone No:	<del></del>	F	<sup>2</sup> rogr	am N	lo:									_
City: 901-FCA Facility Contact: JUSSY PARTED						Tank II		Tank ID								
								1ank ID			Tank ID			Tan	k ID	
			Conter			<u>esc</u>										
or in compliance (C) with the Underground Storage Tank laws at is not applicable, not addressed, or unknown (N).	id regulations, or con	ipilance	Install   Size:	Date:		300										
REQUIREMENTS		CODE SECTIONS	Uizo.	V#		С					L					
FILE RECORDS	CHSC	CCR		23	H	H										
Form A current?	25286(a)		Hemilion .	03		~			Page 1		Has N	1000				
Form B current?	25286(a)			04		·/										
Financial Responsibility current?	25292.2(a)			<u>(40)</u>	1			7	عر	29				11111	Mali	
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)		05			_		********							
Monitoring Plan approved?	25293	2632(b),2634(d),2711(a)(9)		06	(4.0)		400					Ų.S				
Emergency Response Plan current?  Permits current and retained at facility?	25289(b) 25284(a)	2632(d)(2),2634(e)	diamentane can.	08 02		~	, interest				200.00000000000000000000000000000000000	an receive		- Augresia		
Plot Plan Submitted?	20204(a)	2712(l) 2711(a)(8)		07		<u> </u>						4400	1,00,000		341145	UII jir
UST SYSTEM RECORDS		27 T(a)(o) 	nicionila Sicionila					i de la			310-26		130 1000	entajo		Garas.
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d),2641(j)		09	1	<u></u>	-	.510.000		100-1111	. door 10000					
Secondary Containment tested as required?	25284,1	2637(a)		10	61	Monti	181				Yea	rs: 1	<b>/</b> 5	H.	413700	
Releases reported/recorded?	25294, 25295	2651, 2652		28		VIOIT		7			100	10	=			1,340,34
Maintenance and monitoring records available?	25293	2712(b)		15									esiene:	la:-iii:		SAME ST
UST SYSTEM INSPECTION	1-20200					3.5								T	200000	
Is monitor not in state of alarm at beginning of inspection?	1000240 pg/ss rug, comp.com	2632(d)		11		/						996		144		
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)		12	П	1										
Sticker affixed to all monitoring components at certification?		2637(b)(6)		13	46	1						i dip	126			
UST system has approved functional overfill protection?	Flapper	2635(b)(2) & ATG		14		1										Г
Is spill container in good condition and liquid free?		2635(b)(1)		17		1		Mild.					ric.	174	:246	
Spill container drain functional or alternative available?		2635(b)(1)(C)		18		7										
Containment sump(s), turbine/fill, liquid free?		2631(d)(4) TRANSIT WA		19				Squar.		1880A			ejt.		-34	ia.
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)		20		4								$\Box$		L
Dispenser containment present if currently required?	25284.1(a)(5)(C)			21		3040								dia.	300	
Dispenser containment adequately monitored?		2636(f)(1) & (g)		22			4				Ш					
Dispenser containment free of liquid?		2631(d)(4)		23	1,35		~				NOTE:				343	1995.
ADDITIONAL REQUIREMENTS Contractor trained? られて G02034	25284.1(a)(5)(D)	2637(b)(1)(B)	Giarde applan	- 26 -		hmija				ni aan n	transfer	s socia	and deli			
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	100000000000000000000000000000000000000	36 24										14,100.3		ayer.
48 hour notification prior to monitor certification?	20204.1(a)(0)(D)	2637(b)(5)		30	laus.	istain:			ewieie	inio si				ini in	de si	-
DESIGNATED UST OPERATOR		2715(a)	and the state of the state of			2,114,1	Nai	me:N	ΔN	00	ڪر ۽	(	Ana	cit	<del>}</del>	
MONITORING SYSTEM INFORMATION		kallustasienigi kanenyntiinisen vastiisissusen			Name: MARCUS (- ARCLA 434105 7506							ī.				
MFR. NAME VEEDER-ROOT	212-73-3414	A CONTRACTOR OF THE CONTRACTOR						-		) . (	7/2	oi	Z_	,A.J.		
MODEL# TLS-350						4400					11			(P)(Mili	ippi G	ijyid
PRESSURIZED SYSTEM MLLD TES	JED-DA	55														
OPTION 1 WITH TURBINE SHUT DOWN, AUDIBLE & VIS	UAL ALARMS'ON AL		ISPENSE													
Continuous audible and visual alarm with positive shut off?		2636(g)(1) & (2)		41												<u> </u>
Pump shuts off when monitor is disconnected or fails?		2636(g)(4)		42					Hiji:					2,54		
Line leak detector detects 3.0 gph or equivalent leak in piping?	05004 4/-1/41/01	2636(f)(2)		44	Н							_	_	_	_	<u> </u>
Automatic line leak detector certified annually?  OPTION 2 WITH TURBINE SHUT DOWN BUT NO AUDIBL	25284.1(a)(4)(C)	2630(d).2641(j)		45										j		
Cont. aud. & vis. alarm w/ pos. shut off except on dispensers?	E & VISUAL ALARIV				Lassi	-10-619-		anc.	.000.00	1.000	Describe.		- ज			
Line leak detector detects 3.0 gph or equivalent leak in piping?		2636(f)(1) & (3)		43 44		4636	30000	1 1 1 1 1 1 1 1					1000	olympia (		H
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2641(j)		45		Taller -	ulim in	Acres 1	Ma -					gerer i		
Annual piping integrity test detects .1 gph at 150% pressure?	20204. I(a)(4)(b)	2636(f)(4)	direction of the second	46	100	11145	97.04%		:/*:278:	h 1750	. 815,616			ÇHADA		
OPTION 3 WITH MECHANICAL MONITOR OR ELECTRIC	AL SENSOR FOR DI				H .											
Continuous audible and visual alarm only	23,,331(1) 01( 01	2636(g)(1) & (2)		47				I				I	1			<u> </u>
Line leak detector detects 3.0 gph or equivalent?	Zimier ateria:	2636(f)(2)		48		1.					780	100			4,4	Jan.
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d).2641(j)		49	П							$\dashv$		1		Ė
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)		50		250	Misi	l'ish	995		3550			1250		
OPTION 4 - FOR EMERGENCY GENERATORS ONLY													1			
Continuous audible and visual alarm?		2636(g)(1) & (2)		53		س				1,749	West.					
Monitoring system check daily?		2636(g)(5)		54		V										
OTHER THE STATE OF	parational participation															SP (III
Are fuel filters managed properly?				37	L											

(Owner/Operator) Initials: January Date: #1///

REQUIREMENTS	CODE SECTIONS	V#	٧	С	N							
CALIFORNIA FIRE CODE	CFC	23	HÜKU									
Address clearly visible from street?	901.4.4	70										
Fire extinguishers present?	5202.9	7160		1	id a							
Fire extinguisher service current?	1001.5.1	72		1	ati sa seki se							
Shear valves operational?	5202.5.3.2	73	MARKE	GRAGE?								
Emergency fuel shut down device labeled?	5201.5.3	74	4eskirs5		11,000,500							
Emergency fuel shut down device operational?	5201.5.3	75		MARK	26 Hin	generatorarea.						
No smoking sign posted?	5201.8 5201.8	100	~	I I MEN	842	generally with.						
Stop engine sign posted?  Sign posted prohibiting dispensing into unapproved containers?	5201.8	78	(MEDEL		9454,000							
Sign posted prombiting dispensing into dilapproved containers?	0201.0	] 70	<u> </u>	<u> </u>	L							
NOTICE OF VIOLATION: The violations noted above must be corrected by:    April 25, 201    have read and understand the above stated violations. After these violations have been corrected, I will submit any requested information,												
I have read and understand the above stated violating and return this form.	_					,						
O. la Que	_ <u>Sava I</u> Printed Name	6 1	<i>=</i> ,	1)1 -		4/1/11						
(mun umm	Jarai	n c	1	m	<u>ar</u>	<u>4/1/11</u>						
Signature of Responsible Party	Printed Name	- 1				Date						
		•										
NARRATIVE:												
Repros/	TAVE -											
NECOLUS /	0-20-	\ a				2/20/09 Comproved						
CENTIFICATE OF FINANCIA	t Kespor	7 <u>8 113</u>	111	77	<u> </u>	S DATED 3/20/09. CERTIFICATE HALL BE REVISED ANNUALLY,						
& 1 ETTER FROM CHIEF FIX	IBNCIAL C	SPP	<u>।८५</u>	<u>۷۷'</u>	<u>S</u>	HALL BE KEVISED ANNUALLY,						
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HAS EXPLOSED AS DE 201	U DRON	$u\eta\epsilon$	: (	25	VU	SED CORY						
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D.O MONTHY DUSDES	1000 FO	<u>ws</u>	3-7	1	<u> </u>	TO BE PHCORREG ON EN AS NEEDED.						
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FIRE CODE/												
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RED-FIRE #2 DIE	SEL .					<u> </u>						
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MONITORING SUSPEN	1150;	SY	22	477	لہ ۔	S AS LEDUINES						
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V-R B36224.												
10C# 5266795-UT Oxpir.	01/13/2012											
- The state of the												
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(Specialist) Initials: SM Date: 4/1/11	Phone No SA	<del>-/</del> /68	71-19	404	4	Page 2 of <u>3</u> _						
USTIF-1 (4/04)	_ 1 HOHE NO G C	1	<u>- 1</u>		+							
00111-1(4104)												

Site Name/Address: Direct Relief Direction Articles 27 LA Patiena, Gouesta 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).

#### 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 INTERNATION AC Date: 4/1/11 Program(s) Inspected: Business Plans HW Generator AST/SPCC Cal ARP Fire Code Plan Check Other: Description of Violations / Corrections (continued): arah Eymanoate 4/1/11 Signature of Responsible Party

#### 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.

	I. FAC	ILITY INFORMATION									
Facility Name: Dire	ct Relief		Date of Testing:	04/01/11							
Facility Address: 27 L	a Patera Santa Barbara, C.	A									
Facility Contact: Judy	Partch	Phot	ie: 805-964-4767								
Date Local Agency Was Notified of Testing:											
Name of Local Agency Inspects	or (if present during testin	g):									
2. TESTING CONTRACTOR INFORMATION											
Company Name: B&	T Service Station Contrac	tors	A A A A A A A A A A A A A A A A A A A								
Technician Conducting Test:			***************************************								
Credentials : × CSLB Contract	ctor × ICC Service Tec	ch. SWRCB Tank T	ester  Other (Specify)								
License Number(s):	902034										
Avd dates	3. SPILL BUC	KET TESTING INFOR	MATION								
Test Method Used:	3. SPILL BUCKET TESTING INFORMATION  Test Method Used: ☐ Hydrostatic ☐ Vacuum X Other										
Test Equipment Used: Visual			Equipment Resolution:								
Identify Spill Bucket (By Tank	1 Diesel	2	3	4							
Number, Stored Product, etc.)	1 Diesei	-	1	*							
Bucket Installation Type:	☐ Direct Bury ☐ Direct Bury		☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump							
Bucket Diameter:	x Contained in Sump	☐ Contained in Sump	i.) Contained in Sump	□ Contained in Sump							
Bucket Depth:	13"										
Wait time between applying											
vacuum/water and start of test:	N/A										
Test Start Time (T <sub>1</sub> ):											
Initial Reading (R <sub>I</sub> ):											
Test End Time (T <sub>F</sub> ):											
Final Reading (R <sub>F</sub> ):											
Test Duration (T <sub>F</sub> - T <sub>I</sub> ):											
Change in Reading (R <sub>F</sub> - R <sub>1</sub> ):											
Pass/Fail Threshold or Criteria:											
Test Result:	X Pass	□ Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail							
Comments - (include information	on on repairs made prior i	o testing, and recommen	ded follow-up for failed to	ests)							

5 2/21/07

<sup>&</sup>lt;sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

		CERTI	FICATI	ON OF T	ECHNICIAN RE	SPONSIBLE FO	R CONDI	JCTING '	THIS	TEST	ING		
I	hereby	certify	that	all the	information	contained i	n this	report	is	true,	accurate,	and	ir
				ful	l compliance	with legal	require	ements.					
Гес	hnician's S	Signature:	ale	Cen	Shultz.			Date:	4	-1-	11	_	

6 2/21/07

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

# TYPES OF LEAK DETECTORS TESTED

11 XLD (116-036-5)	FXID (116-054-5	FX2BFLD
: DLD (116-017-5	11 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

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

Owner/Operator	
	4/1/11
(Signature)	(Date)

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

#### Direct Relief Monitor Cert 04/01/11

SANTA BARBARA CA. 805-964-4767 X100		IN-TANK SETUP
APR 1, 2011 11:18 AM		T LIBITORY
SYSTEM STATUS REPORT ALL FUNCTIONS NORMAL		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
	SYSTEM SECURITY CODE : 000000	31.9 INCH VOL : 924 15.9 INCH VOL : 364
	TANK CHART SECURITY DISABLED	FLOAT SIZE: 4.0 IN. WATER WARNING : 1.5
SYSTEM SETUP	No. Communication	HIGH WATER LIMIT: 2.5
APR 1, 2011 11:18 AM	CUSTOM ALARMS DISABLED	MAX OR LABEL VOL: 1834 OVERFILL LIMIT : 90%
The second secon	SERVICE NOTICE	HIGH PRODUCT : 95% : 1742
SYSTEM UNITS U.S. SYSTEM LANGUAGE	DISABLED	DELIVERY LIMIT : 50%
ENGLISH SYSTEM DATE/TIME FORMAT MON DD YYYY HH:MM:SS xM	ISO 3166 COUNTRY CODE:	LOW PRODUCT : 200 LEAK ALARM LIMIT: 99 SUDDEN LOSS LIMIT: 99
DIRECT RELIEF 27 S. LA PATERA LN SANTA BARBARA CA.	MASS/DENSITY DISABLED	TANK TILT 0.00 PROBE OFFSET 0.00
805-964-4767 X100		SIPHON MANIFOLDED TANKS T#: NONE
SHIFT TIME 1: DISABLED * SHIFT TIME 2: DISABLED SHIFT TIME 3: DISABLED SHIFT TIME 4: DISABLED		LINE MANIFOLDED TANKS T#: NONE
TANK PER TST NEEDED WRN DISABLED		LEAK MIN PERIODIC: # 25% : 458
TANK ANN TST NEEDED WRM DISABLED	COMMUNICATIONS SETUP	LEAK MIN ANNUAL : 25% : 458
LINE RE-ENABLE METHOD PASS LINE TEST		PERIODIC TEST TYPE
LIME PER TST NEEDED WRN DISABLED	PORT SETTINGS:	STANDARD
LINE ANN TST NEEDED WRN DISABLED	NONE FOUND	ANNUAL TEST FAIL ALARM DISABLED
PRINT TO VOLUMES ENABLED		PERIODIC TEST FAIL ALARM DISABLED
TEMP COMPENSATION VALUE (DEG F ): 60.0	RS-232 END OF MESSAGE DISABLED	GROSS TEST FAIL ALARM DISABLED
STICK HEIGHT OFFSET DISABLED ULLAGE: 90%		ANN TEST AVERAGING: OFF PER TEST AVERAGING: OFF
DAYLIGHT SAVING TIME ENABLED		TANK TEST NOTIFY: OFF
START DATE MAR WEEK 2 SUN		TNK TST SIPHON BREAK:OFF
START TIME 2:00 AM END DATE		DELIVERY DELAY : 3 MIN PUMP THRESHOLD : 10.00%
MOV WEEK I SUN END TIME 2:00 AM		

#### 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

LIGUID 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 9: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 1:0VERFILL ALARM TYPE:

STANDARD

NORMALLY OPEN

IN-TANK ALARMS

T 1:0VERFILL 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

⇒ 1:PRODUCT LINE VAC CATEGORY VAC SENSOR PUMP #:

R 2:DIESEL TURBINE VOLUME: 29.4 GALLONS RELIEF VALVE: : NO

5 2:VENT LINE VAC CATEGORY VAC SENSOR

PUMP #:

