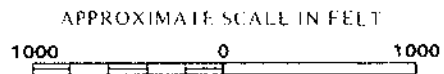
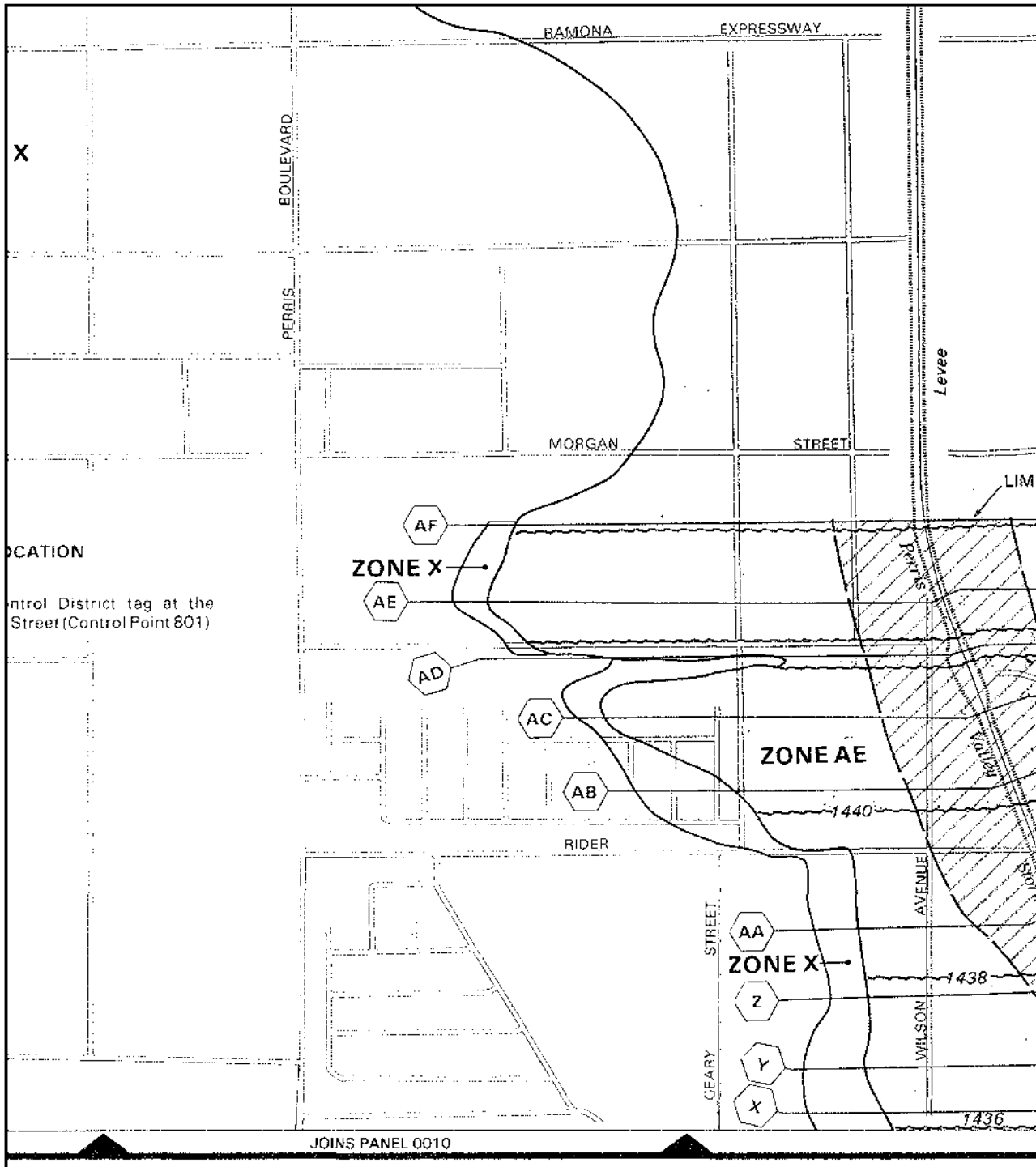


APPENDIX F
FEMA FLOOD MAP



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

CITY OF
PERRIS,
CALIFORNIA
RIVERSIDE COUNTY

PANEL 5 OF 15
(SEE MAP INDEX FOR PANELS NOT PRINTED)



PANEL LOCATION

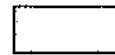
COMMUNITY-PANEL NUMBER
060258 0005 D
MAP REVISED:
JULY 2, 1992



Federal Emergency Management Agency

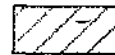
This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

LEGEND

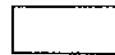


SPECIAL FLOOD HAZARD AREAS INUNDATED BY 100-YEAR FLOOD

- ZONE A** No base flood elevations determined.
- ZONE AE** Base flood elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); base flood elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE A99** To be protected from 100-year flood by Federal flood protection system under construction; no base elevations determined.
- ZONE V** Coastal flood with velocity hazard (wave action); no base flood elevations determined.
- ZONE VE** Coastal flood with velocity hazard (wave action); base flood elevations determined.

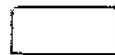


FLOODWAY AREAS IN ZONE AE



OTHER FLOOD AREAS

- ZONE X** Areas of 500-year flood; areas of 100-year flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 100-year flood.

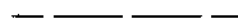


OTHER AREAS

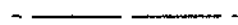
- ZONE Y** Areas determined to be outside 500-year flood plain.
- ZONE D** Areas in which flood hazards are undetermined.



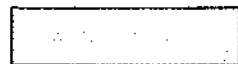
Flood Boundary



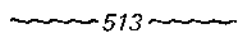
Floodway Boundary



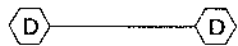
Zone D Boundary



Boundary Dividing Special Flood Hazard Zones, and Boundary Dividing Areas of Different Coastal Base Flood Elevations Within Special Flood Hazard Zones.



Base Flood Elevation Line; Elevation in Feet*



Cross Section Line

(EL 987)

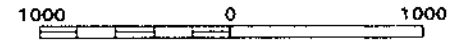
Base Flood Elevation in Feet Where Uniform Within Zone*

RM7

Elevation Reference Mark



APPROXIMATE SCALE IN FEET



*Referenced to the National Geodetic Vertical Datum of 1929

NOTES

This map is for use in administering the National Flood Insurance Program; it does not necessarily identify all areas subject to flooding, particularly from local drainage sources, at small scale, or at nonuniform features outside Special Flood Hazard Areas.

Areas of special flood hazard (100-year flood) include Zones A, A1, 30, AE, AH, AO, A99, V, V1-3C AND VE.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the Federal Emergency Management Agency.

Floodway widths in some areas may be too narrow to show to scale. Floodway widths are provided in the Flood Insurance Study Report.

Coastal base flood elevations apply only landward of the shoreline.

For adjoining map panels see separately printed Map Index.

MAP REPOSITORY

Civic Center
101 North D Street
Perris, California 92370
(Maps available for reference only, not for distribution)

INITIAL IDENTIFICATION:

SEPTEMBER 6, 1974

FLOOD HAZARD BOUNDARY MAP REVISIONS:

FLOOD INSURANCE RATE MAP EFFECTIVE:

APRIL 16, 1979

FLOOD INSURANCE RATE MAP REVISIONS:

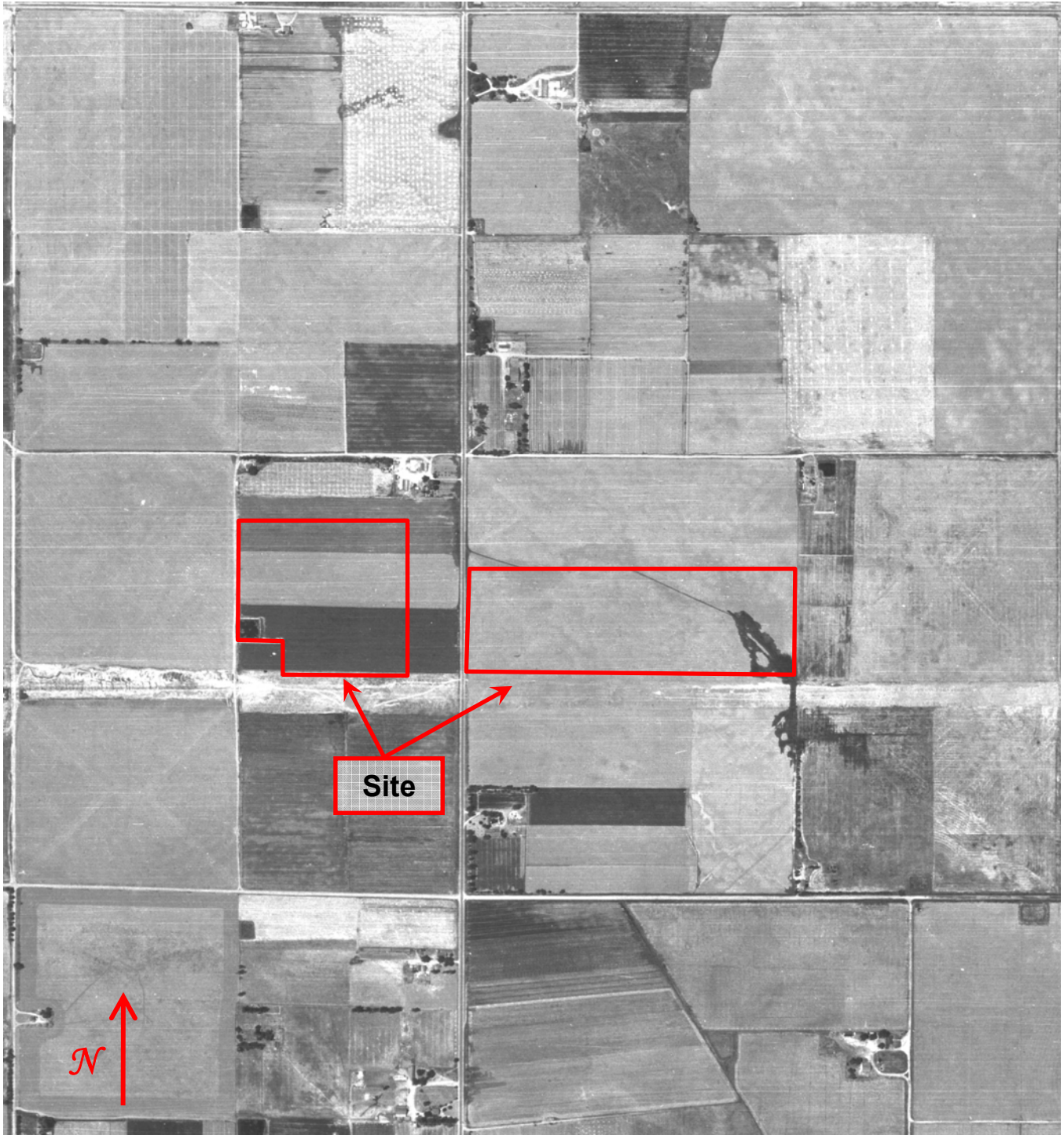
Map revised May 4, 1989 to update corporate limits and map format, and to add special flood hazard areas from Riverside County, California.

Map revised JULY 2, 1992 to update corporate limits, to change base flood elevations, to reflect updated topographic information, and to change floodway.

To determine if flood insurance is available, contact an insurance agent or call the National Flood Insurance Program at (800) 638-6620.

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

APPENDIX G
HISTORICAL AERIAL PHOTOGRAPHS



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

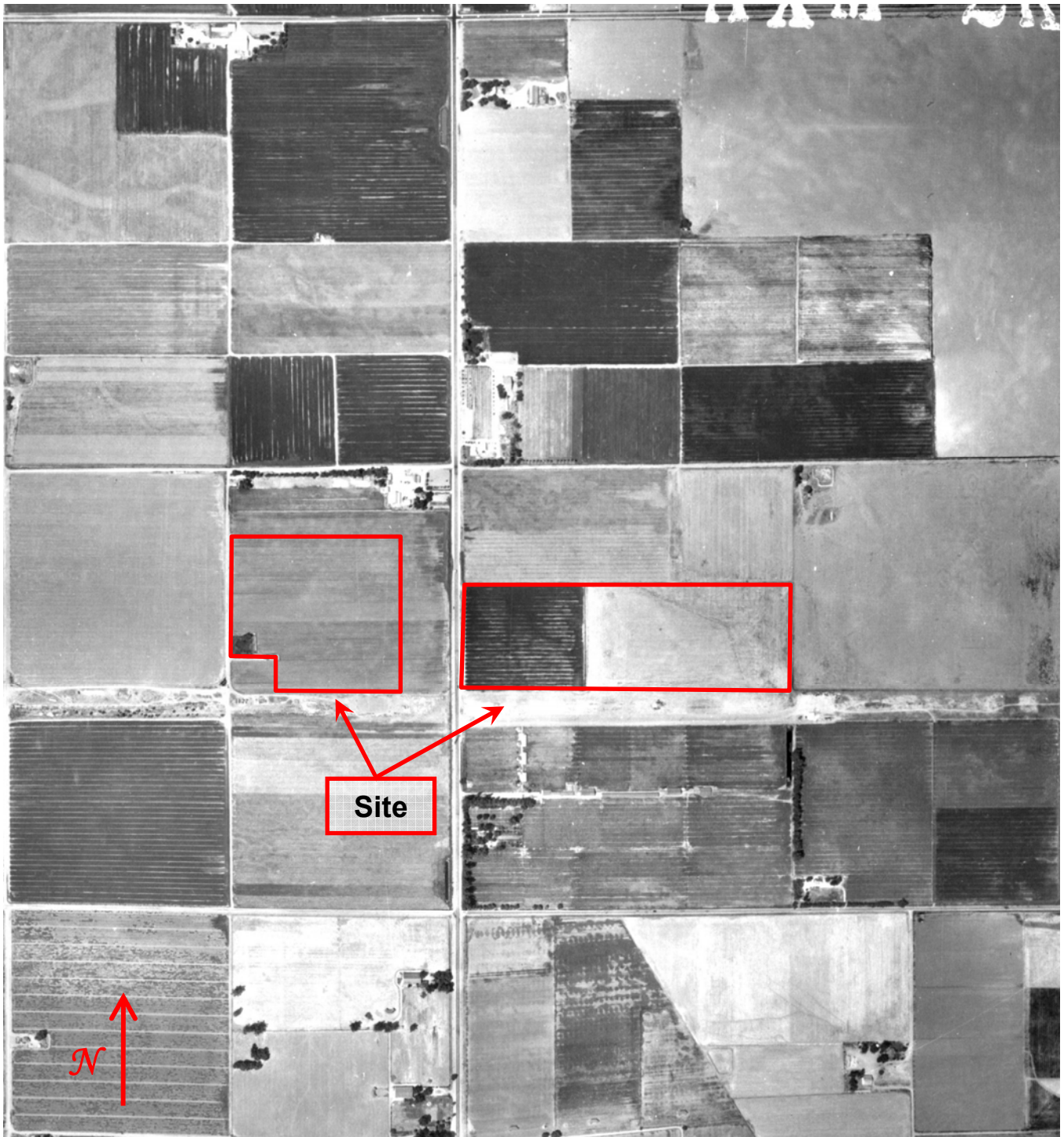
145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1938 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

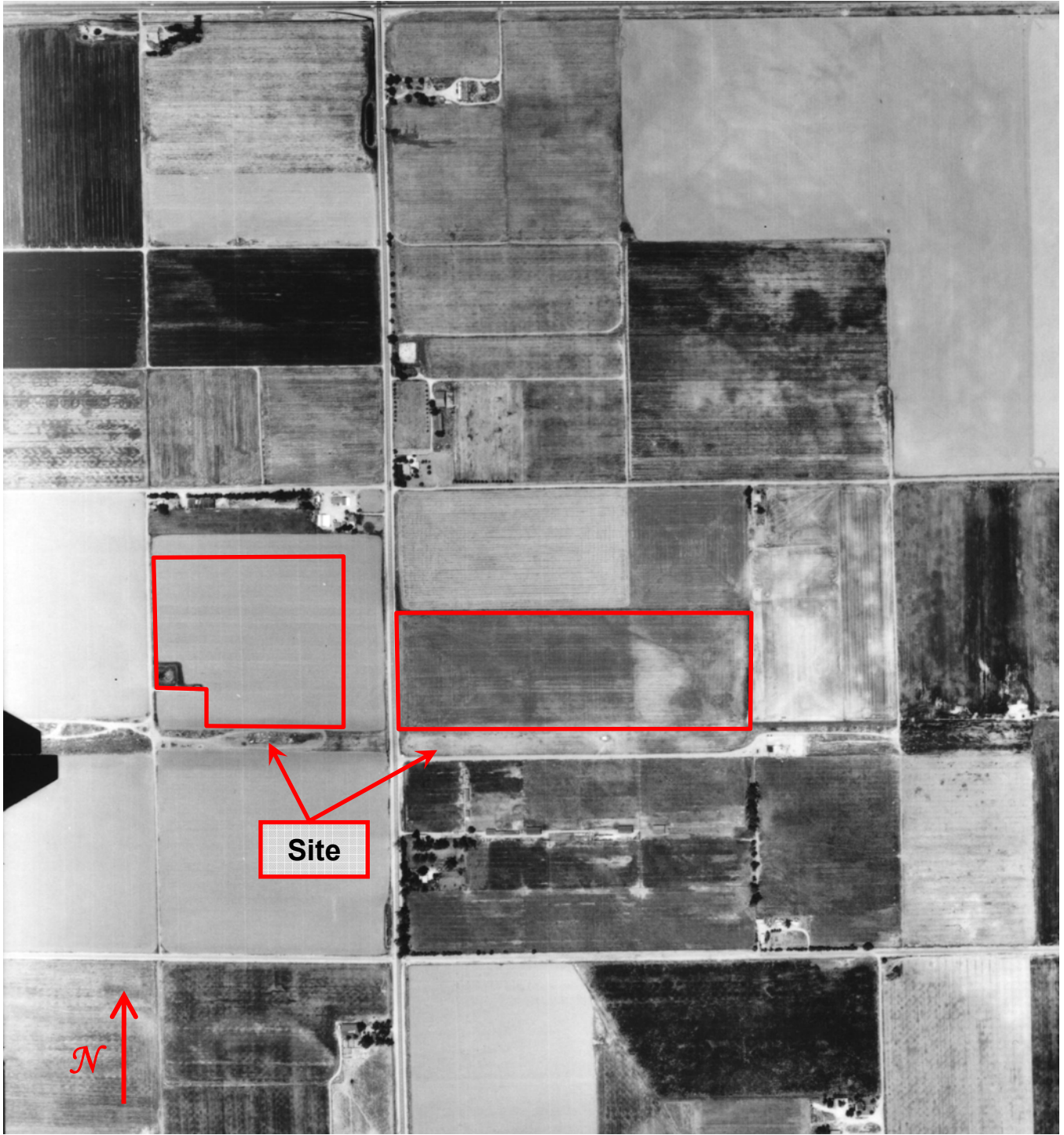
145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1953 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

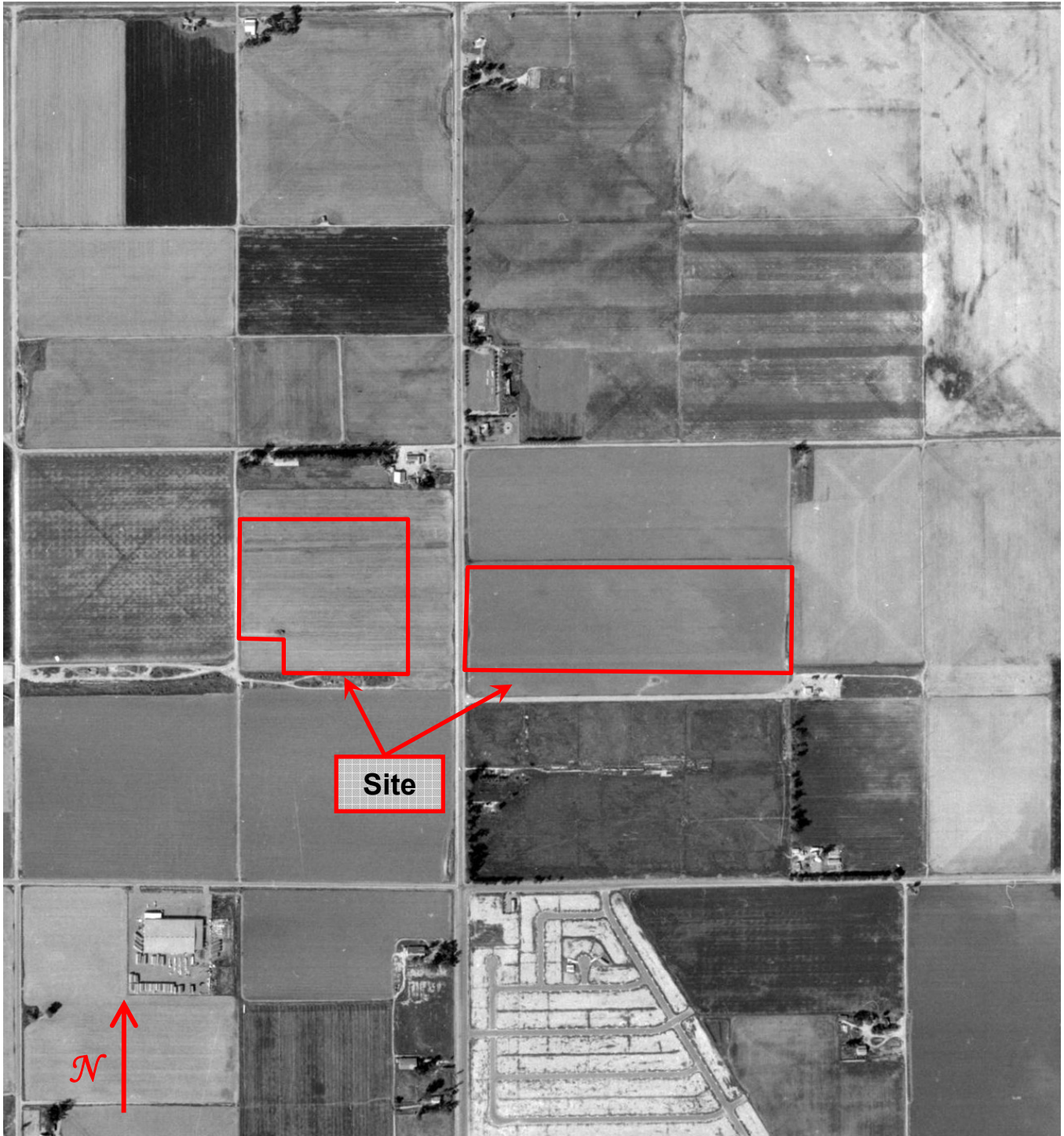
145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1967 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

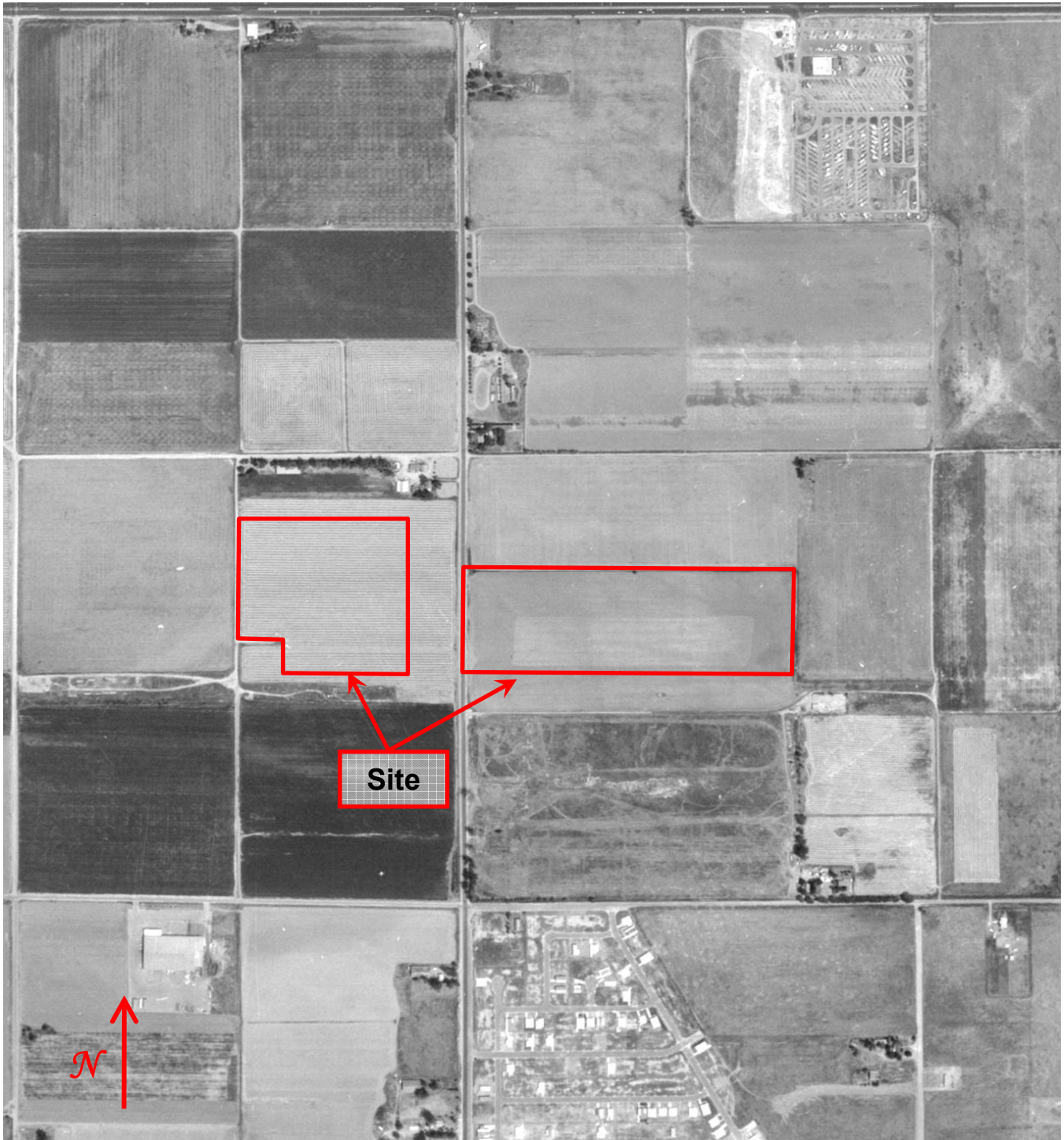
145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1976 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

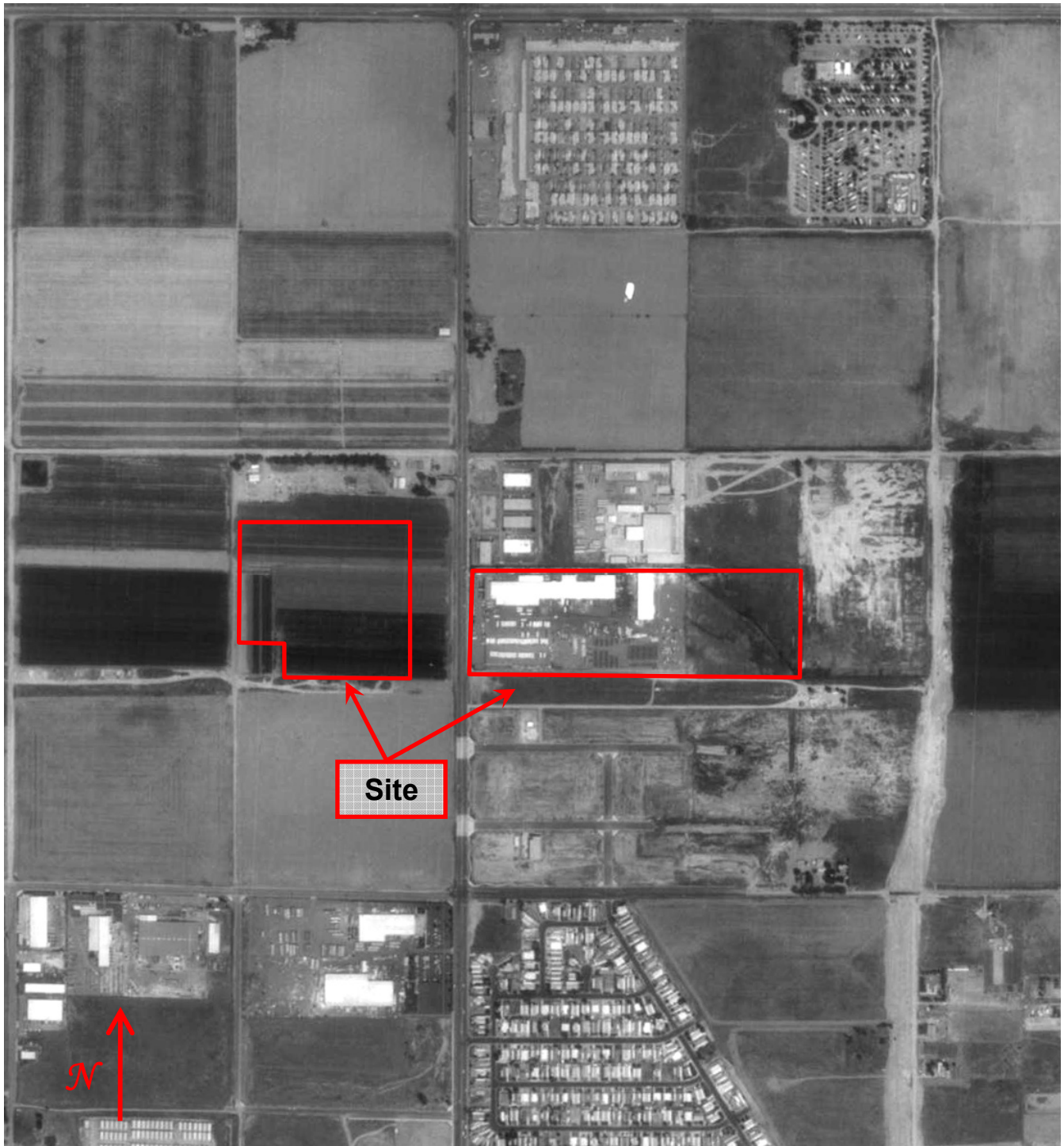
145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1980 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

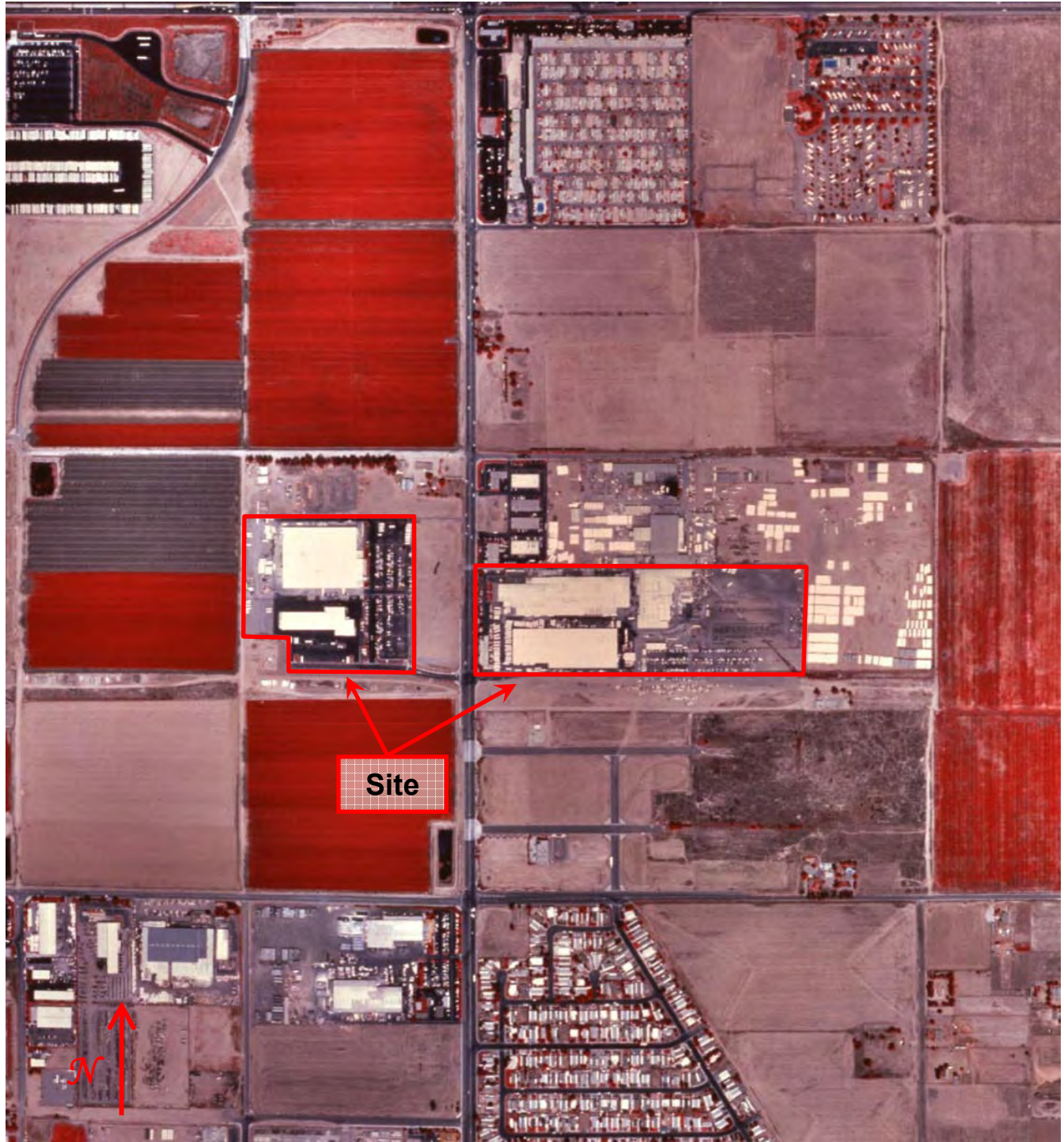
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San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

1994 Aerial Photograph
National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES



Not to Scale

ADVANTAGE
ENVIRONMENTAL
CONSULTANTS, LLC.

