TOXICHEM Management Systems, Inc.
Environmental & Occupational Health Services
1461 Newport Avenue
San Jose, California 95125
(408) 292-3266 / Fax (408) 298-6591

Exposure Assessment/Estimation
Quantitative Risk Assessments
Industrial Hygiene
Regulatory Compliance Programs
Real Property Environmental Assessments
Compliance Audits
Air Pollution Dispersion Modeling
Hazardous Waste Management
Air Sampling and Analysis

April 26, 2006

Kim Duncan
City of Milpitas Planning Department
455 Calaveras
Milpitas, CA 95035

Re: Proposed Acquisition of 1600 California Circle, Milpitas, CA
(Addendum to the Living Word Baptist Church Risk Appraisal at 1494 California Circle)

Dear Ms. Duncan:

At the request of Mr. Wayne Okubo of the Everlasting Private Foundation, we have conducted an additional review of the chemical inventories reported by facilities in the vicinity of 1600 California Circle. Our review included facilities within a radius of approximately 1,000 feet from 1600 California Circle, however facilities up to 2,100 feet to the north-north east in Fremont were also reviewed. As you recall, we previously conducted a risk appraisal for the Living World Baptist facility located at 1494 California Circle, which is an adjacent facility a few hundred feet to the south of 1600 California Circle. Based on our review of the proposed project, the prior risk appraisal is applicable to 1600 California Circle with additional information. This letter report is intended to be an Addendum to the Living Word Baptist Church Risk Appraisal Conducted for 1494 California Circle (Toxichem 2004).

Background

The facility at 1600 California Circle is comprised of a commercial building that is approximately 44,000 square feet in size located on a parcel approximately 4 acres in size. Pacific Magtron (formerly Encompass Electronics Recovery), a technology materials recyling company, occupies this facility. Living Word Baptist, currently occupying the adjacent facility at 1494 California Circle, intends to occupy 1600 California Circle. After occupancy, the combined church related operations will encompass approximately 100,000 square feet of space on approximately 8 acres of land. The activities to be conducted on-site were previously described in Toxichem 2004.

Primary land use to the north and northwest of the project site is for light industrial use. Land use to the south is primarily light industrial and R & D. Land use to the east is primarily residential, and land use to the west is primarily industrial. Since the prevailing wind direction is from the north-northwest, airborne releases from facilities located within the light industrial and industrial transition zones would disperse downwind and to the proposed project site most of the time.

RECEIVED
APR 28 2006
CITY OF MILPITAS
PLANNING DIVISION

ATTACHMENT B

Project Setting

The project is located at 1600 California Circle in Milpitas California. A storm drainage channel and residential housing to the east, and interstate 880 to the west generally bind the project vicinity. To the north the project is bound by apartment buildings and light industrial development, and to the south there is light industrial development that transitions to residential use.

The project is located in a light industrial to mixed use zoning district. In general, light industrial designation is intended for a wide variety of industrial uses and excludes uses with unmitigated hazardous or nuisance effects. Typical uses within this designation are warehousing, wholesaling, and light manufacturing. In addition, light industrial properties may also include service establishments that serve employees of the businesses located in the vicinity.

Within a 1,000-foot radius of the project (approximately ¼ mile), there are single-family dwellings and a park to the east. To the north within 1000 feet, includes an adjacent light manufacturing facility, a pond, high density residential (apartments), and a Chevron Service Station. Immediately south of the project within 1,000 feet are other technology related small companies. To the west of the project within 1,000 feet includes light manufacturing, a residence inn, and Interstate 880.

METHODS

The methods used for this risk appraisal addendum included the following:

- Review and analysis of Hazardous Material Business Plans (HMPs) for additional facilities and/or inventory changes at facilities located within 1000 feet of the project, and up to 2,100 feet to the north/northeast (Fremont) of the project that were not previously covered. The purpose of the review is to identify potential, chemicals of concern (COCs) and to identify potential release scenarios.
- Review of available information concerning hazardous material releases.
- As necessary, performance of independent modeling of release scenarios judged to be conservative and representative of light industrial uses.

The following sections summarize the results of this risk appraisal.

Hazardous Materials Business Plans

Chemical inventories of additional reporting facilities (provided by Cities of Milpitas and Fremont) were reviewed to identify the general nature and quantities of hazardous materials used nearby. The "Current Map" depicts the approximate area enclosed by a 1,000-foot radius around the facility. Figure 1, is an aerial photo of the surrounding facilities/features and identifies addresses corresponding to facilities identified in Table 1. Table 1 identifies facilities in the vicinity of 1600 California Circle including the approximate distance and direction of each from the Project. Of the 30 facilities identified, 9 hazardous materials business plans were available for review. Table 2 summarizes the available hazardous materials inventories for the facilities in the vicinity of 1600 California Circle, and additional details (hazardous material inventories) are presented in Attachment A to this document.

From a risk assessment perspective, the primary concern is to identify chemicals that are likely to have offsite consequences if catastrophically released. Generally, chemicals that are acutely toxic, exist in a form that readily allows offsite transport (after release), and are used/stored in sufficient quantities are assumed to represent chemicals of potential concern for risk assessment purposes. Three additional facilities in the vicinity of Project (not included in Toxichem 2004) were identified that contained or used hazardous materials in excess of the threshold planning quantities required for them to submit Hazardous Materials Business Plans. These facilities are discussed below.

Credence, 1355 and 1421 California Circle, Milpitas

Approximately 550 feet to 900 feet south of the proposed project, Credence reports small quantities of solvent related compounds, fluxes, back up battery systems, and solid lead solder product. Waste streams include solid metallic wastes. Because of the small quantities of hazardous materials, accidental spills and/or releases will have no significant offsite consequences.

Jurgens Pump Station, 345 Jurgens Drive, Milpitas

This facility, approximately 950 feet east of the facility reports a 2500-gallon underground diesel storage tank. Because of the low volatility of diesel and its underground storage, this facility does not pose a risk to the Project.

Dixon Landing Substation (PG&E), 49235 Milmont Drive

The Dixon Landing Substation is approximately 1500 feet north of the Project. This facility reported 7,650 gallons of insulating oil, 1-gallon quantities of sulfuric acid, and 169 cubic feet of gaseous sulfur hexafluoride. The primary chemical of concern at this location is the sulfur hexafluoride, however, due to the small quantity present and relatively great distance from the project, a release of this substance will have no material impact at the project.

Based on our review of the additional hazardous materials inventories, the Risk Appraisal for 1494 California Circle (Toxichem 2004) is applicable to the proposed project. Additional offsite consequence analysis from the adjacent facilities is not required. We note that Toxichem 2004 covers a solvent release as a potential release scenario. This release scenario is applicable to Credence Corporation. The solvent release scenario did not result in significant offsite consequences. In addition, the solvents reported by Credence Corporation are of lower toxicity than that of the solvent used in the release scenario.

Hazardous Material Incident History

There was no information relative to recent releases within 1,000 feet of the proposed Project. However, a hazardous materials incident was previously reported at E-cycle located on 1210 California Circle, approximately 2,200 feet to the south. On July 12, 2003, several 55-gallon containers of a polymeric isocyanate compound reportedly were found to be leaking. The area was isolated in all directions for 100 feet, and a sorbent dike was set up to prevent the migration of the substance to storm drains. No significant vapor release was reported in the incident report. We note here that this material was previously assessed (Toxichem 2004) and found to be of low risk for significant vapor release and offsite consequences.

Conclusions

Based on Toxichem 2004 and a review of additional facility Hazardous Material Business Plans, this appraisal indicates that is highly unlikely to improbable that current surrounding businesses within 1000 feet of the facility will have a significant impact on the proposed Project. Based on chemical inventories, any releases from most of these facilities will have no impact on the Project. However, the retail fuel storage and sales facility has the potential for significant impact – if and only if – a catastrophic release occurred during product delivery with wind conditions conducive for maximum offsite impacts. The likelihood of such an occurrence is judged to be improbable.

Mitigation Measures

Based on Toxichem 2004 and the mitigation measures recommended for 1494 California Circle, the following mitigation measures are recommended for 1600 California Circle:

- A wind direction sock shall be installed on the site.
- The building shall have an in-place communication system for notifying occupants via a pre-recorded message in the event of an incident, and then directing them on emergency procedures to follow.
- The building ventilation system shall include a manual shut-off control to shut down airflow.
- The building ventilation system shall include a system to calculate the airflow and air exchanges within the building in the event of an incident.
- An Operational Plan that describes the communication and ventilation airflow control systems shall be submitted to the Fire Department for review and approval prior to building occupancy.
- An Emergency Response Plan shall be prepared to include:

  A description of the evacuation/shelter-in-place programs and related emergency procedures.

  Measures to protect personnel who are on facility premises, both inside and outside building.

  Emergency supply provisions for a time period as determined by the Fire Department.

  Provisions for training, annual drills, and outreach.

  The development of the Emergency Response Plan is the responsibility of the applicant and shall be approved prior to building occupancy.

  Proper implementation of the Emergency Response Plan on an on-going basis shall be achieved by the property owner, to the satisfaction of the Fire Department, by submitting

proof, on an annual basis, which indicates training, annual drills, and outreach have occurred.

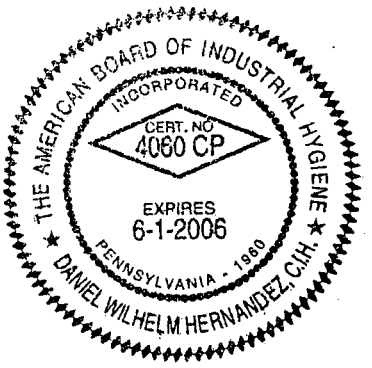
The Emergency Response Plan shall be updated on an annual basis by a qualified safety consultant and coordinated with the Fire Department.

- The property owner shall annually review the Risk Assessment survey and install additional safety devices/equipment/safeguards for the protection of occupants at the site (inside and outside of the building) as a result of changes in uses in the surrounding area.

Please call me at (408) 292-3266 with questions.

Sincerely,

Daniel W. Hernandez, MPH, CIH, REA
President



Reference

Toxichem 2004. Living Word Baptist Church Risk Appraisal 1494 California Circle Milpitas, CA January 31, 2004. Toxichem Management Systems, Inc. 1461 Newport Avenue, San Jose, CA

Current Map

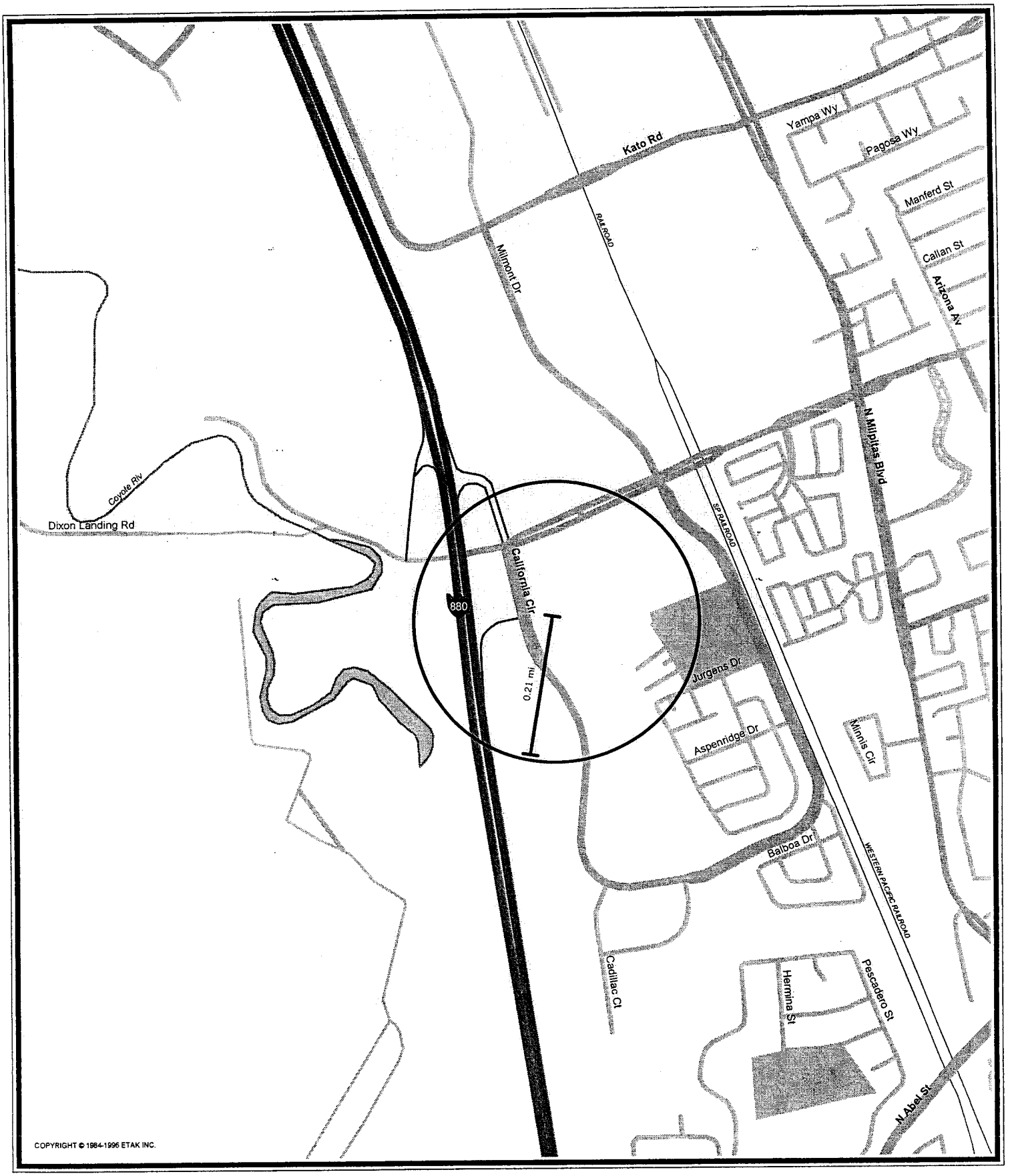


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Figure 1

Wilson Way
Berylwood Ln
Dixon Landing Rd
Via Santa Clara
Via Palmera
Homme Way
N McCarthy Blvd
Larkwood Ct
Aspenridge Dr
Milmont Dr
Minnis Cir
California Cir
Balboa Dr
880
1601
1524
1521
1533
1494
1421
1430
1355
1933
909
431
1940
© 2006 Navteq
Google
1600 California Circle, Milpitas, CA

Table 1
Facilities within 1,000 feet

Risk Appraisal
1600 California Circle, Milpitas

Address	Street	Facility Name	Distance (Feet)	Direction
Facilities within 1,000 Foot Radius of the Site				
1600	California Circle	Encompass Electronics Recovery	0	0
1524	California Circle	Encompass Electronics Recovery	0	0
1430	California Circle	Vacant Building (For sale or Lease by Cornish and Carey	700	SSE
1494	California Circle	Living Word Christian Church	100	SE
1355	**California Circle**	**Credence**	**990**	**SSW**
1421	**California Circle**	**Credence**	**500**	**S**
1501	California Circle	Residence Inn	275	SSW
1521	California Circle	Patni Computer Systems	150	W
1533	California Circle	Stratex Networks and Milpitas Adult Daycare	130	W
1544	California Circle	Starbucks	280	W
1551	**California Circle**	**Chevron Service Station**	**150**	**W**
411	Dixon Landing Road	Centecom	1,000	NE
423	Dixon Landing Road	Avermedia Digital Multimedia	1,000	NE
431	Dixon Landing Road	Vacant (RREEF Mgt)	900	NE
440	Dixon Landing Road	Mill Creek Apartments	250	E
345	**Jurgens Drive**	**Jurgens Pump Station**	**950**	**E**
Facilities Nearby but > 1,000 Feet from the Site				
1601	Dixon Landing Road	San Mateo Recycling	2,300	W
1601	Dixon Landing Road	Allied Waste: Newby Island Sanitary Landfill w Gas Collection System	2,300	W
1601	**Dixon Landing Road**	**Verizon Wireless - Dixon Landing**	**2,300**	**W**
1870	Milmont Drive	Well Bound (may be moving in or out)	1,500	NE
1880	Milmont Drive	Athena	1,550	NE
1940	Milmont Drive	Cellsite Industies	1,600	NE
1970	Milmont Drive	Vacant	1,550	NE
49000	**Milmont Drive**	**Xoft Micro Tube**	**2,100**	**NNE**
49016	Milmont Drive	Nortel Networks	2,100	NE

Table 1
Facilities within 1,000 feet

Risk Appraisal
1600 California Circle, Milpitas

Address	Street	Facility Name	Distance (Feet)	Direction
49026	Milmont Drive	Arris	2,100	NE
49090	Milmont Drive	Sumco	1,700	NE
49235	**Milmont Drive**	**D & H Manufacturing (ISO 9002 Certified)**	**1,250**	**N**
49251	**Milmont Drive**	**D & H Manufacturing**	**1,550**	**N**
49235	**Milmont Drive**	**Dixon Landing Substation (PG & E)**	**1,500**	**N**

Bold = Facility has Hazardous Materials Business Plan and or Underground Storage Tank