R 2:DIESEL TURBINE VOLUME: 29.4 GALLONS RELIEF VALVE:: NO

5 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

≤ 8:ATME SENSOR CATEGORY ATM P SENSOR

#### Direct Relief Monitor Cert 04/01/11

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

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

T 1:DIESEL

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

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

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 II: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

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 \* \* \* \* \* \*

, 1

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

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

FUEL ALARM MAY 6, 2009 10:06 AM

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  $\star$  × × × × END × × × × ×

#### Direct Relief Monitor Cert 04/01/11

ALARM HISTORY REPORT

L 6: VENT SUMP BRINE

FUEL ALARM APR 7, 2010 3:22 PM

OTHER SENSORS

---- SENSOR ALARM -----

START BETTOET REPORT

SMARTSENSOR ALARM -- 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

---- 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 \* \* \* \* \*

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --€ I: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 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

X X X X X END X X X X X

OTHER SEMSORS FUEL ALARM APR 7. 2010 3:22 PM

---- SENSOR ALARM ----

ALARM HISTORY REPORT

L 5: VENT SUMP

\* \* \* \* \* END \* \* \* \* \*

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

--- SMARTSENSOR ALARM --3 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

Facility Name: DING Relate To		Date: 1/12/12	Inspected		00	N		Y 40.1	h	h	)es	4		
Site Address: 27 LA PATENA		Phone:	Not legisle											
city: Colita		Spe	): :	WHE										
Facility Contact: July Partch			Tor	k ID	Tank ID Tan				Tank ID	k ID Tank ID				
The following Code sections are either in violation (V) of, Or, in	compliance (C) with	the Underground Storage Tank	Contents:	D: 4	_	1	arin iL			I dilk iL		Idit	IU	-
laws and regulations, or compliance is not applicable, not addre			Install Date:	200	_	1								-
and the regulations, of compliance to not approach, not add to	record, or annatomit (re	r.	Size:	180										-
REQUIREMENTS		CODE SECTIONS	V	The same of the sa	N	1								-
FILE RECORDS	CHSC	CCR									- 11-			_
Form A current?	25286(a)		303	-	1	Total		706	4	31/9			<b>GREE</b>	ì
Form B current?	25286(a)		304	~	4		-	_	-					_
Financial Responsibility current? Owner/Operator Agreement submitted?	25292.2(a) 25284(a)(3)	2620(b)	340	V			17	111		100	1,51		NI LEI	
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	(306)	V	V	A Tarries	e invine	TIVE.		Min.	H GT	HP 66	S NOU	
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	(308)	1		IN	Cr	Mi	PLÉ	TE	OHIER			=
Permits current and retained at facility?	25284(a)	2712(i)	302				WE	70.01	9551	μ'n.	3818	ing.	(90)	J
Plot Plan Submitted?		2711(a)(8)	307	ν	_									
Designated UST Operator - Notification to CUPA?		2715(a)	329	V		1							H at	
UST SYSTEM RECORDS		100#: 52667950C		Expir	es:	3/1	91	14	TO A STATE OF	illo:	ation.	STATE OF	- Color	
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309			100.10	41	111	No.				10.20	
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Mo					3 V	ears:	W	24	O HE BER	0.
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328	- IVIO	T	1			0 10	Julo.				-
Maintenance and monitoring records available?	25293	2712(b)	315	V		V	C	N	٧	C	N	V	CI	N
UST SYSTEM INSPECTION	1	1		Ť									1	-
Is monitor not in state of alarm at beginning of inspection?	EGWLA II.	2632(e)	311	V	1	1778	X41	YAYA			100	ezho (		6
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312	~	_									_
Sticker affixed to all monitoring components at certification?	distanti de la comi	2638(f)	313	V					10.5	DIS.	050		1	Š
UST system has approved functional overfill protection? Is spill container in good condition and liquid free?	Our action of the last of the	2635(b)(2) Flaggy, ATG 2635(b)(1)	314	<b>V</b>		10000	200	1000	100	Depor	UESO	INUS V	PCD III.	
Spill container drain functional or alternative available?		2635(b)(1)(C)	318	Ť	1	9/2010		-	0.00	Care I		10000	OH ST	-
Containment sump(s), turbine/fill, liquid free?	INSTANTA NATA	2631(d)(4)	319	V	_		133	2.5	J.G			ALE !	LIST GE	8
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320	v						$\neg$			$\top$	_
Dispenser containment present if currently required?	25284.1(a)(5)(C)	BACKURE TO THE THE FEE	321	SW TV	~		10	S.	108	FIL		325	41 8	1
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322		V		_					1		_
Dispenser containment free of liquid?  ADDITIONAL REQUIREMENTS		2631(d)(4)	323	20	V		_	191		e a la la	OW.			ŀ
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336		9000	nin in an	,041.5	SAME.	1212	in a		o et fina	1000	55
Name: K+T	20201.1(0)(0)(0)	Monitoring System Training Verifi											Of the Parcel	ř
100#: 5266795UC	Expires: 3/14					E AIR	WEV.		) ()	4	of Car	4841	TIM	H
Class A C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324	V										
48 hour notification prior to monitor certification?		2637(b)(5)	330	1		1915				1500	1		Shirt.	
MONITORING SYSTEM INFORMATION						Desir.	1937	Villa			15)			
MFR. NAME VK MODEL # TLS - 350		DISCUSSION STREET	HEALTH ENDING	Salderson (c	no sty	c) III res		Uts2F	THO .	(30.1			Baking.	
WIODEL W	COMMUNICATIVE CHINAMA	the many and the second of the second of the second		Septembries of the septembries o			100					01/12/20/20	AND SALE	-
														_
PRESSURIZED SYSTEM MLLD									- 1/1					_
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL				V C	N	٧	С	N	٧	C	N	٧	CN	1
Continuous audible and visual alarm with positive shut off & UDO	stops flow?	2636(f)(1) & (5)	341											
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)	342			ATTACK TO			0.00			E d	illi vi	H
Line leak detector detects 3.0 gph or equivalent leak in piping?  Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2636(f)(2) & (3) 2630(d).2638(a)	344 345	100 K/II	S Dated	nosk k	5460	250		200		5511 52		0
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICA			040		1115	1000	1,70		346	E0110			10	1
Continuous audible and visual alarm for piping / UDC shuts down		2636(f)(1	347	IV An	Der II		T	814						
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	24 71		108		91		WA .	县	4	A 15	
Piping integrity test detects .1 gph at 150% pressure?	VIDE OVOTENO CO	2636(f)(4)	350				$\perp$					$\perp$		_
OPTION 3 - FOR EMERGENCY GENERATORS <u>WITH PRESS</u> Continuous audible and visual alarm?	OURE SYSTEMS ON	2636(f)(6)	353	1/				881				B-1177		
Monitoring system check daily?		2636(f)(6)	354	-	$\forall$	- Santa	0010		-691				+	16
OTHER	September 1			THE PERSON	E R		Slage.		WX		NAME OF TAXABLE PARTY.	10/1:0		N.
Fuel filters disposed to:			337											
					-		100							

(Owner/Operator) Initials:

Date: 4/12/12

Page 1 of 2

# UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Site Name/Address: DIRECT RELIEF INT 27 LA PATERA COCCURRENCE TO COLOR THE COLOR TO COMPLIANCE OF COLOR TO C

not applicable, not addressed, or unknown (N).	(-)					
REQUIREMENTS	CODE SECTIONS	V#	٧	С	N	
CALIFORNIA FIRE CODE	CFC				12/20	
Address clearly visible from street?	901.4.4	370		1		
Fire extinguishers present?	2205.5	371	nyst.		~	
Fire extinguisher service current?	901.6.1	372			1	
Shear valves operational?	2206.7.4	373	HER.	REW	V	· 性工作的表示。在一种使用对对"实现",从"特别"的类型的对象。
Emergency fuel shut down device labeled?	2203.2	374		100		
Emergency fuel shut down device operational?	2203.2	375	SWIT	0	THE R	
No smoking sign posted?	2205.6	376		-		
Shut off engine sign posted?	2205.6	377	Single Single	SHIP.	/	
Sign posted prohibiting dispensing into unapproved containers?	2205.6	378			~	

NOTICE TO COMPLY: The violations noted above	ve must be corrected by:		,
Soldenth	TUDY PAR	124	4/12/12
Signature of Responsible Party	Printed Name	-	Date
POST INSPECTION INSTRUCTIONS: Correct the violation(s)			
The marked items represent violations of the California Health a compliance deadline to verify correction of violations. All violati correction of these violations. Failure to correct violations by the fee, fines and/or suspension or revocation of your Unified Progra COMPLIANCE CERTIFICATION: As the owner / operator of	ions are to be correct and a c e compliance deadline will resu am Facility Permit.	copy of this form signed and retu It in further enforcement action, incl	rned within 35 days, certifying the luding, but not limited to, a re-inspection
(Signature)	(Print Name)		(Date)
NARRATIVE: Consult to in Re	ect is a fautal	by Jenna Ne	Ison.
MENITORING (BAT + ANNI	IN UST INSPE	LET LON CONDUCTE	o This DAY.
(1) MONITORING PLAN INACLURATED	0.65(0.000 9.8	reh	
	490-34 6: 490-35	a; 490-36 chechol	: 490-37,38
490-66 unchecked.		•	1
Revise as distribul trusta	A. Marked up	copy provided to facili	ty.
(2) Response plan at facility is			
	incomplete:		
00700			
3 OVERFILL Alasm light dos v	not Praction.		
replace bulb or repair as		0.10 4/1	3 1 3 1
(4) Certification of Financial De letter from Chief Financial	1)		Cortificate +
Annually.	Officer shall	he revised + su	omitted to cuth
7			
	id .		
(Specialist) Initials:	te: 4/12/12	Phone: 681	-4045

#### 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 ST	ORAGE TAN	Date: 4/12/13	ORT / NOT	TICE	TC	C	OM	PLY	1	1	1	ĺ				
			Date: 4/12/13 Inspecte													
Site Address: 27 S. LA PATERA		Phone:	ICC #:					5042530-01								
City: GOLGTA	Sp	ecialist Signati	ıre:													
Facility Contact: JUDY PARTON					Tank	ID ,	1	ank ID		Tani	k ID	Tar	nk ID	201		
The following Code sections are either in violation (V) of, Or, in compliance (C) with		the Underground Storage Tank	Contents:		10	sel	T	ray.								
laws and regulations, or compliance is not applicable, not addre	ssed, or unknown (N	).	Install Date:		200		5	راس	P							
			Size:		Bo		tei	mg'				L				
REQUIREMENTS	01100	CODE SECTIONS	V	٧	С	N	_	-1						_		
FILE RECORDS Form A current?	25286(a)	CCR	303	ZUII WOO	V	100115	ALCOHO	en se	SHA		WINE	14.5	40.00	5.00		
Form B current?	25286(a)		304	_	1	DAME:	W. Carlot					FUERE				
Financial Responsibility current?	25292.2(a)		340		1	20	1977	EIIII.			Elge	055075		En.		
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305	_	34	V								100 1100		
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306		1	STE.	Jac.	1,6	LIAN)	HUEL	可是拼	a seq		gròp		
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	308	3	~											
Permits current and retained at facility?	25284(a)	2712(i)	302		lun,	100	SWA	ME.		3 1	ate in	Lea	MAN,	974		
Plot Plan Submitted?		2711(a)(8)	307		/	1										
Designated UST Operator Notification to CUPA?	Martin New York	2715(a)	329	_	V		THE REAL PROPERTY.	1	100	SVIEW.			i di	ë Wa		
Name: A. Skultz		100#: 5266795 UC		E	xpires	S:	_ 3	14								
UST SYSTEM RECORDS				0	L,			-	41	1	Grant.		959	HE		
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309		~			13+		2/12						
Secondary Containment tested as required?	25284.1	2637(a) VPH	310	6	Mont	ths: _				3 Year	s:			1716		
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328													
Maintenance and monitoring records available?	25293	2712(b)	315		V	ZE.	٧	С	N	V C	N	V	C	N		
UST SYSTEM INSPECTION																
Is monitor not in state of alarm at beginning of inspection?	是实际和国际公司	2632(e)	311	_	/	740	Wa	/		8/11 2/11	E STOP			700		
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312	_	V			V						_		
Sticker affixed to all monitoring components at certification?		2638(f)	313		~	MAIN.	880	V			A CUE		ille j			
UST system has approved functional overfill protection?	Alarms Plager	- 2635(b)(2)	314		V				/	-			-	10,000		
Is spill container in good condition and liquid free?		2635(b)(1)		N/W		District.	UNITE I	1	/		A DATES			Ribe		
Spill container drain functional or alternative available?	COLUMN TO SHARE THE SHARE	2635(b)(1)(C)	318			/	. /	1	4	TOTAL SOUR	0 1310		-5500			
Containment sump(s), turbine/fill, liquid free?	05001/=\/7\/0\	2631(d)(4)	200	_		17001.12	V	/	003		5 (150)	0.30		ALIKE S		
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320 321	_	~	-	GE TE	v	1	-		550	ANTIES	15070		
Dispenser containment present if currently required?	25284.1(a)(5)(C)	2636(f)(1) & (g)	322			/	-		$\rightarrow$		1000	$\vdash$	-	24,62		
Dispenser containment adequately monitored?  Dispenser containment free of Ilquid?	and the state of t	2631(d)(4)	323				-	400		100		200	entitore	OF Ser		
ADDITIONAL REQUIREMENTS		2031(0)(4)	020						000	TA UT		3-5-6				
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)	336	4 100	/	-	The second	NU N	lette.			TUES!	VII-26	EV.U		
Name: 13	20204.1(a)(0)(b)	Monitoring System Training Verif		200	30	)								ET ICE		
ICC# 5246325 8158837	Expires: 9/	2014	noution.	200		£090	12.0	30,41	THE SE	Z III II E	9-174	Telegraphic Control	11199	FILT		
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324	T	1							NEATE:		17-01		
48 hour notification prior to monitor certification?		2637(b)(5)	330		V	VIII.	/SSJA		Valor	lideh:		WE S	1000			
MONITORING SYSTEM INFORMATION	Third steam of Claum.		Magnific Bld		WSY	100	GUI.	B)	ilitale							
MFR. NAME   VR								rel .					1.00114			
MODEL# TLS - 350				154		y y						Social	=(1,1	(Fee)		
PRESSURIZED SYSTEM MLLD + VPH																
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL	ALARMS ON ALL	COMPONENTS, INCLUDING DISP	PENSERS	V	C	N	٧	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						1							
Pump shuts off when monitor is disconnected or fails?	med Edd States	2636(f)(5)(B)	342	500		TOTAL .	- 1			150	1999			247		
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		1000	17/16				THE PARTY	ALC:	105	H			
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICA									-							
Continuous audible and visual alarm for piping / UDC shuts down	dispenser only?	2636(f)(1	347	60		11.	60.	Vil.			Villa		1120	ine or		
Line leak detector detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348					_			$\perp$	$\blacksquare$		-		
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349	0 100							L L					
Piping integrity test detects .1 gph at 150% pressure?		2636(f)(4)	350		Ш							Ш				
OPTION 3 - FOR EMERGENCY GENERATORS WITH PRESS	OUHE SYSTEMS ON		Loro		./	ı				North and		-		Mens		
Continuous audible and visual alarm?		2636(f)(6)	353	931	1	(Jan)		196	+	000	3/1/2	188	REES.	UIII.		
Monitoring system check daily?  OTHER	is a serious serious	2636(f)(6)	354	II. France	_			Silk i	1 50	T STATE OF	A STATE	ESIN-	EKQW	514		
Fuel filters disposed to:			337	T		MI COM	II TALL	THE STATE OF		ar the L	Mary 1	15 1111	C.F.L	a fi		
i dei intera diaposed to.			337	1	-											
DC	,	1. 1.3			_	_		-				_				
(Owner/Operator) Initials:	Date:	112/13								Pag	e 1 o	f				

4/24/13/2

# ANTA BARBARA COUNTY FIRE DEPARTM. J UNDERGROUND 5 FORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY

Page 2 of LATADA Site Name/Address: 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# 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 NOTICE TO COMPLY: The violations noted above must be corrected by: Signature of Responsible Party Printed Name 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) NARRATIVE: MONITORING CERTIFICATION VST ANNUML · NSPECTION GOND UCTED THIS fillars:

(Bos) 681-4045

(Specialist) Initials: NPW

## Business Plan / Cal-ARP / Hazardous Waste Generator Inspection Report / Notice to Comply Facility Name: Site Address: HSC / CCR 22 REQUIREMENTS Spill Prevention Control & Countermeasure (SPCC) Plan (HSC Chapter 6.67) Valid SPCC, PE certified, petroleum storage ≥ 1320 gallons (1 or aggregate of AST) 25270.3 AST Tank # Tank Capacity Contents SPCC Required Yes No Yes No Yes No Yes No Accidental Release Prevention (Cal-ARP) Accurate Cal-ARP registration form submitted for all processes 2735.5 **25545.3** 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** RUSINESS. No Violations Noted At Time of Inspection Signature of Responsible Party: Print Name: NOTICE OF VIOLATION: The violations noted above must be corrected by: POST INSPECTION INSTRUCTIONS: The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A reinspection 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.