145 Vallecitos De Oro, Suite 201
San Marcos, CA 92069
Phone: 760-744-3363 Fax 760-744-3383

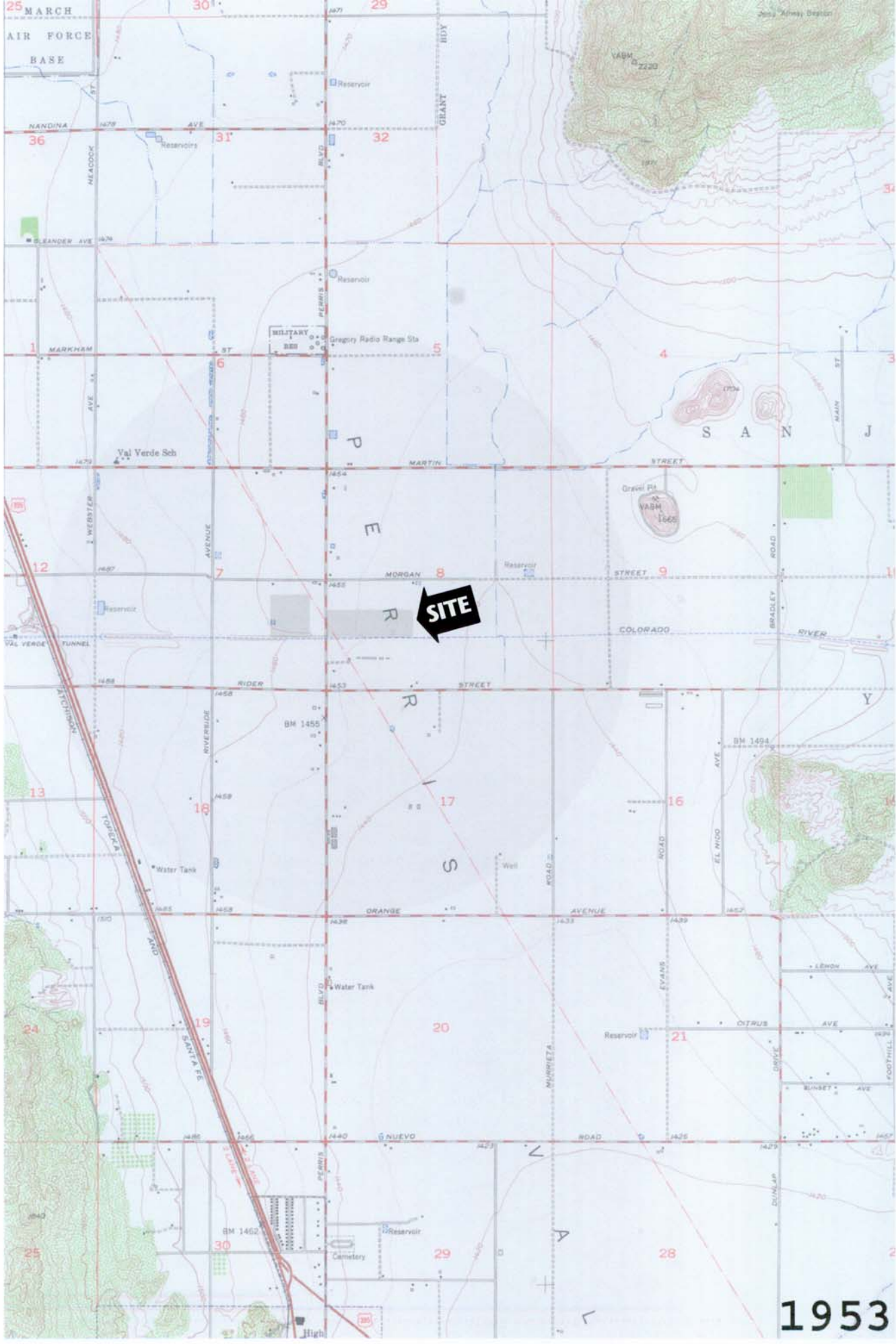
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National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

Work Order No.:
07-018SD

Report Date:
June 2007

Drawn By:
JES

APPENDIX H
HISTORICAL TOPOGRAPHIC MAPS



25 MARCH
AIR FORCE
BASE

NANDINA AVE
36

MARKHAM ST
1

12

13

24

25

31

32

6

10

19

30

29

5

8

17

20

29

34

4

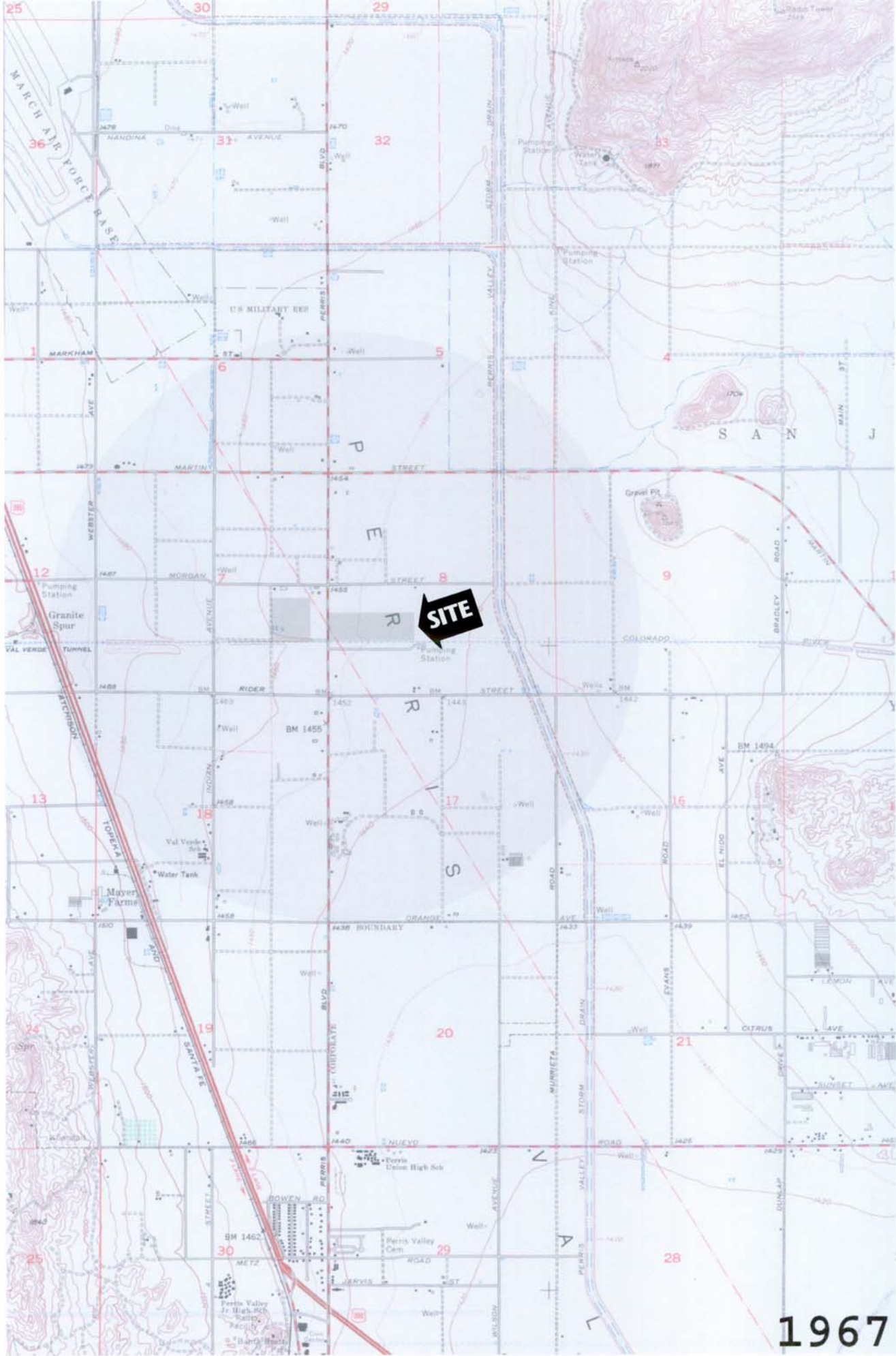
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16

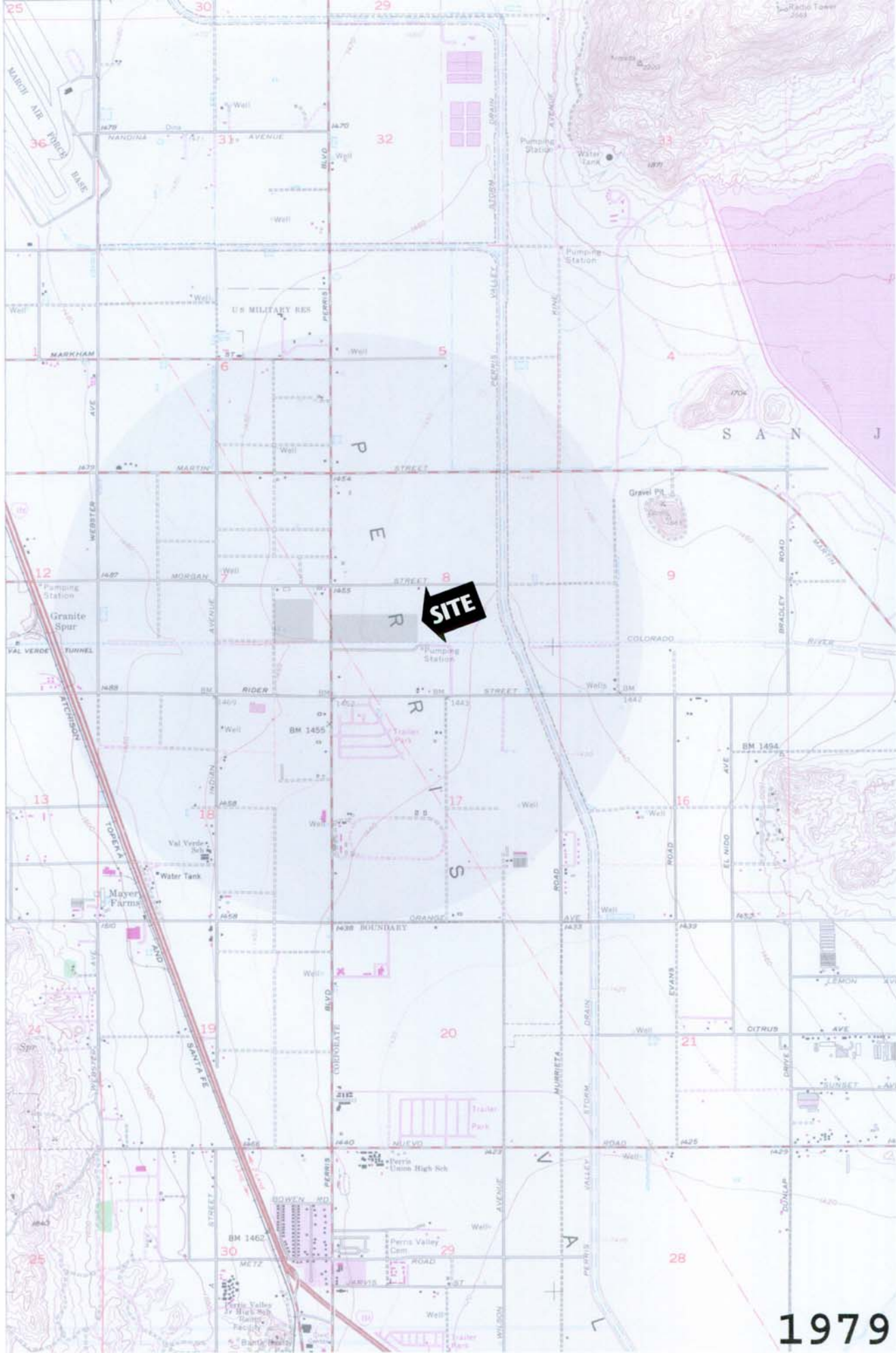
21

28

1953



1967



SITE

1979

APPENDIX I
SITE PHOTOGRAPHS

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #1: View of Building 2 (3411 N. Perris Boulevard) from the southwest. Sinclair Street is visible in the foreground.



Photo #2: Laminating area within Building 2.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #3: Northern edge of Building 1 (3411 N. Perris Boulevard). A dust suppression system is visible. Building 3 is visible in the background.



Photo #4: Resin application area within Building 3 (3411 N. Perris Boulevard).

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #5: Aboveground diesel fuel tanks adjacent to Building 1.



Photo #6: Indicator of the 8,000-gallon gasoline UST adjacent to Building 1.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #7: Portion of the 10-acre storage yard in the eastern portion of the 3411 N. Perris Boulevard property.



Photo #8: Vegetated drainage (left) leading to an off-site holding pond adjacent to the Site.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #9: View of Building 4 (100 W. Sinclair Street) from the east.



Photo #10: Propane AST at the northeast corner of Building 4.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California

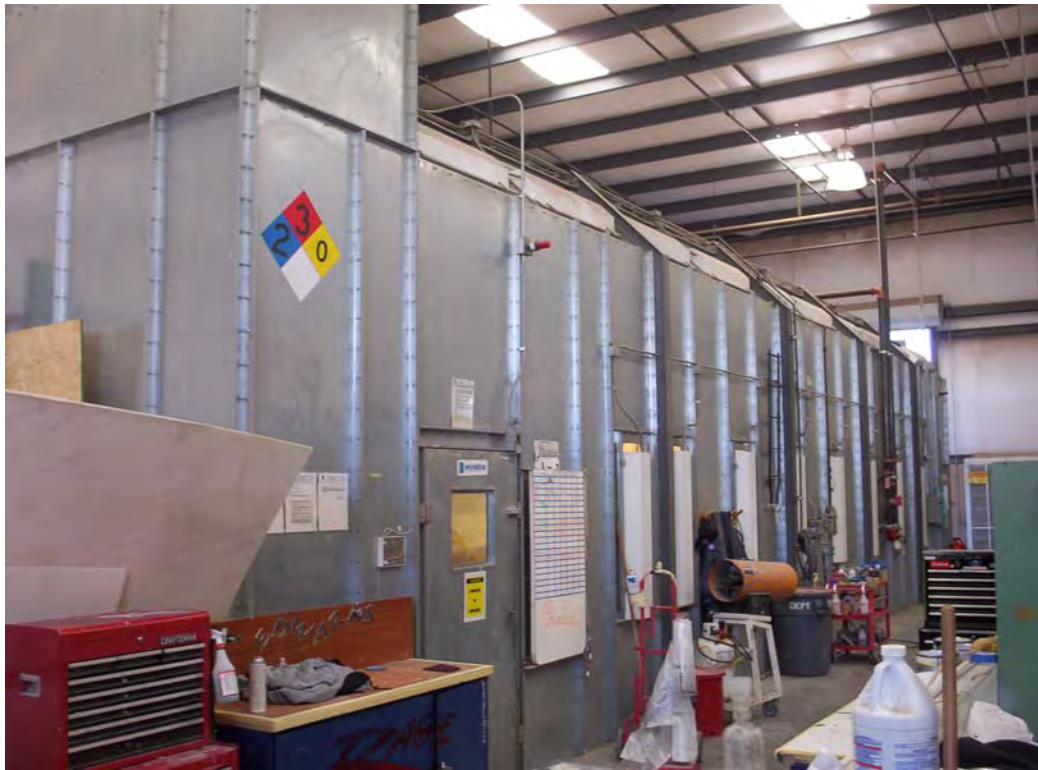


Photo #11: Paint booth within Building 4.



Photo #12: View of Building 5 (100 W. Sinclair Street) from the northeast.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #13: Portion of the interior area of Building 5.



Photo #14: Typical paint booth within Building 5.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #15: Rain test area within Building 5.



Photo #16: Manhole above a clarifier along the southern edge of Building 5. The clarifier is associated with the rain test area (Photo #15) and leads to two underground water tanks.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #17: Air handlers connected to Building 5 (southern side).



Photo #18: Compressor room within Building 5. A drum of compressor oil is visible.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #19: Smitty's Paint Supply area within Building 5.



Photo #20: Weekend Warrior space within Building 5.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #21: Paint and paint thinning related waste in the yard area to the west of the Weekend Warrior space of Building 5.



Photo #22: Weekend Warrior painting area along the northern edge of Building 5.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #23: Hazardous waste storage/transfer area in the yard area near Buildings 4 and 5.



Photo #24: Typical hazardous materials storage cabinets.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



Photo #25: Typical dumpster and drum storage (note secondary containment).



Photo #26: Agricultural property adjacent to the west of 100 W. Sinclair Street.

PHASE I ENVIRONMENTAL SITE ASSESSMENT
National RV, Inc.
Perris, California



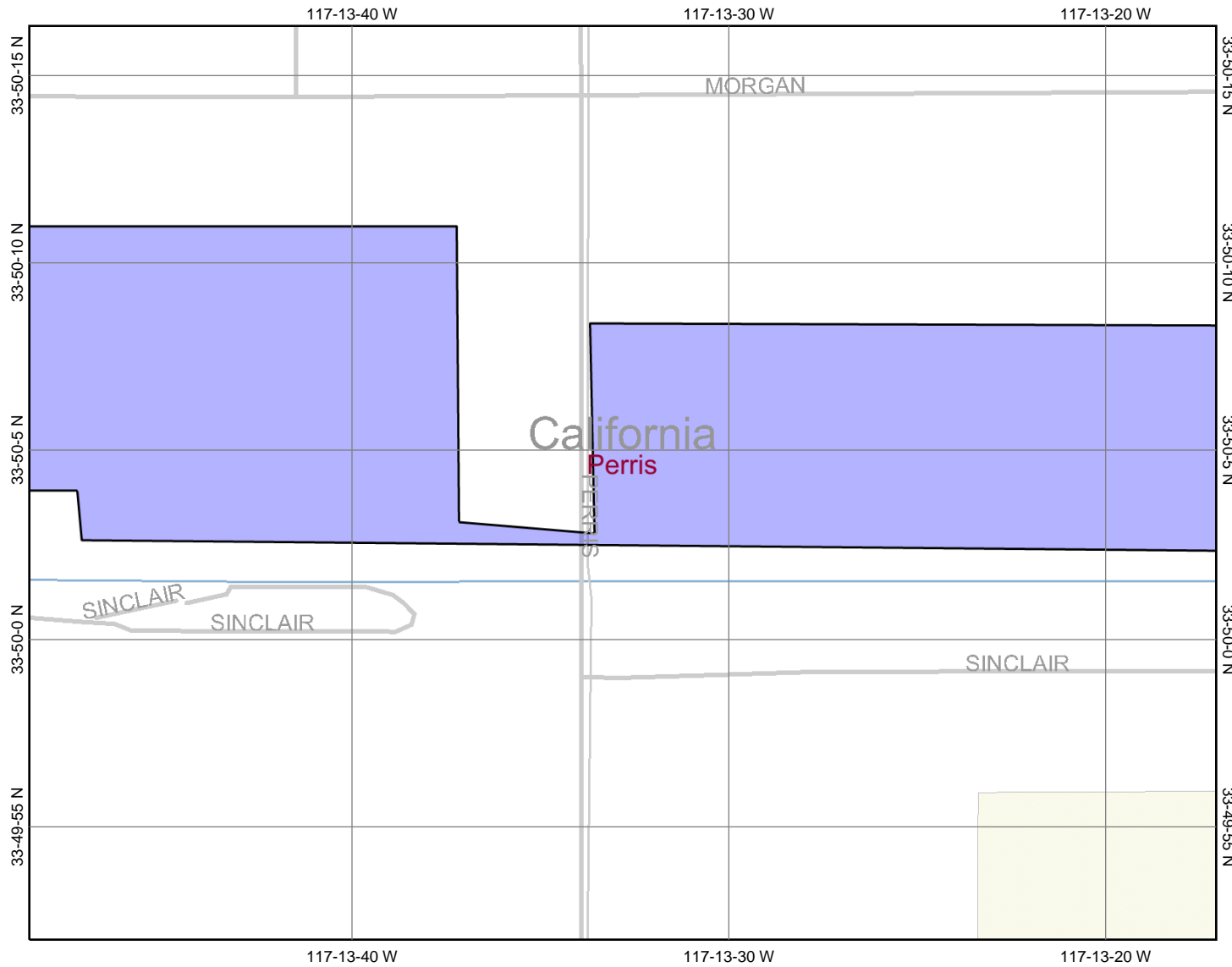
Photo #27: Vacant lot between 100 W. Sinclair Street and N. Perris Boulevard.



Photo #28: Commercial property adjacent to the north of 3411 N. Perris Boulevard.

APPENDIX J
USFWS NATIONAL WETLANDS INVENTORY MAP

National RV, Inc.



Legend

- CONUS_wet_scan**
- 0
 - 1
 - Out of range
- Roads**
- Interstate
 - Major Roads
 - Other Road
 - Interstate
 - State highway
 - US highway
 - Roads
- Cities**
- Cities
- USGS Quad Index 24K**
- Lower 48 Wetland Polygons**
- Estuarine and Marine Deepwater
 - Estuarine and Marine Wetland
 - Freshwater Emergent Wetland
 - Freshwater Forested/Shrub Wetland
 - Freshwater Pond
 - Lake
 - Other
 - Riverine
- Lower 48 Available Wetland Data**
- Non-Digital
 - Digital
 - No Data
 - Scan
- NHD Streams**
- NHD Streams
- Counties 100K**
- Counties 100K
- Urban Areas 300K**
- Urban Areas 300K
- States 100K**
- States 100K
- South America**
- South America



Scale: 1:7,001

Map center: 33° 50' 4.1" N, 117° 13' 32.8" W

This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

Identify Results

Digital Wetland Polygons (Vector)

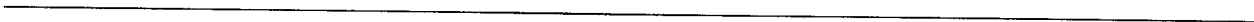
No records found.

Coordinate Position

Geographic: 33° 50' 6.1" N, 117° 13' 31.9" W

APPENDIX K
REGULATORY AGENCY RECORDS AND CORRESPONDENCE

**COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH**



EQUIPMENT LIST AND CHEMICAL INVENTORY

National R.V., Inc.		100 W. Sindair Blvd, Perris, CA 92571		Container		Daily Amount		Unit		Note
Location	Materials	Size	Max	Qty	Type	Max	Average	Unit	Note	
Building 5, Inside Building	Acetone	5	55	10	Can	50	40	Gallon		
Building 5, Inside Building	Urethane Paint, Clear Coat	55	110	2	Drum	110	55	Gallon		
Building 5, Inside Building	Urethane Paint, Base Coat	1	100	100	Can	100	50	Gallon		
Building 5, Inside Building	Paint Reducer	5	30	6	Can	30	20	Gallon		
Building 5, Inside Building	Paint Hardener	5	30	6	Can	30	20	Gallon		
Building 5, Inside Building	Solvent, Gun Cleaner	55	110	2	Drum	110	55	Gallon		
Building 5, Inside Building	Waste Paint and Related Materials	55	165	3	Drum	165	110	Gallon		
Building 5, Inside Building	Waste Paint Can	55	110	2	Drum	110	55	Drum		
Outside, Between Building 4 & 5	Propane	500	500	1	AST	500	300	Gallon		
Building 4, Parts Department	Seal Air Component A	55	110	2	Drum	110	55	Gallon		
Building 4, Parts Department	Seal Air Component B	55	110	2	Drum	110	55	Gallon		
Building 4, Parts Department	Battery	15	15	15	Unit	15	10	Unit		
Building 4, Service Department	Motor Oil	0.25	12.5	50	Can	12.5	6	Gallon		
Building 4, Service Department	Transmission Oil	55	55	1	Tank	55	300	Gallon		
Building 4, Service Department	Argon	200	800	4	Cylinder	800	400	Cu. Ft.		
Building 4, Service Department	Acetylene	200	200	1	Cylinder	200	100	Cu. Ft.		
Building 4, Service Department	Oxygen	200	200	1	Cylinder	200	100	Cu. Ft.		
Building 4, Service Department	CO2	200	200	1	Cylinder	200	100	Cu. Ft.		
Building 4, Hazardous Waste	Waste Oil	55	55	1	Drum	55	30	Gallon		
Building 4, Hazardous Waste	Waste Paint and Related Materials	55	55	1	Drum	55	30	Gallon		
Building 4, Hazardous Waste	Waste Paint Can	55	55	1	Drum	55	30	Gallon		
Building 4, Hazardous Waste	New Gun Wash Solvent	55	55	1	Drum	55	30	Gallon		
Building 5, Hazardous Waste	Waste Paint and Related Materials	55	650	12	Drums	650	330	Gallon		
Building 5, Hazardous Waste	Biot T, New	55	110	2	Drums	110	55	Gallon		
Building 5, Hazardous Waste	Urethane Paint, Clear Coat	55	110	2	Drums	110	55	Gallon		
Building 5, Hazardous Waste	Acetone	55	110	2	Drums	110	55	Gallon		
Building 5, Hazardous Waste	LEP Solvent	55	110	2	Drums	110	55	Gallon		
Building 5, Wash Area	LEP Solvent	55	110	2	Drums	110	55	Gallon		
Building 5, Wash Area	Acculube Ultimate Synthetic Lubricant	55	110	2	Drums	110	55	Gallon		
Building 5, Wash Area	Freeze Ban-50	55	495	9	Drums	495	220	Gallon		
Building 5, Compressor Room	Compressor Oil	55	55	1	Drum	55	30	Gallon		

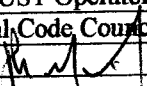
National R.V., Inc		3411 N. Perris Blvd., Perris, CA 92571		Container		Daily Amount		Unit	Note
Location	Materials	Size, Max	Qty	Type	Max	Average			
1 Building 1, Awning	Conqoleum 3044 Flooring Adhesive	5	6	Can	30	20	Gallon		
2 Building 1, Awning	Diesel Fuel Tank #1 & #2	480	2	Tank	960	400	Gallon	AST	
3 Building 1, Awning	DuPont Final Klean 3909S	1	5	Can	5		Gallon		
4 Building 1, Awning	Stabond C-280 Adhesive	5	8	Can	40	55	Gallon		
5 Building 1, Awning	Unleaded Gasoline	8000	1	Tank	8000		Gallon	UST	
6 Building 1, R & D	Acetone	55	1	Drum	55	20	Gallon		
8 Building 1, R & D	Revchem/Hexion 742-7695 Resin	55	3	Drum	165	110	Gallon		
9 Building 1, R & D	Waste Resin	55	1	Drum	55	20	Gallon		
10 Building 2, Lamination Area	Henkel Adhesive: Macroplast UR-8225SLOW	55	7	Drum	385		Gallon		
11 Building 2, Lamination Area	Mobilube HD Plus 85W-140 Oil (Gear Oil)	55	1	Drum	55		Gallon		
12 Building 2, Lamination Area	Waste Adhesive	55	1	Drum	55		Gallon		
13 Building 2, Outside	Propane Tank #1 & Tank #2	500	2	Tank	1000	500	Gallon	AST	
15 Building 2, Outside Storage Shed	Bio-T 300	55	4	Drum	220		Gallon		
16 Building 2, Outside Storage Shed	ShellSol D38 LEP Solvent	55	2	Drum	110		Gallon		
17 Building 2, Welding Area	Acetylene	200	2	Cylinder	400	200	Cubic Feet		
18 Building 2, Welding Area	Argon	200	2	Cylinder	400	200	Cubic Feet		
19 Building 2, Welding Area	CO2	200	2	Cylinder	400	200	Cubic Feet		
20 Building 2, Welding Area	Oxygen	200	2	Cylinder	400	200	Cubic Feet		
21 Building 3, Chassis, Back	CO2	200	36	Cylinder	7200	7200	Cubic Feet		
22 Building 3, Chassis, Front	Acetylene	200	10	Cylinder	2000	1000	Cubic Feet		
23 Building 3, Chassis, Front	Argon	200	10	Cylinder	2000	1000	Cubic Feet		
24 Building 3, Chassis, Front	CO2	200	10	Cylinder	2000	1000	Cubic Feet		
25 Building 3, Chassis, Front	Oxygen	200	10	Cylinder	2000	1000	Cubic Feet		
26 Building 3, Chassis, Inside	Some Keyston Bros Adhesive								
27 Building 3, Chassis, Inside	Transmission Oil	240	1	Tank	240	120	Gallon	AST	
28 Building 3, Chassis, Inside	Zero VOC Black Chassis	55	3	Drum	165	100	Gallon		
29 Building 3, Fiberglass, Hand Lamination	Henkel Adhesive: Macroplast UR-8225SLOW	55	2	Drum	110	55	Gallon		
30 Building 3, Fiberglass, Resin Storage	Resin	550	3	Tank	1650	1000	Gallon	AST	
31 Building 3, Fiberglass, Spray Booth	Gel Coat	55	2	Drum	110		Gallon		
32 Building 3, Fiberglass, Spray Booth	Norox MEKP-925	1	5	Can	5	5	Gallon		
33 Building 3, Fiberglass, Spray Booth	Resin	55	2	Drum	110		Gallon		
34 Building 3, Fiberglass, Storage Shed	Acetone	55	7	Drum	385		Gallon		
35 Building 3, Maintenance	SoyGold 2500 Solvent	55	2	Drum	110	55	Gallon		
36 Material Storage Area	Acetone	55	4	Drum	220		Gallon		
37 Material Storage Area	Henry 3140 Emulsion Undercoating	55	4	Drum	220		Gallon		
38 Material Storage Area	Lanning Zero VOC	55	12	Drum	660		Gallon		
39 Material Storage Area	LEP Solvent, ShellSol D38	55	4	Drum	220		Gallon		
40 Material Storage Area	Resin	55	8	Drum	440		Gallon		
41 Material Storage Area	Stabond C-280	5	10	Drum	50		Gallon		