Table 2
Facilities in the Vicinity

Risk Appraisal
1600 California Circle, Milpitas

Chemical	CAS#	Physical State	Maximum Daily Average	Maximum Container Size	Units	Hazard Class	Hazard Category	Distance	Direction
Facilities within 1,000 Foot Radius of the Site									
1355 California Circle, Credence									
HFE-7100	None	Liquid	20	5	Gallons	0	Chronic Health	990	SSW
Solder	None	Solid	0.5	1.0	Pounds	0	None	990	SSW
Soldering Flux (Urea + HC Acid<10%)	57-13-6, 7647-01-0	Liquid	0.125	0.125	Gallons	0	None	990	SSW
Diesel Fuel (Petroluem Hydrocarbon)	68334-30-5	Liquid	200	200	Gallons	3	Fire/Chronic Health	990	SSW
Carbon Dioxide	124-38-9	Gas	200	200	Cuft	2.2	Pressure Release	990	SSW
Sulfuric Acid	7664-93-9	Liquid	28	0.84	Gallons	8	Acute Health	990	SSW
								500	**S**
1421 California Circle , Credence									
N-Heptane	142-82-5	Liquid	0.125	0.025	Gallons	3	Fire/Acute Health	500	S
3,3-Dichloro1,1,2,2,3-P Entafluoropropane	422-56-0	Liquid	45	5	Gallons	9	None	500	S
Acetone	67-64-1	Liquid	0.250	0.125	Gallons	3	Fire/Acute Health	500	S
Fluorinert FC-77	86508-42-1	Liquid	45	5	Gallons	9	None	500	S
Galden	None	Liquid	1	1	Gallons	3	Fire/Acute Health	500	S
HFE 7100	None	Liquid	25	5	Gallons	0	Chronic Health	500	S
IPA	67-63-0	Liquid	0.250	1	Gallons	3	None	500	S
Methylnonafluoroisobutylether	163702-08-7	Liquid	45	5	Gallons	3	Fire	500	S
Nitrogen	7727-37-9	Gas	3000	500	Cuft	2.2	Pressure Release/Acute Health	500	S
Solder	None	Solid	5	1	Gallons	0	None	500	S
Soldering Flus	None	Liquid	0.5	0.125	Gallons	3	Fire	500	S
Soldering Flus Containing Gluamic acid	138-15-8	Liquid	0.5	0.125	Gallons	9	Fire	500	S
Solvent	8032324	Liquid	0.5	1	Gallons	3	None	500	S
								150	**W**
1551 California Circle, Novuserve (Chevron Service Station)									
Regular Gasoline		Liquid	19703	19703	Gallons		Fire/Acute Health	150	W
Super Gasoline		Liquid	14967	14967	Gallons		Fire/Acute Health	150	W
									E
345 Jurgens Drive, Jurgens Pump Station									
Diesel UST		Liquid	2500	2500	Gallons		Fire/Acute Health	950	W
Facilities Nearby but > 1,000 Feet from the Site									
1601 Dixon Landing Road, Verizon Wireless									
Battery Acid		Liquid	91	0.84	Gallons	8	Acute Health	1,100	SSW
49000 Milmont Drive, Xoft Micro Tube									
Various small quantities of chemical solids	Various	Solid	20	20	Pounds		Acute Health	2,100	NNE
Various small quantities of chemical liquids	Various	Liquid	5	5	Gallons		Acute Health/Fire	2,100	NNE
Helium	7440-597	Gas	765	255	Cuft		Acute Health	2,100	NNE
Hydrogen	1333-74-0	Gas	2600	255	Cuft		Fire	2,100	NNE
								1,250	**N**
49235 and 49251 Milmont Drive, D & H Manufacturing									
Oils (Various)	Various	Liquid	110	55	Gallons		Acute Health/Fire	1,250	N
Zinc Dialkyl dithiosphate (oil)	Various	Liquid	110	55	Gallons		Acute Health	1,250	N
Blasocut 2000 Mineral Oil	8012-95-1	Liquid	170	55	Gallons		Fire	1,250	N
Vasco 1000		Liquid	110	55	Gallons		Fire	1,250	N
Tetrachloroethylene	127-18-4	Liquid	170	55	Gallons		Acute Health	1,250	N
Formula 815GD	Pro100D	Liquid	170	55	Gallons		Acute Health	1,250	N
Oakbrite Brightener	Various	Liquid	170	55	Gallons		Acute Health	1,250	N
Helium	7440-597	Gas	600	291	Cuft		Acute Health	1,250	N
Nitrogen	7727-379	Gas	1200	304	Cuft		Acute Health	1,250	N
Isopropanol	67630	Liquid	110	55	Gallons		Acute Health/Fire	1,250	N
Acetylene	74862	Gas	145	145	Cuft		Fire/Resistivity	1,250	N
Oxygen	7782447	Gas	154	154	Cuft		Resistivity	1,250	N
								1,500	**N**
49235 Milmont Drive, Dixon Landing Substation (PG & E)									
Sulfur Hexaflouride		Gas	378	169	Cuft		Acute Health	1,500	N
Nitrogen	7727-37-9	Gas	456	228	Cuft		Pressure Release/Acute Health	1,500	N
Sulfuric Acid	7764-93-9	Liquid	54	1	Gallons		Reactivity/Acute Health	1,500	N
Insulating Oil 0-499ppm PCB	Various	Liquid	22941	7650	Gallons		Fire	1,500	N

Bold = Facility has Hazardous Materials Business Plan and or Underground Storage Tank

Attachment A
Hazardous Material Business Plans

CERTIFIED UNIFIED PROGRAM AGENCY

City of Fremont Fire Department

3300 Capitol Avenue, Fremont, CA 94538

HAZARDOUS WASTE AND HAZARDOUS MATERIALS MANAGEMENT REGULATORY PROGRAM

PERMIT

Permit Number: 30-0934

Mailing Address	Facility Operator, Name, and Address
XOFT MICROTUBE INC 49000 MILMONT DR FREMONT CA 94538	DR PAUL LOVOI XOFT MICROTUBE INC 49000 MILMONT DR FREMONT, CA 94538

Business is permitted in the following CUPA Programs:

- ☑ Hazardous Material Business Plan
- ☐ California Accidental Release Plan (CalARP)/Accidental Release Plan (ARP)
- ☑ Hazardous Waste Generator.
- ☐ Hazardous Waste Treatment on site
- ☐ Storage of hazardous materials in underground tanks.
- ☐ Uniform Fire Code Activities requiring permit.

☐ New ☑ Annual ☐ Other ☐ Renewal

CERTIFICATION

This permit is issued based on the condition that the applicant and the facility is in compliance with all applicable rules, regulations and laws pertaining to these permitted programs. Failure to comply with all applicable codes and regulations will null and void this permit. See attached conditions of approval for each CUPA Program.

Signature Jay G Swardenski

Title Hazmat Program Manager

Printed name Jay Swardenski

Date Issued 03/01/2006

Expiration Date 03/01/2007

PERMIT CONDITIONS

Permit No: 30-0934 Facility: XOFT MICROTUBE INC

In order to maintain the operating permit, the permit holder must comply with all regulatory requirements, to include, but not all inclusive of the number items below:

* The unified program agency or CUPA fee shall be paid for per county or city ordinance and/or state law, whichever is the more strict.
* Hazardous Materials Business Plan Program, CHSC Division 20, Chapter 6.95, Article 1 and Title 19 CCR.
  1. Changes in the hazardous materials inventory which include the handling of a previously undisclosed or handling double the amount of a previously disclosed hazardous material must be reported to the CUPA or Participating Agency (PA) within thirty (30) days.
  2. Major changes in the business plan, including the change of name or phone number of 24 hour emergency contacts, must be reported to the CUPA or PA within thirty (30) days.
* Hazardous Waste Generator Program: CHSC Division 20, Chapter 6.5 Articles 1-13, Section 25100 et seq., and Title 22 CCR Chapter 20.

CITY OF
Fremont

Fire Department
39100 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006
510 494-4285 *ph* | 510 494-4822 *fax* | www.ci.fremont.ca.us

April 3, 2002

Steven Hansen
Director, Engineering
Xoft microTube, Inc.
49000 Milmont Drive
Fremont, CA 94538

Dear Steven,

This is to confirm that I have reviewed your Hazardous Materials Business Plan dated February 7, and submitted March 25 this year. Though the plan is acceptable in most of its features, there is a problem with the quantity of hydrogen gas stored outside.

Storage of a flammable gas in an outdoor control area is limited to 750 cubic feet by Fremont Fire Code section 8001.15.4.1, which references Table 8001.15-C. Quantities exceeding the exempt amount (750 c.f.) must comply with the provisions of section 8003. Section 8003.5.2.2 would require storage to be 20 feet from the building or contained by "An unpierced two-hour fire-resistive wall extending not less than 30 inches above and to the sides of the storage area..."

Because your plan indicates 2600 c.f. of hydrogen stored in the outside area, the plan cannot be accepted. It is my understanding that you need a considerable of fuel gas for your furnace operation; perhaps we can meet and discuss alternative strategies for storage of hydrogen.

Please give me a call at 494-4861; we can discuss the situation or arrange for a meeting.

Sincerely,

Drew Johnese
Hazardous Materials Technician
Fremont Fire Department

FILE COPY

8004

OFFICIAL USE ONLY

Route ZONING/D.O. B.I. FIRE/HAZMAT P. HEALTH

TAXPAYER 41700 NAICS SIC NEW BUS/CHANGE

BUSINESS APPLICATION

CITY OF Fremont

Please complete ALL SPACES related to your business.
Please type or print clearly in ink.

Section A

Xoft microTube Inc. (BUSINESS NAME) _____ (CORPORATION NAME, IF DIFFERENT)

BUSINESS LOCATION: 49000 Milmont Dr (Number, Street) Fremont (City) CA (State) 94538 (Zip)

BUSINESS MAILING ADDRESS: 49000 Milmont Dr. (Number, Street) Fremont (City) CA (State) 94538 (Zip)

DESCRIPTION OF BUSINESS: medical device start-up company

WEBSITE ADDRESS: xoftmicrotube.com NO. OF EMPLOYEES AT FREMONT LOCATION INCLUDING OWNER: 3

BUSINESS PHONE NUMBER: (510) 580 2900 FAX PHONE NUMBER: (510) 668 0962

NAME/TITLE OF CONTACT PERSON IN FREMONT: Amy Casselman PHONE #: 510 580 2900

RESALE LICENSE # (sales tax) _____ FEDERAL TAXPAYER'S ID # 41-1927734 STATE TAXPAYER'S ID # 2261101 CONTRACTOR'S LICENSE # _____

CHECK ALL APPROPRIATE BOX(ES) AND DESCRIBE BUSINESS ACTIVITY. WRITE PERCENTAGE IF MORE THAN ONE.

Description of business determines your tax rate. Please provide detailed description of business activity.

Does your company sell products over the internet? YES (NO) Or by catalog? YES (NO)

- ☐ Retail Sales ____%
- ☐ Wholesale ____%
- ☐ Warehousing ____%
- ☐ Manufacturing ____%
- ☐ Real Estate ____%
- ☐ Service ____%
- ☐ Professional Services ____%
- ☐ Administrative Office (No Sales) ____%
- ☒ Research & Development 100 %
- ☐ Rental Property Mgmt/Ownership ____%

If high tech company, choose appropriate industry description:

- Bio-technology
- (Medical Equipment)
- ~~Semiconductors~~
- Telecommunications
- Computer Software
- Computer Hardware
- Contract Assembly

Check one: SOLE OWNERSHIP (S) ____ PARTNERSHIP (P) ____ LTD. LIABILITY PTR (L) ____ CORPORATION (C) X

PLEASE list information regarding the business owner(s), partners or agent of service with address (DO NOT LEAVE BLANK):

Owner e-mail address: ~~plovoi@xoftmicrotube.com~~ palovoi@xoftmicrotube.com

(LAST NAME/TITLE)	(FIRST NAME)	(M.I.)	(PHONE #)	(SOCIAL SECURITY #)	(DRIVERS LIC. #)
Lovoi / CEO	Paul	A	5105802900	548 64 2283	M0997798

PRIMARY OWNER'S Home Address: 19152 Dettaviland Dr. (Number, Street) Saratoga (City) CA (State) 95025 (Zip)

Section B

1. Is your company headquarters located in Fremont? If no, where are they located? yes
   If yes, do you have subsidiaries/branch offices in other countries? ☒ No ☐ Yes Which countries? _____
2. Does the business IMPORT or EXPORT products or services from/to foreign countries? YES ____ NO X
   If YES, which countries? _____
3. When will this business open in Fremont at this address? Date: Month ____ Year ____
   Please check box if: ☐ Location change ☐ Name change ☐ Other Effective date: Month ____ day ____ year ____
4. If known, please list the name and type of previous business occupying this location:
   not known
5. What is the square footage of your location? 11,968 sq. ft.
6. If your business has a separate STORAGE or CORPORATION YARD, indicate the location:
   not applicable

FIRE DEPARTMENT QUESTIONS (Additional permits may be required – contact 494-4285)

Are there any HAZARDOUS MATERIALS used, stored, or transported? YES X NO ____
If you answered YES, attach a detailed list of materials and quantities used or stored.
Will your business have PUBLIC ASSEMBLY (restaurant, bar, theatre, bowling, etc.)? YES ____ NO X
Does your business share occupancy with another business? YES ____ NO X
If YES, what is the name of that business? _____

POLICE DEPARTMENT QUESTIONS (Additional permits may be required – contact 790-6972)

Is the business involved in any way with FIREARMS or EXPLOSIVES? YES ____ NO X
Does the business dispense or sell ALCOHOLIC BEVERAGES? YES ____ NO X

NOTE: PAYMENT OF BUSINESS TAX DOES NOT RELIEVE THE APPLICANT/BUSINESS OF THE REQUIREMENT TO COMPLY WITH ZONING, HEALTH, SAFETY AND OTHER STATE, FEDERAL AND CITY REGULATIONS.

Section C

PRINT APPLICANT'S NAME: Paul A. Lovoi PHONE NUMBER: 510 580 2900

I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

[signature] DATE: 5/1/2002

CITY OF Fremont

A Certified Unified Program Agency
Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: XOIT MICROTUBE, INC.
Address: 49000 MILMONT DRIVE
Facility ID# 009-041
Date: 26 FEB 02 Page 1 of 8
Area Name: TUBE LAB & FURNACE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
IRR	POTASSIUM HEXACYANOFERRATE	POTASSIUM HEXACYANOFERRATE	13746-66-2	N	P	SOL	R	A	500	500	500	GMS	PB	A	A	1	0	1
IRR	POTASSIUM DIHYDROGEN PHOSPHATE	POTASSIUM DIHYDROGEN PHOSPHATE	7778770	N	P	SOL	–	A	250	250	250	GMS	PB	A	A	1	0	0
IRR	YTTRIUM OXIDE	YTTRIUM OXIDE	1314-36-9	N	P	SOL	A,C	A	250	350	250	GMS	PB	A	A	1	0	0
COR IRR	POTASSIUM HYDROXIDE	POTASSIUM HYDROXIDE	1310-58-3	N	P	SOL	R	A	500	500	500	GMS	PB	A	A	1	0	1
FL	MEK	2-BUTANONE, METHYL ETHYL KETONE	000078-93-3	N	P	LIQ	A	A	250	250	250	ML	PB	A	A	1	3	0
T,OX	CHROMIUM OXIDE	CHROMIUM TRIOXIDE ANHYDROUS	1333-82-0	N	P	SOL	A,C,F	A	250	250	250	GMS	GB	A	A	2	0	1
PYR	IRON POWDER	IRON POWDER	7439-896	Y	P	SOL	A,C,F	A	250	250	250	GMS	GB	A	A	3	4	2
FS	Nickel POWDER	NICKEL POWDER	7440-02-0	N	P	SOL	F	A	100	100	100	GMS	PB	A	A	1	3	0
FG	HELIUM	HELIUM	7440-59-7	N	P	GAS	P	A	255	765	765	CUFT	CY	G	A	0	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car **Columns 15 &16** (223 &224): A=ambient; G=greater; L=lower

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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: XOFT MICROTUBE, INC.
Address: 49000 MILMONT DR.
Facility ID# 009- OUTSIDE STORAGE
Date: 26 FEB 02 Page 3 of 8
Area Name: OUTSIDE STORAGE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
FG	HYDROGEN	HYDROGEN	1333-74-0	N	P	GAS	P	A	755	2600	2000	CUFT.	CY	G	A	0	4	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: XCAT MICROTUBE INC
Address: 49000 MILMONT DR
Facility ID# 009- 041
Date: 26FEB02 Page 5 of 8
Area Name: TUBE LAB & FURNACE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz. Cat. Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning Health	NFPA Hazard Warning Fire	NFPA Hazard Warning Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
TOX	ETHYLENE GLYCOL	ETHYLENE GLYCOL	107-21-1	N	P	LIQ	A,F	A	0.25	0.25	0.25	GAL	PB	A	A	3	0	1
CL	MONOBUTYL ETHER	2-BUTOXYETHANOL	111-76-2	N	P	LIQ	F,C	A	0.25	0.25	0.25	GAL	PB	A	A	2	2	0
FL	METHYL ALCOHOL	METHANOL	67-56-1	N	P	LIQ	F	A	5	5	5	GAL	PB	A	A	1	4	0
OHH	BIPHENOL A	BISPHENOL A	025068-58-6	N	P	LIQ	F	A	0.125	0.125	0.125	GAL	PB	A	A	1	1	1
OHH	TRIETHYLENETETRAMINE	TRIETHYLENETETRAMINE	112-24-3	N	P	LIQ	A	A	0.125	0.125	0.125	GAL	PB	A	A	2	1	0
OHH	LEAD OXIDE	LEAD OXIDE	1317-36-8	N	P	SOL	R,C	A	5	5	5	LBS	PB	A	A	2	0	0
OHH	SILICON DIOXIDE	SILICON DIOXIDE	7631-86-9	N	P	SOL	A,C	A	5	5	5	LBS	GB	A	A	2	0	0
OHH	ZINC OXIDE	ZINC OXIDE	1314-13-2	N	P	SOL	C	A	2	2	2	LBS	GB	A	A	1	0	0
IRR	BORON OXIDE	BORON OXIDE	1303-86-2	N	P	SOL	—	A	2	2	2	LBS	GB	A	A	1	0	0
OHH	BARIUM OXIDE	BARIUM OXIDE	1304-28-5	N	P	SOL	A,C	A	1	1	1	LBS	GB	A	A	2	0	0
IRR	MAGNESIUM OXIDE	MAGNESIUM OXIDE	1309-48-4	N	P	SOL	—	A	1	1	1	LBS	GB	A	A	1	0	0
IRR	ALUMINUM OXIDE	ALUMINUM OXIDE	1344-28-1	N	P	SOL	—	A	20	20	20	LBS	PD	A	A	1	0	0
IRR	CALCIUM OXIDE	CALCIUM OXIDE	1305-78-8	N	P	SOL	A	A	10	10	10	LBS	PD	A	A	2	0	1
FL	FRIT VEHICLE	AMYL ACETATE 2 METHYL	— —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	— — — —	BUTYL, NITROCELLULOSE	— —	N	M	LIQ	F	A	1	1	1	KG	CN	A	A	2	3	0
IRR	TITANIUM OXIDE	TITANIUM OXIDE	1346-67-7	N	P	SOL	—	A	10	10	10	LBS	PD	A	A	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: XOFT MICROTUBE, INC
Address: 49000 MILMONT DRIVE
Facility ID# 009- 024
Date: 26FEB02 Page 7 of 8
Area Name: ELECTRICAL BEAKH TESTING -MAIN LAB