Frint Name) Rick Snekviki (Date)

(Signature)



# COMMUNITY HAZARDOUS WASTE COLLECTION CENTER

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:	mvotee	Invoice No.	22097
	P.O. Number:	Disposal Date:	05/10/2013
	F.O. Number.	Statement Date:	5/10/2013
		2nd Statement Date:	
Direct Relief		Amount Paid:	
27 South La Patera Lane		Check Number:	
Goleta CA 93117	TOT	TAL 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 <a href="http://www.waterboards.ca.gov">http://www.waterboards.ca.gov</a>.)

#### 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: <u>Direct Relief</u>	Bldg. No.:
Site Address: 27 S. La Patera Lane Goleta, CA	Zip: <u>93117</u>
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 ins	pected/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:	Arinular Space of Vault Serisor. Wodel.
∥ ∪ 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:	Wechanical Line Leak Detector.
LI 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 moder in Section 2 on Fage 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).	i⊹ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s	☐ Dispenser Containment Float(s) and Chain(s).
guidelines. Attached to this Certification is information (e.g. manuand a Plot Plan showing the layout of monitoring equipment. For a	cument was inspected/serviced in accordance with the manufacturers' ifacturers' checklists) necessary to verify that this information is correct iny 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
	است
Technician Name (print): <u>James Welsch</u> Signature  Certification No.: <u>8201843 UT</u>	License. No.: 902034
Testing Company Name: <u>B&amp;T Service Station Contractors</u> Phone No.:(	
Testing Company Address: 630 S. Frontage Rd. Nipomo, CA 93444	Date of resting/servicing: <u>04/07/14</u>
Monitoring System Certification Page 1	of 4 12/07
monitoring System Certification Fage 1	014

1

2/21/07

### D. Results of Testing/Servicing

Complete the following checklist:

X	Yes		No*	Is the audible alarm operational?
x	Yes	-:	No*	Is the visual alarm operational?
Х	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?
IJ	Yes	x	No* N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
Lii	Yes	X	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; Subject Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? Subject 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%
ij	Yes*	Х	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.
Х	Yes	7.1	No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
х	Yes		No*	Is all monitoring equipment operational per manufacturer's specifications?

<sup>\*</sup> 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.	
			_
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
	West Control of Contro		

**Monitoring System Certification** 

Page 2 of 4

12/07

F.	In-Tank	Gauging	/ SIR I	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?
П	Yes	□ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
O	Yes	⊟ No*	Was accuracy of system product level readings tested?
Ţ.	Yes	⊟ No*	Was accuracy of system water level readings tested?
(1	Yes	□ No*	Were all probes reinstalled properly?
G	Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

<sup>\*</sup> In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. L	ine	Leak	Detectors	L	.LD	n:

U Check this box if LLDs are not installed.

Complete the following checklist:

Х	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.
х	Yes	□ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
Х	Yes	□ No*	Was the testing apparatus properly calibrated?
Х	Yes	∏ No*	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	X N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Х	Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

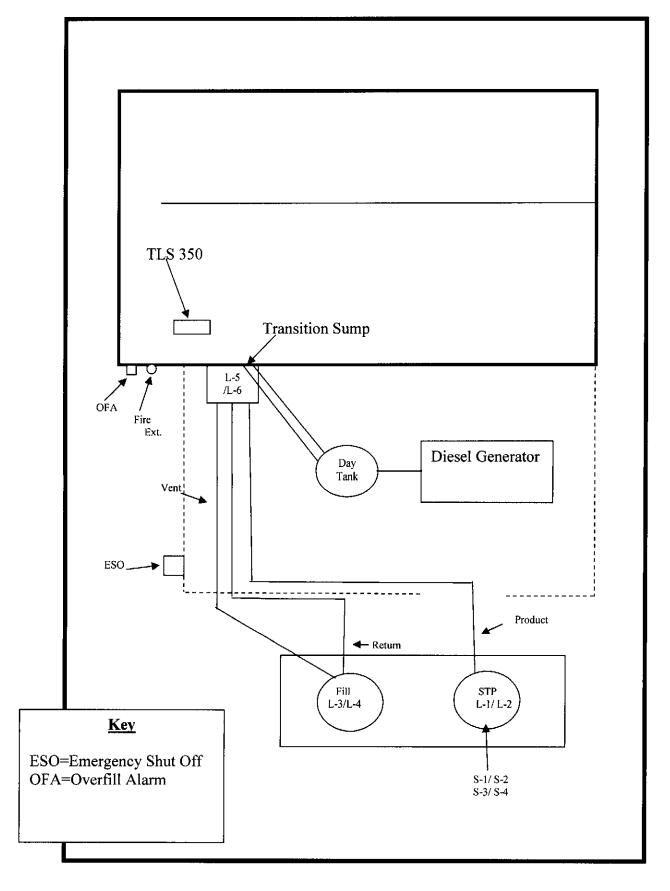
<sup>\*</sup> In the Section H, below, describe how and when these deficiencies were or will be corrected.

Н.	Comments:		

**Monitoring System Certification** 

Page 3 of 4

12/07



#### **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.

	I. FAC	ILITY INFORMATION		
Facility Name: Direct	ct Relief		Date of Testing:	04-07-14
Facility Address: 27 La	a Patera Santa Barbara, Ca	4		
Facility Contact: Judy	Partch	Phone	: 805-964-4767	
Date Local Agency Was Notifie	ed of Testing:	03/25/14		
Name of Local Agency Inspecto	or (if present during testing	g): Nathan V	Vest	
	2. TESTING C	ONTRACTOR INFORMA	TION	
Company Name: B&	T Service Station Contract	tors		
Technician Conducting Test:	James Welsch			
Credentials <sup>1</sup> : × CSLB Contrac	ctor × ICC Service Tec	ch. SWRCB Tank Te	ester 🗆 Other (Specify)	
License Number(s):	902034			and the second s
	3. SPILL BUC	KET TESTING INFORM	MATION	
Test Method Used:	☐ Hydrostatic	□ Vacuum	X Other	
Test Equipment Used: Visual			Equipment Resolution:	
Identify Spill Bucket (By Tank	1 Diesel		3	4
Number, Stored Product, etc.)	i Diesei	2	3	
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"	Contained in Sump	Contained in Sump	2 Contained in Sump
Bucket Depth:	13"			
Wait time between applying vacuum/water and start of test:	N/A			
Test Start Time (T <sub>1</sub> ):	11:00a			
Initial Reading (R <sub>I</sub> ):	full			
Test End Time (T <sub>F</sub> ):	12:00p			
Final Reading (R <sub>F</sub> ):	full			
Test Duration $(T_F - T_I)$ :	1 hour			
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0			
Pass/Fail Threshold or				
Criteria:				
Test Result:	x Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Comments – (include informati	on on repairs made prior	to testing, and recommend	ded follow-up for failed to	ests)

5 2/21/07

<sup>&</sup>lt;sup>1</sup> 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:_	4-11-

6 2/21/07

Leak I	Detector
FXT EVALU	ATION CHART
Site Location: Direct Relief	Service Company:
27 S. La Patera, Santa Barbara, CA	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
LJ 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	* *	EFX2V (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.

Manufactu	rer: —— <u>Veederoot</u>	Model:		System Type: Pressure; Vacu	um
Sensor ID					
	Component(s) Monitored by the	his Sensor: ————Prod	uct line		
<u>s-1</u>	Sensor Functionality Test Result	t: 🛛 Pass; 🔲 Fail	Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the	his Sensor: <u>     Vent</u>	<u>line</u>		
<u>s-2</u>	Sensor Functionality Test Result	t: 🛛 Pass; 🔲 Fail	Interstitial Com	munication Test Result: 🛛 Pass; 🔲	Fail
	Component(s) Monitored by the	his Sensor: <u>Retu</u>	rn line		
<u>s-3</u>	Sensor Functionality Test Result	t: 🛛 Pass; 🔲 Fail	Interstitial Com	munication Test Result: 🛛 Pass; 🔲	Fail
s 4	Component(s) Monitored by the	his Sensor: ——Annu			
—— <u>s-4</u>	Sensor Functionality Test Result	t: 🛛 Pass; 🗌 Fail	Interstitial Com	munication Test Result: 🛛 Pass; 🔲	Fail
	Component(s) Monitored by the	his Sensor:			
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the				
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the				
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the	_ <del>_</del>			
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the				
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	Component(s) Monitored by the				
	Sensor Functionality Test Result		Interstitial Com	munication Test Result: Pass;	Fail
	nterstitial communication verifie troduced at Far End of Interstitial		✓ Visual Inspecti	ion; Other (Describe in Sec. J, be	low)
Vacuum wa	as restored to operating levels in	all interstitial spaces:	⊠ Yes □	No (If no, describe in Sec. J, below)	
. Comme					
DI	IRECT RELIEF				

<sup>&</sup>lt;sup>1</sup> 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

		Date: 4/7/14				YTHAN		J€s	5 <b>⊤</b>			
Facility Name: DIRECT RELIEF INT Site Address: 27 S. LA PATERA LI	<u> </u>	Date: 4/7/14 Phone: 452-0478	2-0478 ICC#: 5042530									
	Spe		· O· α									
Facility Contact: TUDY PARTCH			Тап		Tank I	D	Tar	nk ID	4	Tank ID		
The following Code sections are either in violation (V) or, in com-			Contents:	D		Trans				4		
laws and regulations, or compliance is not applicable, not address	sed, or unknown (N)	•	Install Date:	200		SUM		<u> </u>		4		
DECHIDEMENTS		CODE CECTIONS	Size:	180		200	8	L				
REQUIREMENTS FILE RECORDS	CHSC	CODE SECTIONS  CCR	V	V	N							
Form A current?	25286(a)	OOK	303	-	1							
Form B current?	25286(a)	***************************************	(304)	/								
Financial Responsibility current?	25292.2(a)	0000/13	340	M								
Owner/Operator Agreement submitted? Monitoring Plan approved?	25284(a)(3) 25293	2620(b) 2632(b), 2634(d), 2711(a)(9)	305 (306)	y =								
Emergency Response Plan current?	25289(b)	2632(d)(2) ,2634(e)	(308		₹							
Permits current and retained at facility?	25284(a)	2712(i)	302		7							
Plot Plan Submitted?		2711(a)(8)	307	V								
Designated UST Operator - Notification to CUPA?		2715(a)	329	1—	1_	L,,,						
Name: MARCUS GARCIA UST SYSTEM RECORDS		ICC#: <b>B074063</b>		Expi	res:	7/16/	14					
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309	Н,	1	last	4/	2/0		—		-
Secondary Containment tested as required?	25284.1	2637(a) VPH	310	6 Mc	onths:	1537	_/'	3 Yea				==
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328		TV		-					
Maintenance and monitoring records available?	25293	2712(b)	315	١,	1	V C	N	٧	CI	N N	V C	N
UST SYSTEM INSPECTION									$\Box$			
Is monitor <b>not</b> in state of alarm at beginning of inspection?		2632(e)	311	>	4-	<u> </u>	1		$\perp$	4		$\perp$
Audible and visual alarms functioning properly?  Sticker affixed to all monitoring components at certification?		2632(c)(2)(B), 2636(f)(1) 2638(f)	312 313	- -	4.	- V		$\vdash$		+		-
UST system has approved functional overfill protection?	Alare + Plaper	2635(b)(2)	314	<del>    ;</del>	/	╟┼	K	$\vdash$	+	+	+-	+-
Is spill container in good condition and liquid free?		2635(b)(1)	(317)				ブ		_	-	1	T
Spill container drain functional or alternative available?		2635(b)(1)(C)	318		1		1		工			
Containment sump(s), turbine/fill, liquid free?	05004(=)/7)(0)	2631(d)(4)	319		4	<u>  '</u>	19		+	┵	-	1
Sensors placed for leak detection at earliest opportunity?  Dispenser containment present if currently required?	25291(a)(7)(C) 25284.1(a)(5)(C)	2641(a) D: spensus	320 321	- -	4.	<u>                                     </u>	13	-		+		1
Dispenser containment present in currently required:  Dispenser containment adequately monitored?	20204.1(8)(0)(0)	2636(f)(1) & (g)	+	1	-	1	╟─┼		+	+	$\vdash$	
Dispenser containment free of liquid?		2631(d)(4)	322 323		1		ヤ		十		$\top$	+
ADDITIONAL REQUIREMENTS		······································										
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B) 336 ✓ Monitoring System Training Verification: 🗷 43 ⊋ 11										
Name: 13+7 ICC#: 8201843	Expires: 6/1	Monitoring System Training Veri	fication: 159	321	<u> </u>							
Clase A)C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324	TT.	<u> </u>							
48 hour notification prior to monitor certification?		2637(b)(5)	330	1 1	1							
MONITORING SYSTEM INFORMATION												
MFR. NAME VEEDER- ROOT	<del> </del>											
MODEL# TLS - 350		· · · · · · · · · · · · · · · · · · ·	-									
				-								
PRESSURIZED SYSTEM MULD + VPH	· · · · · · ·	<del></del>										-
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUA				V	CN	V C	N	٧	С	N	V C	N
Continuous audible and visual alarm with positive shut off & UDO	Stops flow?	2636(f)(1) & (5)	341	$\bot$	/		~			$\perp$		
Pump shuts off when monitor is disconnected or fails?  Line leak detector detects 3.0 gph or equivalent leak in piping?	· I	2636(f)(5)(B) 2636(f)(2) & (3)	342 344	╂	-1-	-	14		+	-		-
Automatic line leak detector certified annually?	25284.1(a)(4)(C)		345	╁╌┟╴	15	+	1	╁┼		+	+	┼─
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICA	AL SENSOR FOR DI	SPENSER SHUT DOWN ONLY	( 0-10				1 .	<u></u>				
Continuous audible and visual alarm for piping / UDC shuts dow		2636(f)(1	347		1		V		$\Box$		$\mathbf{I}$	
Line leak detector detects 3.0 gph or equivalent leak?	000044/3/4/6:	2636(f)(2) & (3)	348		V		V		$\bot$			<u> </u>
Automatic line leak detector certified annually?  Piping integrity test detects .1 gph at 150% pressure?	25284.1(a)(4)(C)	2630(d)(.2638(a) 2636(f)(4)	349 350	++	14	+-+	14	$\dashv$	+	_ -	_ -	
OPTION 3 FOR EMERGENCY GENERATORS WITH PRES	I SURE SYSTEMS OF		330	i I		1	14			L_		1
Continuous audible and visual alarm?	1	2636(f)(6)	353		7	T.	オー		$\top$			T
Monitoring system check daily?		2636(f)(6)	354			V	1		土		$\perp$	工
OTHER			1 4=									
Fuel filters disposed to:			337	-								
			1	<u> </u>	·	·					7	
(Owner/Operator) Initials:	Date:							P	age	1 of	<u> </u>	