UST MONITORING SYSTEM CERTIFICATION



Pacific Systems Electric Inc.
 38330 Via La Paloma
 Murrieta California 92563
 California State License No. 561275
 Servicing the Petroleum Industry Since 1989

Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: National R.V.	Date: 2/27/2007
Facility Address: 3411 North Perris Blvd.	
City: Perris	Zip Code: 92571
Designated UST Operator Conducting the Inspection: John Minnock	
International Code Council Certification #: 5248279-UC	Expiration Date: 12/13/2008
Signature: 	Phone: (714) 240-3674

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
1	Monitoring system is powered on and in proper operating mode.	<input checked="" type="checkbox"/>		
2	Monitoring system is not currently showing any alarms or warnings?	<input checked="" type="checkbox"/>		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. <i>(Attach a copy of the alarm history report/log to this form if available.)</i>	<input checked="" type="checkbox"/>		
4	Each alarm for the previous month has been responded to appropriately.			<input checked="" type="checkbox"/>
5	Sensors located in tank-top containment sumps have not alarmed in the past month?	<input checked="" type="checkbox"/>		
5a	- List all tank-top sumps where alarms occurred in the past month: _____ <i>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.</i>			

UST SYSTEM INSPECTION

6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly. <i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i>	Y	N	NA
	Sump Location: _____			
	Sump Location: _____			
	Sump Location: _____			
7	Spill containment structures are free of water, debris, and hazardous substance.	Y	N	NA
	Tank 1 - Contents: Unleaded	<input checked="" type="checkbox"/>		
	Tank 2 - Contents:			
	Tank 3 - Contents:			
	Tank 4 - Contents:			
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.	Y	N	NA
	Dispenser 1/2	<input checked="" type="checkbox"/>		
	Dispenser			
	Dispenser			
	Dispenser			

PAPERWORK INSPECTION

Item	Description	Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.	<input checked="" type="checkbox"/>			11/09/06
10	Secondary containment tests have been completed within the required timeframe.	<input checked="" type="checkbox"/>			11/04/05
11	Spill containment structure (bucket) testing was completed within the past year.	<input checked="" type="checkbox"/>			11/09/06
12	Tank tightness testing was completed within required timeframe.			<input checked="" type="checkbox"/>	
13	Line tightness testing was completed within required timeframe.			<input checked="" type="checkbox"/>	
14	Other required testing/maintenance was completed within required timeframe. <i>(List test/maintenance items below.)</i>				
	Test/Maintenance: _____			<input checked="" type="checkbox"/>	
	Test/Maintenance: _____			<input checked="" type="checkbox"/>	
	Test/Maintenance: _____			<input checked="" type="checkbox"/>	

FACILITY EMPLOYEE TRAINING

Item	Description	Y	N	NA
15	All facility employees have received the required on-the-job training within the past year.	<input checked="" type="checkbox"/>		
16	All facility employees hired within the past 30 days have received the required on-the-job training.			<input checked="" type="checkbox"/>

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.

Electric Inc.
a Paloma
rnia 92563
nse No. 561275
ndustry Since 1989

ALARM HISTORY REPORT

Comments:

No sump alarm

----- SENSOR ALARM -----
L 1: ANNULAR
ANNULAR SPACE
SENSOR OUT ALARM
NOV 9. 2006 9:05 AM

FUEL ALARM
NOV 9. 2006 9:03 AM

FUEL ALARM
NOV 9. 2006 9:03 AM

Items Requiring Follow-

None

* * * * * END * * * * *

Instructions:

Monthly visual inspection of the UST system must be conducted by a Designated UST Operator, who possesses a current "California UST System Operator" certification issued by the International Code Council.

A copy of this monthly visual inspection checklist must be provided to the UST Owner or Operator, but not to the State Water Resources Control Board.

The Designated UST Operator must alert the UST Owner or Operator of any condition discovered during the monthly visual inspection that may require follow-up actions.

The UST Owner or Operator must maintain a copy of this monthly visual inspection checklist and all attachments for the previous 12 months. The records must be maintained on-site or, if approved by the local agency, off-site at a readily available location.

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: National RV, Inc. Bldg. No.: _____
 Site Address: 3411 N. Perris Blvd. City: Perris Zip: 92571
 Facility Contact Person: Brent Volhmer Contact Phone No.: (951)943-6007
 Make/Model of Monitoring System: TLS-300C Date of Testing/Servicing: 11/09/2006

B. Inventory of Equipment Tested/Certified

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

<p>Tank ID: <u>1 UNL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-407</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>submerged fill pipe</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>UNL</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

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

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

Technician Name (print): Russell Jones

Signature: Russell Jones 

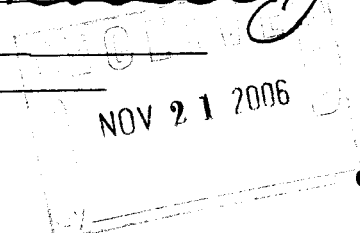
Certification No.: ICC#5252143-UT

License No.: CA# 561275

Testing Company Name: Pacific Systems Electric

Phone No.: (951)677-0704

Site Address: 38330 Via La Paloma, Murrieta, CA 92584



D. Results of Testing/Serviceing

Software Version Installed: 15.01

Complete the following checklist:

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

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

E. Comments:

NOV 21 2005

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments: Suction system. No mld

Spill Bucket Testing Report Form

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

1. FACILITY INFORMATION

Facility Name:	National RV, Inc.	Date of Testing:	11/09/2006
Facility Address:	3411 N. Perris Blvd., Perris, CA 92571		
Facility Contact:	Brent Volhmer	Phone:	951-943-6007
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector (if present during testing):			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Pacific Systems Electric		
Technician Conducting Test:	Russell Jones		
Credentials ¹ :	<input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)		
License Number(s):	5252143-UT		

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic		<input type="checkbox"/> Vacuum		<input type="checkbox"/> Other	
Test Equipment Used:					Equipment Resolution:	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 87 Fill	2 87 Vapor	3	4		
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump		
Bucket Diameter:	11 inches	11 inches				
Bucket Depth:	14 inches	14 inches				
Wait time between applying vacuum/water and start of test:	30	30				
Test Start Time (T _I):	0900	0900				
Initial Reading (R _I):	8.00 inches	8.00 inches				
Test End Time (T _F):	1000	1000				
Final Reading (R _F):	8.00 inches	8.00 inches				
Test Duration (T _F - T _I):	60	60				
Change in Reading (R _F - R _I):	0	0				
Pass/Fail Threshold or Criteria:	0	0				
Test Result:	Pass	Pass				

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

RECEIVED
 NOV 21 2006

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: Russell Jones Date: 11/09/2006

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

PACIFIC SYSTEMS ELECTRIC

Servicing the Petroleum Industry Since 1989

CA License #561275

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. If more than one monitoring system is installed at the facility, 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: National RV

Site Address: 3411 N. Perris Blvd

City: Perris

Zip: 92571

Facility Contact Person: John Morgan

Contact Phone No.: 951-943-6007

Make/Model of Monitoring System: Veeder Root TLS-300C

Date of Testing/Serviceing: 11-15-04

B. Inventory of Equipment Tested/Certified

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

Tank ID: Unleaded 87 8,000 Gallon <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Mag 1 <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: 407 <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 208 <input checked="" type="checkbox"/> Fill Sump Sensor(s). Model: 208 <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe. Model: <input type="checkbox"/> Annular Space or Vault Sensor. Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: <input type="checkbox"/> In-Tank Gauging Probe. Model: <input type="checkbox"/> Annular Space or Vault Sensor. Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe. Model: <input type="checkbox"/> Annular Space or Vault Sensor. Model: <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2 <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s). Model: 208 float <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

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

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

Technician Name: Eric W. Larison Signature: _____

Testing Company Name: Pacific Systems Electric

Company Address: 38330 Via La Paloma, Murrieta, CA 92563

Certification No: 006-05-1175

License No: 561275

Phone No: 951.677.0704

PACIFIC SYSTEMS ELECTRIC

Servicing the Petroleum Industry Since 1989

Monitoring System Certification

D. Results of Testing/Servicing

Software Version Installed: 15.01

Complete the following checklist:

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

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

E. Comments: The Annular sensor was replaced. The sensor was working but the monitor showed it out.

PACIFIC SYSTEMS ELECTRIC

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F. In-Tank Gauging / SIR Equipment:

Check this box if tank gauging is used only for inventory control.

Check this box if no tank gauging or SIR equipment is installed.

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

Complete the following checklist:

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

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

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

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

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

H. Comments:

PACIFIC SYSTEMS ELECTRIC

Servicing the Petroleum Industry Since 1989

CA License #561275

MONITORING SYSTEM CERTIFICATION

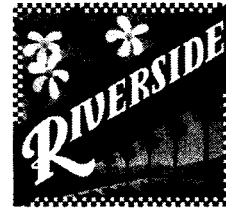
SPILL/OVERFILL CONTAINMENT BOXES

Spill/Overfill Containment Boxes Tested with INCON System <input type="checkbox"/>				
Spill/Overfill Containment Boxes Visually Tested <input checked="" type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used:			Equipment Resolution:	
	Spill Box #87	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"			
Bucket Depth:	12"			
Wait time between applying pressure/vacuum/water and starting test:	15 Min			
Test Start Time:	21:00			
Initial Reading (R _I):	3.5			
Test End Time:	22:00			
Final Reading (R _F):	3.5			
Test Duration:	1.0			
Change in Reading (R _F -R _I):	0			
Pass/Fail Threshold or Criteria:	Pass			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

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

**HAZARDOUS MATERIALS BUSINESS EMERGENCY PLANS AND
CHEMICAL INVENTORY FORMS**

County of Riverside
Certified Unified Program Agency



Hazardous Materials Business Emergency Plan and Chemical Inventory Forms

Federal, State and local laws require a Hazardous Materials Business Emergency Plan (HMBEP). The County of Riverside, as well as the cities of Banning, Corona, and Riverside are charged with the responsibility to oversee compliance of these laws.

For Businesses located in the following city jurisdiction, the completed plan shall be submitted to the appropriate City Fire Agency below:

CDF/ Banning Fire Service
HAZMAT Section
P.O. Box 998
Banning, CA 92220
(909) 922-3210

City of Riverside Fire Dept.
HAZMAT Section
3775 Fairmount Blvd.
Riverside, CA 92501
(909) 826-5321

City of Corona Fire Dept.
HAZMAT Section
815 W Sixth St.
Corona, CA 92882-3238
(909) 736-2220

For All other locations within The County of Riverside, the completed plan shall be submitted to the closest County office below:

County of Riverside, Community Health Agency, Department of Environmental Health

Riverside Office
Haz Mat Division
P.O. Box 7489
Riverside, CA 92513-7489
(909) 358-5055
www.rivcoeh.org

Indio Office
Haz Mat Division
47-923 Oasis St. #E-4
Indio, CA 92201
(760) 863-8976

Hemet Office
Haz Mat Division
800 S. Sanderson Ave.
Hemet, CA 92545
(909) 766-6524

The forms and other requested information are to be completed and returned. The instructions for completing the Business Activities, Business Owner/ Operator Identification, and the Hazardous Materials Inventory forms are following each form. **Retain the instructional pages for your file. Be sure to maintain a copy of the plan for your use.** Failure to submit the Hazardous Materials Business Emergency (HMBEP) may result in substantial fines and/or prosecution. If you need assistance or have any questions, please call the appropriate agency at the phone number listed above. *Note: The information requested in the attached documents is not optional. This is a legal document and the signatures, dates and accuracy of information is very important.*

Thank you for your cooperation.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID #										8	2	2	4	1		EPA ID # (Hazardous Waste Only) CAD981993454
---------------	--	--	--	--	--	--	--	--	--	---	---	---	---	---	--	-------------------------------------------------

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

National R.V., Inc.

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF....
-----------------------	-----------------------------------------------------

A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion -one page per tank)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPA
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	--------------------------

D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	EPA ID NUMBER - provide at the top of this page Complete the Hazardous Waste Generator, County of Riverside Form. RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E. LOCAL REQUIREMENTS
Note: If you have answered "NO" to question A listed above, complete and submit the Statement of Exemption page.

Statement of Exemption

Statement Of Exemption only to be completed if you do NOT have to prepare a plan.

Business Name: _____

Business Address: _____

Business Telephone: () _____

I understand the requirements for submitting a Hazardous Materials Business Emergency Plan and I declare, under penalty for perjury, that a Hazardous Materials Business Emergency Plan is not required for this business.

Business Owner/Operator Name: _____

Signature: _____ Date: _____

Title of Signer: _____

Reason you believe your business is exempt:

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page ___ of ___

I. IDENTIFICATION

FACILITY ID#	8	2	2	4	1	BEGINNING DATE	100	ENDING DATE	101	
						02/22/2007		02/22/2010		
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)							3	BUSINESS PHONE		102
National R.V., Inc.								951-943-6007		
BUSINESS SITE ADDRESS										103
3411 N. Perris Blvd.										
CITY	104					CA	ZIP CODE			105
Perris							92571			
DUN & BRADSTREET						106		SIC CODE (4 digit #)		107
								3716		
COUNTY										108
Riverside										
BUSINESS OPERATOR NAME							109		BUSINESS OPERATOR PHONE	110
National R.V., Inc.									951-943-6007	

II. BUSINESS OWNER

OWNER NAME						111		OWNER PHONE		112	
National R.V., Inc.								951-943-6007			
OWNER MAILING ADDRESS										113	
3411 N. Perris Blvd.											
CITY	114					STATE	115		ZIP CODE		116
Perris						CA			92571		

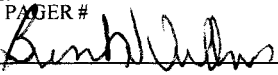
III. ENVIRONMENTAL CONTACT

CONTACT NAME						117		CONTACT PHONE		118	
Thomas Lao								626-288-2626			
CONTACT MAILING ADDRESS										119	
3411 N. Perris Blvd.											
CITY	120					STATE	121		ZIP CODE		122
Perris						CA			92571		

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME					123		NAME				128
Brent Vollmer							Octavio Gomez				
TITLE					124		TITLE				129
Operation Manager							Maintenance Manager				
BUSINESS PHONE					125		BUSINESS PHONE				130
951-943-6007							951-943-6007				
24-HOUR PHONE					126		24-HOUR PHONE				131
951-905-9905							951-905-9910				
PAGER #					127		PAGER #				132
											

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE					DATE		134		NAME OF DOCUMENT PREPARER		135
					02/22/2007				Thomas Lao		
NAME OF SIGNER (print)					136		TITLE OF SIGNER				137
Brent Vollmer							Operation Manager				

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Building 1, Awning					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204
					8	2	2	4	1		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Adhesive					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Flooring Adhesive									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
IIIB									

HAZARDOUS MATERIAL TYPE (Check one item only) 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212					CURIES 16 213	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE											

PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 5 215				
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									

FED HAZARD CATEGORIES (Check all that apply) 216									
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH									

AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219			STATE WASTE CODE 220		
20			30			110			141		

UNITS* (Check one item only) 221							DAYS ON SITE: 365 222				
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS											
* If EHS, amount must be in pounds.											

STORAGE CONTAINER 223											
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK		<input checked="" type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN					
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON					

STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	No Hazardous Ingredients 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

* If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1133
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.											
CHEMICAL LOCATION 201 Building 1, Awning					CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Hydrocarbons and Additives					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>						
COMMON NAME 207 Diesel Fuel					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208						
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs. 209						
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 II											
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213			
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					LARGEST CONTAINER 480 215						
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH											
AVERAGE DAILY AMOUNT 217 400			MAXIMUM DAILY AMOUNT 218 960			ANNUAL WASTE AMOUNT 219 0			STATE WASTE CODE 220 213		
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>								DAYS ON SITE: 222 365			
STORAGE CONTAINER 223 <input checked="" type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON											
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224											
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225											

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Diesel Fuel 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	68334-30-5 229
2 0.5 230	Naphthalene 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	91-20-3 233
3 0.5 234	Ethyl Benzene 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	100-41-4 237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

* If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1993
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.	
CHEMICAL LOCATION 201 Building 1, Awning	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Hydrocarbons and Additives	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Solvent	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IIIB	
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 1 215
FED HAZARD CATEGORIES (check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217 3	MAXIMUM DAILY AMOUNT 218 5
ANNUAL WASTE AMOUNT 219 20	STATE WASTE CODE 220 213
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226	Acetic Acid 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	64-19-7 229
2	230	Acetone 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	67-64-1 233
3	234	Aromatic Hydrocarbon-A 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	64742-94-5 237
4	238	Aromatic Hydrocarbon-B 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	64742-94-6 241
5	242	Butyl Acetate 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	123-86-4 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN3082
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
Building 1, Awning
EPCRA
 YES NO

FACILITY ID # 203 MAP# (optional) 204 GRID# (optional)
8 2 2 4 1

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
Adhesive
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Adhesive

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IA

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 16 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 5 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
40 55 55 331

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 70 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	66-64-1 229
2 5 230	Toluene 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	108-88-3 233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD K 246
HAZARD CLASS OR DIVISION # 3 UN# UN1133
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.	
CHEMICAL LOCATION 201 Building 1, Awning	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Hydrocarbons and Additives	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Unleaded Gasoline	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IA

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 16 213
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 8,000 215
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

FED HAZARD CATEGORIES (check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 4,000	MAXIMUM DAILY AMOUNT 218 8,000	ANNUAL WASTE AMOUNT 219 0	STATE WASTE CODE 220 213
----------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------	----------------------------------------------------------------

UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input checked="" type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 5 226	Ethyl Benzene 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	100-41-4 229
2 11 230	Ethanol 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64-17-5 233
3 10 234	Xylene 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	25551-13-7 237
4 6 238	Toluene 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	108-88-3 241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1203
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Building 1, R & D Department					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #								8 2 2 4 1		MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Acetone					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Acetone									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
67-64-1									
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
IB									
HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213			
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 55 215				
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220			
20		55		110		214			
UNITS* (Check one item only) 221					DAYS ON SITE: 222				
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					365				
* If EHS, amount must be in pounds.									
STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	67-64-1 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1090
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
Building 1, R & D Department
EPCRA
 YES NO

FACILITY ID # 203 MAP# (optional) 204 GRID# (optional)
8 2 2 4 1

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
Ethylene/Vinyl Acetate Copolymer
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Resin

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IC

HAZARDOUS MATERIAL TYPE (Check one item only) 211 RADIOACTIVE Yes No 212 CURIES 16 213
 a. PURE b. MIXTURE c. WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 55 215
 a. SOLID b. LIQUID c. GAS

FED HAZARD CATEGORIES (check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
110 165 110 214

UNITS* (Check one item only) 221 DAYS ON SITE: 222
 a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds. 365

STORAGE CONTAINER 223
 a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 42 226	Styrene 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	100-42-5 229
2 0.01 230	Isopropyl Alcohol 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	67-63-0 233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 1 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1866
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Building 2, Lamination Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #								8 2 2 4 1		MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205			Adhesive			TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206								
						If Subject to EPCRA, refer to instructions								
COMMON NAME 207			Polyurethane Adhesive			EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208								
CAS# 209			*If EHS is "Yes", all amounts below must be in lbs.											
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210														
IIIB														
HAZARDOUS MATERIAL TYPE (Check one item only) 211			<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212								
						CURIES 16 213								
PHYSICAL STATE (Check one item only) 214			<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			LARGEST CONTAINER 55 215								
FED HAZARD CATEGORIES (check all that apply) 216														
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH														
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219			STATE WASTE CODE 220					
220			385			220			222					
UNITS* (Check one item only) 221						DAYS ON SITE: 222								
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						365								
* If EHS, amount must be in pounds.														
STORAGE CONTAINER 223														
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM			<input type="checkbox"/> m. GLASS BOTTLE			<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG			<input type="checkbox"/> n. PLASTIC BOTTLE			<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX			<input type="checkbox"/> o. TOTE BIN					
<input checked="" type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input type="checkbox"/> l. CYLINDER			<input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE 224														
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT														
STORAGE TEMPERATURE 225														
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC														

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	30	226	4,4'-Diphenylmethane Diisocyanate	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	101-58-8	229
2		230		231	<input type="checkbox"/> Yes <input type="checkbox"/> No	232		233
3		234		235	<input type="checkbox"/> Yes <input type="checkbox"/> No	236		237
4		238		239	<input type="checkbox"/> Yes <input type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input type="checkbox"/> No	244		245

*If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# 1133
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3														
National R.V., Inc.														
CHEMICAL LOCATION 201						CHEMICAL LOCATION CONFIDENTIAL 202								
Building 2, Lamination Area						EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
FACILITY ID #								8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206			
Base Oil and Additives						If Subject to EPCRA, refer to instructions			
COMMON NAME 207						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208			
Gear Oil									
CAS# 209						*If EHS is "Yes", all amounts below must be in lbs.			

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						

PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 55 215		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					

FED HAZARD CATEGORIES (check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
30		55		220		222	

UNITS* (Check one item only) 221					DAYS ON SITE: 365 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						
* If EHS, amount must be in pounds.						

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 5 226	Aklyl Phosphoric Acid Ester Amine Salts 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	
2 2.5 230	Sulfurized Isobutylene 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	68511-50-2 233
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 1 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # _____ UN# _____

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 2, Outside

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Hydrocarbons, Aliphatic

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Propane

EHS* 208

Yes No

CAS# 209

74-98-6

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IA

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 500 215

FED HAZARD CATEGORIES (check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

500

MAXIMUM DAILY AMOUNT 218

1000

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

214

UNITS* 221

(Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

- | | | | | |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #	
1	96	226	Propane	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	74-98-6 229
2		230		231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3		234		235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4		238		239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5		242		243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 4 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 2.1 UN# UN1978

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3										
National R.V., Inc.										
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202					
Building 2, Outside Storage Shed					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #								MAP# (optional) 203		GRID# (optional) 204
				8 2 2 4 1						

II. CHEMICAL INFORMATION

CHEMICAL NAME 205			TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206		
D-limonene			If Subject to EPCRA, refer to instructions		
COMMON NAME 207			EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208		
Bio-T Cleaner					
CAS# 209			*If EHS is "Yes", all amounts below must be in lbs.		
5989-27-5					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210					
II					
HAZARDOUS MATERIAL TYPE (Check one item only) 211		<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	
				CURIES 16	
PHYSICAL STATE (Check one item only) 214		<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		LARGEST CONTAINER 55 215	
FED HAZARD CATEGORIES (check all that apply) 216					
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219	
110		220		0	
				STATE WASTE CODE 220	
				214	
UNITS* (Check one item only) 221				DAYS ON SITE: 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				365	
* If EHS, amount must be in pounds.					
STORAGE CONTAINER 223					
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX	
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER	
				<input type="checkbox"/> m. GLASS BOTTLE	
				<input type="checkbox"/> n. PLASTIC BOTTLE	
				<input type="checkbox"/> o. TOTE BIN	
				<input type="checkbox"/> p. TANK WAGON	
				<input type="checkbox"/> q. RAIL CAR	
				<input type="checkbox"/> r. OTHER	
STORAGE PRESSURE 224					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE 225					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	70	D-limone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5989-27-5
2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN2319
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 2, Outside Storage Shed

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Naptha

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Solvent

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

II

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

55

MAXIMUM DAILY AMOUNT 218

110

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

213

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #		
1	100	226	Naptha	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	64742-88-7	229
2		230		231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232		233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236		237
4		238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# UN1268

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Building 2, Welding Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204
					8	2	2	4	1		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Hydrocarbons, Aliphatic					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Acetylene									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
74-86-2									
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
N/A									

HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213		
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE								

PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 200 215		
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS					

FED HAZARD CATEGORIES (Check all that apply) 216					
<input checked="" type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH					

AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
200		400		0		N/A	

UNITS* (Check one item only) 221				DAYS ON SITE: 222	
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				365	
				* If EHS, amount must be in pounds.	

STORAGE CONTAINER 223							
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input checked="" type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE 224		
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		

STORAGE TEMPERATURE 225		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100	Acetylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-86-2
2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 4 REACTIVITY 3 SPECIAL HAZARD -
 HAZARD CLASS OR DIVISION # 2.1 UN# UN1001
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Building 2, Welding Area						CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FACILITY ID #							8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Argon					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 If Subject to EPCRA, refer to instructions				
COMMON NAME 207 Argon					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209 7440-37-1					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 N/A									

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213			
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS			LARGEST CONTAINER 200 215						
FED HAZARD CATEGORIES (check all that apply) 216 <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217 200			MAXIMUM DAILY AMOUNT 218 400			ANNUAL WASTE AMOUNT 219 0		STATE WASTE CODE 220 N/A	

UNITS* (Check one item only) 221 <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS * If EHS, amount must be in pounds.					DAYS ON SITE: 222 365				
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									

STORAGE PRESSURE 224 <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Argon 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7440-37-1 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1001
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.									
CHEMICAL LOCATION 201 Building 2, Welding Area						CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID #				8 2 2 4 1		MAP# (optional) 203		GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Carbon Dioxide					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>				
COMMON NAME 207 Carbon Dioxide					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209 124-38-9					*If EHS is "Yes", all amounts below must be in lbs.				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 N/A									
-------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213		
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	------------------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------	--	--

PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS				LARGEST CONTAINER 200 215					
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--------------------------------------------------------------	--	--	--	--	--

FED HAZARD CATEGORIES (check all that apply) 216 <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

AVERAGE DAILY AMOUNT 217 200			MAXIMUM DAILY AMOUNT 218 400			ANNUAL WASTE AMOUNT 219 0			STATE WASTE CODE 220 N/A		
--------------------------------------------------------------------	--	--	--------------------------------------------------------------------	--	--	-----------------------------------------------------------------	--	--	----------------------------------------------------------------	--	--

UNITS* (Check one item only) 221 <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>							DAYS ON SITE: 222 365		
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	-------------------------------------------------------------	--	--

STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input checked="" type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON			

STORAGE PRESSURE 224 <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT									
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC									
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100	Carbon Dioxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	124-38-9
2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD -
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1013
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

National R.V., Inc.