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
OHH	SODIUM CHLORIDE SOLUTION	SODIUM CHLORIDE SOLUTION	7732-18-5	N	M	LIQ	C	A	1	1	1	GAL	PB	A	A	0	0	0
COR OHH	HCL SOLUTION	HYDROCHLORIC ACID	7647-01-0	N	M	LIQ	A,C	A	1	2	1	GAL	PB	A	A	3	0	0
COR OHH	SULFURIC ACID	SULFURIC ACID	7664-93-9	N	P	LIQ	A,C	A	1	1	1	GAL	PB	A	A	3	0	2
OHH	AQUADAG E	AQUADAG E	7782-42-4	N	M	LIQ	—	A	1	2	2	KG	GB	A	A	1	1	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

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Fill out separate pages for each storage/use area

Facility Name: XOIT MICROTUBE, INC.
Address: 49000 MILMONT DRIVE
Facility ID# 009- 041
Date: 26 FEB 02 Page 1 of 8
Area Name: TUBE LAB & FURNACE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
IRR	POTASSIUM HEXACYANOFERRATE	POTASSIUM HEXACYANOFERRATE	13746-66-2	N	P	SOL	R	A	500	500	500	GMS	PB	A	A	1	0	1
IRR	POTASSIUM DIHYDROGEN PHOSPHATE	POTASSIUM DIHYDROGEN PHOSPHATE	7778770	N	P	SOL	–	A	250	250	250	GMS	PB	A	A	1	0	0
IRR	YTTRIUM OXIDE	YTTRIUM OXIDE	1314-36-9	N	P	SOL	A,C	A	250	350	250	GMS	PB	A	A	1	0	0
COR IRR	POTASSIUM HYDROXIDE	POTASSIUM HYDROXIDE	1310-58-3	N	P	SOL	R	A	500	500	500	GMS	PB	A	A	1	0	1
FL	MEK	2-BUTANONE, METHYL ETHYL KETONE	000078-93-3	N	P	LIQ	A	A	250	250	250	ML	PB	A	A	1	3	0
TOX	CHROMIUM OXIDE	CHROMIUM TRIOXIDE ANHYDROUS	1333-82-0	N	P	SOL	A,C,F	A	250	250	250	GMS	GB	A	A	2	0	1
PYR	IRON POWDER	IRON POWDER	7439-896	Y	P	SOL	A,C,F	A	250	250	250	GMS	GB	A	A	3	4	2
FS	NICKEL POWDER	NICKEL POWDER	7440-02-0	N	P	SOL	F	A	100	100	100	GMS	PB	A	A	1	3	0
FG	HELIUM	HELIUM	7440-59-7	N	P	GAS	P	A	255	765	765	CUFT	CY	G	A	0	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: XOFT MICROTUBE, INC.
Address: 49000 MILMONT DR.
Facility ID# 009- OUTSIDE STORAGE
Date: 26 FEB 02 Page 3 of 8
Area Name: OUTSIDE STORAGE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
FG	HYDROGEN	HYDROGEN	1333-74-0	N	P	GAS	P	A	255	2600	2000	CU.FT.	CY	G	A	0	4	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: X-CAT MICROTUBE INC
Address: 49000 MILMONT DR
Facility ID# 009- 041
Date: 26FEB02 Page 5 of 8
Area Name: TUBE LAB & FURNACE

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning Health	NFPA Hazard Warning Fire	NFPA Hazard Warning Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
TOX	ETHYLENE GLYCOL	ETHYLENE GLYCOL	107-21-1	N	P	LIQ	A,F	A	0.25	0.25	0.25	GAL	PB	A	A	3	0	1
CL	MONOBUTYL ETHER	2-BUTOXYETHANOL	111-76-2	N	P	LIQ	F,C	A	0.25	0.25	0.25	GAL	PB	A	A	2	2	0
FL	METHYL ALCOHOL	METHANOL	67-56-1	N	P	LIQ	F	A	5	5	5	GAL	PB	A	A	1	4	0
OHH	BIPHENOL A	BISPHENOL A	025068-58-6	N	P	LIQ	F	A	0.125	0.125	0.125	GAL	PB	A	A	1	1	1
OHH	TRIETHYLENETETRAMINE	TRIETHYLENETETRAMINE	112-24-3	N	P	LIQ	A	A	0.125	0.125	0.125	GAL	PB	A	A	2	1	0
OHH	LEAD OXIDE	LEAD OXIDE	1317-36-8	N	P	SOL	RC	A	5	5	5	LBS	PB	A	A	2	0	0
OHH	SILICON DIOXIDE	SILICON DIOXIDE	7631-86-9	N	P	SOL	A,C	A	5	5	5	LBS	GB	A	A	2	0	0
OHH	ZINC OXIDE	ZINC OXIDE	1314-13-2	N	P	SOL	C	A	2	2	2	LBS	GB	A	A	1	0	0
IRR	BORON OXIDE	BORON OXIDE	1303-86-2	N	P	SOL	—	A	2	2	2	LBS	GB	A	A	1	0	0
OHH	BARIUM OXIDE	BARIUM OXIDE	1304-28-5	N	P	SOL	A,C	A	1	1	1	LBS	GB	A	A	2	0	0
IRR	MAGNESIUM OXIDE	MAGNESIUM OXIDE	1309-48-4	N	P	SOL	—	A	1	1	1	LBS	GB	A	A	1	0	0
IRR	ALUMINUM OXIDE	ALUMINUM OXIDE	1344-28-1	N	P	SOL	—	A	20	20	20	LBS	PD	A	A	1	0	0
IRR	CALCIUM OXIDE	CALCIUM OXIDE	1305-78-8	N	P	SOL	A	A	10	10	10	LBS	PD	A	A	2	0	1
FL	FRIT VEHICLE	AMYL ACETATE 2 METHYL,	— —	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	— — — —	BUTYL, NITOCELLULOUS	— —	N	M	LIQ	F	A	1	1	1	KG	CN	A	A	2	3	0
IRR	TITANIUM OXIDE	TITANIUM OXIDE	1346-67-7	N	P	SOL	—	A	10	10	10	LBS	PD	A	A	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

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Fill out separate pages for each storage/use area

Facility Name: XOFT MICROTUBE, INC
Address: 49000 MILMONT DRIVE
Facility ID# 009- 024
Date: 26FEB02 Page 7 of 8
Area Name: ELECTRICAL BENCH TESTING -MAIN LAB

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
OHH	SODIUM CHLORIDE SOLUTION	SODIUM CHLORIDE SOLUTION	7732-18-5	N	M	LIQ	C	A	1	1	1	GAL	PB	A	A	0	0	0
COR OHH	HCL SOLUTION	HYDROCHLORIC ACID	7647-01-0	N	M	LIQ	A,C	A	1	2	1	GAL	PB	A	A	3	0	0
COR OHH	SULFURIC ACID	SULFURIC ACID	7664-93-9	N	P	LIQ	A,C	A	1	1	1	GAL	PB	A	A	3	0	2
OHH	AQUADAG E	AQUADAG E	7782-42-4	N	M	LIQ	–	A	1	2	2	KG	GB	A	A	1	1	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 &16 (223 &224): A=ambient; G=greater; L=lower

Sign here if materials are Reportable per EPCRA:_____

HAZARDOUS MATERIALS BUSINESS PLAN

Xoft microTube, Inc.
49000 Milmont Drive
Fremont, California
March 20, 2001

E_2C, Inc. Project Number 1731SC01H

Prepared For

Xoft microTube, Inc
49000 Milmont Drive
Fremont, California 94538

Prepared By

E_2C, Inc.
382 Martin Avenue
Santa Clara, California 95050-3122
408.327.5700

UNIFIED PROGRAM CONSOLIDATED FORM

FREMONT FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION FORM

I. IDENTIFICATION

FACILITY ID# 0 1 [illegible] 0 0 0 [illegible] 1

BEGINNING DATE 100: ~~October 31, 2000~~ 3/1/2000

ENDING DATE 101: 2/15/2001

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As): Xoft microTube, Inc.

BUSINESS PHONE 102: (510) 580-2900

BUSINESS SITE ADDRESS 103: 49000 Milmont Drive

CITY 104: Fremont

CA

ZIP CODE 105: 94538

DUN & BRADSTREET 106: 16-089-5962

SIC CODE (4 digit #) 107:

COUNTY 108: Alameda

BUSINESS OPERATOR NAME 109: Dr. Paul Lovoi

BUSINESS OPERATOR PHONE 110: 510.580.2900

II. BUSINESS OWNER

OWNER NAME 111: Dr. Paul Lovoi

OWNER PHONE 112: 510.580.2900

OWNER MAILING ADDRESS 113: 49000 Milmont Drive

CITY 114: Fremont

STATE 115: CA

ZIP CODE 116: 94538

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Dr. Paul Lovoi

CONTACT PHONE 118: 510.580.2900

CONTACT MAILING ADDRESS 119: 49000 Milmont Drive

CITY 120: Fremont

STATE 121: CA

ZIP CODE 122: 94538

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Dr. Paul Lovoi	NAME 128: Vaciliki Papademetriou
TITLE 124: President, CEO	TITLE 129: Office Manager
BUSINESS PHONE 125: 510.580.2900	BUSINESS PHONE 130: 510.580.2901
24-HOUR PHONE 126: 408.996.8538	24-HOUR PHONE 131: 408.735.8781
PAGER # 127:	PAGER # 132:

ADDITIONAL LOCALLY COLLECTED INFORMATION

( ) check here if this form is the annual submittal pursuant to Federal EPRCA requirements

(X) check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description page(s)

(X) check here if this form is accompanied by a new or modified Business Activity form

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE

DATE 134: 3/30/01

NAME OF DOCUMENT PREPARER 135: Forrest Cook

NAME OF SIGNER (print) 136: Paul Lovoi

TITLE OF SIGNER 137: President + CEO

ACCEPTABLE TO
FREMONT FIRE DEPT
BY D. [illegible]

UI ED PROGRAM CONSOLIDATED FO
FREMONT FIRE DEPARTMENT

BUSINESS ACTIVITIES FORM

I. FACILITY IDENTIFICATION

FACILITY ID # 0 1 0 0 0 | EPA ID # (Hazardous Waste Only)

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

Xoft microTube, 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);	☒ YES ☐ NO 4A	HAZARDOUS MATERIALS INVENTORY - (OES 2731)
or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B;	☐ YES ☒ NO 4B	FACILITY IS SUBJECT TO CAL-ARP A RMP meeting State and Federal requirements shall be submitted to the ACDEH
or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☐ YES ☒ NO 4C	Submit copy of ER Plan to ACDEH
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	☐ YES ☒ NO 7	UST TANK (closure portion -one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		NO FORM REQUIRED TO CUPAs
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?	☐ YES ☒ NO 8	
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9	Contact ACDEH- HMBP may be required
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES ☒ NO 11	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS		
1. Annual submittal pursuant to Federal EPCRA requirements?	☐ YES ☒ NO 15	BUSINESS OWNER/OPERATOR (OES 2730) HAZARDOUS MATERIALS INVENTORY/ CHEMICAL DESCRIPTION (OES 2731)
2. Is the property owned by an entity other than the business owner?	☒ YES ☐ NO 16	PROPERTY OWNER IDENTIFICATION FORM

ATTACHMENT TO THE BUSINESS OWNER/OPERATOR UNIFIED PROGRAM CONSOLIDATED FORM

FREMONT FIRE DEPARTMENT

PROPERTY OWNER IDENTIFICATION FORM

SITE IDENTIFICATION

FACILITY ID# 0 1 0 0 0

FILING DATE OF THIS FORM: March 20, 2001

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As): Xoft microTube, Inc.

BUSINESS PHONE: 510-580-2900

BUSINESS SITE ADDRESS: 49000 Milmont Drive

CITY: Fremont | CA | ZIP CODE: 94538

PROPERTY OWNER

OWNER NAME (USE CORPORATE NAME, IF APPLICABLE, AND COMPLETE CONTACT SECTION): Aetna Life Insurance Company

OWNER PHONE: 415.538.4800

OWNER MAILING ADDRESS: C/O UBS Realty Investors, LLC, 455 Market Street, Suite # 1540

CITY: San Francisco | STATE: CA | ZIP CODE: 94105

PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME:

CONTACT PHONE:

CONTACT MAILING ADDRESS:

CITY: | STATE: | ZIP CODE:

PROPERTY OWNER EMERGENCY CONTACT

NAME:

TITLE: Asset Manager, Britania Research and Development Park

BUSINESS PHONE: 415.538.4800

24-HOUR PHONE: 415.538.4800

PAGER #:

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

a Certified Unified Program Agency
Fremont Fire Department
39100 Liberty Street
Fremont, CA 94538

Hazardous
MATERIALS
Inventory Statement
Spread Sheet Version of OES form 2731
Fill out separate pages for each storage/use area

Facility Name: Xoft microTube, Inc.
Address: 4900 Milmont Drive
Facility ID# 009-
Date: _____ Page ___ of ___
Area Name: Lab Area

Hazard Class Use codes below. (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (208, 225)	C.A.S. # (229)	EHS? Y or N (228, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Cu.Ft. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (226)	NFPA 704 HAZARD WARNING Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
TOX	Ethylene Glycol	Ethylene Glycol	107-21-1	N	P	Liq	A,F	A	0.25	0.25	0.25	Gal	PB	A	A	3	0	1
CL	Monobutyl Ether	2- Butoxyethanol	111-76-2	N	P	Liq	F,C	A	0.25	0.25	0.25	Gal	PB	A	A	2	2	0
FL	Methyl Alcohol	Methanol	67-56-1	N	P	Liq	F	A	5	5	5	Gal	PB	A	A	1	4	0
OHH	Bisphenol A	Bisphenol A	025068 - 58-6	N	P	Liq	F	A	0.125	0.125	0.125	Gal	PB	A	A	1	1	1
OHH	Triethylenetetramine	triethylenetetramine	112-24-3	N	P	Liq	A	A	0.125	0.125	0.125	Gal	PB	A	A	2	1	0
OHH	Lead Oxide	Lead Oxide	1317-36-8	N	P	Sol	R,C	A	5	5	5	Lbs	PB	A	A	2	0	0
OHH	Zinc Oxide	Zinc Oxide	1314-13-2	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	1	0	0
IRR	Boron Oxide	Boron Oxide	1303-86-2	N	P	Sol		A	2	2	2	Lbs	GB	A	A	1	0	0
OHH	Silicon Dioxide	Silicon Dioxide	7361-86-9	N	P	Sol	A,C	A	5	5	5	Lbs	GB	A	A	2	0	0
OHH	Barium Oxide	Barium Oxide	1304-28-5	N	P	Sol	C,A	A	1	1	1	Lbs	GB	A	A	[illegible]	[illegible]	0
IRR	Magnesium Oxide	Magnesium Oxide	1309-48-4	N	P	Sol	--	A	1	1	1	Lbs	GB	A	A	1	0	0
IRR	Aluminium Oxide	Aluminium Oxide	1344-28-1	N	P	Sol	--	A	20	20	20	Lbs	PD	A	A	1	0	0
IRR	Calcium Oxide	Calcium Oxide	1305-78-8	N	P	Sol	A	A	10	10	10	Lbs	PD	A	A	2	0	1

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG-bag; BX-box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

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a Certified Unified Program Agency
Fremont Fire Department
39100 Liberty Street
Fremont, CA 94538

Hazardous
MATERIALS
Inventory Statement
Spread Sheet Version of OES form 2731
Fill out separate pages for each storage/use area

Facility Name: Xoft micro Tube, Inc
Address:
Facility ID# 009-
Date: Page of
Area Name: Lab Area

Hazard Class Use codes below. (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S. # (229)	EHS? Y or N (228, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Cu.Ft. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
IRR	Titanium Oxide	Tiatnium Oxide	1346-67-7	N	P	Sol	--	A	10	10	10	Lbs	PD	A	A	2	[illegible]	0
IRR	Zirconium Oxide	Airconium Oxide	1314-23-4	N	P	Sol	--	A	2	2	2	Lbs	GB	A	A	1	0	0
IRR	Antimony Oxide	Antimony Oxide	1309-64-4	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	2	0	0
IRR	Cupric Oxide	Cupric Oxide	1317-38-0	N	P	Sol	C,A	A	2	2	2	Lbs	GB	A	A	1	0	0
OHH	Silver	Silver Metal	7440-22-4	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	2	0	0
FL	Petroleum Distallates	Petroleum	64772-88-7	N	P	Liq	F	A	5	5	5	Gal	GB	A	A	1	4	0
IRR	Glycine	Glycine, 1,2, Ethanediylbis	64-02-8	N	P	Liq	F	A	1	1	1	Gal	PB	A	A	1	1	0
COR	Benzenesulfonic Acid	Benzensulfonic Acid	26447-109	N	P	A,R	A	A	1	1	1	Gal	PB	A	A	2	0	2
TOX	Ammonium Salt	Dimethyl-, Ammonium	-----	N	P	Liq	A,C	A	1	1	1	Lbs	PB	A	A	1	1	1
FL	----------	Aliphatic Hydro-Carbon	64742-48-9	N	P	Liq	F,C	A	1	1	1	Gal	PB	A	A	2	3	0
FL	Propane	----------	-------	N	P	Liq	F,P	A	5	5	5	Gal	CY	A	A	1	4	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG-bag; BX-box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