USTIF 11-26-13

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

Page	2	of	2

Facility Name:	T RELIEF /NTERNATI	ONAL	
Site Address: 27 S	. LA PATERA LN. (	TOLETA	
NARRATIVE:			
	S-oaks Table	14150-77	
Charles Care	STORAGE TANK	THIS PECTION AND	ONTORING
SYSTEM CERTIFIC	ATION CONDUCTED THE	S DAY	
AS SUBMITT	FD TO CERS:		
(340) CERTIFICA	MON OF TINANCIAL F	RESPONSIBILITY IS DATED	4/16/12
C.FO LETT	ER IS DATED 4/17/12	CLAL RESPONSIBILITY DOC	
- IMMEDIA	TELY SUBMIT FINAN.	CIAL RESPONSIBILITY DOC	MENTINE
VIA	CERS. ANNUALLY	UPDATE THEREAFTER.	
(300) FMERGE	FAICY PESPANSE DI	AN SUBMITTED TO CER	<u></u>
15 1016	MPCETE,	Systellies is CER	3
- REVISE	+ RESUBMIT.		
7 7 1260.00	10 -		
D. O. 100000	ARE RETAINED IN FI	LE.	
2013 Poper Finance	al Responsibility forms a	me in tile.	
,	1		
31) /10v/d + de 50	is is accomplated in	soill bucket	
- Parallali he	rect + remove liquid/a	la la de	
	20. 4 12 -00- 1.5000 12	WST-1,	
304) CERS SURMI		16. 6. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	DOLLATES SIN	ICLEWAL TRANSITION SIMP.	
SUAP 15		4 <b>4</b>	
-REVISE 4			
/ANK HAS F	ill tube shut off value.		-
Fill Containment	sump installed; TANK	USE IS EMERG. GENERATOR	
- Revise + resul	omit.		
Recommendation ONL	<del>ソ</del> :	the state of the s	
Overfill place	a lay is hot 1	visible from tank f.	11
		to a visible location	
CONSIDER TAISING	or relocating box	to a voible location	
	D. T. C.		
****			
		·	
/		_ / /	
NOTICE TO COMPLY: The v	riolations noted above must be corrected by:	5/7/14	
			1 .
tollat	Z JUDV	PARTZH 4/-	7/14
Signature of Responsible Party	Printed Name	Date	
POST INSPECTION INSTRUCTIONS: (	Correct the violation(s) noted during inspection on	4/7/14 by 5/7/14	
		rnia Code of Regulations. A re-inspection may occur at a	
compliance deadline to verify correction of	of violations. All violations are to be corrected a	and a copy of this form signed and returned within 35	iny time on or after the
correction of these violations. Failure to o	correct violations by the compliance deadline will r	esult in further enforcement action, including, but not limit	ited to, a re-inspection
fee, fines and/or suspension or revocation	of your Unified Program Facility Permit.	,	
COMPLIANCE CERTIFICATION: As the	e owner / operator of the above subject busine	ess, I certify that all the violations cited above have b	een corrected
(Signature)	(Print Name)	(Date)	
(Specialist) Initials: NPV	Date: 4/7/14	Phone: (805) (81-4	4 245

#### SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

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☐ 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 IN 27 S LA PATIELA	TERNETHUR	Date: 4/9/15	Inspected	By:	1	JA	ىمىل	אא בי	L	بحاله	80	-			
Site Address:	27 S LA PATIONS		Phone:	ICC #:			50	2	45	13 (	)					
City:	GOLGTA			re: Netton												
Facility Contact:						Tank ID		T	ank ID		Ta	ank ID		Tank	: ID	
•	e sections are either in violation (V) or, in com	Underground Storage Tank	Inderground Storage Tank Contents:					T drik 15				一	12,11	10		
=	ns, or compliance is not applicable, not addres		-	Install Date:		00	3									
		<u></u>		Size:		800										
EILE DECORDO	REQUIREMENTS	CUCC	CODE SECTIONS	V	\ <u>\</u>	C	N									
FILE RECORDS Form A current?		CHSC 25286(a)	CCR	303	╁	4	╗									
Form B current?		25286(a)		304	┰	7										$\dashv$
Financial Responsi		25292.2(a)		340		~										
	greement submitted?	25284(a)(3)	2620(b)	305			4									
Monitoring Plan ap Emergency Respon		25293 25289(b)	2632(b), 2634(d), 2711(a)(9) 2632(d)(2) ,2634(e)	306- 308		1	-									
	d retained at facility?	25284(a)	2712(i)	302	+	V	$\dashv$									$\neg$
Plot Plan Submitte			2711(a)(8)	307		1										
	perator - Notification to CUPA?		2715(a)	329		$\overline{A}$										
Name:	CORDS		ICC#:		E	(pires:	ı									
Continuous monito	ring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309	+		-									-
	nment tested as required?	25284.1	2637(a)	310	6	Month	S.			<del></del>	3 Ye	ars.				
Releases reported		25294, 25295	2632(e), 2651, 2652	328	Ť	I	Ť				0 10	, CI O.				=
	nonitoring records available?	25293	2712(b)	315	┪	V	1	٧	С	N	V	С	N	٧	C	N
<b>UST SYSTEM INS</b>	PECTION															
	ate of alarm at beginning of inspection?		2632(e)	311	_	V	_	_						_		<u> </u>
	alarms functioning properly? Il monitoring components at certification?		2632(c)(2)(B), 2636(f)(1) 2638(f)	312 313	╀	<b>V</b>		$\dashv$		_	$\dashv$	$\dashv$	$\dashv$			<del> </del>
	pproved functional overfill protection?		2635(b)(2)	314	+	1	<u> </u>	_		-				$\dashv$	$\dashv$	
	good condition and liquid free?		2635(b)(1)	317	$\dagger$	1		$\neg$		_						
	n functional or alternative available?		2635(b)(1)(C)													
	n(s), turbine/fill, liquid free?	05004( \/7\/0\	2631(d)(4)	319	╀.	<b>V</b>	_				_					<u> </u>
	leak detection at earliest opportunity? nent present if currently required?	25291(a)(7)(C) 25284.1(a)(5)(C)	2641(a)	(320) 321	<u>'                                     </u>	$\vdash$	$\overline{\mathcal{A}}$			_	$\dashv$	$\dashv$	$\vdash$			
	nent present if currently required? nent adequately monitored?	20204.1(a)(0)(C)	2636(f)(1) & (g)	322	╁		7				$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\vdash$	_
Dispenser contains			2631(d)(4)	323	╁┈		~						$\square$	П	П	
ADDITIONAL REC																
Contractor trained	?	25284.1(a)(5)(D)	2637(b)(1)(B)	336												
Name: ICC #:		Expires:	Monitoring System Training Ve	ritication:												
	, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324	-	<b>V</b>	- 1									
	prior to monitor certification?		2637(b)(5)	330		V										
	STEM INFORMATION	•														
MFR. NAME	VEGDEN-ROOT															
MODEL#	TLS -350		**													
									1							
PRESSURIZED S'		, , , , ,	OS. TIVE SHUTDOWN		c.	GE	NER	AN	<del>11/</del>							
	TURBINE SHUT DOWN, AUDIBLE & VISUA				V	' C	Ŋ	٧	С	N	٧	C	N	٧	С	N
	e and visual alarm with positive shut off & UD	C stops flow?	2636(f)(1) & (5)	341			7							<u> </u>	<u> </u>	ldash
	en monitor is disconnected or fails? detects 3.0 gph or equivalent leak in piping?		2636(f)(5)(B) 2636(f)(2) & (3)	342 344	_				_				H	-		├
	detects 3.0 gpn or equivalent leak in piping?	25284.1(a)(4)(C)		345		1			┝				Н	_	$\vdash$	
OPTION 2 WIT	TH MECHANICAL MONITOR OR ELECTRIC	AL SENSOR FOR D		1 0.0					_				<u> </u>			
Continuous audible	e and visual alarm for piping / UDC shuts dow		2636(f)(1	347												
	detects 3.0 gph or equivalent leak?		2636(f)(2) & (3)	348											_	L
	detector certified annually?	25284.1(a)(4)(C)	2630(d)(.2638(a)	349		-			<u>.                                    </u>				-	ऻ—	├	╄
OPTION 3 - FOR	t detects .1 gph at 150% pressure? EMERGENCY GENERATORS WITH PRES	SURE SYSTEMS OF	2636(f)(4) NLY	350		<u> </u>	لــــا	L	L	L		_		<u> </u>	L	<u></u>
	e and visual alarm?	- STEE STOTEMO OF	2636(f)(6)	353		1	П		Г	1				_	Ī	
Monitoring system			2636(f)(6)	354		V										
OTHER																
Fuel filters dispose	ed to:			337	-											
											<del></del> -					
(Owner/Operat	tor) Initials:	Date:										Pag	e 1 c	of		

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

													Page	e 2 of
acility Name:	1.00	ict R	ELLE	e 1	VIEDAI	ATIONAL								
•						-N <sub>1</sub> (								
Site Address:	11		LA	1 7/10	100 L	-N (	Juc	<u>eta</u>						· · · · · · · · · · · · · · · · · · ·
NARRATIVE:														
UST	INSPE	:CT10N	Co	NOUTE	D T	HIS DA	7.							
									<u>-</u>					
(320)	ST	P S	3 UMP	L1 4	UID	SENS	OR	15	Not	POSIT	OWED	To	DEVECT	•
A	RELEASE	AT	THE .	FARLIEST.	- PP	DETUNITY	/ ~	(~	THAT	SENS	or 1:	r	US 1T1 04	169
Ar	opposire	510	E (	JF 50	MP	FROM		RODU	UT 1716	2 as c				
	- REPOS	17700	56	ENSOR.										
							<del>-</del>				,,,,,,			
					<del>,</del>							-		
						<u></u>								
														***
											<del></del>			
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													<del></del>	
	<del></del>											****		1.12
														*******
	1													***************************************
									-					
	1								1 -					
NOTICE 1	TO COMPLY:	The viol	lations no	oted above	must be	corrected by	: <u> </u>	5/9	7/15					
	////					5000	Can		ما			41	9/15	
Signature of Rest	onsible Party	<u> </u>			<u>`</u>	Printed Name	Cop	2 (00	10			Date	71.62	<del></del>
Orginature or 1900p	orioloio i urty													
POST INSPECTIO	N INSTRUCTION	ONS: Corr	rect the v	iolation(s) n	oted durin	g inspection of	on <u>4/</u>	9/15	b	y <u>51</u>	9/15		<del></del>	
The marked items r compliance deadlin correction of these fee, fines and/or su	represent violat le to verify corre violations. Fail	tions of the ection of vi lure to corr	e Californi iolations. rect violat	ia Health an  All violations by the	d Safety ( ons are to compliand	Code and Cali be correcte ce deadline wi	ifornia C d and a	сору о	f this form	signed ar	nd returne	ed within	<b>35 days</b> , ce	rtifying the
COMPLIANCE CE	RTIFICATION:	As the o	wner / o	perator of t	he above	subject bus	iness, I	certify	that all the	violations	cited ab	ove have	been corre	cted.
(Signature)					(Print Na	_						(Date)		
					• •	-								
(Specialist) Initials:	NPW			Da	te: "	9/15			Phone	: 805	68	1 40	45	

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

Page 2 of \_

Facility Name: Site Address: NARRATIVE: SENSOR NOTICE TO COMPLY: The violations noted above must be corrected by: Signature of Responsible Party 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) (Specialist)/Initials:

USTIF 11-26-13

# 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 cach 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
•	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	Tank ID:
☐ In-Tank Gauging Probe. Model: MAG 1	In-Tank Gauging Probe. Model:
	Annular Space or Vault Sensor. Model:
☑ Piping Sump / Trench Sensor(s). Model: 208 / 304	Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model: 208 / 304	Fill Sump Sensor(s). Model:
☑ Mechanical Line Leak Detector. Model: FX	Mechanical Line Leak Detector. Model:
Electronic Line Leak Delector. Model:	☐ Electronic Line Leak Detector. Model:
☐ 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:
☐ Electronic Line Leak Detector. Model:	Electronic Line Leak Detector. Model:
Tank Overfill / High-Level Sensor. Model:	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).
Dispenser ID: VENT BOX	Dispenser ID:
☐ Dispenser Containment Sensor(s). Model: 208 / 304	☐ 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 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 i
correct and a Plot Plan showing the layout of monitoring equipm	nent. For any equipment capable of generating such reports, I have also
attached a copy of the report; (check all that apply):	stem set-up 🛛 Alarm history report )
Technician Name (print): MARCUS GARCIA	Signature: Sundin
Certification No.: 8074063	License. No.: 902034
Testing Company Name: B&T Service Station Contractors	
Testing Company Address: 630 S. Frontage Road Nipomo, 6	
Testing Company Address: 630 S. Frontage Road Ripolito,	Date of Testing Detroing. Here's

Page

of

### D. Results of Testing/Servicing

Software '	Version Ins	talled: 129.01
Complete	the follow	ring 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) \( \text{Sump/Trench Sensors}; \( \text{Dispenser Containment Sensors}. \) Did you confirm positive shut-down due to leaks and sensor failure/disconnection? \( \text{Tyes}; \text{No}. \)
☐ 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?
		w, describe how and when these deficiencies were or will be corrected.  DISCOVERED AND REMOVED A SMALL AMOUNT OF WATER IN THE VENT BOX.
****		
	-	
	···	

F.	In-Ta	nk Gau	iging / SIR Equipment:	<ul><li>☑ Check this box if tank gauging is used only for inventory control.</li><li>☐ Check this box if no tank gauging or SIR equipment is installed.</li></ul>
This	s section	on mus	t be completed if in-tank gauging eq	uipment is used to perform leak detection monitoring.
Com	plete tl	he follov	ving checklist:	
□ Y	'es [	□ No*	Has all input wiring been inspected for pro	oper entry and termination, including testing for ground faults?
□ Y	res 🗆	□ No*	Were all tank gauging probes visually insp	ected for damage and residue buildup?
□ Y	'es 🗆	□ No*	Was accuracy of system product level reac	lings tested?
□ Y	'es 🗆	∃ No*	Was accuracy of system water level reading	gs tested?
□ Y	'es [	∃ No*	Were all probes reinstalled properly?	
□ Y	'es □	□ No*	Were all items on the equipment manufact	urer's maintenance checklist completed?
* [n	the Sec	ction H,	below, describe how and when these defi	ciencies were or will be corrected.
<b>G.</b> 3	Line I	Leak D	etectors (LLD):	ox if LLDs are not installed.
Com	nlete ti	he follov	ving checklist:	
⊠ Y	'es [	] No*		nent certification, was a leak simulated to verify LLD performance? : ⊠ 3 g.p.h.; □ 0.1 g.p.h; □ 0.2 g.p.h.
⊠ Y	es 🗆	□ No*	Were all LLDs confirmed operational and	accurate within regulatory requirements?
⊠ Y	es 🗆	□ No*	Was the testing apparatus properly calibrate	ted?
⊠ Y	-	□ No* □ N/A	For mechanical LLDs, does the LLD restri	ct product flow if it detects a leak?
□ Y		] No*   ☑ N/A	For electronic LLDs, does the turbine auto	matically shut off if the LLD detects a leak?
□ Y	- 1	□ No* ☑ N/A	For electronic LLDs, does the turbine autor disconnected?	omatically shut off if any portion of the monitoring system is disabled
□ Y		□ No* ☑ N/A	For electronic LLDs, does the turbine autoor fails a test?	matically shut off if any portion of the monitoring system malfunctions
□ Y	- 1	□ No* ☑ N/A	For electronic LLDs, have all accessible w	riring connections been visually inspected?
⊠ Y	'es [	∃ No*	Were all items on the equipment manufact	urer's maintenance checklist completed?
* In	the Sec	ction H,	below, describe how and when these defic	ciencies were or will be corrected.
Н.	Comn	nents:		
	· · · · · · · · · · · · · · · · ·			
***				

Leak De	etector
FXT EVALUA	TION CHART
Site Location: Direct Relief	Service Company:
27 S. La Patera, Santa Barbara, CA	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)	. i FX2DV (116-059-5
PLD (116-030-5	FX1BFLD	FX1V (116-051-5
FX1 (116-047-5		: ⊢ FX2V (116-052-5)