3

CHEMICAL LOCATION

Building 2, Welding Area

201

CHEMICAL LOCATION CONFIDENTIAL

202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Oxygen

205

TRADE SECRET

Yes No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

Oxygen, Compressed Gas

207

EHS*

Yes No

208

CAS#

7782-44-7

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

N/A

210

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE Yes No

CURIES 16

212

213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER 200

215

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

200

MAXIMUM DAILY AMOUNT

400

ANNUAL WASTE AMOUNT

0

STATE WASTE CODE

N/A

217

218

219

220

UNITS* (Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE:

365

221

222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	Oxygen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7782-44-7
2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD -
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1072
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Chassis, Back

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Carbon Dioxide

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Carbon Dioxide

EHS* 208

Yes No

CAS# 209

124-38-9

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

4,000

MAXIMUM DAILY AMOUNT 218

7,200

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #			
1	100	226	Carbon Dioxide	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	124-38-9	229
2		230		231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232		233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236		237
4		238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1013
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	
National R.V., Inc.	
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL 202
Building 3, Chassis, Front	EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204
8 2 2 4 1	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
Acetylene	If Subject to EPCRA, refer to instructions
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
Acetylene	
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs. 210
74-86-2	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210	
N/A	
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 200 215
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	
FED HAZARD CATEGORIES (Check all that apply) 216	
<input checked="" type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
1,000	2,000 0 N/A
UNITS* (Check one item only) 221	DAYS ON SITE: 222
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
* If EHS, amount must be in pounds.	
STORAGE CONTAINER 223	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Acetylene 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	74-86-2 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 4 REACTIVITY 3 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.1 UN# UN1001
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION

(one page per material per building or area)

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Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Chassis, Front

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Argon

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Argon

EHS* Yes No 208

CAS# 209

7440-37-1

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

1,000

MAXIMUM DAILY AMOUNT 218

2,000

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100	Argon	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-37-1
2	230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3	234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1001
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3										
National R.V., Inc.										
CHEMICAL LOCATION 201						CHEMICAL LOCATION CONFIDENTIAL 202				
Building 3, Chassis, Front						EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #						8 2 2 4 1		MAP# (optional) 203		GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205				TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Carbon Dioxide				If Subject to EPCRA, refer to instructions				
COMMON NAME 207				EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Carbon Dioxide								
CAS# 209				*If EHS is "Yes", all amounts below must be in lbs.				
124-38-9								
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210								
N/A								
HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213			
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE								
PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 200 215					
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS								
FED HAZARD CATEGORIES (Check all that apply) 216								
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH								
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220		
1,000		2,000		0		N/A		
UNITS* (Check one item only) 221						DAYS ON SITE: 222		
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						365		
* If EHS, amount must be in pounds.								
STORAGE CONTAINER 223								
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN		
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input checked="" type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON		
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224								
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225								
%WT		HAZARDOUS COMPONENT (For mixture or waste only)			EHS		CAS #	
1 100 226		Carbon Dioxide 227			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228		124-38-9 229	
2 230					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232			
3 234					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236			
4 238					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240			
5 242					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244			

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1013
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Chassis, Front

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Oxygen

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Oxygen, Compressed Gas

EHS* Yes No 208

CAS# 209

7782-44-7

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

1,000

MAXIMUM DAILY AMOUNT 218

2,000

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

- | | | | | |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Oxygen 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7782-44-7 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.2 UN# UN1072
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Inside

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Acrylic Enamel Paint

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Chassis Paint

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IC

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

100

MAXIMUM DAILY AMOUNT 218

165

ANNUAL WASTE AMOUNT 219

55

STATE WASTE CODE 220

214

UNITS* 221

(Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	42	226	Acetone	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	67-64-1	229
2	15	230	PCBTF Solvent	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	98-56-6	233
3	1	234	Carbon Black	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	133-86-4	237
4		238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1263
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.																
CHEMICAL LOCATION 201 Building 3, Inside										CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Hydrocarbon										TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207 Transmission Fluid										EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
CAS# 209										*If EHS is "Yes", all amounts below must be in lbs.	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IIIB											
------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--

HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211										RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	----------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------	--

PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214										LARGEST CONTAINER 240 215	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	---------------------------------------------------------------	--

FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH											
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--

AVERAGE DAILY AMOUNT 217 100				MAXIMUM DAILY AMOUNT 218 240				ANNUAL WASTE AMOUNT 219 110				STATE WASTE CODE 220 222			
------------------------------------------------------------------	--	--	--	------------------------------------------------------------------	--	--	--	-----------------------------------------------------------------	--	--	--	--------------------------------------------------------------	--	--	--

UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221 <small>* If EHS, amount must be in pounds.</small>										DAYS ON SITE: 365 222	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	-----------------------------------------------------------	--

STORAGE CONTAINER															
<input type="checkbox"/> a. ABOVE GROUND TANK				<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM				<input type="checkbox"/> i. FIBER DRUM				<input type="checkbox"/> m. GLASS BOTTLE			
<input type="checkbox"/> b. UNDERGROUND TANK				<input type="checkbox"/> f. CAN				<input type="checkbox"/> j. BAG				<input type="checkbox"/> n. PLASTIC BOTTLE			
<input checked="" type="checkbox"/> c. TANK INSIDE BUILDING				<input type="checkbox"/> g. CARBOY				<input type="checkbox"/> k. BOX				<input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM				<input type="checkbox"/> h. SILO				<input type="checkbox"/> l. CYLINDER				<input type="checkbox"/> p. TANK WAGON			

STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224											
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--

STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225											
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 20 226	Ditridecyl Adipate 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	16958-92-2 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1263
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Fiberglass, Hand Lamination Area

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Adhesive

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Polyurethane Adhesive

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

55

MAXIMUM DAILY AMOUNT 218

110

ANNUAL WASTE AMOUNT 219

220

STATE WASTE CODE 220

222

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	30	226	4,4'-Diphenylmethane Diisocyanate	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	101-68-8	229
2		230		231	<input type="checkbox"/> Yes <input type="checkbox"/> No	232		233
3		234		235	<input type="checkbox"/> Yes <input type="checkbox"/> No	236		237
4		238		239	<input type="checkbox"/> Yes <input type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# 1133

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
 National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
 Building 3, Fiberglass, Resin Storage Area EPCRA
 YES NO

FACILITY ID # 8 2 2 4 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
 Ethylene/Vinyl Acetate Copolymer If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
 Resin

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
 IC

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 16 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 550 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
 1,000 1,650 110 214

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 222
 * If EHS, amount must be in pounds. 365

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	42	Styrene	226	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	100-42-5 229
2	0.01	Isopropyl Alcohol	230	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	67-63-0 233
3			234	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	
4	6		238	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	
5			242	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 1 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1866
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.									
CHEMICAL LOCATION 201 Building 3, Fiberglass, Spray Booth							CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FACILITY ID #					MAP# (optional) 203			GRID# (optional) 204	
				8	2	2	4	1	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Ethylene/Vinyl Acetate Copolymer					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>				
COMMON NAME 207 Gel Coat					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IC									
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213	
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					LARGEST CONTAINER 55 215				
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217 55			MAXIMUM DAILY AMOUNT 218 110			ANNUAL WASTE AMOUNT 219 110		STATE WASTE CODE 220 214	
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>							DAYS ON SITE: 222 365		
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	30	226	Styrene	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	100-42-5	229
2	1	230	Silicon Dioxide	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	14808-60-7	233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236		237
4	6	238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 3 REACTIVITY 2 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1263
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 3, Fiberglass, Spray Booth

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Ketone Peroxide

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Methyl Ethyl Ketone Peroxide

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 1 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

3

MAXIMUM DAILY AMOUNT 218

5

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1 34	226	Methyl Ethyl Ketone Peroxide	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	1338-23-4 229
2 43	230	Dimethyl Phthalate	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	131-11-3 233
3 20	234	2,2,4-Trimethyl-1,3-Pentanediol Diisobutyrate	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	6846-50-0 237
4 2	238	Methyl Ethyl Ketone	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	78-93-3 241
5 1	242	Hydrogen Peroxide	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	7722-84-1 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 2 REACTIVITY 2 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 5.2 UN# 3105
 if EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3										
National R.V., Inc.										
CHEMICAL LOCATION 201						CHEMICAL LOCATION CONFIDENTIAL 202				
Building 3, Fiberglass, Spray Booth						EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #								MAP# (optional) 203		GRID# (optional) 204
				8 2 2 4 1						

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Ethylene/Vinyl Acetate Copolymer					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Resin									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
IC									
HAZARDOUS MATERIAL TYPE (Check one item only) 211				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213		
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214				LARGEST CONTAINER 55 215					
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
55			110			110		214	
UNITS* (Check one item only) 221							DAYS ON SITE: 222		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS							365		
* If EHS, amount must be in pounds.									
STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN			
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	42	226	Styrene	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	100-42-5	229
2	0.01	230	Isopropyl Alcohol	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	67-63-0	233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236		237
4	6	238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 1 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1866
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.	
CHEMICAL LOCATION 201 Building 3, Fiberglass, Storage Shed	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID # 8 2 2 4 1	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Ketones, Aliphatic	TRADE SECRET 206 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Acetone	EHS* 208 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS# 209 67-64-1	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IB	
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 55 215
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217 240	MAXIMUM DAILY AMOUNT 218 385
ANNUAL WASTE AMOUNT 219 110	STATE WASTE CODE 220 214
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	67-64-1 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1090
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> REVISE	200	Page ___ of ___
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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.				
CHEMICAL LOCATION Building 3, Maintenance			201	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #				
	8	2	2	4
			1	
MAP# (optional) 203			GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Unsaturated Ethoxylated Methyl Ester/Surfactant Blend	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Solvent	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 16 213
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 55 215
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

FED HAZARD CATEGORIES (Check all that apply) 216 <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 55	MAXIMUM DAILY AMOUNT 218 110	ANNUAL WASTE AMOUNT 219 110	STATE WASTE CODE 220 214
-------------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------------

UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO	<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STORAGE PRESSURE 224 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT

STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	Insufficient concentrations of hazardous substances 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 9 UN# 3082
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Material Storage Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204
					8	2	2	4	1		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206		
Acetone					If Subject to EPCRA, refer to instructions		
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208		
Acetone							
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs. 210		
67-64-1							
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210							
IB							
HAZARDOUS MATERIAL TYPE (Check one item only) 211				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE							
PHYSICAL STATE (Check one item only) 214				LARGEST CONTAINER 55 215			
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS							
FED HAZARD CATEGORIES (check all that apply) 216							
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH							
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
165		220		110		214	
UNITS* (Check one item only) 221					DAYS ON SITE: 222		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					365		
* If EHS, amount must be in pounds.							
STORAGE CONTAINER 223							
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN	
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224							
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225							

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1	100	Acetone	226	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	67-64-1
			227			229
2			230	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	
			231			233
3			234	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	
			235			237
4	6		238	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240	
			239			241
5			242	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244	
			243			245

*If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1090
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.														
CHEMICAL LOCATION 201 Material Storage Area					CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
FACILITY ID #								8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Emulsion					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>				
COMMON NAME 207 Emulsion Undercoating					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209 67-64-1					*If EHS is "Yes", all amounts below must be in lbs. 210				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 211 IIIB									
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213		
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					LARGEST CONTAINER 55 215				
FED HAZARD CATEGORIES (Check all that apply) 216 <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217 165			MAXIMUM DAILY AMOUNT 218 220			ANNUAL WASTE AMOUNT 219 220		STATE WASTE CODE 220 331	
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>					DAYS ON SITE: 222 365				
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #	
1	226	Clay, Bentonite	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	1302-78-9	229
2	230	Kaolin	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	1332-58-7	233
3	234	Kathon LX-1.5 Biocide	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	26172-55-4	237
4	238	2-methyl-4-isothiazolin-3-one	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240	2682-20-4	241
5	242	Asphalt	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244	8052-42-4	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # _____ UN# _____
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

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REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Material Storage Area

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Acrylic Enamel Paint

TRADE SECRET

Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Chassis Paint

EHS*

Yes No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IC

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

660

MAXIMUM DAILY AMOUNT 218

660

ANNUAL WASTE AMOUNT 219

55

STATE WASTE CODE 220

214

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 42 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	67-64-1 229
2 15 230	PCBTF Solvent 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	98-56-6 233
3 1 234	Carbon Black 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	133-86-4 237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# UN1263

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Material Storage Area

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Ethylene/Vinyl Acetate Copolymer

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Resin

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IC

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

440

MAXIMUM DAILY AMOUNT 218

440

ANNUAL WASTE AMOUNT 219

110

STATE WASTE CODE 220

214

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

- | | | | | |
|---------------------------------------------------|------------------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input checked="" type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	42	226	Styrene	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	100-42-5	229
2	0.01	230	Isopropyl Alcohol	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	67-63-0	233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236		237
4	6	238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 1 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# UN1866

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
National R.V., Inc.									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202				
Material Storage Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #					MAP# (optional) 203			GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Naptha					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Solvent									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
II

HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						

PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 55 215		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
220		220		0		213	

UNITS* (Check one item only) 221					DAYS ON SITE: 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					365	
* If EHS, amount must be in pounds.						

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE 224
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	100	226	Naptha	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	64742-88-7	229
2		230		231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232		233
3		234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236		237
4		238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240		241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1268
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
National R.V., Inc.									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202				
Material Storage Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #								8 2 2 4 1	
MAP# (optional) 203					GRID# (optional) 204				

II. CHEMICAL INFORMATION

CHEMICAL NAME 205		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206	
Adhesive		If Subject to EPCRA, refer to instructions	
COMMON NAME 207		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
Adhesive			
CAS# 209		*If EHS is "Yes", all amounts below must be in lbs.	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IA

HAZARDOUS MATERIAL TYPE (Check one item only) 211		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE					

PHYSICAL STATE (Check one item only) 214		LARGEST CONTAINER 5 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
40		55		55		331	

UNITS* (Check one item only) 221		DAYS ON SITE: 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
* If EHS, amount must be in pounds.			

STORAGE CONTAINER 223			
<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE
<input type="checkbox"/> b. UNDERGROUND TANK	<input checked="" type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON

STORAGE PRESSURE 224	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	

STORAGE TEMPERATURE 225	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 70 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	66-64-1 229
2 5 230	Toluene 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	108-88-3 233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD K 246
 HAZARD CLASS OR DIVISION # 3 UN# UN1133
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Hazardous Waste Storage Area

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Lead Acid Battery, Dry

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Lead Acid Battery, Dry

EHS* 208

Yes No

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

10

MAXIMUM DAILY AMOUNT 218

15

ANNUAL WASTE AMOUNT 219

50

STATE WASTE CODE 220

612

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222
365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 97 226	Lead, and Lead Components 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7439921 229
2 1 230	Antimony 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	7440360 233
3 1 234	Arsenic 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	7440382 237
4 1 238	Calcium 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	7440702 241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 8 UN# 2796

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Hazardous Waste Storage Area						CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FACILITY ID #							8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Waste Acetone/Sludge						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>					
COMMON NAME 207 Waste Acetone/Sludge						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208					
CAS# 209						*If EHS is "Yes", all amounts below must be in lbs. 209					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IB											
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212				CURIES 16 213			
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				LARGEST CONTAINER 55 215							
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH											
AVERAGE DAILY AMOUNT 217 55			MAXIMUM DAILY AMOUNT 218 110			ANNUAL WASTE AMOUNT 219 1,100			STATE WASTE CODE 220 212		
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>						DAYS ON SITE: 222 365					
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON											
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224											
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225											

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	Mixture of Waste Acetone & Resin 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# _____
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Hazardous Waste Storage Area					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204
				8	2	2	4	1			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Waste Adhesive					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Waste Adhesive									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
IB									
HAZARDOUS MATERIAL TYPE (Check one item only) 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213		
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 55 215				
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220		
55			110		550		141		
UNITS* (Check one item only) 221							DAYS ON SITE: 222		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS							365		
STORAGE CONTAINER									
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN			
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1	226	Mixture of Waste Adhesive & Solvent	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	
2	230		231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	
3	234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	
4 6	238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240	
5	242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# _____
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Hazardous Waste Storage Area						CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FACILITY ID #							8	2	2	4	1	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Waste Oil and Water						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>			
COMMON NAME 207 Waste Oil and Water						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208			
CAS# 209						*If EHS is "Yes", all amounts below must be in lbs.			

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------	--

PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			LARGEST CONTAINER 55 215			
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------	--	--	--

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 55		MAXIMUM DAILY AMOUNT 218 110		ANNUAL WASTE AMOUNT 219 220		STATE WASTE CODE 220 222	
-------------------------------------------------------------------	--	--------------------------------------------------------------------	--	-------------------------------------------------------------------	--	----------------------------------------------------------------	--

UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>					DAYS ON SITE: 222 365	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	-------------------------------------------------------------	--

STORAGE CONTAINER 223							
<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN				
<input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON				

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	Mixture of Waste Oil and Water 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH ___ FLAMMABILITY ___ REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # ___ UN# ___
If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Hazardous Waste Storage Area										CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID #								8 2 2 4 1		MAP# (optional) 203		GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Waste Paint and Related Materials										TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207 Waste Paint and Related Materials										EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
CAS# 209										*If EHS is "Yes", all amounts below must be in lbs. 209	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IB

HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211										RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 16 213	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	----------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------	--

PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214										LARGEST CONTAINER 55 215	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	-----------------------------------------------------------	--

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 55				MAXIMUM DAILY AMOUNT 218 110				ANNUAL WASTE AMOUNT 219 1,100				STATE WASTE CODE 220 214			
-----------------------------------------------------------------	--	--	--	------------------------------------------------------------------	--	--	--	-------------------------------------------------------------------	--	--	--	--------------------------------------------------------------	--	--	--

UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221 <small>* If EHS, amount must be in pounds.</small>										DAYS ON SITE: 365 222	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	-----------------------------------------------------------	--

STORAGE CONTAINER															
<input type="checkbox"/> a. ABOVE GROUND TANK				<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM				<input type="checkbox"/> i. FIBER DRUM				<input type="checkbox"/> m. GLASS BOTTLE			
<input type="checkbox"/> b. UNDERGROUND TANK				<input type="checkbox"/> f. CAN				<input type="checkbox"/> j. BAG				<input type="checkbox"/> n. PLASTIC BOTTLE			
<input type="checkbox"/> c. TANK INSIDE BUILDING				<input type="checkbox"/> g. CARBOY				<input type="checkbox"/> k. BOX				<input type="checkbox"/> o. TOTE BIN			
<input checked="" type="checkbox"/> d. STEEL DRUM				<input type="checkbox"/> h. SILO				<input type="checkbox"/> l. CYLINDER				<input type="checkbox"/> p. TANK WAGON			
<input type="checkbox"/> q. RAIL CAR				<input type="checkbox"/> r. OTHER											

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1	226	Mixture of Waste Paint & Related Materials	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	229
2	230		231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	233
3	234		235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	237
4 6	238		239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240	241
5	242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# 1263
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

DELETE

REVISE

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Hazardous Waste Storage Area

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 2 2 4 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Waste Flammable Solid

TRADE SECRET

Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Waste Rags, Pigs, Booms

EHS*

Yes No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

20

MAXIMUM DAILY AMOUNT 218

55

ANNUAL WASTE AMOUNT 219

220

STATE WASTE CODE 220

181

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222
365

STORAGE CONTAINER 223

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	Mixture of Waste Rags, Pigs, Booms 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH ___ FLAMMABILITY ___ REACTIVITY ___ SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # ___ UN# ___

If EPCRA, Please Sign Here

HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN EMERGENCY PROCEDURES

Emergency response plans and procedures are an integral part of the HMBEP. By taking the time to develop plans and procedures for your business, you will avoid complications resulting from inaction or misguided action during an emergency. Once the plans and procedures are developed, your employees will have an informative guide to follow in the event of an emergency. You must address each of the following items, however, the amount of detail you provide will depend upon the size and nature of the business, the damage potential of the hazardous materials handled and the location of the business with respect to residential or other populated areas.

1. EMERGENCY RESPONSE PLANS AND PROCEDURES

- A. If you have a release or threatened release of hazardous materials, your business is required by state law to provide immediate notification to the following agencies:

Immediately call:

Local emergency response personnel (Fire, paramedics, police or sheriff)	911
State Office of Emergency Services	(800) 852-7550 or (916) 262-1621

Immediately call the appropriate jurisdiction:

The County of Riverside Hazardous Materials Management Division:	(951) 358-5055
CDF/Banning Fire Service	(951) 922-3210
City of Corona Fire Department	(951) 736-2220
City of Riverside Fire Department	(951) 826-5321

Person(s) within the business required responding to a hazardous materials incident:

Name: <u>Brent Vollmer</u>	Telephone: <u>(951) 905-9905</u>
Name: <u>Octavio Gomez</u>	Telephone: <u>(951) 905-9910</u>

- B. Identify the local emergency medical facility that will be used by your business in the event of an injury caused by the release of a hazardous material:

Name:	<u>U.S. Health Work</u>
Address:	<u>16420 Perris Blvd.</u>
City:	<u>Moreno Valley, CA 92551</u>
Phone:	<u>951-571-2450</u>

2. PREVENTION

Describe the kind of hazards associated with the materials present at your business. Provide information on the steps taken at your business, or the policies or procedures now in place, to **help prevent** an accidental release of a hazardous material. Issues for discussion may include safety, storage, and containment procedures. Be specific for each type of hazardous material at your business.

Hazardous materials present at facility consist of various paint, resin, solvent, welding gases (acetylene, oxygen, carbon dioxide, and argon). The chemicals on the most part, present only nominal fire hazards and disposal concerns. All of the hazardous materials are contained and stored in compliance with current laws and regulations. Prevention of possible health hazards is accomplished by implementation of the contingency plan. Hazardous materials classified as flammable and combustible are kept in flammable storage cabinets as well as spill pallets. Incompatible materials are segregated and stored separately in compatible groups and hazard class. Employees who use these materials must first read the appropriate MSDS corresponding with the hazardous material before it's use. Welding gases when not in use are chained with a twenty-foot separation between acetylene and the other gases when stored.

3. MITIGATION

Describe the procedures to be followed to **reduce the severity** of a release or threatened release of a hazardous material at your business. The procedures should detail the actions to be taken by employees to stop a release, contain a release, or to reduce the problems associated with a release. What is your immediate response to a spill, fire, explosion or airborne release at your business? Do not write procedures that exceed the capabilities of employees or equipment at your business or that violate any worker safety laws.

All hazardous materials are contained and stored in compliance with current laws and regulations. Hazardous materials classified as flammable and combustible are kept in flammable storage cabinets as well as spill pallets. There is no combining of incompatible materials. Additional preventative measures are:

1. Proper container labeling.
2. Housekeeping program.

The immediate response to a fire, spill, or airborne release is to contact a supervisor and/or emergency coordinator. It is our policy that associates will clean up their own small spills and/or leaks that occur within their work areas and which consist of hazardous materials in which they are familiar with under the supervision of management. In the event of a small fire, trained designated associates will respond with fire extinguishers. Absorbent for clean-up is kept in the maintenance department and in each department. Empty 55-gallon drums are kept in reserve in the event a spill needs to be cleaned and stored. In the event a spill results in a fire unmanageable by response staff, 911 will be called and agency emergency response personnel dispatched.

4. ABATEMENT

Describe what you would do to **stop** and **remove** each hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your business? What aspects of the response are beyond your ability and need to be handled by others? Who would you call to handle the release?

Each employee who works with or around the hazardous materials is trained in the response to a release. This training includes proper handling, response, notification, and mitigation procedures for each product. If a minor release occurs, the individual discovering the incident should attempt to locate and eliminate the source. If possible, try to stop or at least contain the release. This may be as simple as shutting off a valve. In the event the leak cannot be stopped or contained by handheld containment measures, the employee shall notify his/her supervisor and/or emergency coordinator, who will in turn have the spill contained by an absorbent by spill response crew. The source of the spill shall then be further assessed and mitigated. All contaminated absorbent will be containerized and removed by a certified waste hauler. Hazardous materials and/or hazardous wastes which are released in a quantity exceeds the RQ value or pose an immediate threat to human life or limb as determined by the emergency response coordinator, will be cleaned up by a remedial/emergency response service or a hazardous material spill response team associated with the local fire department. We currently contracted HCI Environmental & Engineering Service (800) 988-4424 as the outside emergency response team.

5. EVACUATION

Describe the procedures to be followed for immediate notification and evacuation of your business:

In the event of an emergency requiring immediate evacuation from the facility, verbal notification will instruct all employees, customers, visitors, and others who are in the manufacturing area to evacuate to the designated Emergency Evacuation Staging Area documented on the facility Evacuation Map.

All employees, customers, visitors, and others in the front office will evacuate through the main entrance at the west side of the building and out to the parking lot to the designated Emergency Evacuation Staging Area. Notification will be verbal.

6. EARTHQUAKES

Identify the areas and equipment in your business, which would require **immediate inspection or isolation** due to their vulnerability to earthquake related ground motion. Check for equipment such as gas cylinders, piping, drums, etc., that may need to be secured or spillage that may require mitigation or abatement.

The area where hazardous materials and waste are stored will be inspected immediately. Gasoline, diesel, and propane tanks will be thoroughly inspected. Utility shut-offs will be tested.

7. HAZARDOUS WASTE CONTINGENCY

Specific procedures for prevention, mitigation and abatement of a release of **hazardous waste** generated at your business. This section only applies to hazardous waste generators.

All hazardous wastes are contained and stored in compliance with current laws and regulations. There is no combining of incompatible wastes. All hazardous waste is recycled or removed off-site periodically as required by a certified waste hauler.

8. UNAUTHORIZED RELEASE RESPONSE PLAN

Specific procedures for mitigation, abatement and reporting of an unauthorized release from an **underground storage tank (UST)**. The plan must address a release from a single wall or a double wall tank system as applicable. This plan should cover the entire UST system. This section only applies to UST owner/operators.

This facility doesn't have any Underground Storage Tank.

9. SITE SECURITY

As applicable on an individual facility basis, you should assess the security and vulnerability of your business from intentional acts both from within your business (sabotage) and from the outside (vandalism and terrorist acts). This assessment should consider testing your security system and procedures on a regular basis.

Details of this assessment should not be included in this plan as it is a public document.

Employee Training Plan

Businesses that handle hazardous materials are required to have a program which provides employees with initial and refresher training. The HMBEP shall include a training program, which is reasonable and appropriate for the size of the business and the nature of the hazardous materials handled. The training program shall take into consideration the responsibilities of the employees to be trained. The training program shall, at a minimum, include:

- A. Methods for safe handling of hazardous materials stored at your business, including familiarity with the characteristics and hazards of each material and measures employees can take to protect themselves from chemical hazards;
- B. Procedures for coordination with local emergency response organizations;
- C. Proper use of personal protective equipment;
- D. The prevention, abatement and mitigation procedures you have developed for your business and explained in the HMBEP, including proper use of emergency equipment and supplies;
- E. The emergency evacuation plans you have developed, the notification procedure used to alert people to evacuate, and the closest location to obtain appropriate emergency medical care;
- F. Procedures to coordinate with and assist the local emergency personnel that may respond to your business;
- G. Who and how to call for immediate assistance in the event of an accident involving hazardous materials;
- H. Procedures for ensuring that appropriate personnel receive initial and refresher training.

All employee training shall be documented and updated annually

1. Personnel

A. Are there any specially trained hazardous materials emergency response personnel at your business?
Yes _____ No X Number Trained _____

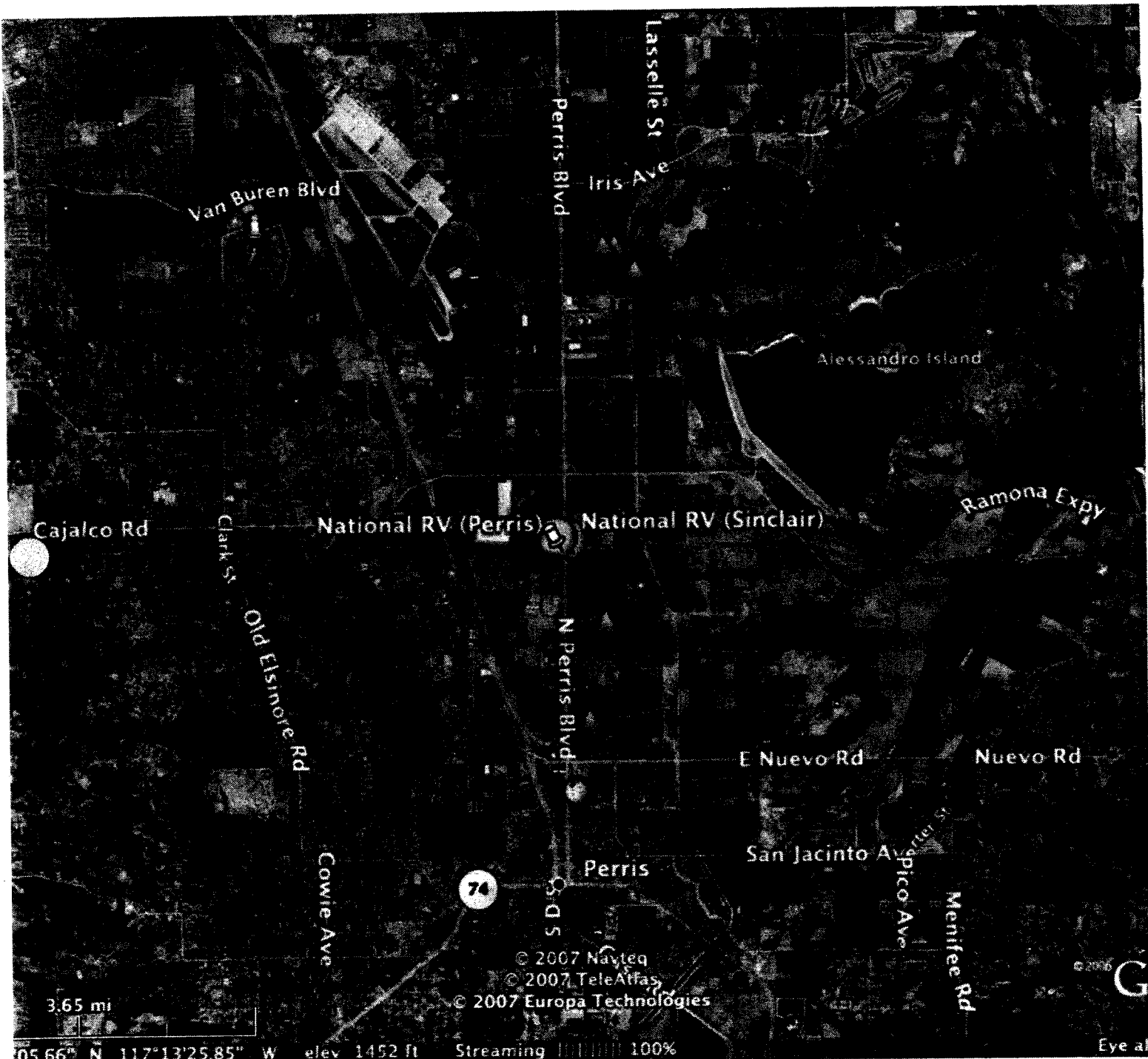
B. Do you have decontamination capabilities for victims of exposure to hazardous materials at your business? Yes _____ No X Type of Decon _____

C. Do you have personnel that will provide site security at your business during and after a hazardous materials incident? Yes X No _____

2. Equipment

A. List the type and location of equipment that can or will be used for response to hazardous materials incidents at your business.