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a Certified Unified Program Agency
Fremont Fire Department
39100 Liberty Street
Fremont, CA 94538

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731
Fill out separate pages for each storage/use area

Facility Name: Xoft microTube, Inc.
Address: 49000 Milmont Drive
Facility ID# 009-
Date: _____ Page ___ of ___
Area Name: Lab Area

Hazard Class Use codes below. (210 & 212)	Common Name or Trade Name (207)	Chemical Name (if Trade Secret, see instruction sheet for additional requirements) (205, 228)	C.A.S. # (228)	EHS? Y or N (229, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Cu. Ft. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
NFG	Argon (Gas)	Argon	7440-37-1	N	P	Gas	P	A	255	765	510	Cu. Ft.	CY	G	A	0	[illegible]	0
CRY	Argon (liquid)	Argon	7440-37-1	N	P	Liq	A	A	42	42	30	Gal	CY	A	L	3	0	0
FG	Hydrogen	Hydrogen	1333-74-0	N	P	Gas	F,P	A	255	765	765	Cu. Ft.	CY	G	A	0	4	0
NFG	Helium	Helium	7440-59-7	N	P	Gas	P	A	255	765	765	Cu. Ft.	CY	G	A	0	0	0
NFG	Nitrogen (gas)	Nitrogen	7727-37-9	N	P	Gas	P	A	255	765	765	Cu. Ft.	CY	G	A	1	1	0
IRR	Titanium Dioxide	Titanium Dioxide	13463	N	P	Sol	--	A	10	10	10	Lbs.	PD	A	A	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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a Certified Unified Program Agency
Fremont Fire Department
39100 Liberty Street
Fremont, CA 94538

Hazardous
MATERIALS
Inventory Statement
Spread Sheet Version of OES form 2731
Fill out separate pages for each storage/use area

Facility Name: Xoft microTube, Inc
Address: 49000 Milmont Drive
Facility ID# 009-
Date: _____ Page ___ of ___
Area Name: Outside Storage

Hazard Class Use codes below. (210 & 212)	Common Name or Trade Name (207)	Chemical Name (if Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S. # (223)	EHS? Y or N (228, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Cu. Ft. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
F.G.	Hydrogen	Hydrogen	1333-74-0	N	P	Gas	P	A	255	2600	2000	Cu. Ft.	CY	G	A	2	4	0
CRY	Nitrogen (liquid)	Nitrogen	7727-37-9	N	P	Liq	A	A	1500	1500	1000	Gal	CY	G	L	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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CERTIFIED UNIFIED PROGRAM AGENCY

City of Fremont Fire Department

3300 Capitol Avenue, Fremont, CA 94538

HAZARDOUS WASTE AND HAZARDOUS MATERIALS MANAGEMENT REGULATORY PROGRAM

PERMIT

Permit Number: 30-1079

Mailing Address	Facility Operator, Name, and Address
D & H MANUFACTURING 49251 MILMONT DR FREMONT CA 94538	DAVE LOUDERMILK D & H MANUFACTURING 49251 MILMONT DR FREMONT, CA 94538

Business is permitted in the following CUPA Programs:

- ☑ Hazardous Material Business Plan
- ☐ California Accidental Release Plan (CalARP)/Accidental Release Plan (ARP)
- ☑ Hazardous Waste Generator.
- ☐ Hazardous Waste Treatment on site
- ☐ Storage of hazardous materials in underground tanks.
- ☐ Uniform Fire Code Activities requiring permit.

☐ New ☑ Annual ☐ Other ☐ Renewal

CERTIFICATION

This permit is issued based on the condition that the applicant and the facility is in compliance with all applicable rules, regulations and laws pertaining to these permitted programs. Failure to comply with all applicable codes and regulations will null and void this permit. See attached conditions of approval for each CUPA Program.

Signature Jay Swardenski Title Hazmat Program Manager

Printed name Jay Swardenski Date Issued 03/01/2005

Expiration Date 03/01/2006

PERMIT CONDITIONS

Permit No: 30-1079 Facility: D & H MANUFACTURING

In order to maintain the operating permit, the permit holder must comply with all regulatory requirements, to include, but not all inclusive of the number items below:

* The unified program agency or CUPA fee shall be paid for per county or city ordinance and/or state law, whichever is the more strict.
* Hazardous Materials Business Plan Program, CHSC Division 20, Chapter 6.95, Article 1 and Title 19 CCR.
  1. Changes in the hazardous materials inventory which include the handling of a previously undisclosed or handling double the amount of a previously disclosed hazardous material must be reported to the CUPA or Participating Agency (PA) within thirty (30) days.
  2. Major changes in the business plan, including the change of name or phone number of 24 hour emergency contacts, must be reported to the CUPA or PA within thirty (30) days.

* Hazardous Waste Generator Program: CHSC Division 20, Chapter 6.5 Articles 1-13, Section 25100 et seq., and Title 22 CCR Chapter 20.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

FACILITY ID # 01 009	1	BEGINNING DATE 100: 5/21/02	ENDING DATE 101: 2/15/03
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: D+H MANUFACTURING		BUSINESS PHONE 102: 510 770 5100	
BUSINESS SITE ADDRESS 103: 49251 MILMONT DR.			
CITY 104: FREMONT	CA	ZIP CODE 105: 94538	
DUN & BRADSTREET 106: 00-917-4822		SIC CODE (4 digit #) 107: 3490	
COUNTY 108: ALAMEDA			
BUSINESS OPERATOR NAME 109: DAVE LOUDERMILK		BUSINESS OPERATOR PHONE 110: 510-770-5100 X 255	

II. BUSINESS OWNER

OWNER NAME 111: RICHARD L. WILLS & DONNA M. WILLS		OWNER PHONE 112: 408-252-7796	
OWNER MAILING ADDRESS 113: 12091 PARKER RANCH RD.			
CITY 114: SARATOGA	STATE 115: CA	ZIP CODE 116: 95070	

III. ENVIRONMENTAL CONTACT

CONTACT 117: EMERY MANN		CONTACT PHONE 118: 510-770-5100	
CONTACT MAILING ADDRESS 119: 49235 MILMONT DR.			
CITY 120: FREMONT	STATE 121: CA	ZIP CODE 122: 94538	

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: EMERY MANN	NAME 128: PAUL HARRIS
TITLE 124: SAFETY COORDINATOR	TITLE 129: SENIOR MANUF. ENGINEER
BUSINESS PHONE 125: 510 770 5100 X 269	BUSINESS PHONE 130: 510-770-5100 X 236
24-HOUR PHONE 126: 925-918-0306	24-HOUR PHONE 131:
PAGER # 127:	PAGER # 132:

ADDITIONAL LOCALLY COLLECTED INFORMATION:

- ☐ Check here if this form is the annual submittal pursuant to Federal EPCRA requirements.
- ☑ Check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description(s).
- ☑ Check here if this form is accompanied by a new or modified Business Activity form.

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE: [signature]	DATE 134: 3-4-02	NAME OF DOCUMENT PREPARER 135:
NAME OF SIGNER (Print) 136: GARY Wills	TITLE OF SIGNER 137: DIR OF TECHNOLOGY	

ACCEPTABLE TO
FREMONT FIRE DEPT.
BY D. [signature]
DATE 5/21/02

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # 0 1 0 0 9 1 1

EPA ID # (Hazardous Waste Only) CAL 000130070

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

D&H MANUFACTURING

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?	☒ YES	☐ NO	4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☐ YES	☒ NO	5	UST FACILITY (formerly SWRCB Form A) UST TANK (one form per tank) (formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES	☒ NO	6	UST FACILITY UST TANK (one per tank) UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank) (former Form C)
3. Need to report closing a UST?	☐ YES	☒ NO	7	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?	☐ YES	☒ NO	8	SPCC PLAN REQUIRED
D. HAZARDOUS WASTE 1. Generate hazardous waste?	☒ YES	☐ NO	9	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recycled materials (per HSC 25143.2)?	☐ YES	☒ NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES	☒ NO	11	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES	☒ NO	12	CERTIFICATION OF FINANCIAL ASSURANCE (formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES	☒ NO	13	REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES	☒ NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS 1. Annual submittal pursuant to Federal EPCRA requirements?	☐ YES 15	☒ NO		BUSINESS OWNER/OPERATOR (OES 2730) HAZARDOUS MATERIALS INVENTORY/CHEMICAL DESCRIPTION (OES 2731)
2. Is the property owned by an entity other than the business owner?	☐ YES 16	☒ NO		PROPERTY OWNER IDENTIFICATION FORM

ATTACHMENT TO THE BUSINESS OWN/OPERATOR
UNIFIED PROGRAM CONSOLIDATED FORM

PROPERTY OWNER IDENTIFICATION FORM

SITE IDENTIFICATION

FACILITY ID #	0 1 0 0 9 1
FILING DATE OF THIS FORM	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	D+H MANUFACTURING
BUSINESS PHONE	510-770-5100
BUSINESS SITE ADDRESS	49251 MILMONT DR.
CITY	FREMONT
STATE	CA
ZIP CODE	94538

PROPERTY OWNER

OWNER NAME (Use Corporate Name, if applicable, and complete Contact Section.)	RICHARD L. WILLS + DONNA M. WILLS
OWNER PHONE	408 252 7796
OWNER MAILING ADDRESS	12091 PARKER RANCH RD.
CITY	SARATOGA
STATE	CA
ZIP CODE	95070

PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME	RICHARD L. WILLS + DONNA M. WILLS
CONTACT PHONE	510 770 5100 x229
CONTACT MAILING ADDRESS	49235 MILMONT DR.
CITY	FREMONT
STATE	CA
ZIP CODE	94538

PROPERTY OWNER EMERGENCY CONTACT

NAME	GARY WILLS
TITLE	DIRECTOR OF TECHNOLOGY
BUSINESS PHONE	510 770 5100 x253
24-HOUR PHONE	
PAGER #	

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

PropOwner.form (02/02/00)

A Certified Unified Program Agency
Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: _____

Address: _____

Facility ID# 009-_____

Date: _____ Page ____ of ____

Area Name: _____

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
OHH	BLASOCUT	BLASOCUT 2000 MINERAL OIL	8012-95-1	N	M	L	—	365	55	170	110	GA	SD	A	A	1	1	0
CL	ACCUFLO DM68	OIL		N	M	L	—	365	5	5	5	GA	SD	A	A	0	0	0
CL	SCHAFFER 10W OIL	ZINC DIALKYL DITHIOSPHATE		N	M	L	—	365	15	15	15	GA	SD	A	A	1	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car **Columns 15 &16** (223 &224): A=ambient; G=greater; L=lower

Sign here if materials are Reportable per EPCRA: _____

a Certified Unified Program Agency
Fremont Fire Department
39100 Liberty Street
Fremont, CA 94538

Hazardous WASTE Inventory Statement

Spread Sheet Version of OES form 2731
Fill out separate pages for each accumulation area

Facility Name: _____
Address: 49251 MILMONT
Facility ID# 009- _____
Date: _____ **Page** ___ **of** ___
Area Name: _____

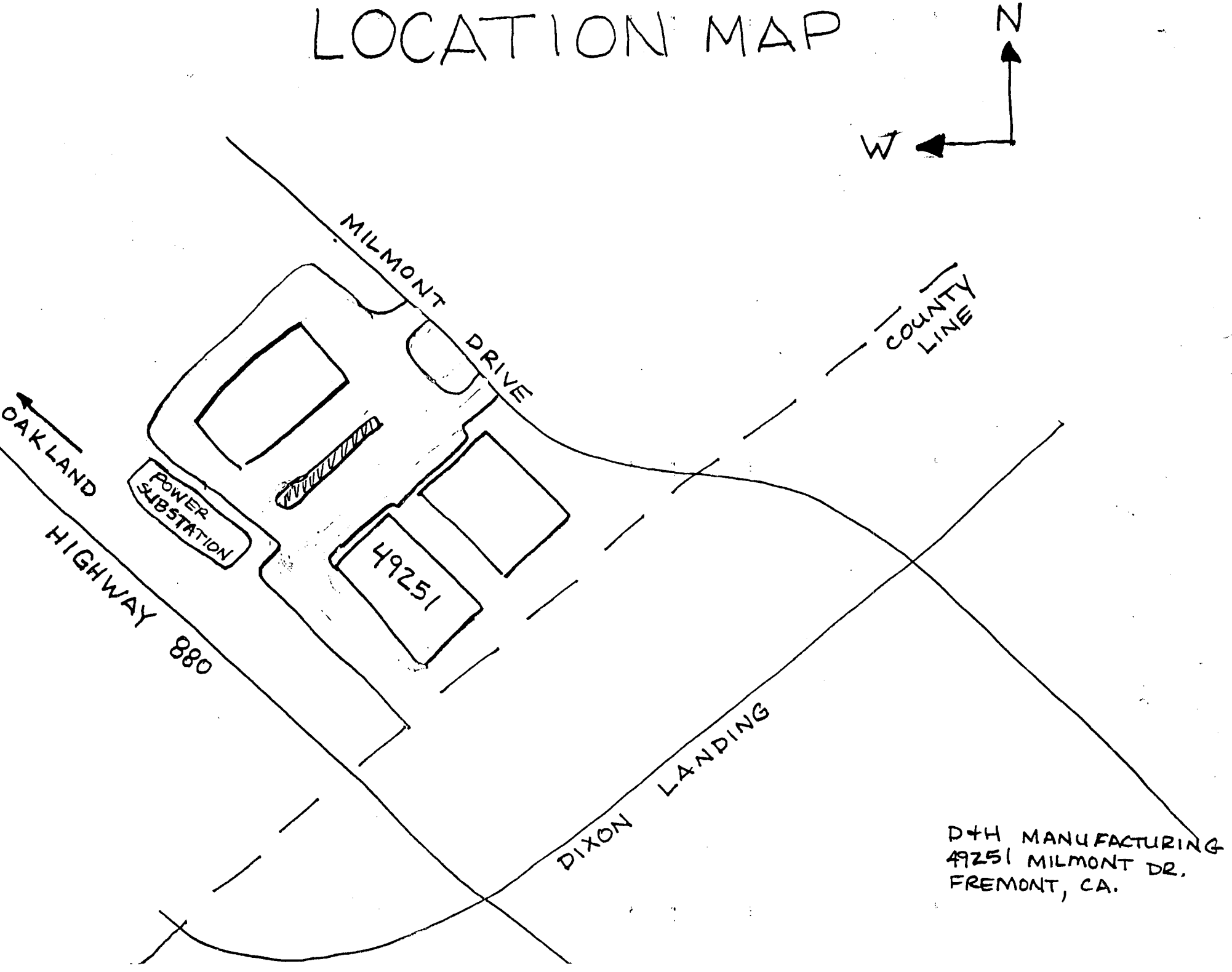
State Waste Code (210 & 212)	Common Name or Waste Mixture (207)	Chemical Name or Components % by weight, list up to five (243)	C.A.S. # for each component (244)	EHS? Y or N (228-4)	Pure or Mixture? (211)	Solid, or Liquid? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs or Gal. (221)	Storage Cont. Use codes below (223)	Annual Waste Throughput Amount (219)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
OHH 223	BLASOCUT	BLASOCUT 2000 MINERAL OIL	8012-95-1	N	M	L	—	365	50	150	100	GAL	SD	1500

Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG-bag; BX-box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car

Disclaimer: This form was developed by the CUPA as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. The CUPA must accept the state UPCF and cannot require a business to use the alternate version developed by the CUPA. The CUPA can require businesses to provide additional information on either the UPCF or a supplemental page to that document.

LOCATION MAP



CITY OF Fremont

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # 0 1 0 0 9 3 0 0 0 2 6 1 2	BEGINNING DATE 100 2/15/06	ENDING DATE 101 2/28/07	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 D & H Manufacturing Co.		BUSINESS PHONE 102 (510) 770-5100	
BUSINESS SITE ADDRESS 103 49235 Milmont Dr.			
CITY 104 Fremont	CA	ZIP CODE 105 94538	
DUN & BRADSTREET 106		SIC CODE (4 digit #) 107 3599	
COUNTY 108 Alameda			
BUSINESS OPEATOR NAME 109 Same		BUSINESS OPERATOR PHONE 110 (510) 770-5100	

II. BUSINESS OWNER

OWNER NAME 111 STAR TOOL & ENGINEERING CO., INC.		OWNER PHONE 112 (510) 793-1885
OWNER MAILING ADDRESS 113 8484 Central Avenue		
CITY 114 Newark	STATE 115 CA	ZIP CODE 116 94560

III. ENVIRONMENTAL CONTACT

CONTACT 117 David Springsteen		CONTACT PHONE 118 (510) 770-5100 Ext. 261
CONTACT MAILING ADDRESS 119 49235 Milmont Dr.		
CITY 120 Fremont	STATE 121 CA	ZIP CODE 122 94538

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123 Scott Shimada	NAME 128 David Springsteen
TITLE 124 Total Quality Manager	TITLE 129 Facilities / Maintenance Supervisor
BUSINESS PHONE 125 (510) 770-5100 Ext. 267	BUSINESS PHONE 130 (510) 770-5100 Ext. 261
24-HOUR PHONE 126 (510) 206-3235	24-HOUR PHONE 131 Cell: (510) 589-3055
PAGER # 127	PAGER # 132

ADDITIONAL LOCALLY COLLECTED INFORMATION:

- ☐ Check here if this form is the annual submittal pursuant to Federal EPRCA requirements.
- ☒ Check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description(s).
- ☒ Check here if this form is accompanied by a new or modified Business Activity form.