### **TEST INFORMATION**

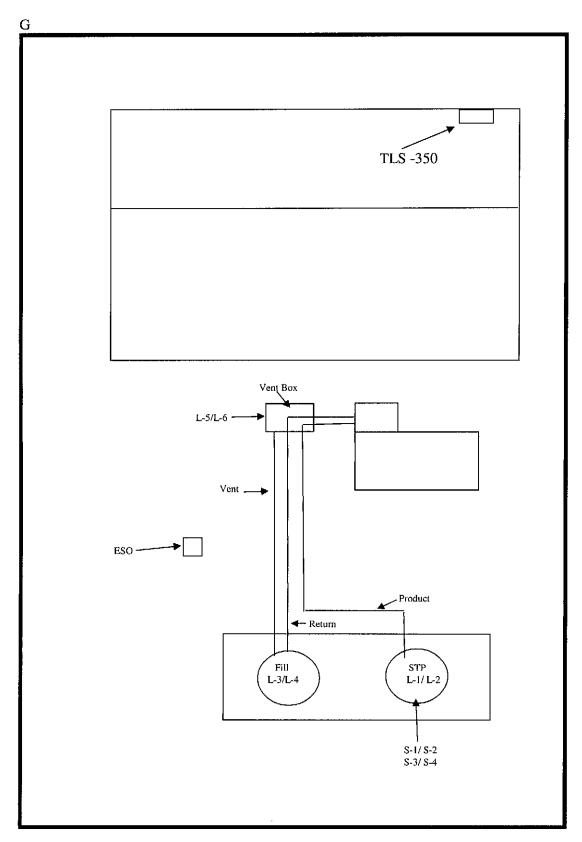
Product	Serial Number	Opening Time	Metering PSI/kPa	Functional Element Holding PS/kPa	Approximate Test Leak Rate ML/Min GPH	Pass/Fail Test Leak Rate ML/Min GPH	Pump PSI/kPa Pressure
RED DSL		3 SECS	10 PSI	12 PSI	3 GPH	PASS	24 PSI
				:			
							A 44 B 1 4 C F F F F F F F F F F F F F F F F F F
						,	

#### 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.

Manufactu	rer: VEEDER ROOT	Model: -	<u>463</u>		System Type:	☐ Pressure; ⊠	Vacuum
Sensor ID							
	Component(s) Monitored by t	his Sensor	: ——PR	ODUCT LINE			
<u>S-1</u>	Sensor Functionality Test Result	t: 🛛 Pass;	Fail	Interstitial Com	nunication Test R	Result: 🛛 Pass;	Fail
	Component(s) Monitored by the	his Sensor	: <u>VE</u> 1	NT LINE			
<u>S-2</u>	Sensor Functionality Test Result	t: 🛛 Pass;	☐ Fail	Interstitial Com	nunication Test R	Result: 🛛 Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	: <u>RE</u>	TURN LINE			
<u>S-3</u>	Sensor Functionality Test Result	t: 🔀 Pass;	☐ Fail	Interstitial Comr	nunication Test R	tesult: 🛛 Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	: <u>ANI</u>	NULAR			
<u>S-4</u>	Sensor Functionality Test Result	: 🛛 Pass;	Fail	Interstitial Comr	nunication Test R	lesult: 🛛 Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
;	Sensor Functionality Test Result	: Pass;	Fail	Interstitial Comr	nunication Test R	tesult: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
	Sensor Functionality Test Result	:: Pass;	☐ Fail	Interstitial Comr	nunication Test R	tesult: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
	Sensor Functionality Test Result	: Pass;	☐ Fail	Interstitial Comr	nunication Test R	tesult: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
	Sensor Functionality Test Result	t: Pass;	☐ Fail	Interstitial Comr	nunication Test R	tesult: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
	Sensor Functionality Test Result	: Pass;	☐ Fail	Interstitial Comr	nunication Test R	esult: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	:				
	Sensor Functionality Test Result	: Pass;	☐ Fail	Interstitial Comr	nunication Test R	esult: Pass;	Fail
****	nterstitial communication verifie troduced at Far End of Interstitial		Caucai		on. D Othor (	Dagarika in Can	I b al as us
		-	Gauge;			Describe in Sec.	
vacuam wa	as restored to operating levels in	all intersi	utiai spaces:	⊠ Yes □	No (If no, descri	ibe in Sec. J, bei	low)
. Comme	nts:		and the state of t				
		Pa	ore of				

<sup>&</sup>lt;sup>1</sup> 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.



# **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.

printouts from tests (if applicat	,	INFORMATION		
Facility Name: DIREC	T RELIEF		Date of Testing: 4/8/2	016
Facility Address: 27 LA	PATERA LN , GOLETA	CA		
Facility Contact: JUDY	PARTCH		e	
Date Local Agency Was Notified	of Testing :			
Name of Local Agency Inspector	(if present during testing):	JOAN NING -	TRUJILLO	
		. cmon oppopatie	DYANI	
p · · · · · · · · · · · · · · · · · · ·	. TESTING CONTR	ACTOR INFORMA	ITON	
Company Name: B&T Service S Technician Conducting Test:				
Credentials : X CSLB Contra		ech.   SWRCB Tank	Tester □ Other (Specify	·)
License Number(s): 902034	CIOI A ICC Service IC	CII. LIBWICED Talk	Tester - Other (openly)	<u>/</u>
License Number(s), 902034				
	3. SPILL BUCKET	TESTING INFORM		
Test Method Used:	☐ Hydrostatic	□ Vacuum	X Other	
Test Equipment Used: VISUA	L		Equipment Resolution:	entral Mahamana da Santana ang Kabupatan da Makaban da Makaban da Makaban da Makaban da Makaban da Makaban da M
Identify Spill Bucket (By Tank	1 RED DSL	2	3	4
Number, Stored Product, etc.)				
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 <sub>I</sub> ):	11:00AM			
Initial Reading (R <sub>1</sub> ):	FULL			
Test End Time (T <sub>F</sub> ):	12:00 PM			
Final Reading (R <sub>F</sub> ):	FULL			
Test Duration $(T_F - T_I)$ :	1 HR		// <u> </u>	
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0			
Pass/Fail Threshold or Criteria:	0			
Test Result:	× Pass □ Fail	☐ Pass ☐ Fait	□ Pass □ Fail	☐ Pass ☐ Fail
Comments — (include inform	ation on repairs made pri	or to testing, and recomn	nended follow-up for faile	d tests)
Comments – (include tryo m	unon on repuirs made pri	or to testing, una recomi	ненией јонож-ир јог јине	u tests)
				VI. 17.10111 W. 17.101
			ONDUCTING THIS TE	
I hereby certify that all the inf	formation contained in th	is report is true, accurate	e, and in full compliance	with legal requirements
Technician's Signature:	Mulion	~	Date: 4	1/8/2016

<sup>&</sup>lt;sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

APR 8.2016 9:35 AM	T 1:DIESEL PRODUCT CODE : 1 THERMAL COEFF : .000450	JAN 29, 2009
SYSTEM UNITS U.S. SYSTEM LANGUAGE ENGLISH SYSTEM DATE/TIME FORMAT MON DD YYYY HH:MM:SS xM	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	DURATION : 2 HOURS  TST EARLY STOP:DISABLED  LEAK TEST REPORT FORMAT  NORMAL
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	FLOAT SIZE: 4.0 lN. WATER WARNING: 1.5 HIGH WATER LIMIT: 2.5 MAX OR LABEL VOL: 1834 OVERFILL LIMIT: 90%	
SHIFT TIME 3 . DISABLED SHIFT TIME 4 : DISABLED  TANK PER TST NEEDED WRN DISABLED TANK ANN TST NEEDED WRN DISABLED	: 1650 HIGH PRODUCT : 95% : 1742 DELIVERY LIMIT : 50% : 917  LOW PRODUCT : 200 LEAK ALARM LIMIT : 99	LIQUID SENSOR SETUP  L 1:DIESEL STP BRINE TRI-STATE (SINGLE FLOAT)
LINE RE-ENABLE METHOD PASS LINE TEST  LINE PER TST NEEDED WRN DISABLED LINE ANN TST NEEDED WRN DISABLED	SUDDEN LOSS LIMIT: 99 TANK TILT : 0.00	CATEGORY : STP SUMP  L 2:DIESEL STP  TRI-STATE (SINGLE FLOAT)  CATEGORY : OTHER SENSORS
PRINT TO VOLUMES ENABLED	T#: NONE LINE MANIFOLDED TANKS T#: NONE	L 3:DIESEL FILL SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : PIPING SUMP
TEMP COMPENSATION VALUE (DEG F ): 60.0 STICK HEIGHT OFFSET DISABLED ULLAGE: 90% DAYLIGHT SAVING TIME ENABLED	: 458	L 4:DIESEL FILL BRINE TRI-STATE (SINGLE FLOAT) CATEGORY : OTHER SEMSORS
START DATE MAR WEEK 2 SUN START TIME 2:00 AM END DATE NOV WEEK 1 SUN	PERIODIC TEST TYPE STANDARD ANNUAL TEST FAIL ALARM DISABLED	L 5:VENT SUMP BRINE TRI-STATE (SINGLE FLOAT) CATEGORY : OTHER SENSORS
END TIME 2:08 AM 2:08 AM 2:08 AM	PERIODIC TEST FAIL ALARM DISABLED GROSS TEST FAIL ALARM DISABLED	L 6:VENT SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : OTHER SENSORS
PORT SETTINGS:	ANN TEST AVERAGING: OFF PER TEST AVERAGING: OFF	
PORT DETTINGS.	TANK TEST NOTIFY: OFF	

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN 1001 THEOLEGIE : 10,000

NONE FOUND

ED 032 END OF MESSAGE TOTALS ED TORR 11/00 (24: 34: 101F)

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

#### OUTPUT RELAY SETUP

R 1:0VERFILL 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

THE ENGINEEN AS COMMINISTRATE -

#### SMFF F a Novel Coally

5 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 \* \* \* \* \*

Firm C. His J. Fr. 114 (6.1)

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 备动任 讯,在第二组上班

---- 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

X X X X X END X X X X X

 $\times$   $\times$   $\times$   $\times$  END  $\times$   $\times$   $\times$   $\times$  .

ALARM HISTORY REPORT

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 APP 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

rate and a Hill of the Control of the Control

---- 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 \* \* \* \* \*

HLHKM HISTORY REPORT

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

HIGH LIQUID ALARM APR 9.2015 12:18 PM

NO VACUUM ALARM APR 9, 2015 12:09 PM

××××× END ×××××

Alaski ed. j.kr. fikklist.

--- SHALLTHOOK GOOD! -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 11:28 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 AFR 10 2015 11:39 AM

### SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

☐ 2225 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 Site Address: 29 5 La Patera City: Galeta		Date: 4 / 8 / 20/ Phone: 505 · 879 - 4	6 Insp	ected	By:	. ر ر	0	91	<u> </u>	W	ing	۲ ,	Tr	uj	<u>, 7</u> 7	6
Site Address: 21 5 La Datera	•	Phone: \$25.879-4	1939 ICC	#:		7	8	4	10	8	0	0		$\mathcal{J}$		
City: Coleta			ecialist Sig			La	_	B	ci		1	· _				
Facility Contact: Rick				(		ank ID		T:	ank ID	4	/ T:	ank ID		Tank	מו	
The following Code sections are either in violation (V) of, or, in c	ompliance (C) with the	ne Underground Storage Tank	Content	s:		D			2111112				1	7,51111		$\dashv$
laws and regulations, or compliance is not applicable, not address			Install D	ate:	2	tO	?						1			
		OF AND	Size:			DE										
REQUIREMENTS		CODE SECTIONS		٧	٧	С	N									
FILE RECORDS	CHSC	CCR		202		_			1							
Form A current? Form B current?	25286(a) 25286(a)			303	$\vdash$	1.1.1				<u> </u>	0.71.33	<u> </u>	<u> </u>	1 to 1 to 1 to 1	7 114 1	- 1
Financial Responsibility current?	25292.2(a)		11.41.61.61	340									<b>19</b> 11	ni.		
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)		305												
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)		306			1000				4110					
Emergency Response Plan current?	25289(b) 25284(a)	2632(d)(2), 2634(e) 2712(i)		308	$\vdash$			Lane.	. Nafar uti	-04027	77. 77	2.01.71	i deste e		737 :	
Permits current and retained at facility? Plot Plan Submitted?	20204(a)	2711(a)(8), 2632(d)(1)(C)		307	$\vdash$	1	_								1,,111	
Designated UST Operator - Notification to CUPA?		2715(a)		329		V										
Name: marcus Gavcia		ICC#: 867 4063			Exp	oires:	5	],.	7/	20	7					
UST SYSTEM RECORDS	Lasas W WWA			000							25 53				<u> 11111</u>	
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	A. N. 4 4 1 1 2	309		<u>~</u>					2.1/-					
Secondary Containment tested as required?	25284.1	2637(a)		310	ρl	/lonth	IS:				3 Ye	ars:				
Releases reported/recorded?  Maintenance and monitoring records available?	25294, 25295 25293	2632(e), 2651, 2652 2712(b)		328			$\leftarrow$	V	C	N	V	С	N	V	С	N
UST SYSTEM INSPECTION	20200	21 12(0)		010	H		,		<u> </u>	-	•	Ť		1	$\dashv$	-
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		V		_							$\perp$	
Sticker affixed to all monitoring components at certification?	A trailed to posite	2638(f)	erea se dê de	313 314			2								4	
UST system has approved functional overfill protection? Is spill container in good condition and liquid free?		2635(b)(2) 2635(b)(1)	A B CALL	317			_	1000	7.11		44			1111	$\dashv$	14.5
Spill container drain functional or alternative available?	and the first of the control of	2635(b)(1)(C)	: mma 1 .:	318		7	V					$\neg$			$\dashv$	
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)		<b>B19</b>			_	1.11		-4,						
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)		320	Ш											
Dispenser containment present if currently required?	25284.1(a)(5)(C)	0000(D(4) D (-)		321 322			V					_			_	1.34
Dispenser containment adequately monitored?  Dispenser containment free of liquid?		2636(f)(1) & (g) 2631(d)(4)		323			V							$\dashv$		16.5
ADDITIONAL REQUIREMENTS		2001(d)(4)		020			-									
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)		336		V			i (N				,			
Name: Marus Garcia		Monitoring System Training Ver	ification:	#.	B3	99	D	<u> </u>	e	xp	.1/	1/2	1/3	201	8	
ICC#: <b>GOT 4063</b> Class A, C10, C34, C36 or C61, or tank tester license?	Expires: 5 / ) 25284.1(a)(5)(D)	7/2017 2637(b)(1)(A)		324		.,			<u> </u>	14:::		14 4 4 4			1334	500
48 hour notification prior to monitor certification?	23204. I(a)(3)(D)	2637(b)(5)	gertalis (A)	330	Н	V	<u> </u>								- 	
MONITORING SYSTEM INFORMATION					H							Mil				715
MFR. NAME Veeder Root																
MODEL# JLS - ≥50									<u> </u>							
PRESSURIZED SYSTEM VP/+ W/VLD	no los	itive shutolow	1/	15	me	- -	71 6		1		701	-				
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUA	L ALARMS ON ALL	COMPONENTS, INCLUDING DIS			[v	c4	$J_{N}$	V	0	N		c	N	٧	С	N
Continuous audible and visual alarm with positive shut off & UDO	C stops flow?	2636(f)(1) & (5)		341												
Pump shuts off when monitor is disconnected or fails?		2636(f)(5)(B)		342					3.3						_	
Line leak detector detects 3.0 gph or equivalent leak in piping?	25284.1(a)(4)(C)	2636(f)(2) & (3) 2630(d), 2638(a)	1	344 345	Н	11.00					12. 1					, i. i.,
Automatic line leak detector certified annually?  OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICATION.			into a trail	343		5.65			1::1	113.6		لنت		1		
Continuous audible and visual alarm for piping / UDC shuts dow		2636(f)(1)		347		4)4.	4		15.4							11.5
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)	inline:	349	Ш	_==		Ш							_4	975
Piping integrity test detects .1 gph at 150% pressure?  OPTION 3 - FOR EMERGENCY GENERATORS <u>WITH PRES</u> .	LIDE SVSTEMS OF	2636(f)(4)		350			<u> </u>			Ш			1			
Continuous audible and visual alarm?	JUNE STOTEWOUN	2636(f)(6)		353		V										H.
Monitoring system check daily?		2636(f)(6)		354		V									二	
OTHER									7.57							
Fuel filters disposed to:				337	-											
			i													

SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY (CUPA) UNDERGROUND STORAGE TANK INSPECTION REPORT / NOTICE TO COMPLY Page 2 of Z RICK SNEKVIK 17 S. LA PATERA LAME. SANTA BARBARA, CA 93117 USA DIRECT: (805) 879-4938 MAIN: (805) 964-4767 FAX: (805) 681-4838 COMPLY: The violations noted above must be corrected by: Signature of Responsible Party Printed Name 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

#### POST INSPECTION INSTRUCTIONS:

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)	
1		The same of the sa	

Facility Name: Site Address:

NARRATIVE:

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:	$\triangle$ :	rec	+ Relief International	Date: <u>5/23/17</u>			
Site Address:	7	7.	S. La Patra	Phone #: (SOS) 964-4767			
City:	(70	1.0	Inspected By:	vis Newcomb			
Facility Contact: Janathan Brock (Signature)							
radinty domada	-10	00	(ognation)	2			
Director of lane			☑ Pouting □ Follow Ha □ New Poweit □ Complaint □ Enforces				
Purpose of Inspe			Routine Follow-Up New Permit Complaint Enforcer				
CONSENT TO INSI			TED BY / ESCORT Name: Tonethen Brock				
	The fo	llov	ving code sections marked in the column (V) are in violation with the	statue or regulations.			
HSC / CCR 22	٧	2	REQUIREMENTS	OBSERVATIONS			
Business Plan:	Lube	M 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)	(67)	2	Annual Certification or annual Business Plan submitted	Last Submitted 4/9/15			
25508.1	(02)	2					
Hazardous Wast	Gener	ator	r: SQG LQG Tiered Permit: CE CA PBR				
SBC 18-31	01	П	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)	CAL000410951			
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) 66262.34(e)	16 20	$\dashv$	Empty containers are empty/dated/managed within 1 year				
66268.7	11	$\dashv$	Satellite accumulation HW containers managed properly  Land Disposal Restriction Notification Statement retained for 3 years				
66265.31	37	$\dashv$	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	7	Management of Universal Waste				
ADMONSTRAL PRODUCTOR		Sil &	Gas or Diesel Filters From Dispensers] (HSC Chapter 6.5 and CCR Title 22)				
66266.130 &	22	Ī	Used oil and fuel filters properly managed (e.g. labeled container)	81			
HSC 25250.22	2000	-	The state of the s				
66266.130(c)(5)	10	///	Bill of lading for used oil filters retained for 3 years				
Hazardous Waste	Tanks	100					
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	$\dashv$	All HW tanks inspected daily				
Victoria ma victoria de presidente.	V-1-2-		HSC Chapter 6.5, CCR Title 22)				
		-5 (1					
66266.81	30		Lead acid batteries properly managed / transferred				
Contaminated Ra	gs (HS	J Ch	napter 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	Internation U	Date:	5/23/17			
Site Address:		va, bater		Page 2 of			
HSC / CCR 22	V 1 2 M	REQUIREMENTS	Miles Control of the				
	evention Control & Count	ermeasure (SPCC) Plan (HSC Chapter 6.67)					
25270.4.5 AST Tank #	131   Tank Capacity	Valid SPCC, PE certified, petroleum sto  Contents	rage ≥ 1320 gallons (1 or aggregate of AS SPCC Rec				
AOT TUIK#	тапк оправку	Contents	☐ Yes				
				□ No			
			☐ Yes ☐				
			☐ Yes [				
	ntal Release Prevention (C						
2740.1(c) 2735.5 <b>25545.3</b>		ARP registration form submitted for all processe mplement a Risk Management Plan (RMP)	S				
2735.5 25545.3	ZZ   ESIADIISII AIIU	OBSERVATIONS / CORRECTIVE A	CTION				
On 5	He today to	conduct a hazardous	nederick inspe	ctron.			
Inventory!							
	(rallons direct)	strond in a UST	7 7 24 5 2				
	• .	0 0 1 1 0 1					
19 0	raions of pro	pare for a fortelift					
01	WMaccold. w	1 1					
Tharm	raceuticuls s	fond on site.					
Business	generates u	vaste phermaceuticula f	rom returned s	hipments.			
@ Busine	es has fa	iled to annuly	custify the Har	zwalous			
Moder		plan con the Calif	curtify the Ha-	1.)			
	my System a		Charles (Name of the Control of the				
- C E			4, , , , , , , , ,	1 )			
T CE	Ry was upda		C1164 (1:00) C) +OA (	OTTLETU C			
0	time et in	spretien.	CONTRACTOR OF THE CONTRACTOR O				
(E) h		1 ( )	. = 2.4	, <u> </u>			
(2) Busines	s has take	d to upday the	EKS inventary	to include			
propose							
		and to include proper	ic during inspecti	ren. Vialation			
☐ NO VIOIAUC	ons Noted At Time of	Inspection		70			
Signature of Response	onsible Party:	Frint Name: _	Jonathan Brock	Date:5/2;			
NOTICE OF	VIOLATION: The violat	ions noted above must be corrected by	: Date: 6/27/17	<u> </u>			
POST INSPECTI	ION INSTRUCTIONS:						
TO BE CORRE of these violation	The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A reinspection may occur at any time on or after the compliance deadline to verify correction of violations. <b>ALL VIOLATIONS ARE TO BE CORRECTED AND A COPY OF THIS FORM SIGNED AND RETURNED WITHIN 35 DAYS</b> , 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 CER	TIFICATION: As the owner /	operator of the above subject business, I certify	that all the violations cited above	have been corrected.			
(Signature)		(Print Name)		(Date)			
ne -500 =6 13							

#### 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 International Date: 5/23/17
Site Address: 27 S. La Patera, Crabeta
Program(s) Inspected: ☑ Business Plans ☑ HW Generator ☐ UST ☐ AST / SPCC ☐ Cal ARP ☐ Tiered Permit ☐ Plan Check ☐ Other:
Description of Violations / Corrective Action (continued):
Decomption of Violations / Corrective / Calon (Schainasa).
Training loss revenued on site to him has accordated
Training was reviewed on site, training was conducted by J.J. Keller and associates.
No waster were observed on site of time of inspection.
Me Line be sent to a Class No mark En the of
Manifists are to be sent to me Chris Newcomb, for the past 3 years. Christopher, Newcomb @ shephd.org.
7 9/203.
Hazardous Materials Specialist: ( Wis Nunceumb Phone No. (GOS) 681-4926
Signature of Responsible Party / / Print Name Date
(hot while Jonathan 3 vock 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 #:

Record Selection Criteria:

Facility ID

FA0012878

INFORMATION CHANGE (date) 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:

pharmaceuticals. See inspection report below. completed/RM 6/27/17 did not do an invoice this will get

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

Please add facility to PE2201 due to generating

hazardous waste. Facility generates waste

billed till next year.

New Owner ID

New CERS ID

New EPA ID

#### **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

CERS ID: 10209325 APN:

SIC Code: 9999

#### **ACCOUNTS RECEIVABLE FILE INFORMATION**

Account ID: AR0009313

Mail Invoices to:

Account Name: DIRECT RELIEF INTERNATIONAL

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

New Account ID: Mail Invoices to: Owner / Facility / Account

(Circle One)

Program/Element and Description	Record ID	Employee ID and Name	Status	UST(s) Transf Linked New C		,	Circle ( tive/In: Dele	actve
2161 - Business Plans 1-3 Chemicals	PR0506808 Last Activity:	EE0010288 - Nathan West : 05/23/2017 - ROUTINE-INITIAL-ONSIT	Active E	Υ	N	Α	I	D
2302 - General Underground Storage Tank	PR0509482 Last Activity:	EE0010288 - Nathan West : 05/03/2017 - ROUTINE-INITIAL-ONSIT	Active E	1 Y	N	Α	I	D

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

Facility Name:	$\triangle$ :	rec	+ Relief International	Date: <u>5/23/17</u>			
Site Address:	7	7.	S. La Patra	Phone #: (SOS) 964-4767			
City:	(70	1.0	Inspected By:	vis Newcomb			
Facility Contact:			than Brock (Signature)				
Total Disch							
Purpose of Inspection:  ☐ Routine ☐ Follow-Up ☐ New Permit ☐ Complaint ☐ Enforcement							
			Routine Follow-Up New Permit Complaint Enforcer				
CONSENT TO INSPECT GRANTED BY / ESCORT Name: Jonethan Brock Title: Operations Lead							
	The fo	llov	ving code sections marked in the column (V) are in violation with the	statue or regulations.			
HSC / CCR 22	V	2	REQUIREMENTS	OBSERVATIONS			
Business Plan:	Lube	M 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)	(67)	2	Annual Certification or annual Business Plan submitted	Last Submitted 4/9/15			
25508.1	(02)	2					
Hazardous Wast	e Gener	ator	r: SQG LQG Tiered Permit: CE CA PBR				
SBC 18-31	01	П	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)	CAL000410951			
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 66262.40	37 10		Management to prevent HW release				
25189.5(a)	33	-	Manifests / Receipts / HW analysis, retained for 3 years HW disposed under manifests to authorized facility				
66262.23(a)(4)	08	$\dashv$	Manifests copy sent to Department of Toxic Substances Control (DTSC)				
66273.31	99	-	Management of Universal Waste				
ADMONSTRAL PRODUCTOR		)il &	Gas or Diesel Filters From Dispensers] (HSC Chapter 6.5 and CCR Title 22)				
66266.130 &		711 04					
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	(CC					
66262.34(f)	15		Tank(s) marked "Hazardous Waste" & accumulation date. HW tank				
		-	accumulation time(s) not exceeded				
66265.193	18	4	HW tank(s) provided with secondary containment (LQG only)				
66265.195	18		All HW tanks inspected daily				
		s (F	ISC Chapter 6.5, CCR Title 22)				
66266.81	30		Lead acid batteries properly managed / transferred				
Contaminated Ra	gs (HS	C Ch	napter 6.5)				
25144.6	39		Contaminated rags managed properly				
	-00		Contaminated rago managed property				

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

Facility Name:	Direct Relief	Internation U	Date:	5/23/17			
Site Address:		va, bater		Page 2 of			
HSC / CCR 22	V 1 2 M	REQUIREMENTS	100000000000000000000000000000000000000				
	evention Control & Count	ermeasure (SPCC) Plan (HSC Chapter 6.67)					
25270.4.5 AST Tank #	131   Tank Capacity	Valid SPCC, PE certified, petroleum stor	rage ≥ 1320 gallons (1 or aggregate of AS SPCC Rec				
AOT TUIK#	тапк оправку	Contents	☐ Yes				
				□ No			
			☐ Yes				
			☐ Yes				
	ntal Release Prevention (C						
2740.1(c) 2735.5 <b>25545.3</b>		ARP registration form submitted for all processe mplement a Risk Management Plan (RMP)	S				
2735.5 25545.3	ZZ ESIADIISII AIIU	OBSERVATIONS / CORRECTIVE AG	CTION				
On 5	He today to	conduct a hazardous	nederick inspe	ction.			
Inventory!		100 100 000 000 000 000 000 000 000 000					
	Callons diesel	strond in a UST	7 - 22 - 37 - 2				
		0 0 1 1 0 1					
19 0	wine of proj	pare for a fortelift					
20	WMUCCUS.W	1 1					
Tharm	raceuticuls s	tond on site.					
Business	generates v	vaste phermaceuticula f	rom returned s	hipments.			
@ Busine	es has fa	iled to annuly	( withfur the Ha-	z LT drous			
Moder		plan con the Calif	curtify the Ha-	1.1			
	10 C C)		OTTION TO THE				
- CERS was updated during the inspection violation corrected							
- CE	Ry was upda		ction vive a con c	OTTLETU C			
8	time est in	spretion.	CONTRACTOR AND				
(C) h		I I I I I I I I I I I I I I I I I I I					
(2) Busines	s has take	d to upday the (	ERS inventory	to include			
proport		(2.					
- CERS was updated to include propose during inspection. Violation corrected at time of inspection.							
☐ No Violations Noted At Time of Inspection							
☐ No Violatic	ons Noted At Time of	Inspection		70			
Signature of Responsible Party: Am Wall Print Name: Jonathan Brock Date: 61235/23							
NOTICE OF VIOLATION: The violations noted above must be corrected by:  Date: 6/27/17							
POST INSPECTI	ON INSTRUCTIONS:		POTENTIAL PROPERTY OF THE PROP				
The marked items represent violations of the California Health and Safety Code and California Code of Regulations. A reinspection may occur at any time on or after the compliance deadline to verify correction of violations. <b>ALL VIOLATIONS ARE TO BE CORRECTED AND A COPY OF THIS FORM SIGNED AND RETURNED WITHIN 35 DAYS</b> , 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 International Date: 5/23/17
Site Address: 27 S. La Patera, Codeta
Program(s) Inspected: ☑ Business Plans ☑ HW Generator □ UST □ AST / SPCC □ Cal ARP □ Tiered Permit □ Plan Check □ Other:
Description of Violations / Corrective Action (continued):
becompaint of violations / content of violating (continued).
Training like russ hard on site to him has accordated
Training was reviewed on site, training was conducted by J.J. Keller and associates.
No wasters were observed on site of time of inspection.
Me finds
Manifists are to be sent to me Chris Newcomb, for the past 3 years. Christopher. Newcomb @ shephd.org.
7 9 2 3 7
Hazardaus Materials Chanielist:
Hazardous Materials Specialist: Wis Nuncers Print Name Phone No. Gos) 681-4926  Signature of Responsible Party Date
(hot Pulus) Jonathan Brock 5/23/17

#### SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

Facility Name: Direct Relief Int	ernational	Date: 5/3/2017	Inspected	Ву:	C	hro	s l	)~.	~10.E	w	6		
Facility Name: Dreet Relief Int Site Address: 27 S La Potera	Phone: (805) 964-476	7 ICC#:	ICC#:				8308338						
City: (Toleta		 ecialist Signature	/	1			2						
City: Croleta Facility Contact: Judy Peartch	<u> </u>		ACTION OF THE PROPERTY OF THE	Tank	ID	T-	ank ID		Γank ID	$\neg$	Tank ID		
The following Code sections are either in violation (V) of, or, in	compliance (C) with t	he Underground Storage Tank	Contents:	Ores	-	<del>                                     </del>	SIK IU		dik iD	┪	Tank ID		
laws and regulations, or compliance is not applicable, not addre	TOTAL SALONDANIAN STORE COLUMN SA		Install Date:	12/1		1				7			
and the regulation of the rest	5555, G. G		Size:	180		1				T			
REQUIREMENTS		CODE SECTIONS	V	V C	N								
FILE RECORDS	CHSC	CCR											
Form A current?	25286(a)		303	V	1								
Form B current? Financial Responsibility current?	25286(a) 25292.2(a)		304	1	1	11.	4/9	115	HIDNA			missinis	
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)	305	Y	十	nac	-1/-1	110					
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)	306	IV	1.								
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)	308	J	1								
Permits current and retained at facility?	25284(a)	2712(i)	(302)	4	li ligit			-					
Plot Plan Submitted?		2711(a)(8), 2632(d)(1)(C)	(07)	M		$\perp \sim$	01	10	SC	-AL	E	marria (s.)	
Designated UST Operator - Notification to CUPA?		2715(a)	(329)	Evnir	1 3	119/	114						
Name: Acrus Chultz UST SYSTEM RECORDS		ICC#:5266754		Expire	T.	1	1-1		Trans.				
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)	309	<b>—</b>	X	1							
Secondary Containment tested as required?	25284.1	2637(a)	310	6 Mor	iths:			3 Y	ears:	1/	PH		
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652	328	Tv	1	1			-				
Maintenance and monitoring records available?	25293	2712(b)	315		*	V	CN	V	C	N	VIC	N	
UST SYSTEM INSPECTION				ΙΤΫ́	1							7	
Is monitor not in state of alarm at beginning of inspection?		2632(e)	311	V				9					
Audible and visual alarms functioning properly?		2632(c)(2)(B), 2636(f)(1)	312		1_					1			
Sticker affixed to all monitoring components at certification?		2638(f)	313		V								
UST system has approved functional overfill protection?  Is spill container in good condition and liquid free?		2635(b)(2) 2635(b)(1)	314 317	$H_{\nu}$	1						and a few		
Spill container in good condition and liquid free?  Spill container drain functional or alternative available?		2635(b)(1)(C)	317	-	1.	+		$\vdash$		+	-	A STATE	
Containment sump(s), turbine/fill, liquid free?		2631(d)(4)	319	V	1								
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)	320	ΗŽ	1					T	1		
Dispenser containment present if currently required?	25284.1(a)(5)(C)		321		1								
Dispenser containment adequately monitored?		2636(f)(1) & (g)	322		1								
Dispenser containment free of liquid?		2631(d)(4)	323		V							T de	
ADDITIONAL REQUIREMENTS	1 25204 4/aV/5V/DV	L 2027/h\/4\/D\	336		-				TELEVISION OF	Intradi:			
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)  Monitoring System Training Veri	100000000000000000000000000000000000000										
ICC#:	Expires:	I Worldoning System Hairling Veri	ilication.						Sylline			in iki sila	
Class A, C10, C34, C36 of C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)	324		TV	1/			-1172		-		
48 hour notification prior to monitor certification?		2637(b)(5)	330		~								
MONITORING SYSTEM INFORMATION								Carrier III		âny ji			
MFR. NAME Vender - Root													
MODEL# 1 765-390													
										-		_	
PRESSURIZED SYSTEM										_			
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUAL	L ALARMS ON ALL	COMPONENTS, INCLUDING DISF	PENSERS	V C	N	V	CN	V	C	N	v I c	N	
Continuous audible and visual alarm with positive shut off & UDO		2636(f)(1) & (5)	341		1					1			
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						$\perp$	1			
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	345						1				
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICA Continuous audible and visual alarm for piping / UDC shuts down		2636(f)(1)	347	100 BX				ı					
Line leak detector detects 3.0 gph or equivalent leak?	Talapensel Unity (	2636(f)(2) & (3)	348		F			$\vdash$		$\dashv$			
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									I	
OPTION 3 - FOR EMERGENCY GENERATORS WITH PRESS	URE SYSTEMS ON	LY											
Continuous audible and visual alarm?		2636(f)(6)	353		V	1					8		
Monitoring system check daily?		2636(f)(6)	354		1					L			
OTHER Fuel filters disposed to:			337										
r dei ilitera disposed to.			331										