- | | |
|-------------------------|------------------------------|
| 1. Empty 55-gallon drum | Hazardous Waste Storage Area |
| 2. Absorbents | Hazardous Waste Storage Area |
| 3. Respirators | Safety Office |



Van Buren Blvd

Lasselle St

Iris Ave

Perris Blvd

Alessandro Island

Ramona Expy

Cajalco Rd

National RV (Perris)

National RV (Sinclair)

Clark St

Old Elsmore Rd

N Perris Blvd

E Nuevo Rd

Nuevo Rd

Cowie Ave

74

Perris

San Jacinto Ave

Pico Ave

Menifee Rd

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© 2007 TeleAtlas
© 2007 Europa Technologies

3.65 mi

05.66° N 117°13'25.85" W elev 1452 ft Streaming 100%

Eye al



National RV (Sinclair)

National RV (Perris)

E Morgan

Sinclair St

Commerce Dr

1047 ft

© 2007 Navteq

© 2007 TeleAtlas

© 2007 Europa Technologies

© 2006



05.66° N 117°13'25.85" W elev 1450 ft Streaming 100%

Eye at

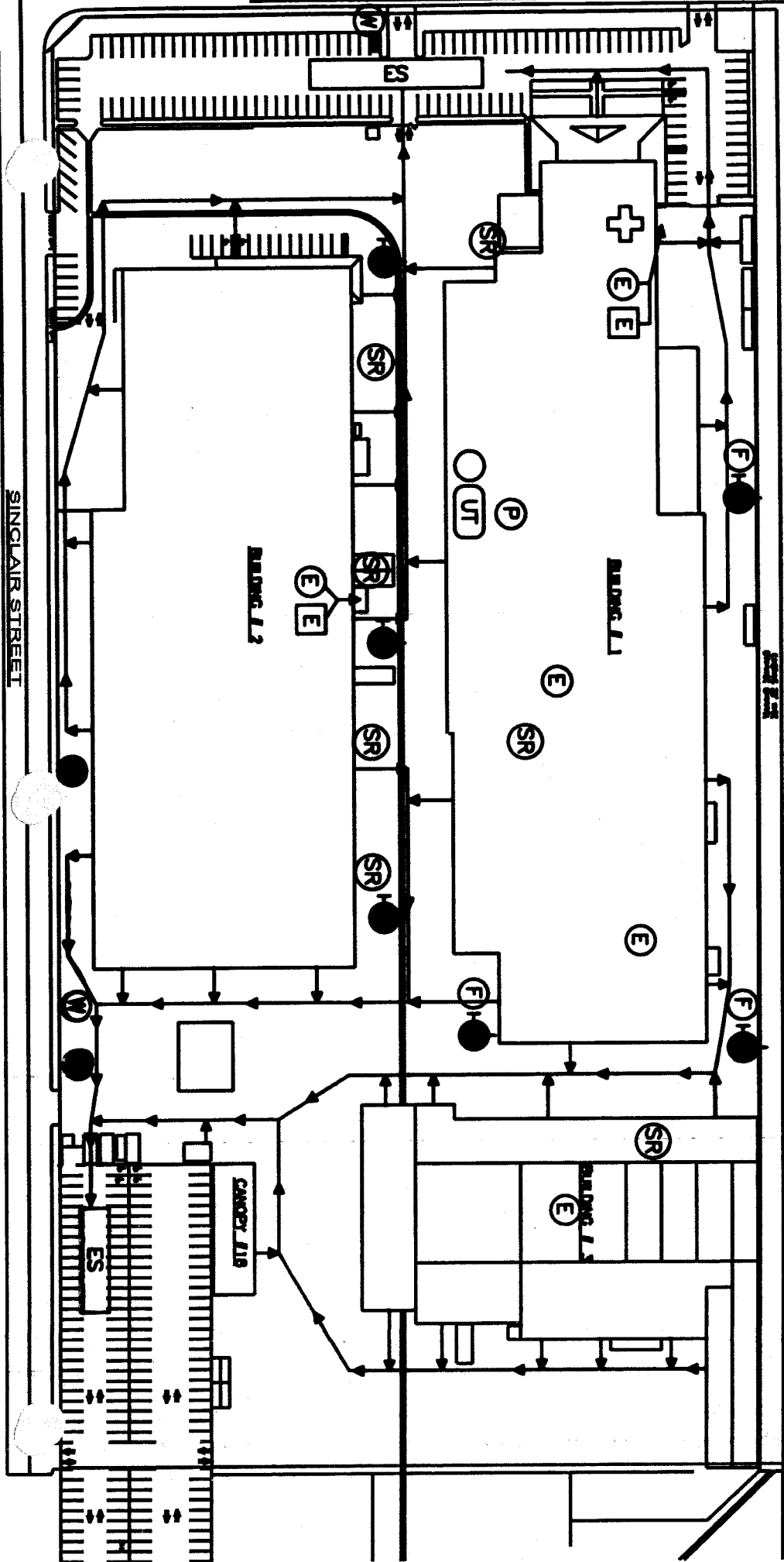
Legend

ⓔ Electric Shutoff
ⓔ Electric Meter
ⓐ Gas Shutoff
ⓐ Gas Meter
ⓐ Water Main Gate Valve
ⓐ Pump Shutoff
ⓐ Sprinkler Riser

ⓔ Evacuation Staging Area
ⓔ Fire Alarm
ⓐ First Aid
● Fire Hydrant
ⓔ Fire Hose
← Evacuation Route
ⓔ Under Ground Storage Tank
○ Above Ground Storage Tank
● Above Ground Propaine Tank

FERRIS BOULEVARD

SINCLAIR STREET



POST FOR EMPLOYEES

HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN: EMERGENCY NOTIFICATION

During an emergency involving a release or a threatened release of a hazardous material you must notify appropriate agencies. Information you should be prepared to supply includes:

1. Name and telephone number of the reporting party;
2. Name and address of business;
3. Time and type of release (e.g., damaged containers, malfunctioning equipment, etc.);
4. Name and quantity of material(s) involved;
5. Extent and number of injuries;
6. Actions taken or being taken to mitigate or reduce emergency;
7. Potential hazards to human health or the environment surrounding the business.

AGENCY NOTIFICATION:

Fire Department	911
Ambulance/Paramedic	911
Police/Sheriff	911

Hospital Riverside County Regional Medical Phone # 951-486-4000

Primary Facility Emergency Contact Person
Name Brent Vollmer Phone # 951-905-9905

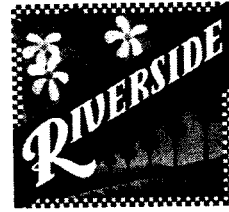
Hazardous Materials Management Division	(951) 358-5055
CDF/Banning Fire Service	(951) 922-3210
City of Corona Fire Department	(951) 736-2220
City of Riverside Fire Department	(951) 826-5321

California Office of Emergency Services	(800) 852-7550
National Response Center	(800) 424-8802
Poison Control Center	() _____
Hazardous Materials Cleanup Contractor	() _____

Name of Contractor (if applicable): _____

Other Contacts: _____

County of Riverside
Certified Unified Program Agency



Hazardous Materials Business Emergency Plan and Chemical Inventory Forms

Federal, State and local laws require a Hazardous Materials Business Emergency Plan (HMBEP). The County of Riverside, as well as the cities of Banning, Corona, and Riverside are charged with the responsibility to oversee compliance of these laws.

For Businesses located in the following city jurisdiction, the completed plan shall be submitted to the appropriate City Fire Agency below:

CDF/ Banning Fire Service
HAZMAT Section
P.O. Box 998
Banning, CA 92220
(909) 922-3210

City of Riverside Fire Dept.
HAZMAT Section
3775 Fairmount Blvd.
Riverside, CA 92501
(909) 826-5321

City of Corona Fire Dept.
HAZMAT Section
815 W Sixth St.
Corona, CA 92882-3238
(909) 736-2220

For All other locations within The County of Riverside, the completed plan shall be submitted to the closest County office below:

County of Riverside, Community Health Agency, Department of Environmental Health

Riverside Office
Haz Mat Division
P.O. Box 7489
Riverside, CA 92513-7489
(909) 358-5055
www.rivcoeh.org

Indio Office
Haz Mat Division
47-923 Oasis St. #E-4
Indio, CA 92201
(760) 863-8976

Hemet Office
Haz Mat Division
800 S. Sanderson Ave.
Hemet, CA 92545
(909) 766-6524

The forms and other requested information are to be completed and returned. The instructions for completing the Business Activities, Business Owner/ Operator Identification, and the Hazardous Materials Inventory forms are following each form. **Retain the instructional pages for your file. Be sure to maintain a copy of the plan for your use.** Failure to submit the Hazardous Materials Business Emergency (HMBEP) may result in substantial fines and/or prosecution. If you need assistance or have any questions, please call the appropriate agency at the phone number listed above. *Note: The information requested in the attached documents is not optional. This is a legal document and the signatures, dates and accuracy of information is very important.*

Thank you for your cooperation.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID #										8	9	0	7	3		EPA ID # (Hazardous Waste Only) CAL000219327
---------------	--	--	--	--	--	--	--	--	--	---	---	---	---	---	--	-------------------------------------------------

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

National R.V., Inc.

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF....
<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4</p> <p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)</p>
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7</p> <p>UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form, C) UST TANK (closure portion –one page per tank)</p>
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8</p> <p>NO FORM REQUIRED TO CUPA</p>
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14</p> <p>EPA ID NUMBER – provide at the top of this page Complete the Hazardous Waste Generator, County of Riverside Form. RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>
<p>E. LOCAL REQUIREMENTS</p> <p>Note: If you have answered "NO" to question A listed above, complete and submit the Statement of Exemption page.</p>	

Statement of Exemption

Statement Of Exemption only to be completed if you do NOT have to prepare a plan.

Business Name: _____

Business Address: _____

Business Telephone: () _____

I understand the requirements for submitting a Hazardous Materials Business Emergency Plan and I declare, under penalty for perjury, that a Hazardous Materials Business Emergency Plan is not required for this business.

Business Owner/Operator Name: _____

Signature: _____ Date: _____

Title of Signer: _____

Reason you believe your business is exempt:

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page of

I. IDENTIFICATION

FACILITY ID#										8	9	0	7	3	¹	BEGINNING DATE	¹⁰⁰	ENDING DATE	¹⁰¹	
															02/22/2007		02/22/2010			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)															³	BUSINESS PHONE				¹⁰²
National R.V., Inc.															951-943-6007					
BUSINESS SITE ADDRESS																				¹⁰³
100 W. Sinclair St.																				
CITY														¹⁰⁴	CA	ZIP CODE			¹⁰⁵	
Perris																92571				
DUN & BRADSTREET															¹⁰⁶	SIC CODE (4 digit #)			¹⁰⁷	
																3716				
COUNTY																				¹⁰⁸
Riverside																				
BUSINESS OPERATOR NAME															¹⁰⁹	BUSINESS OPERATOR PHONE				¹¹⁰
National R.V., Inc.															951-943-6007					

II. BUSINESS OWNER

OWNER NAME															¹¹¹	OWNER PHONE			¹¹²	
National R.V., Inc.															951-943-6007					
OWNER MAILING ADDRESS																				¹¹³
3411 N. Perris Blvd.																				
CITY														¹¹⁴	STATE	¹¹⁵	ZIP CODE			¹¹⁶
Perris															CA		92571			

III. ENVIRONMENTAL CONTACT

CONTACT NAME															¹¹⁷	CONTACT PHONE			¹¹⁸	
Thomas Lao															626-288-2626					
CONTACT MAILING ADDRESS																				¹¹⁹
3411 N. Perris Blvd.																				
CITY														¹²⁰	STATE	¹²¹	ZIP CODE			¹²²
Perris															CA		92571			

-PRIMARY-

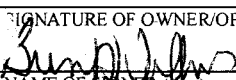
IV. EMERGENCY CONTACTS

-SECONDARY-

NAME										¹²³	NAME										¹²⁸
Brent Vollmer											Octavio Gomez										
TITLE										¹²⁴	TITLE										¹²⁹
Operation Manager											Maintenance Manager										
BUSINESS PHONE										¹²⁵	BUSINESS PHONE										¹³⁰
951-943-6007											951-943-6007										
24-HOUR PHONE										¹²⁶	24-HOUR PHONE										¹³¹
951-905-9905											951-905-9910										
PAGER #										¹²⁷	PAGER #										¹³²

ADDITIONAL LOCALLY COLLECTED INFORMATION:																				¹³³

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										DATE	¹³⁴	NAME OF DOCUMENT PREPARER								¹³⁵	
										02/22/2007		Thomas Lao									
NAME OF SIGNER (print)										¹³⁶	TITLE OF SIGNER										¹³⁷
Brent Vollmer										Operation Manager											

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
Building 5, WashArea
EPCRA
 YES NO

FACILITY ID # 8 9 0 7 3 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Acculube Ultimate Synthetic

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 16 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 55 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 55 MAXIMUM DAILY AMOUNT 218 110 ANNUAL WASTE AMOUNT 219 0 STATE WASTE CODE 220

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVE GROUND TANK b. UNDERGROUND TANK d. STEEL DRUM e. PLASTIC/NONMETALLIC DRUM f. CAN h. SILO i. FIBER DRUM j. BAG l. CYLINDER m. GLASS BOTTLE n. PLASTIC BOTTLE o. TOTE BIN p. TANK WAGON q. RAIL CAR r. OTHER 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	No Hazardous Components 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN#
If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
Building 5, Inside Building & Building 5, Hazardous Waste Area EPCRA
 YES NO

FACILITY ID # 8 9 0 7 3 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
Acetone
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Acetone

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.
67-64-1

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IB

HAZARDOUS MATERIAL TYPE (Check one item only) 211 RADIOACTIVE Yes No 212 CURIES 16 213
 a. PURE b. MIXTURE c. WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 55 215
 a. SOLID b. LIQUID c. GAS

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
20 165 110 214

UNITS* 221 DAYS ON SITE: 222
(Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds. 365

STORAGE CONTAINER 223
 a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Acetone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	67-64-1 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# UN1090
If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.	
CHEMICAL LOCATION 201 Building 4, Service Department	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Acetylene	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Acetylene	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209 74-86-2	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 N/A	
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	LARGEST CONTAINER 200 215
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217 100	MAXIMUM DAILY AMOUNT 218 200
ANNUAL WASTE AMOUNT 219 0	STATE WASTE CODE 220 N/A
UNITS* (Check one item only) 221 <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224 <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Acetylene 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	74-86-2 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 4 REACTIVITY 3 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 2.1 UN# UN1001
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202
Building 4, Service Department
EPCRA
 YES NO

FACILITY ID # 204 MAP# (optional) 203 GRID# (optional)

8 9 0 7 3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
Argon
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Argon

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.
7440-37-1

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
N/A

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 16 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
400 800 0 N/A

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 222
* If EHS, amount must be in pounds. 365

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Argon 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7440-37-1 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 2.2 UN# UN1001
If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Building 5, Hazardous Waste Area							CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #							8	9	0	7	3	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 D-limonene					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>				
COMMON NAME 207 Bio-T Cleaner					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
CAS# 209 5989-27-5					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 II									
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213		
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				LARGEST CONTAINER 55 215					
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217 55			MAXIMUM DAILY AMOUNT 218 110			ANNUAL WASTE AMOUNT 219 0		STATE WASTE CODE 220 214	
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>							DAYS ON SITE: 222 365		
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	70	D-limone	226	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	5989-27-5 229
2			230	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	
3			234	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	
4			238	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	
5			242	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# UN2319
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 4, Service Department

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 9 0 7 3

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Carbon Dioxide

TRADE SECRET 206

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Carbon Dioxide

EHS* 208

Yes No

CAS# 209

124-38-9

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

100

MAXIMUM DAILY AMOUNT 218

200

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

N/A

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER 223

- | | | | | |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

#	%WT	226	HAZARDOUS COMPONENT (For mixture or waste only) 227	EHS 228	CAS # 229
1	100	226	Carbon Dioxide 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	124-38-9 229
2		230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	
3		234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	
4		238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	
5		242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 3 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 2.2 UN# UN1013

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.		
CHEMICAL LOCATION 201 Building 5, Compressor Room	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Petroleum Lubricant	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Compressor Oil	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 16 213
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PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 55 215
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 30	MAXIMUM DAILY AMOUNT 218 55	ANNUAL WASTE AMOUNT 219 55	STATE WASTE CODE 220 213
-------------------------------------------------------------------	-------------------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------------------------

UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 90 - 100 226	Highly Refined Petroleum Lubricant Oils 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	Mixture 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # _____ UN# N/A
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
National R.V., Inc.											
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL 202						
Building 5, WashArea					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #										MAP# (optional) 203	GRID# (optional) 204
					8	9	0	7	3		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206				
Propylene Glycol					If Subject to EPCRA, refer to instructions				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208				
Freeze Ban-50									
CAS# 209					*If EHS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
IIIB									
HAZARDOUS MATERIAL TYPE (Check one item only) 211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES 16 213			
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE									
PHYSICAL STATE (Check one item only) 214			LARGEST CONTAINER 55 215						
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									
FED HAZARD CATEGORIES (Check all that apply) 216									
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH									
AVERAGE DAILY AMOUNT 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220			
300		495		0		N/A			
UNITS* (Check one item only) 221					DAYS ON SITE: 222				
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					365				
* If EHS, amount must be in pounds.									
STORAGE CONTAINER 223									
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON									
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 35 226	Propylene Glycol 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	57-55-6 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # 3 UN# 1077
 If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.													
CHEMICAL LOCATION 201 Building 4, Service Department							CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #							8	9	0	7	3	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Petroleum Lubricant		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207 Motor Oil		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
CAS# 209		*If EHS is "Yes", all amounts below must be in lbs.	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
IIIB

HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 16 213
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 1 215
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

FED HAZARD CATEGORIES (Check all that apply) 216
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 10	MAXIMUM DAILY AMOUNT 218 20	ANNUAL WASTE AMOUNT 219 0	STATE WASTE CODE 220 213
-------------------------------------------------------------------	-------------------------------------------------------------------	-----------------------------------------------------------------	----------------------------------------------------------------

UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 365 222
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> c. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input checked="" type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 90 226	Highly Refined Petroleum Lubricant Oils 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	Mixture 229
2 0-15 230	Residual Oil, Petroleum, Solvent Refined 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64742-01-4 233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 0 FLAMMABILITY 1 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # UN# N/A
If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
National R.V., Inc.

CHEMICAL LOCATION 201 Building 4, Service Department CHEMICAL LOCATION CONFIDENTIAL 202
EPCRA
 YES NO

FACILITY ID # 8 9 0 7 3 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Oxygen TRADE SECRET Yes No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207 Oxygen, Compressed Gas EHS* Yes No 208

CAS# 209 7782-44-7 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210
N/A

HAZARDOUS MATERIAL TYPE (Check one item only) 211 a. PURE b. MIXTURE c. WASTE RADIOACTIVE Yes No 212 CURIES 16 213

PHYSICAL STATE (Check one item only) 214 a. SOLID b. LIQUID c. GAS LARGEST CONTAINER 200 215

FED HAZARD CATEGORIES (Check all that apply) 216 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 100 MAXIMUM DAILY AMOUNT 218 200 ANNUAL WASTE AMOUNT 219 0 STATE WASTE CODE 220 N/A

UNITS* (Check one item only) 221 a. GALLONS b. CUBIC FEET c. POUNDS d. TONS DAYS ON SITE: 222 365
* If EHS, amount must be in pounds.

STORAGE CONTAINER 223
 a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Oxygen 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7782-44-7 229
2 230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 0 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 2.2 UN# UN1072
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

National R.V., Inc.

CHEMICAL LOCATION 201

Building 5, Inside; & Building 4, Service Department

CHEMICAL LOCATION CONFIDENTIAL 202

EPCRA

YES NO

FACILITY ID #

8 9 0 7 3

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Urethane Paint Hardener

TRADE SECRET

Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Urethane Paint Hardener

EHS*

Yes No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

IB

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE 211

RADIOACTIVE Yes No 212

CURIES 16 213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS 214

LARGEST CONTAINER 5 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

30

MAXIMUM DAILY AMOUNT 218

55

ANNUAL WASTE AMOUNT 219

0

STATE WASTE CODE 220

UNITS* (Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221

DAYS ON SITE: 365 222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 50-70 226	Polyhexamethylene Diisocyanate 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	822-06-0 229
2 40-50 230	p-Chlorobenzotrifluoride 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	98-56-6 233
3 10-20 234	Methyl Amyl Ketone 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	110-43-0 237
4 10-25 238	Butyl Acetate 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	123-86-4 241
5 1-5 242	C-11 Ketone Solvent 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	Mixture 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 2 REACTIVITY 1 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# 1263

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.														
CHEMICAL LOCATION 201 Building 5, Inside; & Building 4, Service Department								CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #								8	9	0	7	3	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Urethane Paint Reducer						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>					
COMMON NAME 207 Urethane Paint Reducer						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208					
CAS# 209						*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IB											
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212				CURIES 16 213			
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				LARGEST CONTAINER 5 215							
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH											
AVERAGE DAILY AMOUNT 217 30			MAXIMUM DAILY AMOUNT 218 55			ANNUAL WASTE AMOUNT 219 0			STATE WASTE CODE 220		
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>						DAYS ON SITE: 222 365					
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON											
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224											
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225											

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 80-90 226	Methyl Amyl Ketone 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	110-43-0 229
2 60-80 230	p-Chlorobenzotrifluoride 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	98-56-6 233
3 20-40 234	Ethyl Amyl Ketone 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	541-85-5 237
4 1-5 238	Butyl Acetate 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	123-86-4 241
5 1-20 242	Acetone 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	67-64-1 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 1 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# 1263
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

National R.V., Inc.

3

CHEMICAL LOCATION

Building 5, Inside & Building 5, Hazardous Waste Area; & Building 4, Service

201

CHEMICAL LOCATION CONFIDENTIAL

202

EPCRA

YES NO

FACILITY ID #

8 9 0 7 3

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Urethane Paint

205

TRADE SECRET

Yes No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

Urethane Paint

207

EHS*

Yes No

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

IC

210

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE Yes No

CURIES 16

213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER 55

215

FED HAZARD CATEGORIES

Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

200

MAXIMUM DAILY AMOUNT

218

330

ANNUAL WASTE AMOUNT

219

0

STATE WASTE CODE

220

UNITS*

(Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 40-50 226	Titanium Dioxide 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	13463-67-7 229
2 20-40 230	Calcium Carbonate 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	471-34-1 233
3 15-30 234	Calcium Molybdate 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	7789-82-4 237
4 10-25 238	Butyl Acetate 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	123-86-4 241
5 20-35 242	Iron Oxide 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	1309-37-1 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 2 REACTIVITY 0 SPECIAL HAZARD - 246

HAZARD CLASS OR DIVISION # 3 UN# 1263

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.	
National R.V., Inc.	
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL 202
Outside, Between Building 4 & Building 5	EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204
8 9 0 7 3	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
Hydrocarbons, Aliphatic	If Subject to EPCRA, refer to instructions
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
Propane	
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.
74-98-6	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210	
IA	
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 500 215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	
FED HAZARD CATEGORIES (Check all that apply) 216	
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
250	500 0 214
UNITS* (Check one item only) 221	DAYS ON SITE: 222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS * If EHS, amount must be in pounds.	365
STORAGE CONTAINER 223	
<input checked="" type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 96 226	Propane 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	74-98-6 229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 1 FLAMMABILITY 4 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 2.1 UN# UN1978
If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 National R.V., Inc.	
CHEMICAL LOCATION 201 Building 4, Parts Department	CHEMICAL LOCATION CONFIDENTIAL 202 EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 Polymethylene Polyphenylisocyanate	TRADE SECRET 206 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME 207 Seal Air Component "A"	EHS* 208 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS# 209 9016-87-9	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 IIIB	
HAZARDOUS MATERIAL TYPE (Check one item only) 211 <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
PHYSICAL STATE (Check one item only) 214 <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 55 215
FED HAZARD CATEGORIES (Check all that apply) 216 <input checked="" type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217 55	MAXIMUM DAILY AMOUNT 218 110
ANNUAL WASTE AMOUNT 219 0	STATE WASTE CODE 220 N/A
UNITS* (Check one item only) 221 <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 222 365
STORAGE CONTAINER 223 <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225 <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Polymeric Diphenylmethane Diisocyanate 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	9016-87-9 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 1 REACTIVITY 1 SPECIAL HAZARD - 246
 HAZARD CLASS OR DIVISION # _____ UN# N/A
 If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) National R.V., Inc. 3	
CHEMICAL LOCATION Building 4 & Building 5 Hazardous Waste Storage Area 201	CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
FACILITY ID #	MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Waste Paint and Related Materials 205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small> 206
COMMON NAME Waste Paint and Related Materials 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) IB 210	
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212 CURIES 16 213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214	LARGEST CONTAINER 55 215
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH 216	
AVERAGE DAILY AMOUNT 217 600	MAXIMUM DAILY AMOUNT 218 800
ANNUAL WASTE AMOUNT 219 10,000	STATE WASTE CODE 220 214
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221 <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: 365 222
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224	
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	Mixture of Waste Paint & Related Materials 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 6 238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA HAZARD IDENTIFICATION: HEALTH 2 FLAMMABILITY 3 REACTIVITY 0 SPECIAL HAZARD - 246
HAZARD CLASS OR DIVISION # 3 UN# 1263
If EPCRA, Please Sign Here

HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN EMERGENCY PROCEDURES

Emergency response plans and procedures are an integral part of the HMBEP. By taking the time to develop plans and procedures for your business, you will avoid complications resulting from inaction or misguided action during an emergency. Once the plans and procedures are developed, your employees will have an informative guide to follow in the event of an emergency. You must address each of the following items, however, the amount of detail you provide will depend upon the size and nature of the business, the damage potential of the hazardous materials handled and the location of the business with respect to residential or other populated areas.

1. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. If you have a release or threatened release of hazardous materials, your business is required by state law to provide immediate notification to the following agencies:

Immediately call:

Local emergency response personnel (Fire, paramedics, police or sheriff)	911
State Office of Emergency Services	(800) 852-7550 or (916) 262-1621

Immediately call the appropriate jurisdiction:

The County of Riverside Hazardous Materials Management Division:	(951) 358-5055
CDF/Banning Fire Service	(951) 922-3210
City of Corona Fire Department	(951) 736-2220
City of Riverside Fire Department.....	(951) 826-5321

Person(s) within the business required responding to a hazardous materials incident:

Name: Brent Vollmer Telephone: (951) 905-9905

Name: Octavio Gomez Telephone: (951) 905-9910

B. Identify the local emergency medical facility that will be used by your business in the event of an injury caused by the release of a hazardous material:

Name: U.S. Health Work
Address: 16420 Perris Blvd.
City: Moreno Valley, CA 92551
Phone: 951-571-2450

2. PREVENTION

Describe the kind of hazards associated with the materials present at your business. Provide information on the steps taken at your business, or the policies or procedures now in place, to **help prevent** an accidental release of a hazardous material. Issues for discussion may include safety, storage, and containment procedures. Be specific for each type of hazardous material at your business.

Hazardous materials present at facility consist of various paint, resin, solvent, welding gases (acetylene, oxygen, carbon dioxide, and argon). The chemicals on the most part, present only nominal fire hazards and disposal concerns. All of the hazardous materials are contained and stored in compliance with current laws and regulations. Prevention of possible health hazards is accomplished by implementation of the contingency plan. Hazardous materials classified as flammable and combustible are kept in flammable storage cabinets as well as spill pallets. Incompatible materials are segregated and stored separately in compatible groups and hazard class. Employees who use these materials must first read the appropriate MSDS corresponding with the hazardous material before it's use. Welding gases when not in use are chained with a twenty-foot separation between acetylene and the other gases when stored.

3. MITIGATION

Describe the procedures to be followed to **reduce the severity** of a release or threatened release of a hazardous material at your business. The procedures should detail the actions to be taken by employees to stop a release, contain a release, or to reduce the problems associated with a release. What is your immediate response to a spill, fire, explosion or airborne release at your business? Do not write procedures that exceed the capabilities of employees or equipment at your business or that violate any worker safety laws.

All hazardous materials are contained and stored in compliance with current laws and regulations. Hazardous materials classified as flammable and combustible are kept in flammable storage cabinets as well as spill pallets. There is no combining of incompatible materials. Additional preventative measures are:

1. Proper container labeling.
2. Housekeeping program.

The immediate response to a fire, spill, or airborne release is to contact a supervisor and/or emergency coordinator. It is our policy that associates will clean up their own small spills and/or leaks that occur within their work areas and which consist of hazardous materials in which they are familiar with under the supervision of management. In the event of a small fire, trained designated associates will respond with fire extinguishers. Absorbent for clean-up is kept in the maintenance department and in each department. Empty 55-gallon drums are kept in reserve in the event a spill needs to be cleaned and stored. In the event a spill results in a fire unmanageable by response staff, 911 will be called and agency emergency response personnel dispatched.

4. ABATEMENT

Describe what you would do to **stop** and **remove** each hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your business? What aspects of the response are beyond your ability and need to be handled by others? Who would you call to handle the release?

Each employee who works with or around the hazardous materials is trained in the response to a release. This training includes proper handling, response, notification, and mitigation procedures for each product. If a minor release occurs, the individual discovering the incident should attempt to locate and eliminate the source. If possible, try to stop or at least contain the release. This may be as simple as shutting off a valve. In the event the leak cannot be stopped or contained by handheld containment measures, the employee shall notify his/her supervisor and/or emergency coordinator, who will in turn have the spill contained by an absorbent by spill response crew. The source of the spill shall then be further assessed and mitigated. All contaminated absorbent will be containerized and removed by a certified waste hauler. Hazardous materials and/or hazardous wastes which are released in a quantity exceeds the RQ value or pose an immediate threat to human life or limb as determined by the emergency response coordinator, will be cleaned up by a remedial/emergency response service or a hazardous material spill response team associated with the local fire department. We currently contracted HCI Environmental & Engineering Service (800) 988-4424 as the outside emergency response team.

5. EVACUATION

Describe the procedures to be followed for immediate notification and evacuation of your business:

In the event of an emergency requiring immediate evacuation from the facility, verbal notification will instruct all employees, customers, visitors, and others who are in the manufacturing area to evacuate to the designated Emergency Evacuation Staging Area documented on the facility Evacuation Map.

All employees, customers, visitors, and others in the front office will evacuate through the main entrance at the east side of the building and out to the parking lot to the designated Emergency Evacuation Staging Area. Notification will be verbal.

6. EARTHQUAKES

Identify the areas and equipment in your business, which would require **immediate inspection or isolation** due to their vulnerability to earthquake related ground motion. Check for equipment such as gas cylinders, piping, drums, etc., that may need to be secured or spillage that may require mitigation or abatement.

The area where hazardous materials and waste are stored will be inspected immediately. Gasoline, diesel, and propane tanks will be thoroughly inspected. Utility shut-offs will be tested.

7. HAZARDOUS WASTE CONTINGENCY

Specific procedures for prevention, mitigation and abatement of a release of **hazardous waste** generated at your business. This section only applies to hazardous waste generators.

All hazardous wastes are contained and stored in compliance with current laws and regulations. There is no combining of incompatible wastes. All hazardous waste is recycled or removed off-site periodically as required by a certified waste hauler.

8. UNAUTHORIZED RELEASE RESPONSE PLAN

Specific procedures for mitigation, abatement and reporting of an unauthorized release from an **underground storage tank (UST)**. The plan must address a release from a single wall or a double wall tank system as applicable. This plan should cover the entire UST system. This section only applies to UST owner/operators.

In the event a leak is discovered from the UST system, the system will be immediately shut down and leak detection services notified to respond. Should a catastrophic release occur the immediate premises will be evacuated and emergency personnel notified.

9. SITE SECURITY

As applicable on an individual facility basis, you should assess the security and vulnerability of your business from intentional acts both from within your business (sabotage) and from the outside (vandalism and terrorist acts). This assessment should consider testing your security system and procedures on a regular basis.

Details of this assessment should not be included in this plan as it is a public document.

Employee Training Plan

Businesses that handle hazardous materials are required to have a program which provides employees with initial and refresher training. The HMBEP shall include a training program, which is reasonable and appropriate for the size of the business and the nature of the hazardous materials handled. The training program shall take into consideration the responsibilities of the employees to be trained. The training program shall, at a minimum, include:

- A. Methods for safe handling of hazardous materials stored at your business, including familiarity with the characteristics and hazards of each material and measures employees can take to protect themselves from chemical hazards;
- B. Procedures for coordination with local emergency response organizations;
- C. Proper use of personal protective equipment;
- D. The prevention, abatement and mitigation procedures you have developed for your business and explained in the HMBEP, including proper use of emergency equipment and supplies;
- E. The emergency evacuation plans you have developed, the notification procedure used to alert people to evacuate, and the closest location to obtain appropriate emergency medical care;
- F. Procedures to coordinate with and assist the local emergency personnel that may respond to your business;
- G. Who and how to call for immediate assistance in the event of an accident involving hazardous materials;
- H. Procedures for ensuring that appropriate personnel receive initial and refresher training.

All employee training shall be documented and updated annually

1. Personnel

A. Are there any specially trained hazardous materials emergency response personnel at your business?
Yes ____ No X Number Trained _____

B. Do you have decontamination capabilities for victims of exposure to hazardous materials at your business? Yes ____ No X Type of Decon _____

C. Do you have personnel that will provide site security at your business during and after a hazardous materials incident? Yes X No ____

2. Equipment

A. List the type and location of equipment that can or will be used for response to hazardous materials incidents at your business.