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134 February 13, 2006	NAME OF DOCUMENT PREPARER 135 David Springsteen
NAME OF SIGNER (Print) 136 John S. Winter (Sam)	TITLE OF SIGNER 137 Vice President & Secretary	

ACCEPTABLE TO
FREMONT FIRE DEPT.
BY D. Johnson
DATE 3/1/06

FREMONT FIRE FD

CITY OF Fremont

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	0	1		0	0	9		3	0	0	0	2	6	1 2		1	EPA ID # (Hazardous Waste Only) CAL 000130070

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

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?	☒ YES	☐ NO	4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	☐ YES	☒ NO	5	UST FACILITY (formerly SWRCB Form A) UST TANK (one form per tank) (formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES	☒ NO	6	UST FACILITY UST TANK (one per tank) UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank) (former Form C)
3. Need to report closing a UST?	☐ YES	☒ NO	7	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?	☐ YES	☒ NO	8	SPCC PLAN REQUIRED
D. HAZARDOUS WASTE 1. Generate hazardous waste?	☒ YES	☐ NO	9	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recycled materials (per HSC 25143.2)?	☐ YES	☒ NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES	☒ NO	11	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES	☒ NO	12	CERTIFICATION OF FINANCIAL ASSURANCE (formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES	☒ NO	13	REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES	☒ NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS 1. Annual submittal pursuant to Federal EPCRA requirements?	☐ YES 15	☒ NO		BUSINESS OWNER/OPERATOR (OES 2730) HAZARDOUS MATERIALS INVENTORY/CHEMICAL DESCRIPTION (OES 2731)
2. Is the property owned by an entity other than the business owner?	☒ YES 16	☐ NO		PROPERTY OWNER IDENTIFICATION FORM

CITY OF Fremont

ATTACHMENT TO THE BUSINESS OWN/OPERATOR
UNIFIED PROGRAM CONSOLIDATED FORM

PROPERTY OWNER IDENTIFICATION FORM

SITE IDENTIFICATION

FACILITY ID #	0 1 0 0 9 3 0 0 0 2 6 1 2
FILING DATE OF THIS FORM	2-15-06
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	D & H MANUFACTURING CO.
BUSINESS PHONE	(510) 770-5100
BUSINESS SITE ADDRESS	49235 MILMONT DR.
CITY	FREMONT
STATE	CA
ZIP CODE	94538

PROPERTY OWNER

OWNER NAME (Use Corporate Name, if applicable, and complete Contact Section.)	RICHARD AND DONNA WILLS REVOCABLE TRUST
OWNER PHONE	(408) 252-7796
OWNER MAILING ADDRESS	12091 PARKER RANCH ROAD
CITY	SARATOGA
STATE	CA
ZIP CODE	95070

PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME	DONNA WILLS
CONTACT PHONE	(408) 252-7796
CONTACT MAILING ADDRESS	12091 PARKER RANCH ROAD
CITY	SARATOGA
STATE	CA
ZIP CODE	95070

PROPERTY OWNER EMERGENCY CONTACT

NAME	GARY WILLS	TOM WILLS (Secondary Contact)
TITLE	OWNER'S REPRESENTATIVE	OWNER'S REPRESENTATIVE
BUSINESS PHONE		
24-HOUR PHONE	(510) 919-3007	(408) 839-2218
PAGER #		

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

PropOwner.form (02/02/00)

CITY OF Fremont

A Certified Unified Program Agency
Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: _____

Address: _____

Facility ID# 009- _____

Date: _____ Page ____ of ____

Area Name: A

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
CL	Hydro Clear 68	OIL		N	M	L	--	365	55	110	55	GAL	SD	A	A	1	1	0
CL	SCHAFFER 10W OIL	ZINK DIALKYL DITHIOSPHATE		N	m	L	–	365	55	110	55	GAL	SD	A	A	1	0	0
CL	SHELL 10	OIL		N	m	L	–	365	55	110	55	GAL	SD	A	A	0	1	0
CL	MOBIL VELOCITE 6	OIL	64742-56-9	N	m	L		365	55	110	55	GAL	SD	A	A	0	1	0
CL	MOBIL DTE light	OIL	8012-95-1	N	m	L	–	365	55	110	55	GAL	SD	A	A			
OHH	Blasocut	Blasocut 2000 MINERAL OIL	8012-95-1	N	m	L		365	55	170	110	GAL	SD	A	A	0	1	0
OHH	VASCO 1000	VASCO 1000		N	m	L		365	55	110	80	GAL	SD	A	A	0	1	0
OHH	PERCHLOROETHYLENE	TETRACHLOROTHYLENE	127-18-4	N	P	L	C	365	55	110	55	GAL	SD	A	A	2	0	0
OHH	Formula 815GD	PRO100 D		N	M	L		365	55	110	55	GAL	PD	A	A	1	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic

Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car **Columns 15 &16** (223 &224): A=ambient; G=greater; L=lower

Sign here if materials are Reportable per EPCRA: _____

CITY OF Fremont

A Certified Unified Program Agency
Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name:_____

Address:_____

Facility ID# 009-_____

Date:_____ Page ____ of ____

Area Name: A

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning Health	NFPA Hazard Warning Fire	NFPA Hazard Warning Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
COR	OAKITE Brightener	Phosphoric Acid	7664382	N	M	L	C	365	55	55	55	GAL	PD	A	A	3	0	0
		Butoxyethanol	111762															
		Butoxyethoxy ethanol	112345															
		Hydrogen Fluoride	7664393															
		Nonylphenoxy Polyethoxy ethanol	9016459															
NFG	HELIUM	HELIUM	7440-597	N	P	G	—	365	291	600	291	CF	CY	G	A	1	0	0
NFG	NITROGEN	NITROGEN	7727379	N	P	G	P	365	304	1200	900	CF	CY	G	A	1	0	0
FL	Propane	Propane	74986	N	P	L	F/P	365	10	30	20	GA	CY	G	L	1	4	0
FL	ISOPROPANOL	ISOPROPYL ALCOHOL	67630	N	M	L	F	365	55	110	55	GA	SD	A	A	1	3	0
FG/ URZ	ACETYLENE	ACETYLENE	74862	Y	P	G	F.P	365	145	145	145	CF	CY	G	A	1	4	2
OXY	OXYGEN	OXYGEN	7782447	N	P	G	PF	365	154	154	154	CF	CY	G	A	0	0	1

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car **Columns 15 &16 (223 &224)**: A=ambient; G=greater; L=lower

Sign here if materials are Reportable per EPCRA:_____

CITY OF Fremont

A Certified Unified Program Agency
Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name:_____

Address:_____

Facility ID# 009-_____

Date:_____ Page ____ of ____

Area Name: C

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
OHH	Blascut	Blascut 2000 MINERAL OIL	801295-1	N	M	L		365	55	55	55	GAL	SD	A	A	0	1	0
OHH	Vasco 1000	Vasco 1000		N	M	L		365	55	55	55	GAL	SD	A	A	0	1	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car **Columns 15 &16** (223 &224): A=ambient; G=greater; L=lower

Sign here if materials are Reportable per EPCRA:_____

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Fire Department
39100 Liberty Street
P.O. Box 5006
Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous WASTE Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: _____

Address: _____

Facility ID# 009- _____

Date: _____ Page ____ of ____

Area Name: B

State Waste Code (210 & 212)	Common Name Or Waste Mixture (207)	Chemical Name or Components % by weight, list up to five (243)	C.A.S. # for each component (244)	EHS? Y or N	Pure or Mixture?	Solid, or	Federal Haz Cat	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs. Or Gal. (221)	Storage Cont. Use Codes below (223)	Annual Waste Throughput Amount (219)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
OHH 223	BLasocut	Blasocut 2000 Mineral Oil	8012 95-1	N	M	L	-	365	55	175	110	GAL	SD	3000
OHH 223	Vasco	Vasco 1000		N	M	L	-	365	55	110	80	GAL	SD	400
CL 221	HYDRO Clear 68	OIL		N	M	L	-	365	55	110	55	GAL	SD	700
CL 221	MOBIL DTELight	OIL	8012 95-1	N	M	L	-	365	55	110	55	GAL	SD	600
CL 221	MOBIL VELOCITE #6	OIL	64742 569	N	M	L	-	365	55	110	55	Gal	SD	400

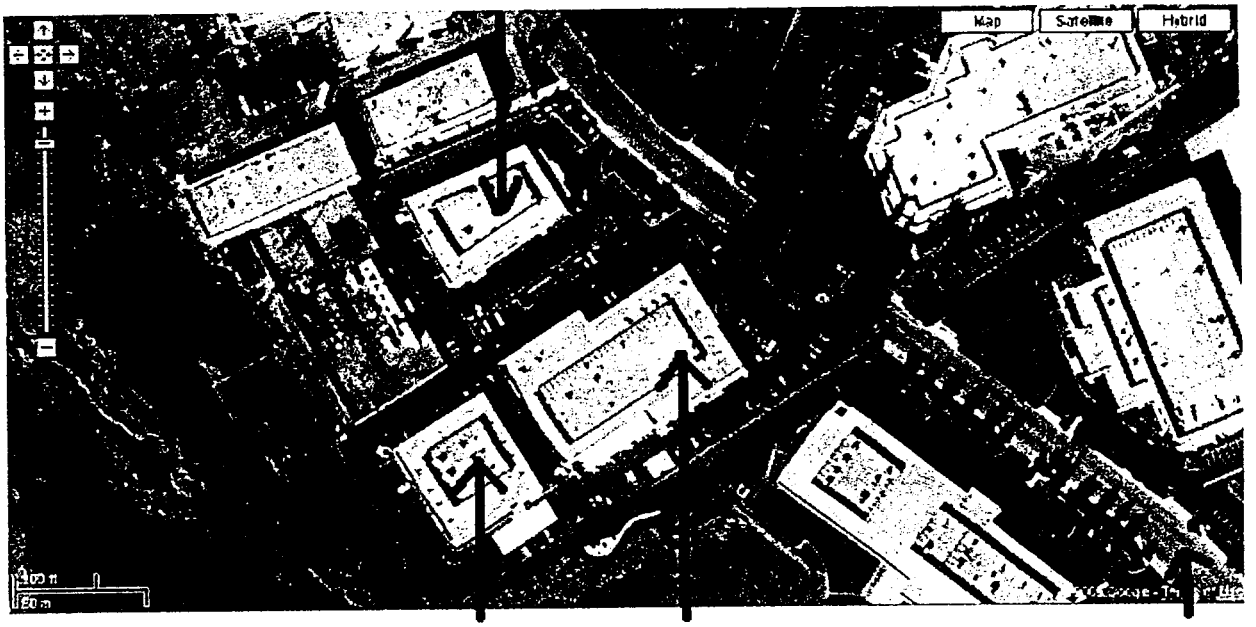
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD+fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car

Location Map

D&H Manufacturing Co.
49235 Milmont Drive
Fremont, CA 94538

North

49211



49251 49235 Milmont Drive

CITY OF Fremont

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID#	1	BEGINNING DATE 100: 06/01/2004	ENDING DATE 101: 05/31/2005
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: PG&E: – Dixon Landing Substation		BUSINESS PHONE 102: 510-661-9274	
BUSINESS ADDRESS 103: 49235 Milmont Drive			
CITY 104: Fremont	CA	ZIP CODE 105: 94538	
DUN & BRADSTREET 106: 00-691-2877		SIC CODE (4 digit #) 107: 4911	
COUNTY 108: Alameda			
BUSINESS OPERATOR NAME 109: Pacific Gas and Electric Company		BUSINESS OPERATOR PHONE 110: 510-784-3306	

II. BUSINESS OWNER

OWNER NAME 111: Pacific Gas and Electric Company		OWNER PHONE 112: 415-973-7000
OWNER MAILING ADDRESS 113: Post Office Box 770000		
CITY 114: San Francisco	STATE 115: CA	ZIP CODE 116: 94177

III. ENVIRONMENTAL CONTACT

CONTACT NAME 227: John Villalobos		CONTACT PHONE 118: 510-437-2562
CONTACT MAILING ADDRESS 119: 4801 Oakport Street, Bldg 2		
CITY 120: Oakland	STATE 121: CA	ZIP CODE 122: 94601

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Sid Jennings	NAME 128: John Villalobos
TITLE 124: Substation Maintenance Supervisor	TITLE 129: Sr. Environmental Specialist
BUSINESS PHONE 125: 510-784-3306	BUSINESS PHONE 130: 510-437-2562
24-HOUR PHONE 126: 510-656-1664	24-HOUR PHONE 131: 510-656-1664
PAGER # 127:	PAGER # 132:

ADDITIONAL LOCALLY COLLECTED INFORMATION

- ☐ Check here if this form is the annual submittal pursuant to Federal EPRCA requirements.
- ☐ Check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description(s).
- ☐ Check here if this form is accompanied by a new or modified Business Activity form.

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134: 5/20/04	NAME OF DOCUMENT PREPARER 135: Robert Lofgren
NAME OF SIGNER (PRINT) 136: Sid Jennings	TITLE OF SIGNER 137: Substation Maintenance Supervisor	

ACCEPTABLE TO
FREMONT FIRE DEPT.
BY D. [illegible]
DATE 6/2/04

CITY OF Fremont

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Fire Department
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Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: Dixon Landing Substation

Address: 49235 Milmont Drive, Fremont, 94538

Facility ID# 009-

Date: Oct 15, 2003 Page 4 of 4

Area Name: D – Sulfur Hexaflouride

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228,224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
NFG	Sulfur Hexaflouride			N	P	G	P	365	169	378	378	Cuft	CY	G	A	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: Dixon Landing Substation

Address: 49235 Milmont Drive, Fremont, 94538

Facility ID# 009-

Date: Oct 15, 2003 Page 3 of 4

Area Name: C - Nitrogen

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
NFG	Nitrogen, Compressed	Nitrogen Oxygen	7727-37-9 7782-44-7	N	P	G	P	365	228	456	456	Cuft	CY	G	A	0	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic

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CITY OF Fremont

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Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: Dixon Landing Substation

Address: 49235 Milmont Drive, Fremont, 94538

Facility ID# 009-

Date: Oct 15, 2003 Page 2 of 4

Area Name: B – Wet Cell Batteries

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
COR W	Absolyte IIP(50-A-07) Sealed Lead Acid Battery	Sulfuric Acid	7664-93-9	N	M	L	RA	365	1	54	54	Gal	BAT	A	A	3	0	2

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic
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CITY OF Fremont

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Fremont, CA 94537-5006
www.ci.Fremont.ca.us

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: Dixon Landing Substation

Address: 49235 Milmont Drive, Fremont, 94538

Facility ID# 009-

Date: Oct 15, 2003 Page 1 of 4

Area Name: A – Oil w/0-499 PPM PCB

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Name (207)	Chemical Name (If Trade Secrete, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
CL	Insulating Oil 0-499 ppm PCB	Butylated Hydroxy Toluene Light Naphthenic Distillate Middle Distillate Solvent Polychlorinated Biphenyl	128-37-0 64742-53-6 64742-46-7 1336-36-3	N	M	L	A	365	7650	22941	22941	Gal	AT	A	A	0	1	0

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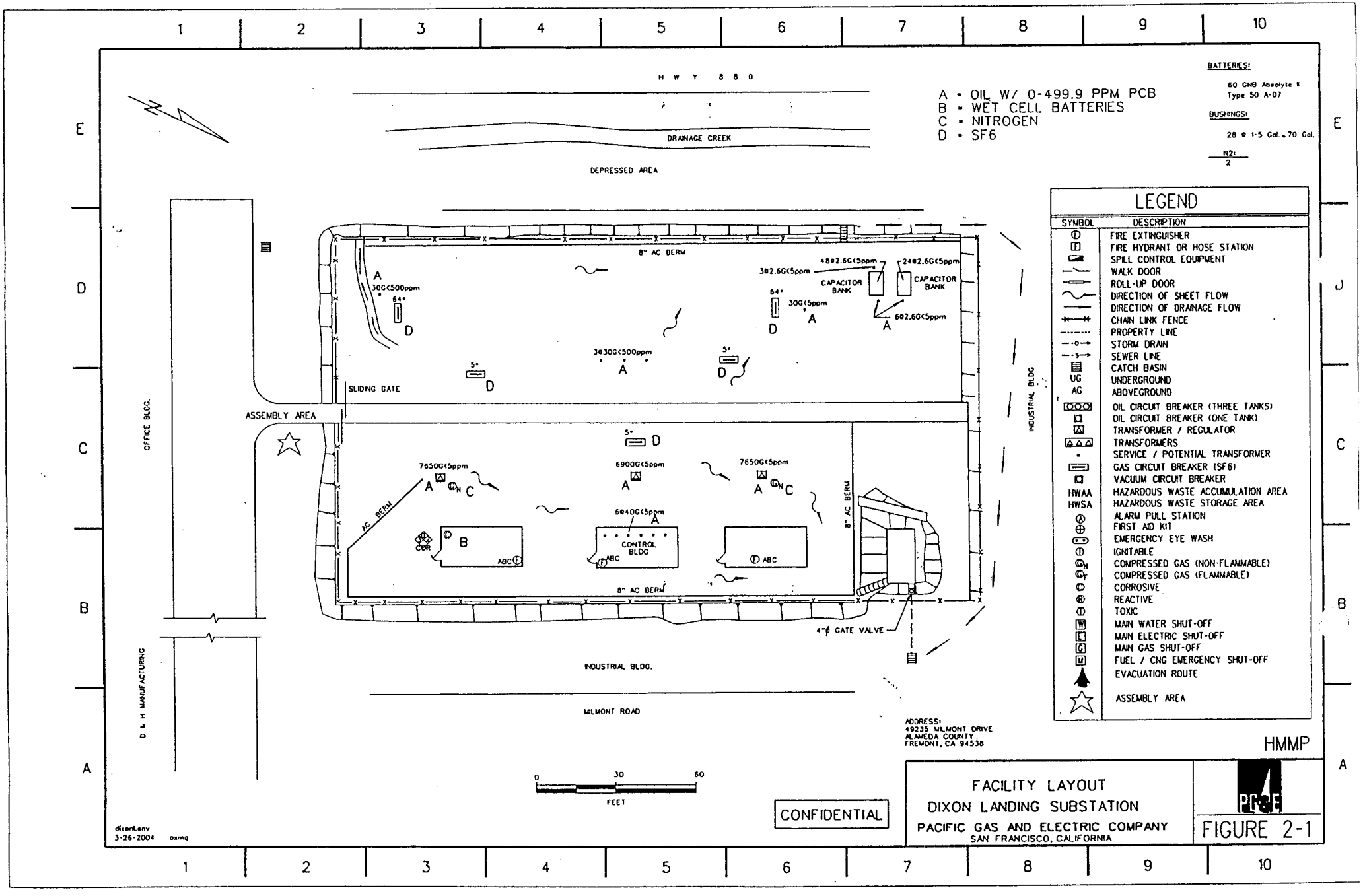