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

Page 2 of	2
acility Name: Direct Relief International	
ite Address: 27 S. La Patera Ln, Crolate	
IARRATIVE:	
On site today to conduct as Underground Storage Teal inspection.	
	-
Justiness has failed to know the finencial responsibility current. Current finencial responsibility submitted to CERS expired on 4/9/16.  - Business is required to update the finencial responsibility and resubmit it to the California Environmental Reporting System (CERS) of ters. CALER CERS. CALERA. CA. Crov.	
- Business is required to update the financial responsibility and resubmit	
it to the California Environmental Reporting System (CERS) of	
-CERS. CALERA. (A. GOV.	
Business has falled to submit a complicat political to CERS Plant plan	
submitted to CERS is missing a site scale	
Business has falled to submit a complicat plot plan to CERS. Plot plan submitted to CERS: a 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.	
Scale to determine distance, and resubmit it to CERS.	
Risemese lace falled to submit a designated consider to (ERS that	
Business has falled to submit a designated operator to CERS that has a current ICC certification. The current CERS submitted lists Aaron Schultz as the current DO and his ICC certification expired an 3/19/14 according to the CERS submitted.  The Designated operator natification on CERS is required to be updated to reflect a current and certified designated operator.	
Agran Schultz as the correct DO and his ICC certification expired an	
3/19/14 according to the CERS submitted.	
underly to reflect a current and certified designated operator	
Stickers spot checked on sensors to ensure they were tested	
E. A. L.	
Employer training last concluded on 11/15/16 according to training record	
Business has failed to keeper current permit on site fromit not sent to facility due to non-compliant CERS and due to not having a	
- Business is required to copdale CERS to receive a permit, then	
post the primit on she once it is received.	
NOTICE TO COMPLY: The violations noted above must be corrected by: 6/2/2017	
SALLY TROST 03 MAY 201	7
Signature of Responsible Party Printed Name Date	
OST INSPECTION INSTRUCTIONS:	
he 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
empliance 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	ne
orrection of these violations. Failure to correct violations by the compliance deadline will result in further enforcement action, including, but not limited to, a re-inspect e, fines and/or suspension or revocation of your Unified Program Facility Permit.	IOII
OMPLIANCE CERTIFICATION: As the owner / operator of the above subject business, I certify that all the violations cited above have been corrected.	
ignature) (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

OWNER NAME : DIRECT RELIEF INTERNATIONAL

TA0506150 Underground Storage Tank

PR0506808 Business Plans 1-3 Chemicals

PT0006855 1,800 gal. DIESEL

Facility ID: FA0012878

CERS ID: 10209325 Account ID: AR0009313

Issued: 7/10/2017

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: <a href="http://cers.calepa.ca.gov">http://cers.calepa.ca.gov</a>

### 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

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.

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:

OWNER NAME:

DIRECT RELIEF INTERNATIONAL

27 S LA PATERA LN

GOLETA, CA 93117

DIRECT RELIEF INTERNATIONAL

TA0506150 Underground Storage Tank

PR0506808 Business Plans 1-3 Chemicals

PR0514664 Hazardous Waste 0.00 - 0.99 Tons

Facility ID: FA0012878

CERS ID: 10209325

Account ID: AR0009313

Issued: 4/3/2018

PT0006855 1

1,800 gal. DIESEL

PT0006937

PT0012536

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

C Gran MB

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

## 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

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.

#### Appendix VI

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

### 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: <u>93117</u>
	Facility Contact Person:	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 ins	pected/serviced:
X X X X X Tar	In-Tank Gauging Probe.  Annular Space or Vault Sensor.  Piping Sump / Trench Sensor(s).  Model:  208  Fill Sump Sensor(s).  Model:  Elil Sump Sensor(s).  Model:  Model:  Elil Sump Sensor(s).  Model:  Model:  EXIDV  Tank Overfill / High-Level Sensor.  Other (specify equipment type and model in Section E on Page 2).  In-Tank Gauging Probe.  Annular Space or Vault Sensor.  Model:  Annular Space or Vault Sensor.  Piping Sump / Trench Sensor(s).  Model:  Fill Sump Sensor(s).  Model:  Model:  Fill Sump Sensor(s).  Model:  Tank Overfill / High-Level Sensor.  Model:	Tank ID:    In-Tank Gauging Probe.   Model:   Piping Sump / Trench Sensor.   Model:   Model:   Piping Sump / Trench Sensor(s).   Model:   Model:   Pill Sump Sensor(s).   Model:   Model:   Pill Sump Sensor(s).   Model:   Pill Sump Sensor(s).   Model:   Pill Sump Sensor(s).   Model:   Pill Sump Sensor(s).   Model:   Pill Sump Sensor Sensor.   Model:   Piping Sump / Trench Sensor.   Model:   Piping Sump / Trench Sensor(s).   Model:   Piping Sump / Trench Sensor(s).   Model:   Pill Sump Sensor(s).   Pill Sump Sensor(s).
	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).
×	penser ID: Vent Sump 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).
Dis	Dispenser ID: Dispenser Containment Sensor(s). 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).
Dis	Spenser 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).
	the facility contains more tanks or dispensers, copy this form. Include inform  Certification - I certify that the equipment identified in this doguidelines. Attached to this Certification is information (e.g. manu and a Plot Plan showing the layout of monitoring equipment. For a	
Tech	nician Name (print): <u>James Welsch</u> Signature:	Ut
Certi	fication No.: 8201843 UT	License. Ng.: 902034
Testi	ng Company Name: <u>B&amp;T Service Station Contractors</u> Phone No.:(	805 )929-8944
Testi	ng Company Address: <u>630 S. Frontage Rd. Nipomo, CA 93444</u>	Date of Testing/Servicing: _4-10-18
Mon	itoring System Certification Page 1	of 4 12/07

### D. Results of Testing/Servicing

Software Version Installed:	125.09	

Complete the following check	lis	÷f	•
------------------------------	-----	----	---

Х	Yes		No*	Is the audible alarm operational?
Х	Yes		No*	Is the visual alarm operational?
Х	Yes		No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
Х	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	X	No* N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	Yes	X	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	X	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?
Х	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.
Х	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.
Х	Yes		No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
Х	Yes		No*	Is all monitoring equipment operational per manufacturer's specifications?

<sup>\*</sup> 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.

Monitoring System Certification

Page 2 of 4

12/07

F.	In-Tank	Ga	uging /	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.
Γhis	section n	nust	be comp	leted if in-tank gauging equipment is used to perform leak detection monitoring.
Con	plete the	fol	lowing c	hecklist:
	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?
				v, describe how and when these deficiencies were or will be corrected.
	Line Le			rs (LLD):  Check this box if LLDs are not installed.  hecklist:
_	Yes		No* N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? <i>(Check all that apply)</i> Simulated leak rate: x 3 g.p.h.; $\Box$ 0.1 g.p.h; $\Box$ 0.2 g.p.h.
Χ	Yes		No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
X	Yes		No*	Was the testing apparatus properly calibrated?
Х	Yes		No* N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
	Yes	□ X	No* N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
	Yes	X	No* N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
	Yes	□ X	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	X	No* N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Х	Yes		No*	Were all items on the equipment manufacturer's maintenance checklist completed?
ł.	Comme	ents	:	
				· · · · · · · · · · · · · · · · · · ·
			····	
			112-04	

Page 3 of 4

3

Monitoring System Certification

12/07

Leak De	etector			
FXT EVALUA	TION CHART			
Site Location: Direct Relief	Service Company:			
27 S. La Patera, Santa Barbara, CA	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
· .		3 sec	3	18 PSI	3 GPH	PASS	24 PSI
Diesel	·						
······································			, , , , , , , , , , , , , , , , , , , ,				
					·		
					,		
		-					

#### 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.

7	PACIT	TTTY	mmo	D1 (1)	$mr \cap rr$
1.	FACIL	III	I/VFU	RIVIA	110/V

Facility Contact:  Duan Harr  Date Local Agency Was Notified of Tes  Name of Local Agency Inspector (if press  Company Name:  B&T Ser  Technician Conducting Test:  Credentials¹: × CSLB Contractor  License Number(s):  9020  Test Method Used:  Test Equipment Used: Visual  Identify Spill Bucket (By Tank)	tra Santa Barbara, CA tion ting: sent during testing):  2. TESTING Covice Station Contractors JAMES WELSCH × ICC Service Tech.	ONTRACTOR INFORMA	CASKILL  ATION    Other (Specify)	4-10-18
Facility Contact:  Duan Harr  Date Local Agency Was Notified of Tes  Name of Local Agency Inspector (if press  Company Name:  B&T Ser  Technician Conducting Test:  Credentials¹: × CSLB Contractor  License Number(s):  9020  Test Method Used:  Test Equipment Used: Visual  Identify Spill Bucket (By Tank)	ion ting: sent during testing):  2. TESTING Covice Station Contractors JAMES WELSCH × ICC Service Tech.	DJ MA ONTRACTOR INFORMA  SWRCB Tank Tester	CASKILL  ATION    Other (Specify)	
Date Local Agency Was Notified of Tes  Name of Local Agency Inspector (if pres  Company Name: B&T Ser  Technician Conducting Test:  Credentials¹: × CSLB Contractor  License Number(s): 9020  Test Method Used: □ F  Test Equipment Used: Visual	ting: sent during testing):  2. TESTING Covice Station Contractors JAMES WELSCH × ICC Service Tech.	DJ MA ONTRACTOR INFORMA  SWRCB Tank Tester	CASKILL  ATION    Other (Specify)	
Name of Local Agency Inspector (if pressure of Local Agen	2. TESTING Covice Station Contractors  JAMES WELSCH  × ICC Service Tech.	ONTRACTOR INFORMA	□ Other (Specify)	
Company Name: B&T Ser Technician Conducting Test: Credentials¹: × CSLB Contractor License Number(s): 9020  Test Method Used: □ H Test Equipment Used: Visual  Identify Spill Bucket (By Tank) 1	2. TESTING Covice Station Contractors  JAMES WELSCH  × ICC Service Tech.  234  3. SPILL BUG	ONTRACTOR INFORMA	□ Other (Specify)	
Technician Conducting Test:  Credentials¹: × CSLB Contractor  License Number(s): 9020  Test Method Used: □ F  Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1	vice Station Contractors  JAMES WELSCH  × ICC Service Tech.  3. SPILL BUG	□ SWRCB Tank Tester	□ Other (Specify)	
Technician Conducting Test:  Credentials¹: × CSLB Contractor  License Number(s): 9020  Test Method Used: □ F  Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1	JAMES WELSCH × ICC Service Tech.  3. SPILL BUG	□ SWRCB Tank Tester		
Credentials¹: × CSLB Contractor  License Number(s): 9020  Test Method Used: □ H  Test Equipment Used: Visual  Identify Spill Bucket (By Tank) 1	× ICC Service Tech.  3. SPILL BUG	CKET TESTING INFOR		
License Number(s): 9020  Test Method Used: □ H  Test Equipment Used: Visual  Identify Spill Bucket (By Tank) 1	3. SPILL BUG	CKET TESTING INFOR		and the second s
Test Method Used:   Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1	3. SPILL BUG		MATION	
Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1			MATION .	
Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1			IVIA LILIV	
Test Equipment Used: Visual  Identify Spill Bucket (By Tank 1	· · · · · · · · · · · · · · · · · · ·	□ vacuum	X Other	
			Equipment Resolution:	
	Diesel	2	3	4
Number, Stored Product, etc.)				
	Direct Bury Contained in Sump	<ul><li>□ Direct Bury</li><li>□ Contained in Sump</li></ul>	☐ 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 <sub>I</sub> ):	9:30a			
Initial Reading (R <sub>I</sub> ):	12"			
Test End Time (T <sub>F</sub> ):	10:30a			
Final Reading (R <sub>F</sub> ):	12"			
Test Duration $(T_F - T_I)$ :	1 hour			
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0.00"			
Pass/Fail Threshold or Criteria:	.002"			
Test Result:	X Pass     Fail	□ Pass □ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

2/21/07

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.

Manufactur	rer: —— <u>Veeder Root</u>	Model: -	TLS-350	)	System Type	: 🗌 Pressure; 🛭	Vacuum
Sensor ID							
	Component(s) Monitored by t	his Sensor	: ——Produ	ct line			
S-1	Sensor Functionality Test Result	t: 🛛 Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: 🛛 Pass;	☐ Fail
<i>(</i> 1)	Component(s) Monitored by t	his Sensor	: <u>Vent l</u>	<u>ine</u>		·	
S-2	Sensor Functionality Test Result	t: 🛛 Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: 🛛 Pass;	☐ Fail
0.0	Component(s) Monitored by the	his Sensor	: ——Retur	n Line			
S-3	Sensor Functionality Test Result	t: 🛛 Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: X Pass;	☐ Fail
0.4	Component(s) Monitored by the	his Sensor	: <u> </u>	<u>ar</u>			
<u>S-4</u>	Sensor Functionality Test Result	t: 🛛 Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor					
	Sensor Functionality Test Result	t: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
Component(s) Monitored by this Sensor:							
	Sensor Functionality Test Result	: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
Component(s) Monitored by this Sensor:							
	Sensor Functionality Test Result	t: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
Component(s) Monitored by this Sensor:							
	Sensor Functionality Test Result	t: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	***************************************		,		
	Sensor Functionality Test Result	t: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	☐ Fail
	Component(s) Monitored by the	his Sensor	-				nga
	Sensor Functionality Test Result	: Pass;	☐ Fail	Interstitial Com	nunication Tes	t Result: Pass;	Fail
	terstitial communication verifie roduced at Far End of Interstitial		☐ Gauge; 🛭	Visual Inspecti	on: \( \sum \) Othe	r (Describe in Sec	J. below.
	s restored to operating levels in					scribe in Sec. J, be	
. Commer	nts:						
		Pa	ige of				Angalagain maintag sa man dan ay mangapadan gilang bangkardin

<sup>&</sup>lt;sup>1</sup> 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.