- | | |
|-------------------------|------------------------------|
| 1. Empty 55-gallon drum | Hazardous Waste Storage Area |
| 2. Absorbents | Hazardous Waste Storage Area |
| 3. Respirators | Safety Office |



Van Buren Blvd

Perris Blvd

Lasselle St

Iris Ave

Alessandro Island

Cajalco Rd

Clark St

National RV (Perris)

National RV (Sinclair)

Ramona Expy

Old Elsinore Rd

N Perris Blvd

E Nuevo Rd

Nuevo Rd

Cowie Ave

74

Perris

San Jacinto Ave

Pico Ave

Menifee Rd

© 2007 Navteq
© 2007 TeleAtlas
© 2007 Europa Technologies

© 2006

3.65 mi

05.66° N 117°13'25.85" W elev 1452 ft Streaming 100%

Eye al



National RV (Sinclair)

National RV (Ferris)

E Morgan

Sinclair St

Commerce Dr

1047 ft

© 2007 Navteq

© 2007 TeleAtlas

© 2007 Europa Technologies

Business Park Dr

© 2006

G

05.66" N 117°13'25.85" W elev 1450 ft Streaming 100%

Eye al

Legend

ⓔ	Electric Shutoff	ⓔ	Evacuation Staging Area
ⓔ	Electric Meter	⚠	Fire Alarm
ⓐ	Gas Shutoff	⊕	First Aid
ⓐ	Gas Meter	●	Fire Hydrant
ⓐ	Water Main Gate Valve	ⓕ	Fire Hose
ⓐ	Pump Shutoff	←	Evacuation Route
ⓐ	Sprinkler Riser	ⓐ	Under Ground Storage Tank
		○	Above Ground Storage Tank
		●	Above Ground Propaine Tank

NOT A PART

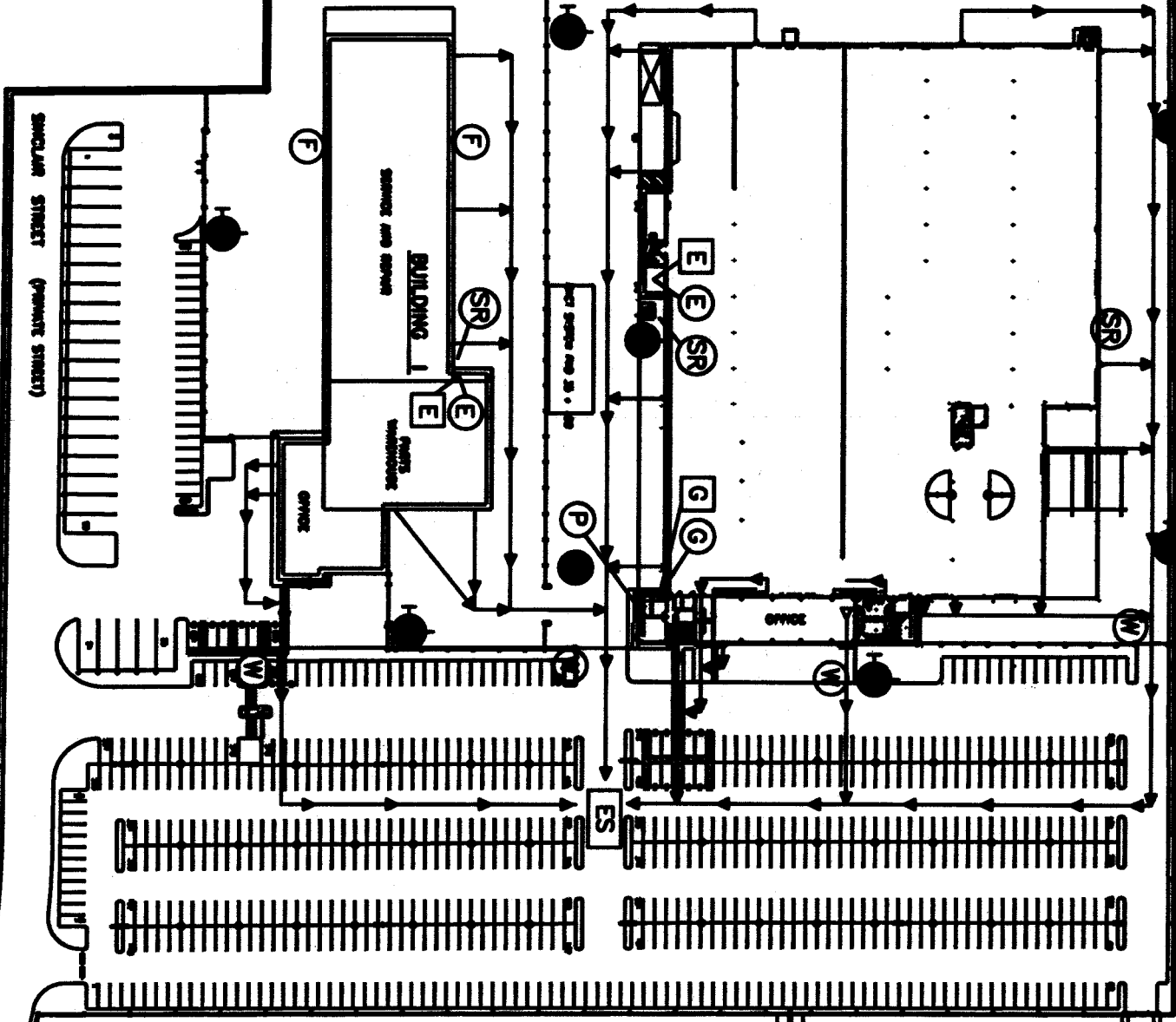
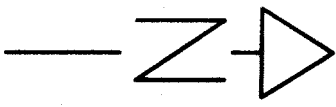
SINGULAR STREET (PINEWAVE STREET)

STREETSIDE WALKWAY

PLAN 10, CONTINUED

PLAN 10, CONTINUED
SHEET NO. 10-100-103

NOT A PART



POST FOR EMPLOYEES

HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN: EMERGENCY NOTIFICATION

During an emergency involving a release or a threatened release of a hazardous material you must notify appropriate agencies. Information you should be prepared to supply includes:

1. Name and telephone number of the reporting party;
2. Name and address of business;
3. Time and type of release (e.g., damaged containers, malfunctioning equipment, etc.);
4. Name and quantity of material(s) involved;
5. Extent and number of injuries;
6. Actions taken or being taken to mitigate or reduce emergency;
7. Potential hazards to human health or the environment surrounding the business.

AGENCY NOTIFICATION:

Fire Department	911
Ambulance/Paramedic	911
Police/Sheriff	911

Hospital Riverside County Regional Medical Phone # 951-486-4000

Primary Facility Emergency Contact Person
Name Brent Vollmer Phone # 951-905-9905

Hazardous Materials Management Division	(951) 358-5055
CDF/Banning Fire Service	(951) 922-3210
City of Corona Fire Department	(951) 736-2220
City of Riverside Fire Department	(951) 826-5321

California Office of Emergency Services	(800) 852-7550
National Response Center	(800) 424-8802
Poison Control Center	() _____
Hazardous Materials Cleanup Contractor	() _____

Name of Contractor (if applicable): _____

Other Contacts: _____

WASTE DISPOSAL MANIFESTS



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 200 100 200 100	2. Page 1 of	3. Emergency Response Phone 303 410 4000	4. Manifest Tracking Number 000475539 JJK			
		5. Generator's Name and Mailing Address NATIONAL SV 3111 NORTH MARSH BLVD. DENVER, CO 80202 Generator's Phone: 303 410 6000		Generator's Site Address (if different than mailing address) 3111 NORTH MARSH BLVD DENVER, CO 80202				
6. Transporter 1 Company Name ARROW RECYCLING					U.S. EPA ID Number CAT000013381			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address UNIVERSITY RESTAURANT 2000 NORTH ALABAMA STREET DENVER, CO 80202 Facility's Phone: 310-537-7100					U.S. EPA ID Number CAT000013387			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
1.	1. HAZARDOUS WASTE (UNCLASIFIED, EXCEPT FOR...)	001	DR	2005	g			
2.								
3.								
4.								
14. Special Handling Instructions and Additional Information WEAR PROPER EYE GEAR (17957) PROTECT #63476 BILL TO: ARROW RECYCLING SOLUTIONS, INC. 10410 WILKIE AVE. HAWTHORNE, CA 90250								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name				Signature		Month	Day	Year
						05	31	01
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year
						05	31	01
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
		2.	3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name				Signature		Month	Day	Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD 001 993 454	2. Page 1 of 1	3. Emergency Response Phone 213 215 4539	4. Manifest Tracking Number 000475538 JJK		
		5. Generator's Name and Mailing Address NATIONAL INC 3411 NORTH FERRIS BLVD. MERRIS, CA 92571 Generator's Phone: 951 913-6007		Generator's Site Address (if different than mailing address) 3411 NORTH FERRIS BLVD MERRIS, CA 92571			
6. Transporter 1 Company Name ARROW RECYCLING					U.S. EPA ID Number CAD000150761		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address WELLSERVICES TECHNOLOGICAL SOLUTIONS 1704 WEST 1ST STREET AZUSA, CA 91702 Facility's Phone: 626-334-5117					U.S. EPA ID Number CAD008302903		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. WASTE HAZARDOUS SOLID, ORGANIC, FLAMM., (OILS, PAINT, SOLVENT, DEGRERS), 4.1, UN1325	002	CW	00002	Y		
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information WEAR PROPER PPE GEAR (1957) PROFILE # 643468 BILL TO: ARROW RECYCLING SOLUTIONS INC. 12410 WILKIE AVE. HAWTHORNE, CA 90250							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offorer's Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 03 01 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year 03 01 07	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD 003 993 434	2. Page 1 of 1	3. Emergency Response Phone 211 218-4939	4. Manifest Tracking Number 000475537 JJK				
5. Generator's Name and Mailing Address NATIONAL RV 3411 NORTH BRICKS BLVD. MERRIS, CA 92071 Generator's Phone: 951 933-0000					Generator's Site Address (if different than mailing address) 3411 NORTH BRICKS BLVD MERRIS, CA 92071				
6. Transporter 1 Company Name ARROW RECYCLING				U.S. EPA ID Number CAK000050161					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address VEOLIA ES INDUSTRIAL SOLUTIONS 1704 WEST 1ST STREET AZUSA, CA 91702 Facility's Phone: 626-334-5117					U.S. EPA ID Number CAD008302903				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
X	1. WASTE COATED METALLIC MATERIALS, (Hazard Class 3), UN1263	001	DM	00055	G				
X	2. WASTE FLAMMABLE LIQUID, (Hazard Class 3), (ACETONE/SOLVENT WITH SOLIDS), 3, UN1993	002	DM	00110	G				
	3. NON SOLID HAZARDOUS WASTE SOLID, (ADHESIVE SOLID)	001	DM	00250	P				
	4. NON SOLID HAZARDOUS WASTE SOLID, (EMULSION AEREAAT SLUDGE)	001	DM	00250	P				
14. Special Handling Instructions and Additional Information WEAR PROPER PEE GEAR (6/957) PROFILE # 6-13467 BILL TO: ARROW RECYCLING SOLUTIONS INC. 12410 WILKIE AVE. HAWTHORNE, CA 90250									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name					Signature		Month	Day	Year
							02	01	07
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name					Signature		Month	Day	Year
							02	01	07
Transporter 2 Printed/Typed Name					Signature		Month	Day	Year
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:						U.S. EPA ID Number			
18b. Alternate Facility (or Generator)									
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
2.		3.		4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name					Signature		Month	Day	Year

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

GENERATOR'S INITIAL COPY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAL 981 993 434		2. Page 1 of 1		3. Emergency Response Phone (913) 216-4939		4. Manifest Tracking Number 000471332 JJK				
		5. Generator's Name and Mailing Address NATIONAL R.V. 3411 N. PERRIS BLVD. PERRIS, CA 92571						Generator's Site Address (if different than mailing address)				
Generator's Phone: (951) 943-3007		6. Transporter 1 Company Name ARROW RECYCLING						310/220-2200		U.S. EPA ID Number CAL 000 050 161		
7. Transporter 2 Company Name		8. Designated Facility Name and Site Address VBOLIA ES TECHNICAL SERVICES 1704 W. FIRST STREET AZUSA, CA 91702						Facility's Phone: (925) 836-5411		U.S. EPA ID Number CAD 008 302 903		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes						
		No.	Type									
X	1. RQ. WASTE FLAMMABLE LIQUID, N.O.S., (ACETONE/SOLVENT), 3, UN1993, PGII	001	DM	00055	G	D001	F003					
	2. NON-RCRA HAZARDOUS WASTE, SOLID (ADHESIVES)	001	DM	00200	P	214						
	3.											
	4.											
14. Special Handling Instructions and Additional Information PROFILE #643463 WEAR PPE BILL TO: ARROW RECYCLING 12418 WILKIE AVE HAWTHORNE, CA 90230												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offoror's Printed/Typed Name Jose Vega						Signature <i>Jose Vega</i>		Month Day Year 01 25 07				
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____												
17. Transporter Acknowledgment of Receipt of Materials												
Transporter 1 Printed/Typed Name Trine Hernandez						Signature <i>Trine Hernandez</i>		Month Day Year 01 25 07				
Transporter 2 Printed/Typed Name						Signature		Month Day Year				
18. Discrepancy												
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
Manifest Reference Number: _____ U.S. EPA ID Number _____												
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____												
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____												
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1. H061			2. H141			3.			4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name TRACY FORD						Signature <i>Tracy Ford</i>		Month Day Year 02 01 07				

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAL 903474	2. Page 1 of 1	3. Emergency Response Phone 714 215-4930	4. Manifest Tracking Number 000471332 JJK			
5. Generator's Name and Mailing Address NATIONAL R.V. 3411 N. DEERIS BLVD. PEERIS, CA 92571				Generator's Site Address (if different than mailing address)				
Generator's Phone: 310 941-6501				U.S. EPA ID Number				
6. Transporter 1 Company Name ARROW RECYCLING 713 220-2300				U.S. EPA ID Number CAL 000050 UN				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address VIBOLLA ES TECHNICAL SERVICES 1704 W. FIRST STREET AZUSA CA 91702				U.S. EPA ID Number CAL 008 502 905				
Facility's Phone: 909 936-5411								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. RQ WASTE FLAMMABLE LIQUID, N.O.S. (ACETONE/SOLVENT), 3. UN1993, PGII	501	DM	50055	G	E001	F003	
	2. NON-RCRA HAZARDOUS WASTE, SOLID (ADHESIVES)	001	DM	00200	P	352		
	3.							
	4.							
14. Special Handling Instructions and Additional Information PROFILE #54343 PROFILE #443469 WEAM PPE BILL TO ARROW RECYCLING 12410 WILKIE AVE HAWTHORNE, CA 90250								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name 1035 Vega				Signature		Month	Day	Year
						10	25	03
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Dino Hernandez				Signature		Month	Day	Year
						10	25	03
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____ U.S. EPA ID Number _____								
18b. Alternate Facility (or Generator)								
Facility's Phone:						Month	Day	Year
18c. Signature of Alternate Facility (or Generator)								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month	Day	Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD 981 993 454	2. Page 1 of 1	3. Emergency Response Phone (213) 215-4939	4. Manifest Tracking Number 000471331 JJK		
5. Generator's Name and Mailing Address NATIONAL R.V. 3411 N. PERRIS BLVD. PERRIS, CA 92571				Generator's Site Address (if different than mailing address)			
Generator's Phone: (951) 943-5007							
6. Transporter 1 Company Name ARROW RECYCLING		310/220-2200		U.S. EPA ID Number CAR 000 050 161			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SERVICES 1704 W. FIRST STREET AZUSA CA 91702				U.S. EPA ID Number CAD 008 302 903			
Facility's Phone: 626/835-3411							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. RQ, WASTE FLAMMABLE SOLID, ORGANIC, N.O.S., (RESIN LINER), 4.1, UN1325, PGI	001	CW	00001	Y	D001	352
X	2. RQ, WASTE PAINT RELATED MATERIAL, (MIXED PAINT), 3, UN1283, PGI	002	DM	00110	G	D001	E003 214
X	3. RQ, WASTE FLAMMABLE SOLID, INORGANIC, N.O.S., (BOOMS, RAGS, PIGS), 4.1, UN1325, PGI	001	CW	00001	Y	D001	352
	4. NON-RCRA HAZARDOUS WASTE LIQUID, (WATER BASED ADHESIVES)	001	DM	00055	G		331
14. Special Handling Instructions and Additional Information 1) 667568 2) 643466 3) 643468 4) 643470							
PROFILE #667568 PROFILE #643466 PROFILE #643470 WEAR PPE (1) 55 x 85 BILL TO: ARROW RECYCLING 12410 WILKIE AVE HAWTHORNE CA 90250							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name Jose Vega				Signature <i>Jose Vega</i>		Month Day Year 01 25 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Jaine Hernandez				Signature <i>Jaine Hernandez</i>		Month Day Year 01 25 07	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111		2. H061		3. H111		4. H111	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a				Signature <i>Tracy Ford</i>		Month Day Year 02 01 07	
Printed/Typed Name TRACY FORD							

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAL 991 991 434	2. Page 1 of 1	3. Emergency Response Phone (213) 218-4939	4. Manifest Tracking Number 000471331 JJK					
5. Generator's Name and Mailing Address NATIONAL R.V. 1411 N. BERKIS BLVD. BERKIS, CA. 92371				Generator's Site Address (if different than mailing address)						
Generator's Phone: (951) 945-6007				U.S. EPA ID Number CAR 020 030 181						
6. Transporter 1 Company Name ARROW RECYCLING				U.S. EPA ID Number						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address TECLOJA ES TECHNICAL SERVICES 1704 W. FIRST STREET AZUSA, CA 91701 626/836-5411				U.S. EPA ID Number CAD 008 302 903						
Facility's Phone:				U.S. EPA ID Number						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes				
		No.	Type							
X	1. RG, WASTE FLAMMABLE SOLID, ORGANIC, N.O.S., (RESIN LINER), 4.1, UN1325, PGI	301	EW	3001	Y		352			
X	2. RG, WASTE PAINT RELATED MATERIAL, (MIXED PAINT), 3, UN1263, PGI	002	DM	00110	G	0001	FG02 214			
X	3. RG, WASTE FLAMMABLE SOLID, INORGANIC, N.O.S., (BOOMS, RAGS, PIGS), 4.1, UN1325, PGI	001	EW	0001	Y		352			
	4. NON-RCRA HAZARDOUS WASTE LIQUID, (WATER BASED ADHESIVES)	001	DM	00055	G		331			
14. Special Handling Instructions and Additional Information PROFILE #661368 PROFILE #641466 PROFILE #641470 WEAR VPE (1) 55 x 35 BBL TO: ARROW RECYCLING 12416 WILKIE AVE HAINTHORNE, CA 90230										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offorer's Printed/Typed Name Vance Taylor						Signature <i>[Signature]</i>		Month 01	Day 25	Year 03
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name Vance Taylor						Signature <i>[Signature]</i>		Month 01	Day 25	Year 03
Transporter 2 Printed/Typed Name						Signature <i>[Signature]</i>		Month	Day	Year
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
Manifest Reference Number:										
18b. Alternate Facility (or Generator) U.S. EPA ID Number										
Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)						Month		Day	Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
2.		3.		4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name						Signature		Month	Day	Year

GENERATOR

INT'L

TRANSPORTER

SIGNATED FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAL 900 219 327	2. Page 1 of 1	3. Emergency Response Phone 213 216-4939	4. Manifest Tracking Number 000471333 JJK				
5. Generator's Name and Mailing Address NATIONAL R.V. 100 WEST SINCLAIR, PERRIS CA 92571					Generator's Site Address (if different than mailing address)				
Generator's Phone: (951) 943-5007					U.S. EPA ID Number				
6. Transporter 1 Company Name ARROW RECYCLING					CAR 000 950161				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS 1704 W First Street Azusa, CA 91702 (626) 815-2236					U.S. EPA ID Number CAD 008 302 903				
Facility's Phone:					CAD 008 302 903				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
X	HAZARDOUS WASTE PAINT RELATED MATERIAL, (PAINT THINNER), 3, UN1236 II	008	DM	00440	G	D001 214	R001		
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information WEAR PROPER PPE GEAR (L784) PROFILE# 643476					BILL TO: ARROW RECYCLING 13410 WILKIE AVE HAWTHORNE, CA 90250				
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name Jose Vega					Signature <i>[Signature]</i>		Month 01	Day 25	Year 07
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name RICH BERTO					Signature <i>[Signature]</i>		Month 01	Day 25	Year 07
Transporter 2 Printed/Typed Name					Signature		Month	Day	Year
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
TWO OF 8 DRUMS ARE SOLID.					Manifest Reference Number:			U.S. EPA ID Number	
18b. Alternate Facility (or Generator)									
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)							Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.	2.	3.	4.						
1.	H061								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name TRAY FORO					Signature <i>[Signature]</i>		Month 02	Day 01	Year 07

GENERATOR
INTL
TRANSPORTER
SIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number T A E 990 219 227	2. Page 1 of 1	3. Emergency Response Phone 213 218-4900	4. Manifest Tracking Number 000471333 JJK			
5. Generator's Name and Mailing Address NATIONAL R V 100 WEST SINCLAIR, PERRIS CA 92571 Generator's Phone: 951 993-8007				Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name ARROW RECYCLING				U.S. EPA ID Number CAR 000 050 161				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address VOLTA ES TECHNICAL SOLUTIONS 1704 W First Street, Anaheim, CA 91702 Facility's Phone: (626) 815-2236				U.S. EPA ID Number CAD 008 302 903				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. WASTE PAINT RELATED MATERIAL, PAINT THINNER, 3, UN1236 II	200	Drum	200	6	D001 214	R003	
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information WEAR PROPER PPE GEAR (U7800) PROFILE# 443476				BILL TO: ARROW RECYCLING 12410 WILKIE AVE HAWTHORNE, CA 90230				
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name T A E 990 219 227				Signature <i>[Signature]</i>		Month 07	Day 07	Year 07
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				Signature			
	Transporter 1 Printed/Typed Name T A E 990 219 227				Month 07			
Transporter 2 Printed/Typed Name				Signature				
18. Discrepancy				Manifest Reference Number:				
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:				Month Day Year				
18c. Signature of Alternate Facility (or Generator)				Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month	Day	Year

REGULATORY CORRESPONDANCE





COUNTY OF RIVERSIDE • COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH

March 7, 2005

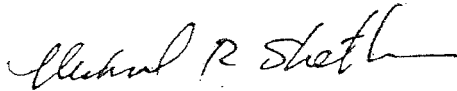
CERTIFIED MAIL: 7004 2510 0000 5556 8310

National RV
100 W. Sinclair
Perris, CA 92571

On November 17, 2004, Hazardous Materials Management Division (HMMD) staff conducted an inspection at 100 W. Sinclair, Perris, CA. Based on information from the inspection, the HMMD is preparing to bring an administrative action against National RV for violations of the California Health and Safety Code and the California Code of Regulations. The California Health and Safety Code, section 25404.1.1 authorizes the Department to order action necessary to correct the violations and to assess civil penalties.

Prior to the Enforcement Order being served, the Department would like to afford you the opportunity for discussion of the violations, the compliance and the subject of a preorder negotiated penalty settlement. If you are willing to discuss this matter with the Department, an office hearing has been scheduled on March 29, 2005 at 10:30am at the County of Riverside, Department of Environmental Health, 4065 County Circle Dr., Riverside, Room 104. If I have not heard from you by **March 21, 2005**, I will proceed accordingly. You may contact me at (909) 358-5055.

Thank you,



Michael Shetler
Supervising Hazardous Materials Management Specialist
Hazardous Materials Management Division

**County of Riverside
Department of Environmental Health
Hazardous Materials Management Division**

Enforcement Panel Referral

To: The Enforcement Panel

Date: April 21, 2003

From: Paul Mitchell, HMMS III
Hemet Office

Re: Request for Enforcement Action

It is requested that you convene the Enforcement Panel for review of a potential enforcement action against:

National RV
3411 North Perris Blvd.
Perris

The following underground storage tank (UST) violations were found: (See attached copies of the Underground Storage Tank Inspection forms and other information)

- Failure to properly monitor an UST system
- Failure to properly operate an UST system
- Sensors raised – possible tampering
- Historic violations of a similar nature

Most recent inspection report, previous inspection report and other pertinent information are attached.



COUNTY OF RIVERSIDE HEALTH SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
UNDERGROUND STORAGE TANK PLAN CHECK APPLICATION

Plan Check Number

03-334

Application for review of underground storage tank installation, upgrade, modification and/or repair plans. Applicant is to submit four complete sets of plans with an attached material/equipment list for each construction site. All fees are payable at the time the plans are submitted with this application.

FACILITY NAME National RV	FACILITY ADDRESS 3411 N. Harris Blvd Pacoima CA 92571	PHONE # John Morgan 909 318 5629
NAME OF OWNER	ADDRESS OF OWNER	PHONE #
NAME OF OPERATOR	ADDRESS OF OPERATOR	PHONE #
NAME OF CONTRACTOR HCI Environmental	ADDRESS OF CONTRACTOR 1787 W. Pomona Rd. Corona	PHONE # 909 280-0298
NAME OF ENGINEER / ARCHITECT	ADDRESS OF ENGINEER / ARCHITECT	PHONE #

SCOPE OF WORK: (CHECK ALL THAT APPLY)

NEW INSTALLATION or

UPGRADE

<input checked="" type="checkbox"/> INSTALLATION OF DISPENSER CONTAINMENT.	<input type="checkbox"/> INSTALLATION OF OVERFILL PROTECTION.
<input checked="" type="checkbox"/> INSTALLATION OF DOUBLE-WALL PIPING.	<input type="checkbox"/> INSTALLATION OF SPILL CONTAINMENT.
<input type="checkbox"/> INSTALLATION OF SUMP AROUND TURBINE.	<input type="checkbox"/> INSTALLATION OF STRIKER PLATES BENEATH TANK OPENINGS.
<input checked="" type="checkbox"/> INSTALLATION OF ELECTRONIC IN-LINE LEAK DETECTOR WITH POSITIVE SHUT-DOWN OF TURBINE.	<input type="checkbox"/> INSTALLATION OF LINING OR BLADDER.
	<input type="checkbox"/> INSTALLATION OF CATHODIC PROTECTION SYSTEM.

MODIFICATION

REPAIR

SITE INFORMATION:

NUMBER OF TANK SYSTEMS 1	CONTENTS OF TANK(S) Regular Fuel	TYPE OF MONITORING
ESTIMATED CONSTRUCTION START DATE 8-11-03	ESTIMATED CONSTRUCTION COMPLETION DATE 8-25-03 9-1-03	
APPLICANT NAME (PRINT) Steve DeLuca	APPLICANT SIGNATURE <i>Steve DeLuca</i>	DATE 8-5-03

*PLEASE MAKE CHECK PAYABLE TO COUNTY OF RIVERSIDE

FOR OFFICE USE ONLY

Amount Attached \$

Le84. —

FACILITY #

8224

Transaction No.

A1657194

DEH - HEH-004 (Rev 8/97)

check # Le110

County of Riverside
Community Health Agency
Department of Environmental Health
Hazardous Materials Division

In the Matter of:

National RV
3411 North Perris Blvd.
Perris, CA 92571
Respondent.

Docket # AEOGEN 05-12005

CONSENT ORDER
Health and Safety Code
Section 25404.1.1

INTRODUCTION

1.1. Parties. The Unified Program Agency/Environmental Health Department (Department) and National RV (Respondent) enter into this Consent Order (Order) and agree as follows:

1.2. Site. Respondent generates, handles, treats, stores, and/or disposes of hazardous materials at the following site (Site): 3411 North Perris Blvd., Perris, CA.

1.3. Permit/Interim Status. The Unified Program Agency authorized Respondent to store hazardous materials and generate hazardous waste through a Unified Program Facility permit.

1.4. Jurisdiction. Section 25404.1.1 of the Health and Safety Code (HSC) authorizes the Department to

order action necessary to correct violations and assess a penalty when the Agency determines that any person has violated specified provisions of the Health and Safety Code or any permit, rule, regulation, standard, or requirement issued or adopted pursuant thereto.

DETERMINATION OF VIOLATIONS

2. The Department has determined:

2.1 Respondent violated the California Health and Safety Code Section 25189.2(b) and Title 22 CCR Section 66261.2(f)(1) - The respondent failed to properly label all drums and containers.

On November 15, 2004, the respondent failed to properly label several containers containing hazardous waste. Labeling violations were noted at the National RV facility located at 3411 North Perris Blvd., Perris.

2.2. Respondent violated the California Health and Safety Code Section 25189.2(b) and Title 22 CCR Section 66265.173(a). The respondent failed to properly close hazardous waste containers.

On November 15, 2004, the respondent failed to properly close and maintain several containers containing hazardous waste. Open drum violations were noted at the National RV facility located at 3411 North Perris Blvd., Perris.

2.3. Respondent violated the California Health and Safety Code Section 25504(c) and Title 19 CCR Section 2732(a)(1). The respondent failed to properly train personnel in the proper method for safe handling of hazardous materials.

On November 15, 2004, the respondent failed to properly train personnel in the safe handling of hazardous materials namely improper containers, unlabeled containers,

incompatible materials not properly segregated and compressed gas cylinders not properly secured.

SCHEDULE OF COMPLIANCE

3. Respondent admits to the violations listed in this Enforcement Order.

3.1 Respondent waives any right to further hearings in this matter. Respondent agrees that due process has been provided with respect to this matter.

3.2 This Consent Order shall constitute full settlement of the violation alleged above. The violations have been corrected.

OTHER PROVISIONS

4.1. Additional Enforcement Actions: By agreeing to this Consent Order, the Department does not waive the right to take further enforcement actions, except to the extent provided in this Consent Order.

4.2. Penalties for Noncompliance: Failure to comply with the terms of this Consent Order may also subject Respondent to costs, penalties, and/or punitive damages for any costs incurred by the Department or other government agencies as a result of such failure, as provided by HSC section 25404.1.1 and other applicable provisions of law.

4.3. Parties Bound: This Consent Order shall apply to and be binding upon Respondent, and its officers, directors, agents, employees, contractors, consultants, receivers, trustees, successors, and assignees, including but not limited to individuals, partners, and subsidiary and parent corporations, and upon the Department and any successor agency that may have responsibility for the jurisdiction over the subject matter of this Consent Order.

4.4. Time Periods. "Days" for purposes of this Order means calendar days.

PENALTY

5.0. Respondent shall pay the Department a total penalty of \$8,000.00. The total penalty will be paid in 2 installments. The payment schedule is as follows:

First payment of \$4000.00 due, January 30, 2006 CK# 188904 1-10-06

Second payment of \$4000.00 due, July 30, 2006

Respondent hereby agrees to send 2 employees to the California Compliance School or its equivalent. Attendance must be completed and Respondent must submit a Certificate of Satisfactory Completion to the Department within 12 months of the date of this Consent Order. If Respondent fails to submit the Certificate of Satisfactory Completion

as required, the penalty of \$5,000.00 is due and payable within 30 days after the expiration of the 12 months.

Respondent's check shall be made payable to the County of Riverside, and shall identify the Respondent and Docket Number, as shown in the heading of this case, and the signed Consent Order shall be mailed with the payment to: Department Of Environmental Health

Hazardous Materials Division
P.O. Box 7489
Riverside, California 92513-7489
Attn. AEO Panel

6.0. Effective Date: The effective date of this Consent Order is the date it is signed by the Department.

7.0. Integration: This Consent Order constitutes the entire agreement between the parties and may not be amended, supplemented, or modified, except as provided in this Consent Order.