HWY 880
DRAINAGE CREEK
DEPRESSED AREA
A - OIL W/ 0-499.9 PPM PCB
B - WET CELL BATTERIES
C - NITROGEN
D - SF6
BATTERIES:
60 GNB Absolyte II
Type 50 A-07
BUSHINGS:
28 @ 1-5 Gal., 70 Gal.
N2:
2
8" AC BERM
30G<500ppm
64°
3@30G<500ppm
5°
3@2.6G<5ppm
48@2.6G<5ppm
24@2.6G<5ppm
CAPACITOR BANK
30G<5ppm
6@2.6G<5ppm
SLIDING GATE
ASSEMBLY AREA
OFFICE BLDG.
INDUSTRIAL BLDG
7650G<5ppm
6900G<5ppm
6@40G<5ppm
AC BERM
CONTROL BLDG
ABC
CDR
4"ø GATE VALVE
INDUSTRIAL BLDG.
MILMONT ROAD
D & H MANUFACTURING
LEGEND
SYMBOL
DESCRIPTION
FIRE EXTINGUISHER
FIRE HYDRANT OR HOSE STATION
SPILL CONTROL EQUIPMENT
WALK DOOR
ROLL-UP DOOR
DIRECTION OF SHEET FLOW
DIRECTION OF DRAINAGE FLOW
CHAIN LINK FENCE
PROPERTY LINE
STORM DRAIN
SEWER LINE
CATCH BASIN
UG UNDERGROUND
AG ABOVEGROUND
OIL CIRCUIT BREAKER (THREE TANKS)
OIL CIRCUIT BREAKER (ONE TANK)
TRANSFORMER / REGULATOR
TRANSFORMERS
SERVICE / POTENTIAL TRANSFORMER
GAS CIRCUIT BREAKER (SF6)
VACUUM CIRCUIT BREAKER
HWAA HAZARDOUS WASTE ACCUMULATION AREA
HWSA HAZARDOUS WASTE STORAGE AREA
ALARM PULL STATION
FIRST AID KIT
EMERGENCY EYE WASH
IGNITABLE
COMPRESSED GAS (NON-FLAMMABLE)
COMPRESSED GAS (FLAMMABLE)
CORROSIVE
REACTIVE
TOXIC
MAIN WATER SHUT-OFF
MAIN ELECTRIC SHUT-OFF
MAIN GAS SHUT-OFF
FUEL / CNG EMERGENCY SHUT-OFF
EVACUATION ROUTE
ASSEMBLY AREA
ADDRESS:
49235 MILMONT DRIVE
ALAMEDA COUNTY
FREMONT, CA 94538
0 30 60
FEET
CONFIDENTIAL
HMMP
FACILITY LAYOUT
DIXON LANDING SUBSTATION
PACIFIC GAS AND ELECTRIC COMPANY
SAN FRANCISCO, CALIFORNIA
PG&E
FIGURE 2-1
dixonl.env
3-26-2004 oxmq

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

OES Form 2731

☑ ADD ☐ DELETE ☐ REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
VERIZON WIRELESS - DIXON LANDING

CHEMICAL LOCATION
SEALED BATTERY CASE

CHEMICAL LOCATION CONFIDENTIAL-EPCRA ☐ Yes ☑ No

FACILITY ID# | MAP # (optional) | GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME: VALVE-REGULATED LEAD/ACID BATTERY (VRLA)

TRADE SECRET ☐ Yes ☑ No

COMMON NAME: ELECTRIC STORAGE BATTERY

EHS ☐ Yes ☑ No

CAS #: SEE BELOW

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

FIRE CODE HAZARD CLASS: LEAST

HAZARDOUS MATERIAL TYPE (Check one item only): ☐ a. PURE ☑ b. MIXTURE ☐ c. WASTE

RADIOACTIVE ☐ Yes ☑ No

CURIES

PHYSICAL STATE (Check one item only): ☑ a. SOLID ☐ b. LIQUID ☐ c. GAS

LARGEST CONTAINER: 167

FED HAZARD CATEGORIES (Check all that apply): ☐ a. FIRE ☑ b. REACTIVE ☐ c. PRESSURE RELEASE ☑ ACUTE HEALTH ☑ CHRONIC HEALTH

AVERAGE DAILY AMOUNT: 3998

MAXIMUM STORAGE AMOUNT: 3998

ANNUAL WASTE AMOUNT: 0

STATE WASTE CODE: NA

UNITS (Check one item only): ☐ a. GALLONS ☐ b. CUBIC FEET ☑ c. POUNDS ☐ d. TONS

DAYS ON SITE: 365

STORAGE CONTAINER (Check all that apply):
☐ a. ABOVEGROUND 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
☐ TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN BATTERY CASE
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE: ☑ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE: ☑ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT	EHS	CAS #
60-70	LEAD/LEAD OXIDE/LEAD SULFATE	☐ Yes ☑ No	7439-92-1
		☐ Yes ☑ No	
		☐ Yes ☑ No	
		☐ Yes ☑ No	
		☐ Yes ☑ No	

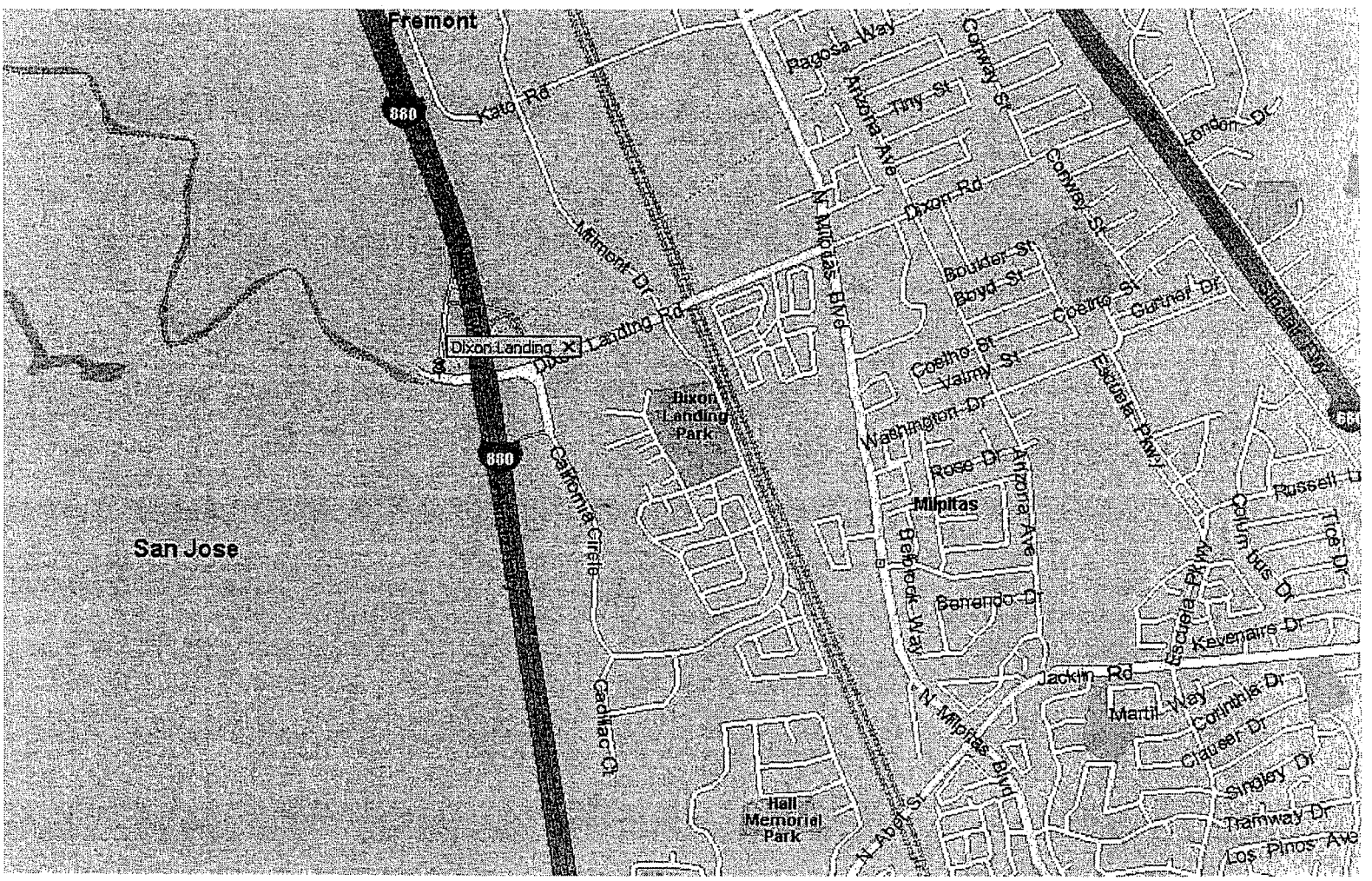
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper indicating the required information.

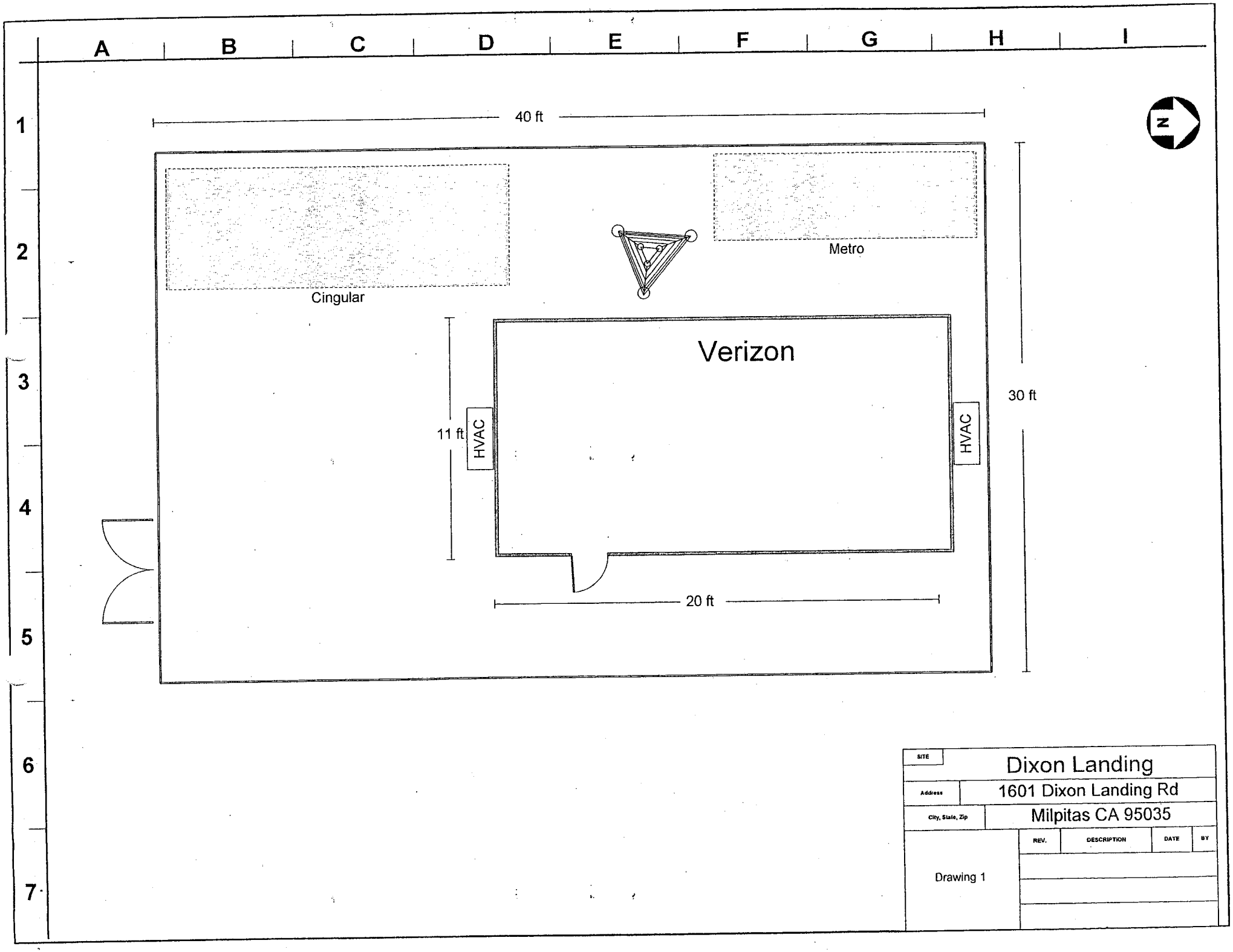
ADDITIONAL LOCALLY COLLECTED INFORMATION:

Sign Here for EPCRA:

Verizon Wireless

Dixon Landing




A
B
C
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I
1
2
3
4
5
6
7
40 ft
N
Cingular
Metro
Verizon
11 ft
HVAC
HVAC
30 ft
20 ft
SITE
Dixon Landing
Address
1601 Dixon Landing Rd
City, State, Zip
Milpitas CA 95035
REV.
DESCRIPTION
DATE
BY
Drawing 1

1421 CA.C

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

COPY pg. 1

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.

EPA ID # (Hazardous Waste Only) 2. TBA

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.
Credence Systems Corp.

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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6.	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	☐ YES ☒ NO 7.	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?	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9.	EPA ID NUMBER - provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	☐ YES ☒ NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES ☒ NO 11.	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS 15.

(You may also be required to provide additional information by your CUPA or local agency.)

unidocs

The Uniform Documents Project

Hazardous Materials Online Inventory Project

Business Owner/Operator Report

After viewing the facility information below, click "Back to Site Menu" to view more reports.

I. IDENTIFICATION

FACILITY ID#: **43-011-TMP037**

BEGINNING DATE (MM/DD/YYYY):

ENDING DATE (MM/DD/YYYY):

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As): **Credence**

BUSINESS PHONE (###) ###-####: 408-635-4300

BUSINESS SITE ADDRESS: **1355 California Circle**

CITY: **Milpitas**

STATE: **CA**

ZIP CODE: 95035

DUN & BRADSTREET:

SIC CODE (4 digit #):

COUNTY: Santa Clara

BUSINESS OPERATOR NAME: Credence

BUSINESS OPERATOR PHONE: (###) ###-####: 408-635-4300

II. BUSINESS OWNER

OWNER NAME: Credence

OWNER PHONE: (###) ###-####: 408-635-4300

OWNER MAILING ADDRESS: 1421 California Circle

CITY: Milpitas

STATE: CA

ZIP CODE: 95035

III. ENVIRONMENTAL CONTACT

CONTACT NAME: Mark Hereford

CONTACT PHONE: (###) ###-####: 408-635-4839

CONTACT MAILING ADDRESS: 1421 California Circle

CITY: Milpitas

STATE: CA

ZIP CODE: 95035

IV. EMERGENCY CONTACTS

-PRIMARY-

NAME: Mark Hereford

TITLE: Dir. of Facilities and Real Estate

-SECONDARY-

NAME: Rick Gutierrez

TITLE: Facilities Manager

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence | **DATE:** 8/9/2005 | **PAGE:** 1 of 3

LOCATION: Test Lab | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP037-SUBMITTED-09-AUGUST-05

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
3	Map: NONE Grid: NONE	*N-HEPTANE CAS#: 142-82-5 EHS: NO	COMPONENT NAME: N-HEPTANE; EHS: N; %: 100; CAS#: 142-82-5	LIQUID (PURE)	MAX: 0.125 LARGEST: 0.025 AVG: 0.025 CURIES: 0 DAYS: 365 CONTAINERS: N	GAL	Pressure: AMBIENT Temp: AMBIENT	FIRE ACUTE HEALTH
9	Map: NONE Grid: NONE	3,3-DICHLORO-1,1,2,2,3-P-ENTAFLUOROPROPANE CAS#: 422-56-0 EHS: NO	COMPONENT NAME: 3,3-DICHLORO-1,1,2,2,3-PE...; EHS: N; %: 100; CAS#: 422-56-0	LIQUID (MIXTURE)	MAX: 45 LARGEST: 5 AVG: 20 CURIES: 0 DAYS: 365 CONTAINERS: F	GAL	Pressure: AMBIENT Temp: AMBIENT	NONE
3	Map: NONE Grid: NONE	ACETONE CAS#: 67-64-1 EHS: NO	COMPONENT NAME: ACETONE; EHS: N; %: 100; CAS#: 67-64-1	LIQUID (PURE)	MAX: 0.25 LARGEST: 0.125 AVG: 0.125 CURIES: 0 DAYS: 365 CONTAINERS: E	GAL	Pressure: AMBIENT Temp: AMBIENT	FIRE ACUTE HEALTH
9	Map: NONE Grid: NONE	FLUORINERT FC 77 CAS#: 86508-42-1 EHS: NO	COMPONENT NAME: PERFLUORO COMPOUNDS, C5-1...; EHS: N; %: 100; CAS#: 86508-42-1	LIQUID (MIXTURE)	MAX: 45 LARGEST: 5 AVG: 35 CURIES: 0 DAYS: 365 CONTAINERS: F	GAL	Pressure: AMBIENT Temp: AMBIENT	NONE
3	Map: NONE Grid: NONE	GALDEN CAS#: GALDEN EHS: NO	COMPONENT NAME: GALDEN; EHS: N; %: 100; CAS#: GALDEN	LIQUID (MIXTURE)	MAX: 1 LARGEST: 1 AVG: 1 CURIES: 0 DAYS: 365 CONTAINERS: N	GAL	Pressure: AMBIENT Temp: AMBIENT	FIRE
0	Map: NONE Grid: NONE	HFE-7100 CAS#: NONE EHS: NO	COMPONENT NAME: HFE-7100; EHS: N; %: 100; CAS#:	LIQUID (MIXTURE)	MAX: 25 LARGEST: 5 AVG: 15 CURIES: 0 DAYS: 365 CONTAINERS: F	GAL	Pressure: AMBIENT Temp: AMBIENT	CHRONIC HEALTH