	DETIMERY DELAY : 3 MIN	SYSTEM SETUP	
	INK ISI SIBHON BKEAK:OFF	APR 10, 2018 12:09 PM	• (
	TANK TEST NOTIFY: OFF		MARTSENSOR ALARM
	PER TEST AVERAGING: OFF	SYSTEM UNITS U.S.	ARM HISTORY REPORT
	GROSS TEST PAIL MACHED SECRET	SYSTEM LANGUAGE : ENGLISH SYSTEM DATE/TIME FORMAT MON DD YYYY HH:MM:SS XM	
LEAK TEST METHOD TEST ON DATE : ALL TANK JAN 29, 2009	ANNUAL TEST FAIL PERIODIC TEST FAIL ALARM DISABLED ALARM DISABLED		
START TIME : DISABLED TEST RATE :0.20 GAL/HR DURATION : 2 HOURS TST EARLY STOP:DISABLED	PERIODIC TEST TYPE GRADARD	SHIFT TIME 1 : DISABLED SHIFT TIME 2 : DISABLED SHIFT TIME 3 : DISABLED SHIFT TIME 4 : DISABLED	· * * * END * * * *
LEAK TEST REPORT FORMAT NORMAL	: 428 FEAK WIN ANNUAL : 25%	TANK PER TST NEEDED WRN DISABLED TANK ANN TST NEEDED WRN	
	FEAK MIN PERIODIC: 25%	DISABLED	.0
	T#: NONE	LINE RE-ENABLE METHOD PASS LINE TEST	): BWARTSENSOR ALARM
	FINE WANIFOLDED TANKS T#: WONE SIPHON MANIFOLDED TANKS	LINE PER TST NEEDED WRN DISABLED LINE ANN TST NEEDED WRN	TROPER PREPORT
LIQUID SENSOR SETUP	PROBE OFFSET : 0.00 THANK TILT : 0.00 THANK TILT : 99	DISABLED PRINT TO VOLUMES ENABLED	
L 1:DIESEL STP BRINE TRI-STATE (SINGLE FLOAT) CATEGORY : STP SUMP	DELIVERY LIMIT : 500  DELIVERY LIMIT : 50%	TEMP COMPENSATION VALUE (DEG F ): 60.0 STICK HEIGHT OFFSET DISABLED	: * * * END * * * *
L 2:DIESEL STP TRI-STATE (SINGLE FLOAT) CATEGORY : OTHER SENSORS	HICH BEODOCL : 1245 ONEERITT TIWIL : 00% WHY OK FUBET NOT: 1834	ULLAGE: 90% DAYLIGHT SAVING TIME ENABLED START DATE MAR WEEK 2 SUN	
L 3:DIESEL FILL SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : PIPING SUMP	FLOAT SIZE: 4.0 IN. 3.1 : 0.1 IN. HIGH WATER LIMIT: 2.5	START TIME 2:00 AM END DATE NOV WEEK 1 SUN END TIME	
L 4:DIESEL FILL BRINE	12'6 INCH AOF : 384	2:00 AM	: 101 SO18 9:37 AM
TRI-STATE (SINGLE FLOAT) CATEGORY : OTHER SENSORS	31'8 INCH NOF : 1478 47'8 INCH NOF : 1478	SYSTEM SECURITY	VACUUM ALARM MA 345 9:45 AM
L 5:VENT SUMP BRINE TRI-STATE (SINGLE FLOAT)	PRODUCT CODE : 1 000450 THERMAL COEFF : 000450 AMAT PROFILE : 4 PTG STG + : 4 PTG STG	CODE : 000000	: 10' 5018 H Flönib erekw ZWAKZENSOK erekw ZWAKZENSOK
CATEGORY : OTHER SENSORS	T 1:DIESEL	DISABLED	ARM HISTORY REPORT
L 6:VENT SUMP TR1-STATE (SINGLE FLOAT) CATEGORY : OTHER SENSORS	ли-тымк автир	CUSTOM ALARMS . DISABLED	Baddad //dwadii/ Mg
String Dinoria		SERVICE NOTICE DISABLED	
		ISO 3166 COUNTRY CODE:	: * * * END * * * * *
	DISYBEED K8-535 END OE WESSYCE	MASS/DENSITY DISABLED	

ANDOT PROH

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

5 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:DIEBEL TURBINE VOLUME: 29.4 GALLONS RELIEF VALVE: : NO

5 3:RETURN LINE VAC CATEGORY VAC SENSOR PUMP #: R 2:DIESEL TURBINE VOLUME: 29.4 GALLONS RELIEF VALVE: : NO

5 4:ANNULAR VAC CATEGORY VAC SENSOR PUMP #: R 2:DIESEL TURBINE VOLUME: 64.3 GALLONS RELIEF VALVE: : NO

5 8:ATME SENSOR CATEGORY ATM P SENSOR ALARM HISTORY REPORT

--- SMARTSENSOR ALARM - ALARM HISTORY REPORT 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 \* \* \* \* \*

---- 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 \* \* \* \* \*

ALARM HISTORY REPORT

---- SYSTEM ALARM ---PAPER OUT

APR 10, 2018 9:58 AM PRINTER ERROR

APR 10, 2018 9:58 AM

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 \* \* \* \*

\* \* \* \* \* 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 REFORT

××××× END ×××××

---- 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 ALARM HISTORY REPORT

---- IN-TANK ALARM ---

T 1:DIESEL

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

 $\times$   $\times$   $\times$   $\times$  END  $\times$   $\times$   $\times$ 

---- 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 °5. 2017 9:33 AM

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

\* \* \* \* \* END \* \* \* \* \*

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

FUEL ALARM AFR 7, 2017 9:23 AM

### SANTA BARBARA COUNTY CERTIFIED UNIFIED PROGRAM AGENCY

 
 \underset{\text{Z25 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901 \underset{\text{L25 S. Centerpoint Pkwy Rm 333, Santa Maria, CA 93455 (805) 346-8460 (805) 346-8485}

		K INSPECTION REPO				) C	OMI	PLY		1-	1,	1/		
Facility Name: Direct Relief In	ternational	Date: 4/10/201	8 Ins	spected	Ву:	D	2	M	20	50	ĸ.	4		
		Phone:		Inspected By:   D 5 Mac										
Site Address.						Seiller								
city: <u>Goleta</u>		Sp	ecialist S	ignature:	<	500		المال	4			_		
Facility Contact: Judy Partch	8				Tank	:ID	1	ank ID	1	Tan	k ID	Ta	nk ID	
The following Code sections are either in violation (V) of, or, in or,	compliance (C) with the	he Underground Storage Tank	Conter	nts:	Dies				1		10,125			
laws and regulations, or compliance is not applicable, not addre			Install		12/1				$\dashv$					
laws and regulations, or compliance is not applicable, not addre	ssed, of dikilowii (N)	•	Size:	Dute.	180				+			+		
REQUIREMENTS	r	CODE SECTIONS	OIZE.	v	V C									
FILE RECORDS	CHSC	CODE SECTIONS			M			-						_
Form A current?	25286(a)	CCK		303	V	-		NE S				ME III		esille i
Form B current?	25286(a)			304	V	1								S. III
Financial Responsibility current?	25292.2(a)			340	1	1					851			
Owner/Operator Agreement submitted?	25284(a)(3)	2620(b)		305	V	1								
Monitoring Plan approved?	25293	2632(b), 2634(d), 2711(a)(9)		306	V	1								
Emergency Response Plan current?	25289(b)	2632(d)(2), 2634(e)		308	V									
Permits current and retained at facility?	25284(a)	2712(i)		302	V	1_		ng Luy N						
Plot Plan Submitted?		2711(a)(8), 2632(d)(1)(C)		307	V	1								
Designated UST Operator - Notification to CUPA?		2715(a)	Minibo stou	329	LV		1617							
Name: Jose Valdez		100#: 8468845			Expire	es:				med at it	TEALS N		HISTORY	ins/ten-
UST SYSTEM RECORDS	L 05004 44-34490	L 2630(4), 2644(3)		309		-	-	-/2	15	0.17	7	HH.		31111
Continuous monitoring system certified annually?	25284.1(a)(4)(C)	2630(d), 2641(j)			LV		د_ا	:/3		01				-
Secondary Containment tested as required?	25284.1	2637(a)		310	6 Mor	ntns: _	r			3 Yea	rs:		011/0180	-
Releases reported/recorded?	25294, 25295	2632(e), 2651, 2652		328		1	ļ.,							
Maintenance and monitoring records available?	25293	2712(b)		315			٧	С	N	١	CN	V	C	N
UST SYSTEM INSPECTION		L 0020/->	SSECTION AND DESCRIPTION	311		1	13173331	en en	-	ue di	+	150	134-1276	
Is monitor not in state of alarm at beginning of inspection?		2632(e) 2632(c)(2)(B), 2636(f)(1)		312	V	1		me la	+	apply de			or all	
Audible and visual alarms functioning properly?		2638(f)		313	HV	V	1000						(0.4550)	(Uba)
Sticker affixed to all monitoring components at certification?  UST system has approved functional overfill protection?		2635(b)(2) AV, Flagge	~	314	1./	4				+				
Is spill container in good condition and liquid free?		2635(b)(1)		317	ĬŽ	1			1					VIEW.
Spill container drain functional or alternative available?		2635(b)(1)(C)	INTO THE REAL PROPERTY.	318	V									
Containment sump(s), turbine/fill, liquid free?		2631(d)(4) venturas:	7.52	(319)	VA									
Sensors placed for leak detection at earliest opportunity?	25291(a)(7)(C)	2641(a)		320	V	1								
Dispenser containment present if currently required?	25284.1(a)(5)(C)			321		V.	lly i						Let	
Dispenser containment adequately monitored?		2636(f)(1) & (g)		322		V								
Dispenser containment free of liquid?		2631(d)(4)		323		<b>V</b>				ing Jan				
ADDITIONAL REQUIREMENTS		•			Щ,	4								
Contractor trained?	25284.1(a)(5)(D)	2637(b)(1)(B)		336	V	1					ile (aut)			eru in
Name: James WRISCL		Monitoring System Training Veri	ritication:	Commission		- Total				DOM: N	TOTAL VICE	1213814	TEN VIVE	
ICC#: \$701843		2/19 L 2027/h)/4)/A)		324	IV				177					A SECTION
Class A, C10, C34, C36 or C61, or tank tester license?	25284.1(a)(5)(D)	2637(b)(1)(A)		330	Η̈́ν	4	2.000		THE DESIGNATION OF THE PERSON	in interes				
48 hour notification prior to monitor certification?  MONITORING SYSTEM INFORMATION	<u> </u>	2637(b)(5)		330	H		$\vdash$							
MONITORING SYSTEM INFORMATION SECTION MFR. NAME	0 <del>+</del>	B43211			Harry VIII	5 8 70		THE SERVICE		2456		I II II II II II	EDIE!	H2/150
MODEL# TLS 350		0,4,5011							oden.	Til Hay				BE!
MODEL # 1 1 LS 35 D												1180 501		
						3								
PRESSURIZED SYSTEM							<u>-</u> -							
OPTION 1 - WITH TURBINE SHUT DOWN, AUDIBLE & VISUA	L ALARMS ON ALL	COMPONENTS, INCLUDING DIS	PENSER	S	V C	N	٧	C	N	٧	CN	V	C	N
Continuous audible and visual alarm with positive shut off & UD	C stops flow?	2636(f)(1) & (5)		341		1								
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		П								
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)		345		1,								
OPTION 2 WITH MECHANICAL MONITOR OR ELECTRICA		SPENSER SHUT DOWN ONLY	***************************************										1	
Continuous audible and visual alarm for piping / UDC shuts dow	n dispenser only?	2636(f)(1)		347		11								
Line leak detector detects 3.0 gph or equivalent leak?	05001	2636(f)(2) & (3)	The second	348		+	Section	nnesten	_		_			
Automatic line leak detector certified annually?	25284.1(a)(4)(C)	2630(d), 2638(a)	mainstitourill	349		$\mathbf{H}$		10100	-	HVI JA		H		01411
Piping integrity test detects .1 gph at 150% pressure?	CUDE OVOTELLO OL	2636(f)(4)		350		11		ـــــــــــــــــــــــــــــــــــــــ						_
OPTION 3 - FOR EMERGENCY GENERATORS WITH PRES	<u>auke ataiema un</u> 1	2636(f)(6)		353	1.	1			T					
Continuous audible and visual alarm?		2636(f)(6)	modiBH85 H41Hills	(354)	V	ni siffili					+			
Monitoring system check daily?  OTHER		_ 2000(I)(0)		(007)	IV.								-	
Fuel filters disposed to:				337		-podleillill								
r dor intere disposed to:														

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

UNDERGROUN	ND STORAGE TANK INSPECTION REPORT / NO	Page 2 of 3
Disset R	elief International	5
Site Address: 27 5 La	Paka in	
NARRATIVE:		u u
	n undergrand storage	La IX mon toning system
Certification insp	ection on this day.	7
Mon toning centification	was performed 4/8/2016 by	it then not until 5/3/2017
NO violation was cited	lact year and it has been	Lever than 365 days
sing the last mon.	last year, and it has been toring system cortification	1
- monthly Do inspections	available at time of insp	pection
-last Employee training	g conducted 11/9/2017	
	•	
(354) violation: Monitor	eckyl at least daily	enerator system
Not ch	ecked at least daily	. 0
observation! Da.	ly log of Monitoning systen	+o see it of system
15 in ala	~m (+0 Sa+: Sty 2636(+)(6	a) not be no conducted
De solution	to facility Contact Di	JAN HRM.OD
4 COLLECTIVE HOLTON: IN	plinent a system protocol +	o conduct any evecks
DT WON TO	ing system via veeder	most was to ring peare
alactor of	as of whose dail when	-L
EIEGNON, C II	og of these daily the	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(319) : ch +600: (0-40) or	and I avid free	
Observation: W	rent transition sump conte	alred about 1.5 incles
at water is the	Some and dieselarine!	
& Romortive Artion	: renove liquid from sump or	nd maintain sumplianted
tree of come	ected at time of inspection	
(25281.5(b)(3))vipla4	on: No manthly logs for visue	al inspections of
	piping conected to energ	ercy generator
Observation.	visual inspections con	ducted Juning nonthly
DO inspection		ping is intact and
appears free	of leaks.	
ν, ν		
NOTICE TO COMPLY: The violations	noted above must be corrected by:	5/10/2018
	DUAN HARRIOT	1/10/2018
Signature of Responsible Party	Printed Name	Date
POST INSPECTION INSTRUCTIONS:		
The marked items represent violations of the Califor compliance deadline to verify correction of violation correction of these violations. Failure to correct violate, fines and/or suspension or revocation of your L		orm signed and returned within 35 days, certifying the cement action, including, but not limited to, a re-inspection
COMPLIANCE CERTIFICATION: As the owner/	operator of the above subject business, I certify that all t	the violations cited above have been corrected.
(Signature)	(Print Name)	(Date)

Page 3 of <u>3</u>

### 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 International Date: 4/10/2018
Site Address: 27 5 La Patera La
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
A corrective action: Document monthly visual inspections of unburied emergency generator piping
(25290, 1(d)) vidation: undergrand vent +rons: +on surp anular space
Observation: 304 sensor in vent transition sump is not
functional at time of inspection; was not going into
alam whe removed from brink reservoir
& corrective Action: Replace 304 sensor; n vent transition sump within (3) days, as per conversation with testing contractor.
until Sensor has been replaced, conduct daily visual monitoring
of vert trans. From symp brine reservoir to ensure no
brine is being 105+ due to a leak. Downer+ daily visual monitoring until repair replacement has been conducted.
V. John Word Ist In Clark In the Control of the Con
Hazardous Materials Specialist: DD Me-CASK (1) Phone No. \$05681 4318
Signature of Responsible Party Print Name Date

Page / of l 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 Direct Aplier Date: 4/13/2018 Facility Name: 27 S La Patera Site Address: 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):** Dosite to continue mon, Foring system Certification in: Frated 4/10/18 Transition surp intestitial reservoir monitor failed at time of initial inspection. 304 sensor was replaced on 4/12/18 25290.1(d) is now closed. 304 sensor vent into alarm when remard from reservoir liquid. System is now being continuously manifored.

Hazardous Materials Specialist:

DJ MacASKill

Phone No.: 8056814318

Signature of Responsible Party

Print Name SAMIR RA

4/13/2018