8.0. Modification: Any alteration, change or modification of or to this Consent Order, in order to become effective, shall be made by written instrument and each instance executed by or on behalf of the party to be bound thereto.

9.0. Severability: If any term, provision, condition or covenant of this Consent Order or the

application thereof to any party or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this instrument, or the application of such term, provision, condition or covenant to persons or circumstances other than those to whom or which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Consent Order shall be valid and enforceable to the fullest extent permitted by law.

10.0. Time is of the Essence: Time is hereby expressly made of the essence of this Consent Order and all performances and obligations due hereunder.

11.0. No Waiver: No delay or omission by any party in exercising any right or power accruing upon the compliance or failure of performance by any other party under the provisions of this Consent Order shall impair any such right or power or be construed to be a waiver thereof. A waiver by any party of a breach of any of the conditions or covenants to be performed by any other party under this Order shall not be construed as a waiver of any succeeding breach of the same or other covenants, restrictions or conditions.

12.0. Representations: Each party represents that: (i) they are duly authorized and empowered to execute

this Consent Order and to perform the obligations undertaken by each party herein; (ii) this Consent Order will be binding upon such party in accordance with its terms. The Corporate signatories executing this Consent Order hereby certify and warrant that they have the authority to enter into and execute this Consent Order; that they have the authority to bind their respective corporate entities, and that they have been duly authorized to enter into and execute this Consent Order by any and all requisite corporate action.

Dated: _____

Signature of Respondent's
Respondent

Title of Respondent's
Representative

Dated: 1/9/06

Mike Shetler

Mike Shetler
Department of
Environmental Health
Enforcement Panel Chief

County of Riverside
Community Health Agency
Department of Environmental Health
Hazardous Materials Division

In the Matter of:

National RV
100 West Sinclair Street
Perris, CA 92571
Respondent.

Docket # AEOGEN 05-22005

CONSENT ORDER
Health and Safety Code
Section 25404.1.1

INTRODUCTION

1.1. Parties. The Unified Program

Agency/Environmental Health Department (Department) and National RV (Respondent) enter into this Consent Order (Order) and agree as follows:

1.2. Site. Respondent generates, handles, treats, stores, and/or disposes of hazardous materials at the following site (Site): 100 West Sinclair St., Perris, CA.

1.3. Permit/Interim Status. The Unified Program Agency authorized Respondent to store hazardous materials and generate hazardous waste through a Unified Program Facility permit.

1.4. Jurisdiction. Section 25404.1.1 of the Health and Safety Code (HSC) authorizes the Department to

order action necessary to correct violations and assess a penalty when the Agency determines that any person has violated specified provisions of the Health and Safety Code or any permit, rule, regulation, standard, or requirement issued or adopted pursuant thereto.

DETERMINATION OF VIOLATIONS

2. The Department has determined:

2.1 Respondent violated the California Health and Safety Code Section 25189.2(b) and Title 22 CCR Section 66261.2(f)(1) - The respondent failed to properly label all drums and containers.

On November 17, 2004, the respondent failed to properly label several containers containing hazardous waste. Labeling violations were noted at the National RV facility located at 100 West Sinclair St., Perris.

2.2. Respondent violated the California Health and Safety Code Section 25189.2(b) and Title 22 CCR Section 66265.173(a). The respondent failed to properly close hazardous waste containers.

On November 17, 2004, the respondent failed to properly close and maintain several containers containing hazardous waste. Open container violations were noted at the National RV facility located at 100 West Sinclair St., Perris.

2.3. Respondent violated the California Health and Safety Code Section 25504(c) and Title 19 CCR Section 2732(a)(1). The respondent failed to properly train personnel in the proper method for safe handling of hazardous materials.

On November 17, 2004, the respondent failed to properly train personnel in the safe handling of hazardous materials

namely improper containers, unlabeled containers, and open containers were in use. These violations were noted at the National RV facility located at 100 West Sinclair St., Perris.

SCHEDULE OF COMPLIANCE

3. Respondent admits to the violations listed in this Enforcement Order.

3.1 Respondent waives any right to further hearings in this matter. Respondent agrees that due process has been provided with respect to this matter.

3.2 This Consent Order shall constitute full settlement of the violation alleged above. The violations have been corrected.

OTHER PROVISIONS

4.1. Additional Enforcement Actions: By agreeing to this Consent Order, the Department does not waive the right to take further enforcement actions, except to the extent provided in this Consent Order.

4.2. Penalties for Noncompliance: Failure to comply with the terms of this Consent Order may also subject Respondent to costs, penalties, and/or punitive damages for any costs incurred by the Department or other government agencies as a result of such failure, as

provided by HSC section 25404.1.1 and other applicable provisions of law.

4.3. Parties Bound: This Consent Order shall apply to and be binding upon Respondent, and its officers, directors, agents, employees, contractors, consultants, receivers, trustees, successors, and assignees, including but not limited to individuals, partners, and subsidiary and parent corporations, and upon the Department and any successor agency that may have responsibility for the jurisdiction over the subject matter of this Consent Order.

4.4. Time Periods. "Days" for purposes of this Order means calendar days.

PENALTY

5.0. Respondent shall pay the Department a total penalty of \$8,000.00. The total penalty will be paid in 2 installments. The payment schedule is as follows:

First payment of \$4000.00 due, January 30, 2006 Ck# 188904 1-20-06

Second payment of \$4000.00 due, July 30, 2006

Respondent hereby agrees to send 2 employees to the California Compliance School or its equivalent. Attendance must be completed and Respondent must submit a Certificate of Satisfactory Completion to the Department within 12 months of the date of this Consent Order. If Respondent

fails to submit the Certificate of Satisfactory Completion as required, the penalty of \$5,000.00 is due and payable within 30 days after the expiration of the 12 months.

Respondent's check shall be made payable to the County of Riverside, and shall identify the Respondent and Docket Number, as shown in the heading of this case, and the signed Consent Order shall be mailed with the payment to: Department Of Environmental Health

Hazardous Materials Division
P.O. Box 7489
Riverside, California 92513-7489
Attn. AEO Panel

6.0. Effective Date: The effective date of this Consent Order is the date it is signed by the Department.

7.0. Integration: This Consent Order constitutes the entire agreement between the parties and may not be amended, supplemented, or modified, except as provided in this Consent Order.

8.0. Modification: Any alteration, change or modification of or to this Consent Order, in order to become effective, shall be made by written instrument and each instance executed by or on behalf of the party to be bound thereto.

9.0. Severability: If any term, provision, condition or covenant of this Consent Order or the application thereof to any party or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this instrument, or the application of such term, provision, condition or covenant to persons or circumstances other than those to whom or which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Consent Order shall be valid and enforceable to the fullest extent permitted by law.

10.0. Time is of the Essence: Time is hereby expressly made of the essence of this Consent Order and all performances and obligations due hereunder.

11.0. No Waiver: No delay or omission by any party in exercising any right or power accruing upon the compliance or failure of performance by any other party under the provisions of this Consent Order shall impair any such right or power or be construed to be a waiver thereof. A waiver by any party of a breach of any of the conditions or covenants to be performed by any other party under this Order shall not be construed as a waiver of any succeeding breach of the same or other covenants, restrictions or conditions.

12.0. Representations: Each party represents that: (i) they are duly authorized and empowered to execute this Consent Order and to perform the obligations undertaken by each party herein; (ii) this Consent Order will be binding upon such party in accordance with its terms. The Corporate signatories executing this Consent Order hereby certify and warrant that they have the authority to enter into and execute this Consent Order; that they have the authority to bind their respective corporate entities, and that they have been duly authorized to enter into and execute this Consent Order by any and all requisite corporate action.

Dated: _____

Signature of Respondent's
Respondent

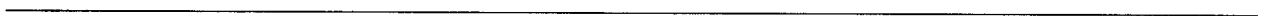
Title of Respondent's
Representative

Dated: 1/9/06

Mike Shetler

Mike Shetler
Department of
Environmental Health

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT





**FACILITY PERMIT TO OPERATE
NATL RV INC**

PERMITTED EQUIPMENT LIST

THE FOLLOWING IS A LIST OF ALL PERMITS TO CONSTRUCT AND PERMITS TO OPERATE AT THIS FACILITY:

Application number	Permit to Operate number	Equipment description
141820	M86858	SERV STAT STORAGE & DISPENSING GASOLINE
327696	F09693	SPRAY BOOTH PAINT AND SOLVENT
327703	F09506	SPRAY BOOTH OTHER
334051	F10617	SPRAY BOOTH PAINT AND SOLVENT
334052	F10618	SPRAY BOOTH PAINT AND SOLVENT
334053	F10619	SPRAY BOOTH STYRENATED RESINS
334054	F10620	STORAGE TANK PLASTICS & RESINS
334056	F10622	SPRAY EQUIPMENT OPEN
334057	F10623	SPRAY EQUIPMENT OPEN
340847	F14609	SPRAY BOOTH PAINT AND SOLVENT
356865	F22221	SPRAY BOOTH PAINT AND SOLVENT
356868	F22220	SPRAY BOOTH PAINT AND SOLVENT
410482	F60374	RESIN STORAGE TANK
410484	F60375	RESIN STORAGE TANK
440323		SPRAY BOOTHS (MULTIPLE) WITH MULTIPLE VOC CONTROL EQ

NOTE: EQUIPMENT LISTED ABOVE THAT HAVE NO CORRESPONDING PERMITS TO OPERATE NUMBER ARE ISSUED PERMITS TO CONSTRUCT. THE ISSUANCE OR DENIAL OF THEIR PERMITS TO OPERATE IS SUBJECT TO ENGINEERING FINAL REVIEW. ANY OTHER APPLICATIONS THAT ARE STILL BEING PROCESSED AND HAVE NOT BEEN ISSUED PERMITS TO CONSTRUCT OR PERMITS TO OPERATE WILL NOT BE FOUND IN THIS TITLE V PERMIT.



AQMD

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 East Copley Drive, Diamond Bar, CA 91765

PERMIT TO OPERATE

page 1
Permit No.
F47127
A/N 385913

JAN 2 '02 PM 3 10

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership. If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

Legal Owner
or Operator:

NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR PERRIS CA 92571

Equipment Description:

SPRAY BOOTH, AUTOMOTIVE TYPE, BLEEKER BROS., MODEL NO. TSB-54, 16'-4" W. X 54'-2" L. X 14'-6" H., WITH FORTY TWO 20" W. X 20" L. EXHAUST FILTERS, AND ONE 5 HP EXHAUST FAN.

Conditions:

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST TWO INCHES THICK.
4. A GAUGE SHALL BE INSTALLED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
5. THE TOTAL QUANTITY OF VOLATILE ORGANIC COMPOUND (VOC) EMISSIONS FROM ALL PERMITTED EQUIPMENT AND ASSOCIATED OPERATIONS AT THIS FACILITY SHALL BE LESS THAN 1170 POUNDS IN ANY CALENDAR MONTH. ASSOCIATED OPERATIONS INCLUDE, BUT ARE NOT LIMITED TO, SURFACE PREPARATION, EQUIPMENT CLEAN-UP, AND THE APPLICATION OF ANY OTHER MATERIALS TO PARTS THAT ARE SUBSEQUENTLY PROCESSED IN THE PERMITTED EQUIPMENT.
6. THE OPERATOR SHALL COMPLY WITH RULE 109 (RECORDKEEPING FOR VOLATILE ORGANIC COMPOUND EMISSIONS)

ORIGINAL



PERMIT TO CONSTRUCT/OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.1) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR: NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 6 CONSISTING OF:

1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED, WITH TWO 2.2 MM BTU/HR LOW-NOX BURNERS, NATURAL GAS FIRED, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURBER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THIS EQUIPMENT SHALL BE OPERATED IN COMPLIANCE WITH RULES 1115 AND 1171.

ORIGINAL



PERMIT TO CONSTRUCT/OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR:

NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 5 CONSISTING OF:

1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED, WITH TWO 2.2 MM BTU/HR LOW-NOX BURNERS, NATURAL GAS FIRED, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURBER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THIS EQUIPMENT SHALL BE OPERATED IN COMPLIANCE WITH RULES 1115 AND 1171.

ORIGINAL



PERMIT TO CONSTRUCT/OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.6) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR:

NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 4 CONSISTING OF:

1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE TYPE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED, WITH TWO 2.2 MM BTU/HR LOW-NOX BURNERS, NATURAL GAS FIRED, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURNER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THIS EQUIPMENT SHALL BE OPERATED IN COMPLIANCE WITH RULES 1115 AND 1171.

ORIGINAL



This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR: NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 3 CONSISTING OF:

1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE TYPE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED, WITH TWO 2.2 MM BTU/HR LOW-NOX BURNERS, NATURAL GAS FIRED, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURNER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THIS EQUIPMENT SHALL BE OPERATED IN COMPLIANCE WITH RULES 1115 AND 1171.

ORIGINAL



PERMIT TO CONSTRUCT/OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR:

NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 1 CONSISTING OF:

1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE TYPE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED WITH TWO NATURAL GAS FIRED LOW-NOX BURNERS, 1.1 MM BTU/HR EACH, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURNER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM OF 95% VOC DESTRUCTION EFFICIENCY.

ORIGINAL



PERMIT TO CONSTRUCT/OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for annual renewal fee (Rule 301.0) is not received by the expiration date, contact the District.

LEGAL OWNER
OR OPERATOR: NATIONAL RV INC.
100 SINCLAIR
PERRIS, CA 92571

ID 124374

Equipment Location: 100 SINCLAIR, PERRIS, CA 92571

Equipment Description:

AIR POLLUTION CONTROL SYSTEM NO. 2 CONSISTING OF:

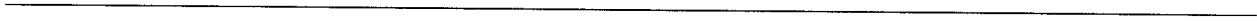
1. SPRAY BOOTH, SPRAY ZONE, AUTOMOTIVE TYPE, 18'-0" W. X 60'-0" L. X 16'-0" H., WITH ONE 5' X 50' EXHAUST FILTER, AND HEATED, WITH TWO 2.2 MM BTU/HR LOW-NOX BURNERS, NATURAL GAS FIRED, TWO 7.5 HP EXHAUST FANS.
2. AFTERBURNER, MUNTERS ZEOL, MODEL IZS-3500-CT, WITH A NATURAL GAS LOW-NOX BURNER, 1.34 MM BTU/HR.

Conditions:

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A GAUGE SHALL BE INSTALLED AND MAINTAINED TO INDICATE, IN INCHES OF WATER, THE STATIC PRESSURE DIFFERENTIAL ACROSS THE EXHAUST FILTERS. IN OPERATION, THE PRESSURE DIFFERENTIAL SHALL NOT EXCEED 0.25 INCHES OF WATER.
- 4) THIS SPRAY BOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR PASSES THROUGH FILTER MEDIA AT LEAST 2 INCHES THICK.
- 5) THIS SPRAYBOOTH SHALL NOT BE OPERATED UNLESS ALL EXHAUST AIR IS VENTED TO THE AFTERBURNER.
- 6) THE AFTERBURNER SHALL BE OPERATED WITH A MINIMUM TEMPERATURE OF 800 DEGREES FAHRENHEIT.
- 7) THIS EQUIPMENT SHALL BE OPERATED IN COMPLIANCE WITH RULES 1115 AND 1171.

ORIGINAL

STATE WATER RESOURCES CONTROL BOARD





- Shipping
- Tracking**
- Support
- Business Solutions
- Preferred Customer

Welcome, Wendy Meeks | [Logout](#)

[My UPS](#) [A](#)

Tracking

- **Track by Tracking Number**
 - Track by E-mail
 - Import Tracking Numbers
- Track by Reference Number
- Track by Freight Tracking Number
- Track by Freight Shipment Reference
- Track with Quantum View
- Sign Up for Signature Tracking
- Void a Shipment
- Help

Track by Tracking Number

View Tracking Summary

To see a detailed report for each package, please select the **View package progress** link

Tracking Number	Status	Delivery Information	
1. 1Z 937 281 37 1000 033 7	Delivered	Delivered on:	06/06/2006 10:28 A.M.
		Delivered to:	RIVERSIDE,
		Signed by:	QUIROZ
		Service Type:	2ND DAY AI

[View package progress](#)

Tracking results provided by UPS: 08/11/2006 2:31 P.M. Eastern Time (USA)

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UPS 2nd Day Air®

Shipping Document

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TRACKING NUMBER 12 937 281 37 1000 033 7

1 SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. 9 3 7 2 8 1

REFERENCE NUMBER

NAME Thomas Lau TELEPHONE 951(943-2635)

COMPANY NATIONAL R V storm water report STREET ADDRESS 100 W SINCLAIR ST 2005-2006 Perris CITY AND STATE PERRIS CA ZIP CODE 92571

2 DELIVERY TO

NAME Milasol Gaslan TELEPHONE (951) 782-4130

COMPANY Santa Ana Regional Water Board STREET ADDRESS 3737 Main St #500 DEPT./FLR. Residential Delivery CITY AND STATE Riverside CA ZIP CODE 92501



3 WEIGHT, 4 SHIPPER RELEASE

5 2ND DAY AIR CHARGE, 6 OPTIONAL SERVICES, 7 ADDITIONAL HANDLING CHARGE, 8 METHOD OF PAYMENT

9 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO., EXPIRATION DATE, THIRD PARTY'S COMPANY NAME, STREET ADDRESS, CITY AND STATE, ZIP CODE

10 SHIPPER'S SIGNATURE, DATE OF SHIPMENT, UPS COPY

Vertical text on the right side of the form, including 'This form not needed with UPS Internet Shipping at UPS.com' and various legal notices.

State of California
STATE WATER RESOURCES CONTROL BOARD

2005-2006
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2005 through June 30, 2006

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

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

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

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: National R.V., Inc.
Physical Address: 3411 N. Perris Blvd.
City: Perris
Standard Industrial Classification (SIC) Code(s): 3716

Facility WDID No: 833I011548

Contact Person: Thomas Lao
e-mail: success2all@bbs-la.com
CA Zip: 92571 Phone: (626) 288-2626

B. Facility Operator Information:

Operator Name: National R.V., Inc.
Mailing Address: 3411 N. Perris Blvd.
City: Perris

Contact Person: Thomas Lao
e-mail: success2all@bbs-la.com
State: CA Zip: 92571 Phone: (626) 288-2626

C. Facility Billing Information:

Operator Name: National R.V., Inc.
Mailing Address: 3411 N. Perris Blvd.
City: Perris

Contact Person: Brent Vollmer
e-mail: bvollmer@nationalrv.com
State: CA Zip: 92571 Phone: (951) 943-6007

2005-2006
ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

YES Go to Item D.2

NO Go to Section E

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

i. Participating in an Approved Group Monitoring Plan

Group Name: _____

ii. Submitted **No Exposure Certification (NEC)**

Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy NEC conditions?

YES

NO

iii. Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy SRC conditions?

YES

NO

iv. Received Regional Board Certification

Certification Date: ____ / ____ / ____

v. Received Local Agency Certification

Certification Date: ____ / ____ / ____

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

YES Go to Section E

NO

Go to Section F

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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 2

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

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

YES

NO

attach explanation (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 1

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

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F. QUARTERLY VISUAL OBSERVATIONS

1. Authorized Non-Storm Water Discharges

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

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

YES NO Go to Item F.2

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

July-September YES NO N/A October-December YES NO N/A

January-March YES NO N/A April-June YES NO N/A

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

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

2. Unauthorized Non-Storm Water Discharges

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

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

July-September YES NO October-December YES NO

January-March YES NO April-June YES NO

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

YES NO Go to Item F.2.d

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

YES NO **Attach explanation**

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

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

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

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

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year • outdoor wash and rinse areas • process/manufacturing areas • loading, unloading, and transfer areas • waste storage/disposal areas • dust/particulate generating areas • erosion areas | <ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharges locations | <ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? YES NO

The following records should be reviewed:

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

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? YES NO

The following SWPPP items should be reviewed:

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

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? YES NO

The following BMP categories should be reviewed:

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

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? YES NO

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? YES NO

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

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ATTACHMENT SUMMARY

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

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

ANNUAL REPORT CERTIFICATION

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

Printed Name: Thomas Lao

Signature: _____

Date: 06/01/2006

Title: Sr. Environmental Engineer

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.waterboards.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

<http://www.waterboards.ca.gov/stormwtr/contact.html>


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FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box. Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Thomas Lao TITLE: Sr. Env. Engineer SIGNATURE: 

ANALYTICAL RESULTS
For First Storm Event

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS					OTHER PARAMETERS						
			PH	TSS	SC	O&G	TOC							
Sample Point 1	03/03/2006 <input checked="" type="checkbox"/> AM 9:51 <input type="checkbox"/> PM	8:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.20	4	1310	ND	16							
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												

TEST REPORTING UNITS: pH Units mg/l umho/cm mg/l mg/l

TEST METHOD DETECTION LIMIT: N/A 1 5 1 0.5

TEST METHOD USED: EPA EPA EPA EPA EPA
HCl HCl HCl HCl HCl
Env. Env. Env. Env. Env.

ANALYZED BY (SELF/LAB):

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): Thomas Lao TITLE: Sr. Env. Engineer SIGNATURE: 

ANALYTICAL RESULTS
For Second Storm Event

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS					OTHER PARAMETERS						
			pH	TSS	SC	O&G	TOC							
Sample Point 1	04/14/2006 3:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6.84	4	92.5	ND	3.5							
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	___/___/___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM												
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l							
TEST METHOD DETECTION LIMIT:			NA	1	5	1	0.5							
TEST METHOD USED:			EPA	EPA	EPA	EPA	EPA							
ANALYZED BY (SELF/LAB):			150.1	160.2	120.1	413.2	415.1							
			HCl Env.	HCl Env.	HCl Env.	HCl Env.	HCl Env.							


TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon


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SIDE A


FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

<p>QUARTER: JULY-SEPT. DATE: <u>07/18/2005</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
---------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>QUARTER: OCT.-DEC. DATE: <u>10/17/2005</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
--------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>QUARTER: JAN.-MARCH DATE: <u>01/16/2006</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
---------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>QUARTER: APRIL-JUNE DATE: <u>04/17/2006</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
---------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)
*** No Authorized Non-Storm Water Discharges at Facility for 2005-2006 ***





DATE / TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD	NAME OF AUTHORIZED NSWD	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Air conditioner Units on Building C	EXAMPLE: Air conditioner condensate			
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					

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**FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDS)**

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

<p>QUARTER: JULY-SEPT.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>07/18/2005 08:50</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observer's Name: <u>Thomas Lao</u></p> <p>Title: <u>Sr. Env. Engineer</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>10/17/2005 09:30</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observer's Name: <u>Thomas Lao</u></p> <p>Title: <u>Sr. Env. Engineer</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>01/16/2006 09:25</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observer's Name: <u>Thomas Lao</u></p> <p>Title: <u>Sr. Env. Engineer</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>04/17/2006 10:30</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observer's Name: <u>Thomas Lao</u></p> <p>Title: <u>Sr. Env. Engineer</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>

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

*** No Unauthorized Non-Storm Water Discharges at Facility for 2005 - 2006 ***

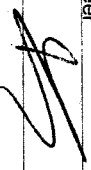



OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED NSWD	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Vehicle Wash Water	EXAMPLE: NW Corner of Parking Lot			
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM					

2005 - 2006
ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE

STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October 17 2005 Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 		Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November 14 2005 Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 		Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December 12 2005 Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 		Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January 16 2006 Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 		Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>

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ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

*** No Pollutant Were Observed; No Significant Rain Event ***

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
____/____/____ :__ __ <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
____/____/____ :__ __ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ :__ __ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ :__ __ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ :__ __ <input type="checkbox"/> AM <input type="checkbox"/> PM				





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ANNUAL REPORT
FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

SIDE

STORM WATER DISCHARGES

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

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

Observation Date: February 13 2006	Drainage Location Description	No Significant Rain Event			
		#1	#2	#3	#4
Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event : : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : : YES <input type="checkbox"/> NO <input type="checkbox"/>
Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 Sample Point 1 03:00 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : : YES <input type="checkbox"/> NO <input type="checkbox"/>
Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event : : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : : YES <input type="checkbox"/> NO <input type="checkbox"/>
Observers Name: Thomas Lao Title: Sr. Env. Engineer Signature: 	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	#1 No Significant Rain Event : : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : : YES <input type="checkbox"/> NO <input type="checkbox"/>

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ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				

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SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 06/01/2006

INSPECTOR NAME: Thomas Lao

TITLE: Sr. Env. Engineer

SIGNATURE:



POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?		If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Empty drum storage	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Steel Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Trash Bin	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

**FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE: / / INSPECTOR NAME: TITLE: SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation



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 A-GENERAL ENGINEERING STATE CONTRACTORS LICENSE NUMBER 788216
 "Committed to Providing Quality Products and Services."
 Visit us on the web at www.HCIEnv.com

PROJECT: National KV (Perris) - Stormwater / 32543

LOCATION: 3411 N. Perris, Perris, CA 92570

MATRIX: LIQUID

SAMPLING DATE: 03/03/06

REPORT TO: MS. MELISSA IBISON

DATE RECEIVED: 03/07/06

DATE ANALYZED: 03/07-10/06

DATE REPORTED: 03/14/06

SAMPLE ID: Sample Point 1

LAB I.D.: 060307-1

PARAMETER	UNIT	RESULT	PQL	DF	EPA METHOD
CONDUCTIVITY	UMHOS/CM	1310	5	--	120.1
pH	pH	7.20	---	--	150.1
TSS	MG/L	4	1	1	160.2
OIL & GREASE	MG/L	ND	1	1	413.2
TOC	MG/L	16.0	0.5	1	415.1

COMMENTS:

DF = Dilution Factor

PQL = Practical Quantitation Limit

Actual Detection Limit = PQL X DF

ND = Below the Actual Detection Limit or non-detected

UMHOS/CM = Micro-MHOS Per Centimeter

MG/L = Milligram Per Liter = PPM

TSS = Total Suspended Solids

TOC = Total Organic Carbon

TOC analyzed by Associated Labs, Orange, CA

Data Reviewed and Approved by: 

CAL-DHS ELAP CERTIFICATE No.: 1555

LOS ANGELES SANITATION DISTRICT LABORATORY CERTIFICATION No.: 10200



So. California
 Los Angeles Metro
 (Corporate Office)
 1787 W. Pomona Rd, Ste. A
 Corona, Ca 92880
 800.988.4424
 951.280.0118 Fax

No. California
 Sacramento Metro
 915 L. Street, Ste. C
 Sacramento, Ca 95814
 800.988.4424
 916.444.3204 Fax

Nevada
 Las Vegas Metro
 101 S. Rainbow Blvd
 Las Vegas, NV 89128
 800.988.4424
 702.221.2711 Fax





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TRACKING NUMBER 1Z 937 281 37 1000 034 6

1 SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. 9 3 7 2 8 1

REFERENCE NUMBER

NAME Thomas Lao TELEPHONE 951(943-2635) COMPANY NATIONAL R V storm water Report

STREET ADDRESS 100 W SINCLAIR ST 2005-2006

CITY AND STATE PERRIS CA ZIP CODE 92571

2 DELIVERY TO

NAME Milasol Gaslan TELEPHONE (951) 782-4130 COMPANY Santa Ana Regional Water Board

STREET ADDRESS 3737 Main St # 500 DEPT./FLR. Residential Delivery

CITY AND STATE Riverside, CA ZIP CODE 92501



3 WEIGHT WEIGHT DIMENSIONAL WEIGHT LARGE AIR PACKAGE 4 SHIPPER RELEASE

5 2ND DAY AIR CHARGE CHARGES

6 OPTIONAL SERVICES SATURDAY PICKUP DECLARED VALUE FOR CARRIAGE C.O.D. An Additional Handling Charge applies for certain items.

7 ADDITIONAL HANDLING CHARGE TOTAL CHARGES

8 METHOD OF PAYMENT BILL SHIPPER'S ACCOUNT NUMBER BILL RECEIVER BILL THIRD PARTY CREDIT CARD American Express Diner's Club MasterCard Visa CHECK

9 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. EXPIRATION DATE

THIRD PARTY'S COMPANY NAME STREET ADDRESS

CITY AND STATE ZIP CODE

The shipper authorizes UPS to act as forwarding agent for export control and customs purposes. The shipper certifies that these commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations, Division contrary to U.S. law is prohibited.

10 SHIPPER'S SIGNATURE X DATE OF SHIPMENT 6/5/06

All shipments are subject to the terms contained in the UPS Tariff and Terms and Conditions of Service, which are available at UPS.com and local UPS offices. 0201911252609 1/05 MW UPS COPY

Under a separate value is recorded in writing on this receipt, the shipper agrees that the released value of each package covered by this receipt is \$100, which is a responsible value under the circumstances surrounding the transportation. The shipper agrees that UPS will not be liable for more than \$100 on any one package unless a greater value is recorded on this receipt and the shipper pays the additional charge for the higher value. In any case, the maximum liability per package assumed by UPS is \$500, regardless of the value in excess of the maximum. For complete details of the limitations on UPS' liability, including the definition of Article of Commercial Value for which UPS assumes no liability, see the UPS Tariff at www.ups.com.

This form not needed with UPS Internet Shipping at UPS.com

State of California
STATE WATER RESOURCES CONTROL BOARD

2005-2006
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2005 through June 30, 2006

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

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

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

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: National R.V., Inc.
Physical Address: 100 W. Sinclair St.
City: Perris
Standard Industrial Classification (SIC) Code(s): 3716

Facility WDID No: 8331017292

Contact Person: Thomas Lao
e-mail: success2all@bbs-la.com
CA Zip: 92571 Phone: (626) 288-2626

B. Facility Operator Information:

Operator Name: National R.V., Inc.
Mailing Address: 3411 N. Perris Blvd.
City: Perris

Contact Person: Thomas Lao
e-mail: success2all@bbs-la.com
State: CA Zip: 92571 Phone: (626) 288-2626

C. Facility Billing Information:

Operator Name: National R.V., Inc.
Mailing Address: 3411 N. Perris Blvd.
City: Perris

Contact Person: Brent Vollmer
e-mail: bvollmer@nationalrv.com
State: CA Zip: 92571 Phone: (951) 943-6007

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 2

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

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

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

3. How many storm water discharge locations are at your facility? 1

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, **attach explanation**

If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated / /

6. Were all samples collected during the first hour of discharge? YES NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

 In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

 The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

 Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

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

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

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

YES NO Go to Item F.2

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

July-September YES NO N/A October-December YES NO N/A

January-March YES NO N/A April-June YES NO N/A

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

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

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

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

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

July-September YES NO October-December YES NO

January-March YES NO April-June YES NO

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

YES NO Go to Item F.2.d

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

YES NO **Attach explanation**

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

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

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

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

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year • outdoor wash and rinse areas • process/manufacturing areas • loading, unloading, and transfer areas • waste storage/disposal areas • dust/particulate generating areas • erosion areas | <ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharges locations | <ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? YES NO

The following records should be reviewed:

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

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? YES NO

The following SWPPP items should be reviewed:

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

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? YES NO

The following BMP categories should be reviewed:

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

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? YES NO

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? YES NO

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

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ATTACHMENT SUMMARY

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

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

ANNUAL REPORT CERTIFICATION

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

Printed Name: Thomas Lao

Signature: _____

Date: 06/01/2006

Title: Sr. Environmental Engineer

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse effects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.waterboards.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.