STORAGE CONTAINER CODES

A = Aboveground Tank, B = Belowground Tank, C = Tank Inside Building, D = Steel Drum, E = Plastic/Nonmetallic Drum, F = Can, G = Carboy, H = Silo, I = Fiber Drum, J = Bag, K = Box, L = Cylinder, M = Glass Bottle or Jug, N = Plastic Bottle or Jug, O = Tote Bin, P = Tank Wagon, Q = Rail Car, R = Other

OTHER ABBREVIATIONS

MAX = Max. Amount Daily, AVG = Avg. Amount Daily, DAYS = Days On Site, LARGEST = Largest Container, CURIES = Curies (in mCi), CONTAINERS = Storage Containers

If EPCRA, Please Sign Here: _____

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Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence | **DATE:** 8/9/2005 | **PAGE:** 2 of 3

LOCATION: Test Lab | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP037-SUBMITTED-09-AUGUST-05

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
3	**Map:** NONE **Grid:** NONE	IPA **CAS#:** 67-63-0 **EHS:** NO	COMPONENT NAME: 2 PROPANOL; EHS: N; %: 100; CAS#: 67-63-0	LIQUID (PURE)	**MAX:** 0.25 **LARGEST:** 1.0 **AVG:** 0.125 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** N	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	NONE
3	**Map:** NONE **Grid:** NONE	METHYL NONAFLUOROISOBUTYL ETHER **CAS#:** 163702-08-7 **EHS:** NO	COMPONENT NAME: METHYL NONAFLUOROISOBUTYL...; EHS: N; %: 100; CAS#: 163702-08-7	LIQUID (PURE)	**MAX:** 45 **LARGEST:** 5 **AVG:** 35 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** F	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	FIRE
2.2	**Map:** NONE **Grid:** NONE	NITROGEN **CAS#:** 7727-37-9 **EHS:** NO	COMPONENT NAME: NITROGEN; EHS: N; %: 100; CAS#: 7727-37-9	GAS (PURE)	**MAX:** 3000 **LARGEST:** 500 **AVG:** 2250 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** L	CUFT	**Pressure:** > AMB. **Temp:** AMBIENT	PRESSURE RELEASE ACUTE HEALTH
0	**Map:** NONE **Grid:** NONE	SOLDER **CAS#:** NONE **EHS:** NO	COMPONENT NAME: SOLDER; EHS: N; %: 100; CAS#:	SOLID (MIXTURE)	**MAX:** 5 **LARGEST:** 1 **AVG:** 1 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** N	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	NONE
3	**Map:** NONE **Grid:** NONE	SOLDERING FLUX **CAS#:** NONE **EHS:** NO	COMPONENT NAME: SEC-BUTYL ALCOHOL; EHS: N; %: 10-25; CAS#: 78-92-2 ETHANOL; EHS: N; %: 10-25; CAS#: 64-17-5 ROSIN; EHS: N; %: 25-50; CAS#: 8050-09-7	LIQUID (MIXTURE)	**MAX:** 0.5 **LARGEST:** 0.125 **AVG:** 0.25 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** E	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	FIRE
9	**Map:** NONE **Grid:** NONE	SOLDERING FLUX CONTAINING GLUAMIC ACID **CAS#:** 138-15-8 **EHS:** NO	COMPONENT NAME: UREA; EHS: N; %: 2.5-10; CAS#: 57-13-6 HYDROCHLORIC ACID <10%; EHS: N; %: 1; CAS#: 7647-01-0	LIQUID (MIXTURE)	**MAX:** 0.5 **LARGEST:** 0.125 **AVG:** 0.25 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** E	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	NONE

STORAGE CONTAINER CODES

A = Aboveground Tank; B = Belowground Tank; C = Tank Inside Building; D = Steel Drum; E = Plastic/Nonmetallic Drum; F = Can; G = Carboy; H = Silo; I = Fiber Drum; J = Bag; K = Box; L = Cylinder; M = Glass Bottle or Jug; N = Plastic Bottle or Jug; O = Tote Bin; P = Tank Wagon; Q = Rail Car; R = Other

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Non-Waste Hazardous Materials Inventory Statement

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BUSINESS NAME: Credence | **DATE:** 8/9/2005 | **PAGE:** 3 of 3

LOCATION: Test Lab | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP037-SUBMITTED-09-AUGUST-05

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
3	**Map:** NONE **Grid:** NONE	SOLVENT **CAS#:** 8032324 **EHS:** NO	COMPONENT NAME: SOLVENT EHS: N %: 100 CAS#: 8032324	LIQUID (MIXTURE)	**MAX:** 0.5 **LARGEST:** 1 **AVG:** 0.1 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** N, R	GAL	**Pressure** AMBIENT **Temp** AMBIENT	FIRE

STORAGE CONTAINER CODES

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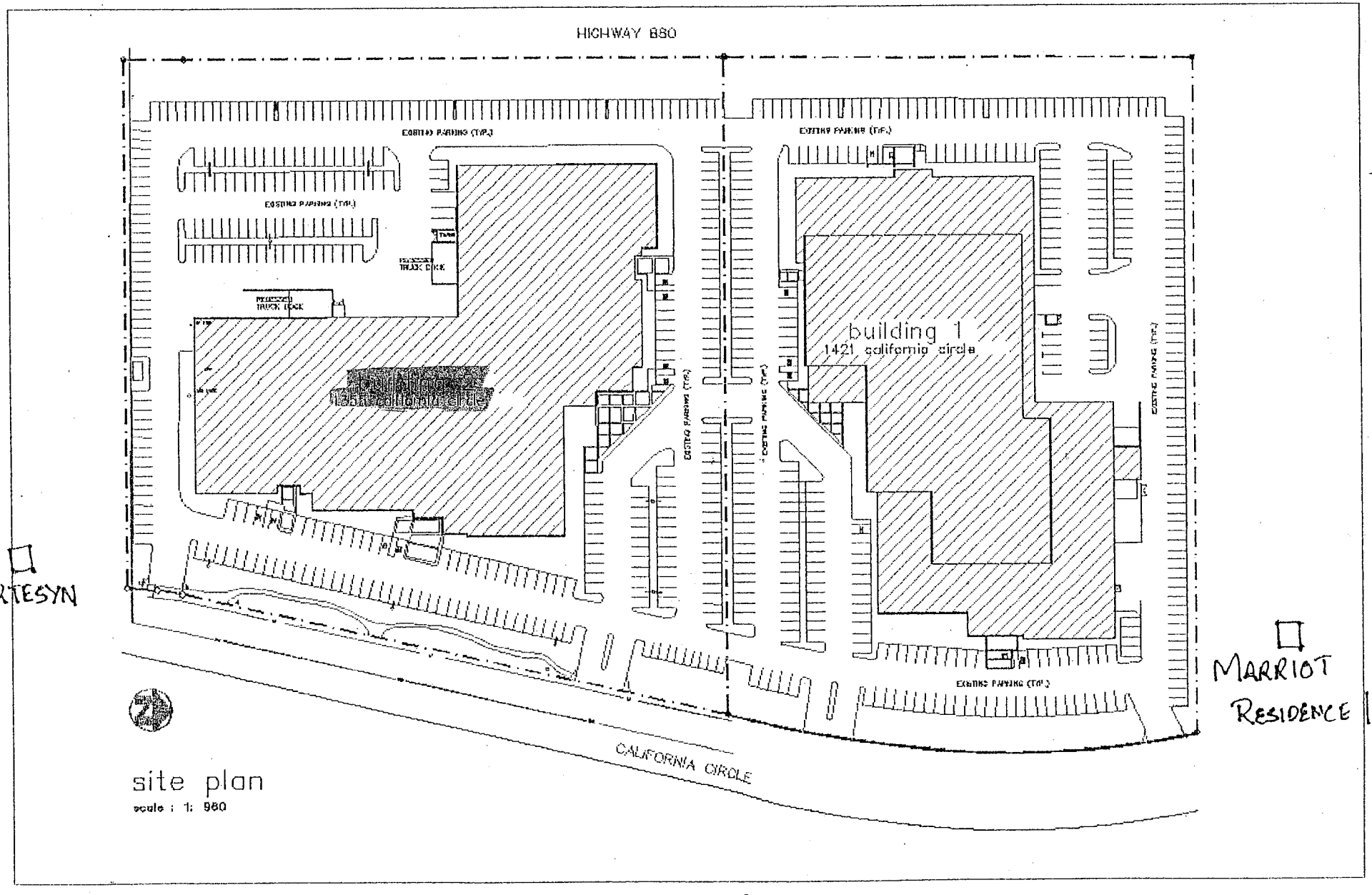
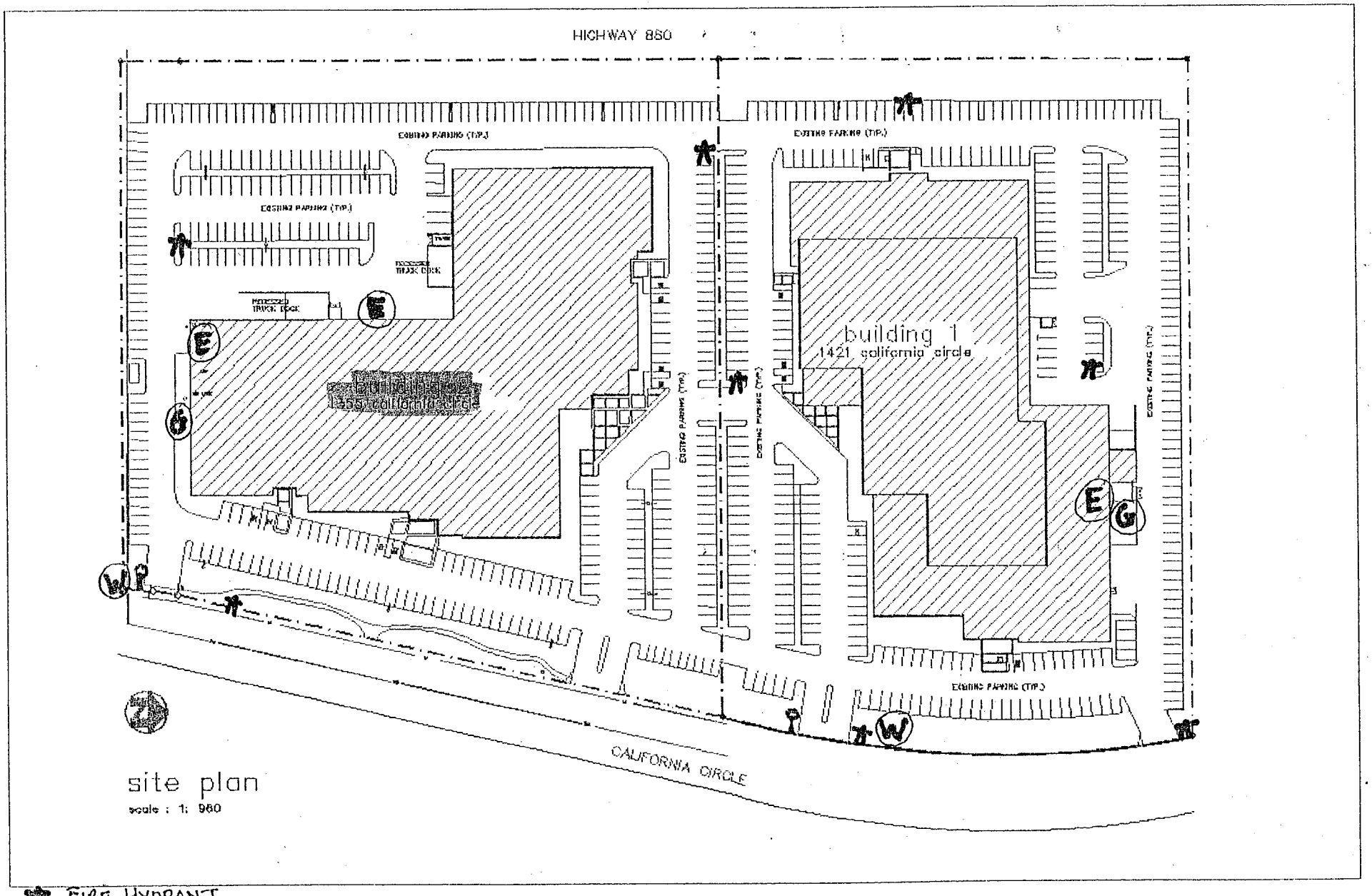


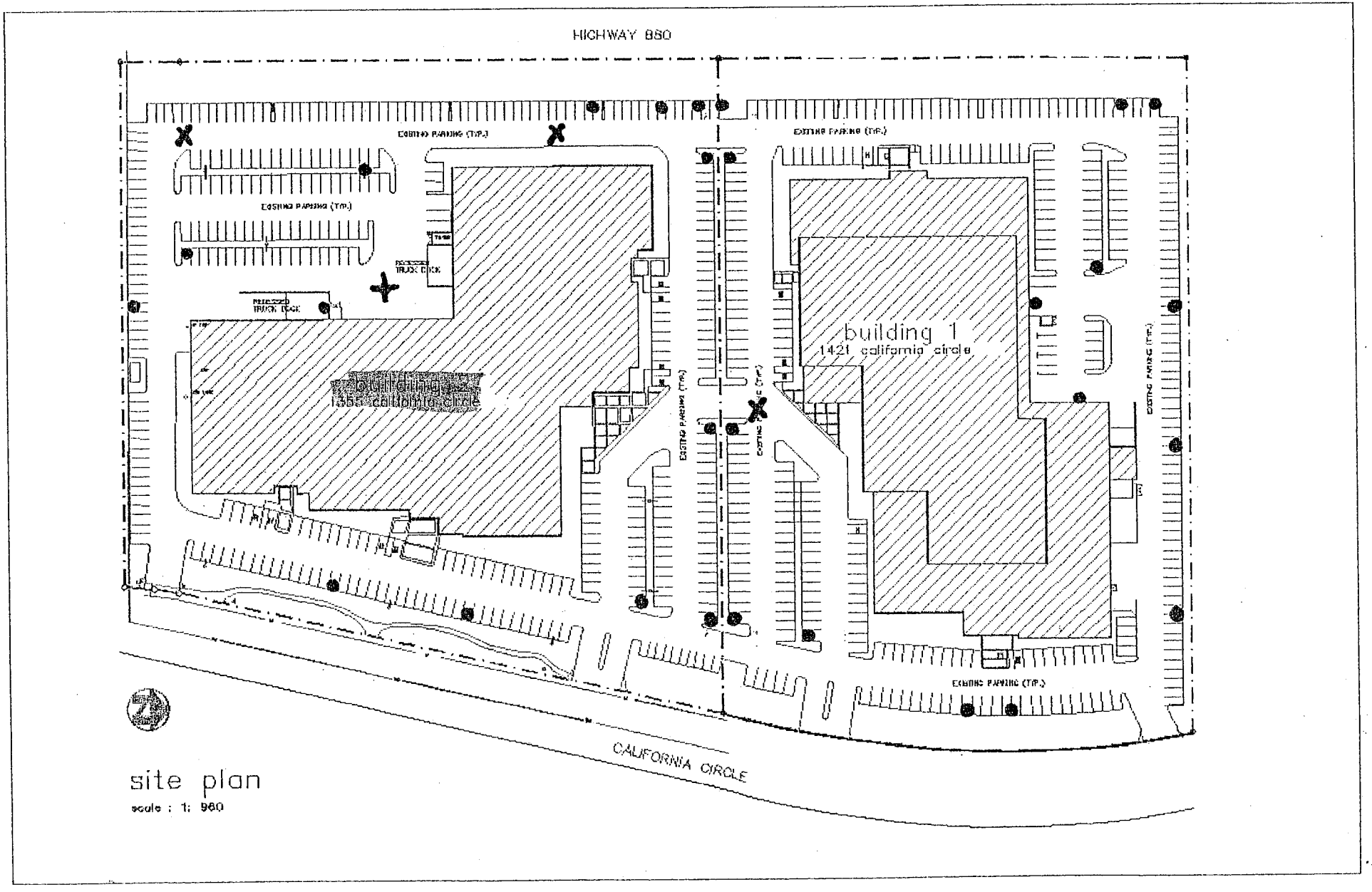
☐ NEIGHBOR

BLDG 2 = 1355 CALIFORNIA CIRCLE

(U)