See Storm Water Contacts at

<http://www.waterboards.ca.gov/stormwtr/contact.html>

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: < .05)
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box. Make additional copies of this form as necessary.
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

NAME OF PERSON COLLECTING SAMPLE(S): Thomas Lao TITLE: St. Env. Engineer SIGNATURE: 

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event								
			BASIC PARAMETERS			OTHER PARAMETERS					
			PH	TSS	SC	O&G	TOC				
Sample Point 1	03/03/2006 9:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.24	4	1400	NID	16				
	/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	: : <input type="checkbox"/> AM <input type="checkbox"/> PM									
	/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	: : <input type="checkbox"/> AM <input type="checkbox"/> PM									
	/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	: : <input type="checkbox"/> AM <input type="checkbox"/> PM									
TEST REPORTING UNITS:			pH Units	mg/l	mg/l	mg/l	mg/l				
TEST METHOD DETECTION LIMIT:			N/A		1	0.5					
TEST METHOD USED:			EPA 150.1 HCl Env.	EPA 160.2 HCl Env.	EPA 120.1 HCl Env.	EPA 413.2 HCl Env.	EPA 415.1 HCl Env.				
ANALYZED BY (SELF/LAB):											

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon





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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.

- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.





<p>QUARTER: JULY-SEPT. DATE: <u>07/18/2005</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: OCT.-DEC. DATE: <u>10/17/2005</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: JAN.-MARCH DATE: <u>01/16/2006</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: APRIL-JUNE DATE: <u>04/17/2006</u></p>	<p>Observers Name: <u>Thomas Lao</u> Title: <u>Sr. Env. Engineer</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>

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SIDE A

**FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDS)**

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

<p>QUARTER: JULY-SEPT.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>07/18/2005 08:55</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: Thomas Lao</p> <p>Title: Sr. Env. Engineer</p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>10/17/2005 09:40</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: Thomas Lao</p> <p>Title: Sr. Env. Engineer</p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>01/16/2006 09:20</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: Thomas Lao</p> <p>Title: Sr. Env. Engineer</p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>04/17/2006 10:35</p> <p><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: Thomas Lao</p> <p>Title: Sr. Env. Engineer</p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES to either question, complete reverse side.</p>

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

*** No Unauthorized Non-Storm Water Discharges at Facility for 2005 - 2006 ***





OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED NSWD	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Vehicle Wash Water	EXAMPLE: NW Corner of Parking Lot			
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF

STORM WATER DISCHARGES

SIDE

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

Observation Date: October 17 2005					
Observers Name: <u>Thomas Lao</u>	Drainage Location Description	#1	No Significant Rain Event	#2	#3
Title: <u>Sr. Env. Engineer</u>	Observation Time		<input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Signature: 	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November 14 2005					
Observers Name: <u>Thomas Lao</u>	Drainage Location Description	#1	No Significant Rain Event	#2	#3
Title: <u>Sr. Env. Engineer</u>	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Signature: 	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December 12 2005					
Observers Name: <u>Thomas Lao</u>	Drainage Location Description	#1	No Significant Rain Event	#2	#3
Title: <u>Sr. Env. Engineer</u>	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Signature: 	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January 16 2006					
Observers Name: <u>Thomas Lao</u>	Drainage Location Description	#1	No Significant Rain Event	#2	#3
Title: <u>Sr. Env. Engineer</u>	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Signature: 	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

*** No Pollutant Were Observed: No Significant Rain Event ***

SIDE B





DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / <input type="checkbox"/> AM <input type="checkbox"/> PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE

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

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

Observation Date: February 13 2006	Observers Name: Thomas Lao	Title: Sr. Env. Engineer	Signature: 	Drainage Location Description	#1 No Significant Rain Event	#2	#3	#4	
				Observation Time	Were Pollutants Observed (If yes, complete reverse side)	Time Discharge Began	Were Pollutants Observed (If yes, complete reverse side)	Time Discharge Began	Were Pollutants Observed (If yes, complete reverse side)
Observation Date: March 3 2006	Observers Name: Thomas Lao	Title: Sr. Env. Engineer	Signature: 	Drainage Location Description	#1 Sample Point 1	#2	#3	#4	
				Observation Time	09:30	:	:	:	:
				Time Discharge Began	08:50	:	:	:	:
				Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: April 14 2006	Observers Name: Thomas Lao	Title: Sr. Env. Engineer	Signature: 	Drainage Location Description	#1 Sample Point 1	#2	#3	#4	
				Observation Time	02:55	:	:	:	:
				Time Discharge Began	02:30	:	:	:	:
				Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: May 22 2006	Observers Name: Thomas Lao	Title: Sr. Env. Engineer	Signature: 	Drainage Location Description	#1 No Significant Rain Event	#2	#3	#4	
				Observation Time	:	:	:	:	
				Time Discharge Began	:	:	:	:	
				Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM				

**FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE: 06/01/2006

INSPECTOR NAME: Thomas Lao

TITLE: St. Env. Engineer

SIGNATURE: _____



POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Empty drum storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Trash Bin	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**FORM 5 (Continued)-ANNUAL COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE: ___ / ___ / ___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revISED BMPs or corrective actions and their date(s) of implementation



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PROJECT: National RV (Sinclair) - Stormwater / 32544
 LOCATION: 100 W. Sinclair Av., Perris, CA 92571
 MATRIX: LIQUID
 SAMPLING DATE: 03/03/06
 REPORT TO: MS. MELISSA IBISON

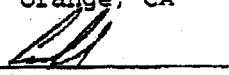
DATE RECEIVED: 03/07/06
 DATE ANALYZED: 03/07-10/06
 DATE REPORTED: 03/14/06

SAMPLE ID: Sample Point 1
 LAB I.D.: 060307-2

PARAMETER	UNIT	RESULT	PQL	DF	EPA METHOD
CONDUCTIVITY	UMHOS/CM	1400	5	--	120.1
PH	PH	7.24	---	--	150.1
TSS	MG/L	4	1	1	160.2
OIL & GREASE	MG/L	ND	1	1	413.2
TOC	MG/L	16.0	0.5	1	415.1

COMMENTS:

DF = Dilution Factor
 PQL = Practical Quantitation Limit
 Actual Detection Limit = PQL X DF
 ND = Below the Actual Detection Limit or non-detected
 UMHOS/CM = Micro-MHOS Per Centimeter
 MG/L = Milligram Per Liter = PPM
 TSS = Total Suspended Solids
 TOC = Total Organic Carbon
 TOC analyzed by Associated Labs, Orange, CA

Data Reviewed and Approved by: 
 CAL-DHS ELAP CERTIFICATE No.: 1555
 LOS ANGELES SANITATION DISTRICT LABORATORY CERTIFICATION No.: 10200



So. California
 Los Angeles Metro
 (Corporate Office)
 1787 W. Pomona Rd, Ste. A
 Corona, Ca 92880
 800.988.4424
 951.280.0118 Fax

No. California
 Sacramento Metro
 915 L. Street, Ste. C
 Sacramento, Ca 95814
 800.988.4424
 916.444.3204 Fax

Nevada
 Las Vegas Metro
 101 S. Rainbow Blvd
 Las Vegas, NV 89128
 800.988.4424
 702.221.2711 Fax



PROJECT: **National RV-Sinclair**
MATRIX: **LIQUID**
SAMPLING DATE: **04/14/06**
REPORT TO: **MS. KRISTI UNRUH**

DATE RECEIVED: **04/24/06**
DATE ANALYZED: **04/24-27/06**
DATE REPORTED: **05/01/06**

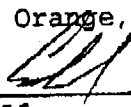
SAMPLE ID: **Stormwater**

LAB I.D.: **060424-15**

PARAMETER	UNIT	RESULT	PQL	DF	EPA METHOD
CONDUCTIVITY	uMHOS/CM	109	5	-	120.1
pH	pH	6.63	---	-	150.1
TSS	MG/L	24	1	1	160.2
OIL & GREASE	MG/L	ND	1	1	413.2
TOC	MG/L	3.4	0.5	1	415.1

COMMENTS:

DF = Dilution Factor
PQL = Practical Quantitation Limit
Actual Detection Limit = PQL X DF
ND = Below the Actual Detection Limit or non-detected
uMHOS/CM = Micro-MHOS Per Centimeter
MG/L = Milligram Per Liter = PPM
TSS = Total Suspended Solids
TOC = Total Organic Carbon
TOC analyzed by Associated Labs, Orange, CA

Data Reviewed and Approved by: 
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LOS ANGELES SANITATION DISTRICT LABORATORY CERTIFICATION No.: 10200



So. California
Los Angeles Metro
(Corporate Office)
1787 W. Pomona Rd, Ste. A
Corona, Ca 92880
800.988.4424
951.280.0118 Fax

No. California
Sacramento Metro

915 L. Street, Ste. C
Sacramento, Ca 95814
800.988.4424
916.444.3204 Fax

Nevada
Las Vegas Metro

101 S. Rainbow Blvd
Las Vegas, NV 89128
800.988.4424
702.221.2711 Fax



APPENDIX L
QUALIFICATIONS OF ENVIRONMENTAL PROFESSIONALS

Advantage Environmental Consultants, LLC

ENVIRONMENTAL DUE DILIGENCE SPECIALISTS

Daniel A. Weis
Branch Manager
San Marcos, California

EDUCATION

B.A. University of Delaware, Newark, DE (1995)
M.S. Public/Environmental Health, San Diego State University, San Diego, CA (1998)

PROFESSIONAL REGISTRATIONS, LICENSES, AND CERTIFICATIONS

- Registered Environmental Assessor #08001 in the State of California
- OSHA 40-hour Hazardous Waste Operations Worker and Supervisor Certifications and annual Refreshers

PROFESSIONAL SUMMARY

Mr. Weis is the branch manager of AEC's southern California office based in the City of San Marcos, northern San Diego County. Mr. Weis has nearly 10 years of experience in the environmental sciences and consulting fields. He has completed hundreds of projects of varying scope including Phase I and Phase II Environmental Site Assessments, soil and groundwater investigations, health risk assessments, underground storage tank evaluation/closure, remediation projects, hazardous waste characterization/management, electromagnetic field surveys, radionuclide surveys, indoor air quality investigations, and mold surveys. Assets audited include industrial, commercial, residential, and vacant land sites throughout the State of California. As branch manager, Mr. Weis is responsible for client development/management, project management and technical-related tasks of projects.

Since 1997, Mr. Weis has been avidly involved with the Tijuana River Watershed Project, managed through San Diego State University via funding from the Southwest Center for Environmental Research and Policy, the San Diego Regional Water Quality Control Board and the United States Environmental Protection Agency.

PROFESSIONAL EXPERIENCE

Corridor Assessment - Completed a Phase I ESA of a 13-mile corridor for a proposed sewer alignment within public right-of-ways and on private agricultural property near the U.S./Mexico border. The study included extensive regulatory file reviews due to the presence of several landfills, industrial facilities and gasoline

stations along the corridor. Soil and groundwater within portions of the alignment were impacted with petroleum hydrocarbons from adjacent underground storage tank releases. In addition, potential areas of burn ash and other industrial waste containing heavy metals were identified in portions of the alignment based on prior subsurface investigations conducted for the adjacent landfills. Information from the assessment was used to develop subsurface site investigation workplans in areas requiring further assessment.

Urban Redevelopment Projects - Performed initial site assessments, subsurface investigations, human health risk assessments, financial/cost analysis and implementation of remedial action programs at numerous urban redevelopment sites in downtown San Diego and nearby communities. Such initial assessments include extensive historical and regulatory research for proper evaluation of a site in question. Subsurface activities performed include the completion of soil borings using various drilling technologies, soil and groundwater sampling, installation and sampling of groundwater monitoring wells, free product evaluations exploratory trenching and real-time delineation using mobile analytical laboratories and other soil screening technology. Cost effective solutions and various remedial action options are provided prior to remedial action implementation. Has performed such assessments on behalf of private developers, redevelopment agencies and environmental attorneys. Many of the projects have been subject to regulatory oversight by local or State level regulatory agencies.

Agricultural Projects - Conducted numerous Phase I/II environmental site assessments at active and inactive agricultural properties throughout southern California to be redeveloped for residential purposes. Many of the subsurface investigations conducted revealed elevated concentrations (above human health risk thresholds) of agricultural chemicals, particularly organochlorine pesticides. To address such concerns, remedial strategies and costs were evaluated and carried out with as-needed regulatory oversight. Such strategies included waste characterization, remedial excavation and off-site disposal, on-site treatment or other mitigation measures deemed more economical than disposal at an off-site facility.

Tijuana River Watershed Project - In early stages of the project, implemented a stormwater sampling program within various areas of watershed including the use of auto sampling apparatus triggered by rainfall and flow of rivers and creeks of interest. Performed analytical laboratory analysis of water and sediment samples for constituents of concern including heavy metals, nutrients, and bacteriological indicators and maintained chemistry and flow databases for the development of pollutographs, mass loading estimates, and calibration of GIS models. Publications generated from this research and program include: Gersberg, R.M., Pitt, J.L., Weis, D.A., and D.D. Yorkey. Characterizing In-Stream Metal Loading in the Tijuana River Watershed. (2002). National TMDL Science and Policy Conference, Specialty Conference Proceeding on CD Rom, November 13-16, Phoenix, Arizona. Weis, D.A., Callaway, J.C., and R.M. Gersberg (2001). Vertical Accretion Rates and Heavy Metal Chronologies in Wetland Sediments of the Tijuana Estuary. *Estuaries* 24(6A). Gersberg, R.M., Brown, C., Zambrano, V., Worthington, K., and D.A. Weis. (2000). Quality of Urban Runoff in the Tijuana River Watershed. Monograph Series on Water Issues Along the United States and Mexico Border (P. Westerhoff, Ed.) Southwest Center for Environmental Research and Policy.

Advantage Environmental Consultants, LLC

ENVIRONMENTAL DUE DILIGENCE SPECIALISTS

Jason E. Schen
Project Manager
San Marcos, California

EDUCATION

B.S. Geological Sciences, emphasis in Engineering Geology, San Diego State University, San Diego, CA (2003)

PROFESSIONAL REGISTRATIONS, LICENSES, AND CERTIFICATIONS

- 40-hour OSHA Hazardous Waste Operations Worker Certification and current 8-hour refresher training

PROFESSIONAL SUMMARY

Mr. Schen has nearly 3 years of experience in the environmental sciences and consulting fields. He has conducted numerous Phase II Environmental Site Assessments of sites impacted with petroleum hydrocarbons, dry cleaning solvents, burn ash, lead, PCBs, and/or other hazardous substances. Mr. Schen has also conducted soil and groundwater investigations at numerous LUST sites throughout southern California. His field experience includes soil and groundwater sample collection utilizing various sampling technologies, UST removal, excavation monitoring, waste characterization and management, remediation system operation and maintenance, and construction management.

PROFESSIONAL EXPERIENCE

Underground Storage Tank Assessments - Performed underground storage tank site assessment activities at numerous retail gasoline facilities throughout southern California. Conducted subsurface investigations utilizing various exploration methods, performed soil and groundwater sample collection utilizing various sampling equipment and techniques, and coordinated the installation and sampling of groundwater monitoring wells. Project management duties included cost estimate preparation, client and regulatory communication, subcontractor scheduling and coordination, health and safety plan implementation, and data

collection and analysis. Environmental report preparation included work plans, Site Assessment Reports, Corrective Action Plans, groundwater monitoring reports, and site-specific health and safety plans.

Redevelopment Projects – Performed several Phase II environmental site assessments, subsurface investigations, and human health risk assessments at numerous properties with suspected or documented soil contamination. Properties included active and former salvage/wrecking yards, dry cleaning operations, and agricultural properties. Suspected and known contaminants included burn ash, lead, agricultural pesticides and herbicides, PCBs, and other chemicals of concern. Comprehensive work plans were developed to assess site specific conditions. Data collected was used to prepare economical mitigation and redevelopment plans for clients. Strategies employed included remedial excavation, development of soil management plans for reuse of contaminated soils, waste characterization, and other cost-effective mitigation measures.

Former Agricultural Ranch Operations Center – The site comprised approximately 725 acres of land used for agriculture and ranch operations. A Phase I environmental assessment performed on behalf of the developer identified the presence of diesel fuel tanks adjacent to the former operations center. Redevelopment plans for the Site required a fast and cost effective remediation solution. Complete site assessment and concurrent remedial excavation was performed, establishing complete lateral and vertical delineation of hydrocarbon impacted soil and achieving regulatory closure. Excavation activities were guided utilizing mobile analytical laboratories, field observations, and other soil screening technology. Based on analytical results of the field activities, worked with local regulatory agency officials to concur with the proposed conditional reuse of soils containing hydrocarbons within the proposed redevelopment area. This minimized the amount soil requiring off-site disposal, at a substantial savings to the client.

Advantage Environmental Consultants, LLC

PHASE II ENVIRONMENTAL SITE ASSESSMENT

National RV, Inc.
3411 N. Perris Boulevard &
100 W. Sinclair Street
Perris, California 92571

AEC Project No. 07-018A-SD
June 5, 2007

Prepared for:

First Industrial Realty Trust, Inc. and
First Industrial, L.P.
311 S. Wacker Drive, Suite 4000
Chicago, IL 60606

Prepared by:

Advantage Environmental Consultants, LLC
145 Vallecitos De Oro, Suite 201
San Marcos, California 92069
Phone (760) 744-3363 • FAX (760) 744-3383

June 5, 2007

Ms. Jamie Sandifer
First Industrial Realty Trust, Inc.
311 S. Wacker Drive, Suite 4000
Chicago, IL 60606

**Subject: Phase II Environmental Site Assessment
National RV, Inc.
3411 N. Perris Boulevard and 100 W. Sinclair Street
Perris, California 92571
AEC Project No. 07-018A-SD**

Dear Ms. Sandifer:


Advantage Environmental Consultants, LLC (AEC) has performed a Phase II Environmental Site Assessment (ESA) of the above referenced property (i.e., "the Site"). This report includes AEC's findings, conclusions, recommendations, and supporting documentation. We appreciate the opportunity to be of service to First Industrial Realty Trust, Inc. on this project. If you should have any questions regarding this report, or if we can be of further assistance, please contact Andrew Owens at (301) 776-0500.

Sincerely,

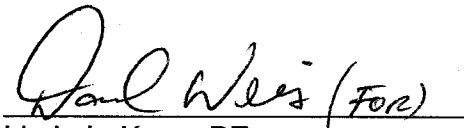
ADVANTAGE ENVIRONMENTAL CONSULTANTS, LLC



Jason Schen
Project Manager



Andrew Owens
Project Manager



Linda L. Kung, PE
Senior Engineer

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APPENDICES

APPENDIX A	VICINITY MAP
APPENDIX B	SITE MAP AND BORING LOCATION MAPS
APPENDIX C	TABLE 1 – SOIL ANALYTICAL TESTING SUMMARY
APPENDIX D	BORING LOGS
APPENDIX E	LABORATORY REPORT AND CHAIN-OF-CUSTODY DOCUMENTATION

1.0 INTRODUCTION

1.1 Project Introduction

Advantage Environmental Consultants, LLC (AEC) was authorized by First Industrial Realty Trust, Inc., to conduct a Phase II Environmental Site Assessment in accordance with our proposal #07-018A-SD dated April 25, 2007. The Site is approximately 50 acres in size and located in the City of Perris, County of Riverside, California. The Site is divided in two sections that are bisected by N. Perris Boulevard and a vacant lot. Two legal parcels of the Site are located to the east of N. Perris Boulevard, total approximately 30 acres and share a common physical address of 3411 N. Perris Boulevard. This portion of the subject Site is further identified by Riverside County Assessor's Parcel Numbers (APNs) 303-120-012-6 and 303-120-023-6. The remaining 20 acres of the Site consists of three legal parcels that share a common physical address of 100 W. Sinclair Street and are further identified by Riverside County APNs 303-080-006-8, 303-080-010-1 and 303-080-012-3.

The majority of the Site is occupied by National RV, Inc. and used as a RV manufacturing facility (both 3411 N. Perris Boulevard and 100 W. Sinclair Street areas). Portions of 100 W. Sinclair Street are also occupied by two tenants (Smitty's Paint Supply and Weekend Warriors). The Smitty's Paint Supply area is used for paint products storage. Weekend Warriors manufactures trailers for all-terrain vehicles, dune buggies and other off-road vehicles.

There are five main industrial buildings (two-story) at the subject Site which are identified as Buildings 1 through 5 for the purposes of this assessment. Buildings 1 through 3 are located at 3411 N. Perris Boulevard while Buildings 4 and 5 are located at 100 W. Sinclair Street. An approximately 10-acre, RV-related storage yard is located in the eastern portion of the 3411 N. Perris Boulevard property. Smaller yard areas used generally for equipment storage are present to the west of Buildings 4 and 5. The uses of each building are listed below:

- Building 1 (approximately 150,000 square feet) – National RV research and development, vacuum mold area, mill shop, carpet and upholstery installation area
- Building 2 (approximately 130,000 square feet) – National RV main assembly facility, mill shop, laminate process area and welding shop
- Building 3 (approximately 70,000 square feet) – National RV cap manufacturing and chassis sub-floor fabrication area, rain test area and undercoating application area
- Building 4 (approximately 150,000 square feet) – National RV service facility (i.e. body work), plumbing, electrical, minor engine work, parts storage and shipping and receiving area

- Building 5 (approximately 45,000 square feet) – National RV painting facility, rain test area and offices (southern 2/3 of the building). Weekend Warrior trailer manufacturing facility (northern 1/3 of the building). Smitty's Paint Supply storage area (minor portion of the southern area of the building).

The general location of the subject Site is depicted on the Vicinity Map included as Appendix A. A Site map (aerial photograph based) is included in Appendix B.

1.2 Background

AEC completed a Phase I Environmental Site Assessment (ESA) of the property on June 5, 2007. Significant quantities of hazardous materials and wastes are stored or generated in several areas of the property as part of Site industrial operations. Such hazardous substances include paint products/waste, solvents (i.e. acetone and paint thinners) and resins, which are stored in various sized containers including 5-gallon cans, 55-gallon drums and several hundred gallon aboveground storage tanks (ASTs). In addition, one 8,000-gallon gasoline underground storage tank (UST) and associated dispenser is present at the 3411 N. Perris Boulevard portion of the facility.

As stated in the Phase I ESA, The current and primarily the historical use of the subject Site as an industrial facility (RV and trailer manufacturing) is a recognized environmental condition (REC) in connection with the Site. This conclusion is based on the length of time that industrial operations have occurred at the Site (including the use of a gasoline UST and associated dispenser), the nature of the current operations at the Site facilities (including the storage and use of large quantities of hazardous materials), documented/former poor housekeeping at the Weekend Warrior subleased space and documented non-compliance with regulatory agencies pertaining to hazardous waste/materials management as indicated by levied violations and consent orders.

Areas of concern identified at 100 W. Sinclair Street during the preparation of this assessment include the Weekend Warrior overspray painting area, Weekend Warrior and National RV yard areas near a hazardous waste storage area (west of buildings), paint booth areas within Buildings 4 and 5 and a clarifier near the southwest corner of Building 5. Areas of concern identified at 3411 N. Perris Boulevard include the gasoline UST and associated dispenser, resin ASTs and pumping room area and the general use of the 10 acre storage yard area.

The scope of work described in Section 2.2 below was developed to address potential releases from the gasoline UST, associated fuel dispenser, and possible impacts to the subsurface from the historical and current use of the property by National RV, Inc. and Weekend Warriors in the areas of concern referenced above. Total petroleum hydrocarbons (TPH) are contaminants of concern in areas adjacent to the UST and fuel dispenser (3411 N. Perris), National RV hazardous yard areas (3411 N. Perris and 100 W. Sinclair), drainage swale area (3411 N. Perris), Weekend Warrior yard area (100 W. Sinclair) and adjacent to a clarifier at 100 W. Sinclair. Volatile organic compounds (VOCs) are contaminants of concern in all of the TPH concern areas referenced above

in addition to adjacent to the resin ASTs and pumping room (3411 N. Perris), paint booth areas at 100 W. Sinclair) and the Weekend Warrior Overspray area (100 W. Sinclair).

1.3 Geologic and Hydrogeologic Setting

The Site lies within the Peninsular Ranges Geologic Province of California. This geomorphic province is traversed by a group of northwest trending sub-parallel fault zones and encompasses an area that extends 125 miles from the Transverse Ranges and the Los Angeles Basin south to the Mexican Border and beyond another 775 miles to the tip of Baja California. Rocks within the Peninsular Range Province were emplaced during Cretaceous age orogenic events and uplifted into the present mountain ranges during the late Tertiary and Quaternary. Igneous, metamorphic and sedimentary rocks are all found within the Peninsular Ranges. The area is seismically active, with several known active faults crossing the Province. The Site is underlain by undifferentiated Quaternary-age alluvium; unconsolidated deposits of silt, sand, and gravel derived from bedrock sources that lie within the area. The depth to bedrock is estimated to be greater than 1,000 feet below the ground surface. The Site is not located within an Alquist-Priolo Fault Zone and there are no known faults mapped onsite.

The Site is situated in the Perris Valley Hydrologic Subarea (HSA) within the Perris Valley Hydrologic Area of the San Jacinto Valley Hydrologic Unit. Groundwater in the Perris Valley HSA has existing beneficial use designations for municipal, agricultural and industrial supply purposes. Site specific groundwater data is not available for the subject property. However, according to information obtained from the Eastern Municipal Water District (EMWD) during the preparation of a prior Phase I ESA prepared for the subject property, a well identified as AG Sod Aqueduct Well is located just southwest of the eastern portion of the Site (100 W. Sinclair Street). According to information provided by EMWD, depth to groundwater in the well was 112 feet below ground surface (bgs) in February 2005. Based on this information groundwater is likely present at depths of greater than 100 feet bgs. Groundwater depth beneath the Site may vary due to seasonal rainfall, local groundwater pumping rates, local geology, and other factors. Groundwater flow beneath the Site is presumed to flow generally in a southerly direction (in the general direction of topographic relief).

2.0 FIELD ACTIVITIES AND METHODOLOGY

2.1 Pre-Field Activities

Prior to the commencement of field sampling, AEC prepared a health and safety plan that outlined the procedures that AEC's personnel followed to minimize the potential for health and safety hazards during the course of work performed at the property. In addition, AEC retained Subsurface-Alert, Inc. to conduct a geophysical survey to delineate the limits and location of the 8,000-gallon UST, associated product piping and dispenser, and to identify subsurface utilities in the vicinity of the boring locations at the property. AEC also notified Underground Service Alert (USA) utility marking service prior to drilling activities (Ticket #A71160086). USA member agencies identified known utility locations in the public right of way adjacent to the Site and on the subject Site in select exterior areas leading up to the Site buildings.

2.2 Soil Sampling

Twelve soil borings were drilled at the Site on May 1, 2007 using a truck-mounted, direct-push sampling rig to collect soil samples in the areas of concern referenced in Section 1.2. Boring location maps depicting the approximate location of the borings are included as Appendix B. The soil borings were drilled by Hydrogeospectrum of Los Angeles, California under the oversight of AEC. The sampling probes were advanced by hydraulically driving a two-inch diameter rod equipped with a soil sampling tool.

The soil borings were drilled to depths of 20 feet at select areas of concern with samples collected at varying depths ranging from 1 foot to 20 feet below grade as shown in Appendix C (Table 1 – Soil Analytical Testing Summary). The areas of concern where sampling was conducted are also included in Table 1. Relatively undisturbed soil samples were collected into acetate sleeves at the desired sampling depth by unlocking the drive tip and pushing through the soil. The acetate sleeve containing soil was retrieved, cut, capped, sealed with Parafilm™ and the respective soil samples were labeled. The samples were then placed in a chilled cooler and transported to State-certified analytical laboratory under chain-of-custody protocol.

Upon completion of drilling and sampling, the soil borings were backfilled with hydrated bentonite chips and capped with concrete or asphalt (where applicable) to match existing surface completion. Soil sampling equipment was decontaminated between uses by washing with a non-phosphate detergent solution followed by a distilled water rinse.

2.3 Laboratory Analysis

Soil samples obtained at varying depths from borings B1 through B12 were analyzed by Baseline On-Site Analysis of Huntington Beach, California for total petroleum hydrocarbons (TPH) by United States Environmental Protection Agency (EPA) Analytical Method 8015 modified and VOCs by EPA test Method 8260B. Two soil samples were analyzed from each boring and were selected based on depths in which

possible releases of TPH or VOCs in the potential areas of concern were most likely to have occurred, if at all. Such depths included 10 and 15 feet adjacent to the gasoline UST, 5 and 10 feet adjacent to the fuel dispenser, 5 and 10 feet adjacent to the clarifier area and at depths of ranging from 1 to 5 feet in all other areas samples. Soil samples collected but not analyzed were archived at the laboratory pending the results of the initial analyses.

3.0 RESULTS AND DISCUSSION

3.1 Subsurface Conditions

Soil conditions encountered during exploration activities at the Site consisted primarily of moist to very moist silt/sand mixtures and sand/silt mixtures with trace clay to the maximum depth of exploration (20 feet). Boring logs for each boring prepared in accordance with the Unified Soil Classification System (USCS) are presented in Appendix D. Petroleum hydrocarbon staining or odors were neither observed, nor noted in soil samples obtained during this assessment. In-field photoionization detector (PID) screening was conducted on select soil samples and did not exhibit registerable levels of VOCs on the instrument. Groundwater was not encountered in any of the soil borings.

3.2 Analytical Laboratory Data

As shown in Table 1 – Soil Analytical Testing Summary (Appendix C), soil samples analyzed for TPH and VOCs did not exhibit levels exceeding laboratory detection limits. The analytical laboratory reports and chain-of-custody documentation are included in Appendix E.

4.0 CONCLUSIONS AND RECOMMENDATIONS

Neither TPH nor VOCs were found at levels above laboratory detection limits in soil samples obtained from areas of concern targeted during this assessment. Based on the results of the study, additional assessment in these areas or analysis of archived soil samples obtained during this investigation is not warranted at this time.

5.0 LIMITATIONS

The services provided by AEC have been performed in accordance with practices and standards generally accepted by environmental scientists practicing in this industry. No other warranty, either express or implied, is made. The results and conclusions described herein is based on a limited subsurface sampling program and do not purport to identify any and all sources or locations of potentially hydrocarbon-affected soil that may exist at the Site. Levels of contaminants measured at a given location may not be representative of conditions in other areas on the Site. In addition, conditions may change at any particular location as a function of time in response to natural conditions, chemical reactions and other factors. Our conclusion regarding the condition of the Site does not represent a warranty that all areas of the Site are similar to those sampled. AEC is not responsible for the conclusions, opinions, or recommendations made by others based on this information.