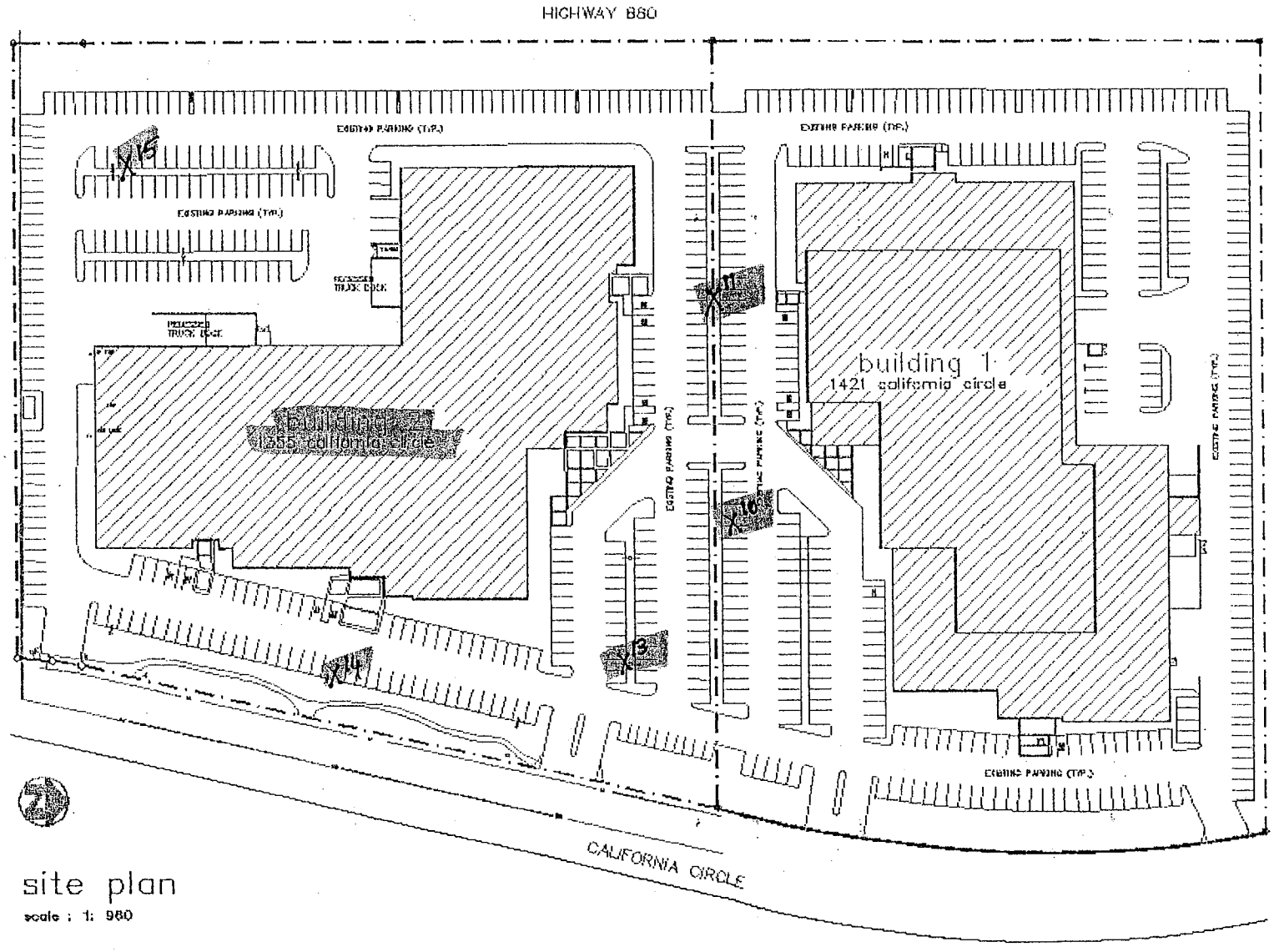


FIRE HYDRANT
PIV
(W) WATER SHUT-OFF
(E) ELECTRICAL SHUT-OFF



MONITORING WELL

STORM DRAIN



site plan

scale : 1: 960

X Assembly Areas

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made *(see section 3, below)*.

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility *(check all that apply)*:

☐ Bells; ☒ Horns/Sirens; ☐ Verbal *(i.e. shouting)*; ☒ Other *(specify)* strobes

b. ☒ Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance	Phone No. **911**
State Office of Emergency Services	Phone No. **(800) 852-7550**

b. Post-Incident Contacts*:

Fire Department Hazardous Materials Program	Phone No.: (408) 586-3365
Santa Clara County Hazardous Materials Compliance Division	Phone No. **(408) 918-3400**
California EPA Department of Toxic Substances Control	Phone No. **(510) 540-3739**
Cal-OSHA Division of Occupational Safety and Health	Phone No. **(408) 452-7288**
Air Quality Management District	Phone No. **(415) 771-6000**
Regional Water Quality Control Board	Phone No. **(510) 622-2300**

** These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control Center	Phone No. **(800) 876-4766**
Nearest Hospital: Name: Regional Medical Center	Phone No.: (408) 259-5000
Address: 225 N. Jackson	City: San Jose

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

Decon Technologies is the ERT for Credence
(408) 235-8585

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator *(or his/her designee when the emergency coordinator is on call)* shall:
   i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
   ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects *(e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.)*.
   iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
   iv. Notify appropriate local authorities *(i.e. call 911)*.
   v. Notify the State Office of Emergency Services at 1-800-852-7550.
   vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
   vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.

b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
   i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
   ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
   iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
   iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:
   a. Name, address, and telephone number of the facility's owner/operator;
   b. Name, address, and telephone number of the facility;
   c. Date, time, and type of incident *(e.g. fire, explosion, etc.)*;
   d. Name and quantity of material(s) involved;
   e. The extent of injuries, if any;
   f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
   g. Estimated quantity and disposition of recovered material that resulted from the incident;
   h. Cause(es) of the incident;
   i. Actions taken in response to the incident;
   j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

gas meter

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	☐ Cartridge Respirators		
	☐ Chemical Monitoring Equipment *(describe)*		
	☐ Chemical Protective Aprons/Coats		
	☐ Chemical Protective Boots		
	☐ Chemical Protective Gloves		
	☐ Chemical Protective Suits *(describe)*		
	☐ Face Shields		
	☒ First Aid Kits/Stations *(describe)*	throughout Bldg.	band-aids, CPR shields
	☐ Hard Hats		
	☐ Plumbed Eye Wash Stations		
	☐ Portable Eye Wash Kits *(i.e. bottle type)*		
	☐ Respirator Cartridges *(describe)*		
	☐ Safety Glasses/Splash Goggles		
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	☐ Other *(describe)*		
Fire Extinguishing Systems	☒ Automatic Fire Sprinkler Systems	throughout bldg.	
	☒ Fire Alarm Boxes/Stations	"	"
	☒ Fire Extinguisher Systems *(describe)*	"	Portable ABC
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☐ Absorbents *(describe)*		
	☐ Berms/Dikes *(describe)*		
	☐ Decontamination Equipment *(describe)*		
	☐ Emergency Tanks *(describe)*		
	☐ Exhaust Hoods		
	☐ Gas Cylinder Leak Repair Kits *(describe)*		
	☐ Neutralizers *(describe)*		
	☐ Overpack Drums		
	☐ Sumps *(describe)*		
	☐ Other *(describe)*		
Communications and Alarm Systems	☐ Chemical Alarms *(describe)*		
	☐ Intercoms/ PA Systems		
	☐ Portable Radios		
	☒ Telephones	throughout bldg.	
	☐ Underground Tank Leak Detection Monitors		
	☐ Other *(describe)*		
Additional Equipment *(Use Additional Pages if Needed.)*	☐		
	☐		
	☐		
	☐		
	☐		
	☐		

* *Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.*

** *Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.*

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. *[Note: Items marked with an asterisk (*) are required.]*:

1. **Personnel** are trained in the following procedures: TBA

- [x] Internal alarm/notification *
- [x] Evacuation/re-entry procedures & assembly point locations*
- [ ] Emergency incident reporting
- [ ] External emergency response organization notification
- [ ] Location(s) and contents of Emergency Response/Contingency Plan
- [ ] Facility evacuation drills, that are conducted at least *(specify)* _____ *(e.g. "Quarterly", etc.)*

2. **Chemical Handlers** are additionally trained in the following: (408) 235-8585 DeCon Technologies outside ERT

- [x] Safe methods for handling and storage of hazardous materials *
- [x] Location(s) and proper use of fire and spill control equipment
- [x] Spill procedures/emergency procedures
- [x] Proper use of personal protective equipment *
- [x] Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure *(i.e. inhalation, ingestion, absorption)* *
- [x] **Hazardous Waste Handlers/Managers** are trained in all aspects of hazardous waste management specific to their job duties *(e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.)* *

3. **Emergency Response Team Members** are capable of and engaged in the following: DeCon Techolo outside ERT

- [ ] Personnel rescue procedures
- [ ] Shutdown of operations
- [ ] Liaison with responding agencies
- [x] Use, maintenance, and replacement of emergency response equipment
- [x] Refresher training, which is provided at least annually *
- [ ] Emergency response drills, which are conducted at least *(specify)* _____ *(e.g. "Quarterly", etc.)*

Record Keeping

(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials recordkeeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (*) are required.]*:

☒	Current employees' training records *(to be retained until closure of the facility)* *
☒	Former employees' training records *(to be retained at least three years after termination of employment)* *
☒	Training Program(s) *(i.e. written description of introductory and continuing training)* *
☒	Current copy of this Emergency Response/Contingency Plan *
☒	Record of recordable/reportable hazardous material/waste releases *
☒	Record of hazardous material/waste storage area inspections *
☒	Record of hazardous waste tank daily inspections *
☐	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *(Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)*

Check the appropriate box:

☒	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
☐	We will use our own documents to record inspections. ***(A blank copy of each document used must be attached to this HMBP.)***

1355 Carr.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

COPY

pg. 1

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.

EPA ID # (Hazardous Waste Only) 2. TBA

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.

Credence Systems Corp.

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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6.	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	☐ YES ☒ NO 7.	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?	☒ YES ☐ NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	☐ YES ☒ NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES ☒ NO 11.	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS 15.

(You may also be required to provide additional information by your CUPA or local agency.)

unidocs

The Uniform Documents Project

Hazardous Materials Online Inventory Project

Business Owner/Operator Report

After viewing the facility information below, click "Back to Site Menu" to view more reports.

I. IDENTIFICATION

FACILITY ID#: **43-011-TMP036**

BEGINNING DATE (MM/DD/YYYY):

ENDING DATE (MM/DD/YYYY):

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As): **Credence**

BUSINESS PHONE (###) ###-####: 408-635-4300

BUSINESS SITE ADDRESS: **1421 California Circle**

CITY: **Milpitas**

STATE: **CA**

ZIP CODE: 95035

DUN & BRADSTREET:

SIC CODE (4 digit #):

COUNTY: Santa Clara

BUSINESS OPERATOR NAME: Credence

BUSINESS OPERATOR PHONE: (###) ###-####: 408-635-4300

II. BUSINESS OWNER

OWNER NAME: Credence

OWNER PHONE: (###) ###-####: 408-635-4300

OWNER MAILING ADDRESS: 1421 California Circle

CITY: Milpitas

STATE: CA

ZIP CODE: 95035

III. ENVIRONMENTAL CONTACT

CONTACT NAME: Mark Hereford

CONTACT PHONE: (###) ###-####: 408-635-4839

CONTACT MAILING ADDRESS: 1421 California Circle

CITY: Milpitas

STATE: CA

ZIP CODE: 95035

IV. EMERGENCY CONTACTS

-PRIMARY-

NAME:

-SECONDARY-

NAME:

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence | **DATE:** 3/22/2006 | **PAGE:** 1 of 4

LOCATION: Engineering Lab | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP036-SUBMITTED-22-MARCH-06

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
0	**Map:** NONE **Grid:** NONE	HFE-7100 **CAS#:** NONE **EHS:** NO	COMPONENT NAME: HFE-7100; EHS: N; %: 100; CAS#:	LIQUID (MIXTURE)	**MAX:** 20 **LARGEST:** 5 **AVG:** 5 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** F	GAL	**Pressure** AMBIENT **Temp** AMBIENT	CHRONIC HEALTH
0	**Map:** NONE **Grid:** NONE	SOLDER **CAS#:** NONE **EHS:** NO	COMPONENT NAME: SOLDER; EHS: N; %: 100; CAS#:	SOLID (MIXTURE)	**MAX:** 0.5 **LARGEST:** 1 **AVG:** 0.1 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** R	LBS	**Pressure** AMBIENT **Temp** AMBIENT	NONE
9	**Map:** NONE **Grid:** NONE	SOLDERING FLUX **CAS#:** 138-15-8 **EHS:** NO	COMPONENT NAME: UREA; EHS: N; %: 2.5-10; CAS#: 57-13-6 COMPONENT NAME: HYDROCHLORIC ACID <10%; EHS: N; %: 1; CAS#: 7647-01-0	LIQUID (MIXTURE)	**MAX:** 0.125 **LARGEST:** 0.125 **AVG:** 0.0625 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** E	GAL	**Pressure** AMBIENT **Temp** AMBIENT	NONE

STORAGE CONTAINER CODES

A = Aboveground Tank; B = Belowground Tank; C = Tank Inside Building; D = Steel Drum; E = Plastic/Nonmetallic Drum; F = Can; G = Carboy; H = Silo; I = Fiber Drum; J = Bag; K = Box; L = Cylinder; M = Glass Bottle or Jug; N = Plastic Bottle or Jug; O = Tote Bin; P = Tank Wagon; Q = Rail Car; R = Other

OTHER ABBREVIATIONS

MAX = Max. Amount Daily; AVG = Avg. Amount Daily; DAYS = Days On Site; LARGEST = Largest Container; CURIES = Curies (in mCi); CONTAINERS = Storage Containers

If EPCRA, Please Sign Here: _____

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Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence | **DATE:** 3/22/2006 | **PAGE:** 2 of 4

LOCATION: Facility Pad | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP036-SUBMITTED-22-MARCH-06

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
3	**Map:** NONE **Grid:** NONE	DIESEL FUEL **CAS#:** 68334-30-5 **EHS:** NO	COMPONENT NAME: PETROLEUM HYDROCARBONS; EHS: N; %: 100; CAS#: 68334-30-5	LIQUID (PURE)	**MAX:** 200 **LARGEST:** 200 **AVG:** 195 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** A	GAL	**Pressure** AMBIENT **Temp** AMBIENT	FIRE CHRONIC HEALTH

STORAGE CONTAINER CODES

A = Aboveground Tank
B = Belowground Tank
C = Tank Inside Building
D = Steel Drum
E = Plastic/Nonmetallic Drum
F = Can
G = Carboy
H = Silo
I = Fiber Drum
J = Bag
K = Box
L = Cylinder
M = Glass Bottle or Jug
N = Plastic Bottle or Jug
O = Tote Bin
P = Tank Wagon
Q = Rail Car
R = Other

OTHER ABBREVIATIONS

MAX = Max. Amount Daily
AVG = Avg. Amount Daily
DAYS = Days On Site
LARGEST = Largest Container
CURIES = Curies (in mCi)
CONTAINERS = Storage Containers

Previous Page | ***If EPCRA, Please Sign Here:*** _____ | Next Page

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Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence | **DATE:** 3/22/2006 | **PAGE:** 3 of 4

LOCATION: Food Service Area | **EPCRA CONFIDENTIAL:** NO | **TRADE SECRET:** NO | **FACILITY ID#:** 43-011-TMP036-SUBMITTED-22-MARCH-06

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
2.2	**Map:** NONE **Grid:** NONE	CARBON DIOXIDE **CAS#:** 124-38-9 **EHS:** NO	COMPONENT NAME: CARBON DIOXIDE EHS: N %: 100 CAS#: 124-38-9	GAS (PURE)	**MAX:** 200 **LARGEST:** 200 **AVG:** 200 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** L	CUFT	**Pressure:** > AMB. **Temp:** AMBIENT	PRESSURE RELEASE

STORAGE CONTAINER CODES

A = Aboveground Tank
B = Belowground Tank
C = Tank Inside Building
D = Steel Drum
E = Plastic/Nonmetallic Drum
F = Can
G = Carboy
H = Silo
I = Fiber Drum
J = Bag
K = Box
L = Cylinder
M = Glass Bottle or Jug
N = Plastic Bottle or Jug
O = Tote Bin
P = Tank Wagon
Q = Rail Car
R = Other

OTHER ABBREVIATIONS

MAX = Max. Amount Daily
AVG = Avg. Amount Daily
DAYS = Days On Site
LARGEST = Largest Container
CURIES = Curies (in mCi)
CONTAINERS = Storage Containers

Previous Page | ***If EPCRA, Please Sign Here:*** _____ | Next Page

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Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: Credence		**DATE:** 3/22/2006	**PAGE:** 4 of 4
LOCATION: Server Room	**EPCRA CONFIDENTIAL:** NO	**TRADE SECRET:** NO	**FACILITY ID#:** 43-011-TMP036-SUBMITTED-22-MARCH-06

1. Hazard Class	2. Grid Code	3. Common Name	4. Hazardous Components	5. Phys. State	6. Quantities	7. Units	8. Storage Codes	9. Haz. Categories
8	**Map:** NONE **Grid:** NONE	SULFURIC ACID **CAS#:** 7664-93-9 **EHS:** YES	COMPONENT NAME: SULFURIC ACID EHS: Y %: 100 CAS#: 7664-93-9	LIQUID (MIXTURE)	**MAX:** 28 **LARGEST:** .84 **AVG:** 28 **CURIES:** 0 **DAYS:** 365 **CONTAINERS:** R	GAL	**Pressure:** AMBIENT **Temp:** AMBIENT	ACUTE HEALTH

STORAGE CONTAINER CODES

A = Aboveground Tank
B = Belowground Tank
C = Tank Inside Building
D = Steel Drum
E = Plastic/Nonmetallic Drum
F = Can
G = Carboy
H = Silo
I = Fiber Drum
J = Bag
K = Box
L = Cylinder
M = Glass Bottle or Jug
N = Plastic Bottle or Jug
O = Tote Bin
P = Tank Wagon
Q = Rail Car
R = Other

OTHER ABBREVIATIONS

MAX = Max. Amount Daily
AVG = Avg. Amount Daily
DAYS = Days On Site
LARGEST = Largest Container
CURIES = Curies (in mCi)
CONTAINERS = Storage Containers

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If EPCRA, Please Sign Here: _____

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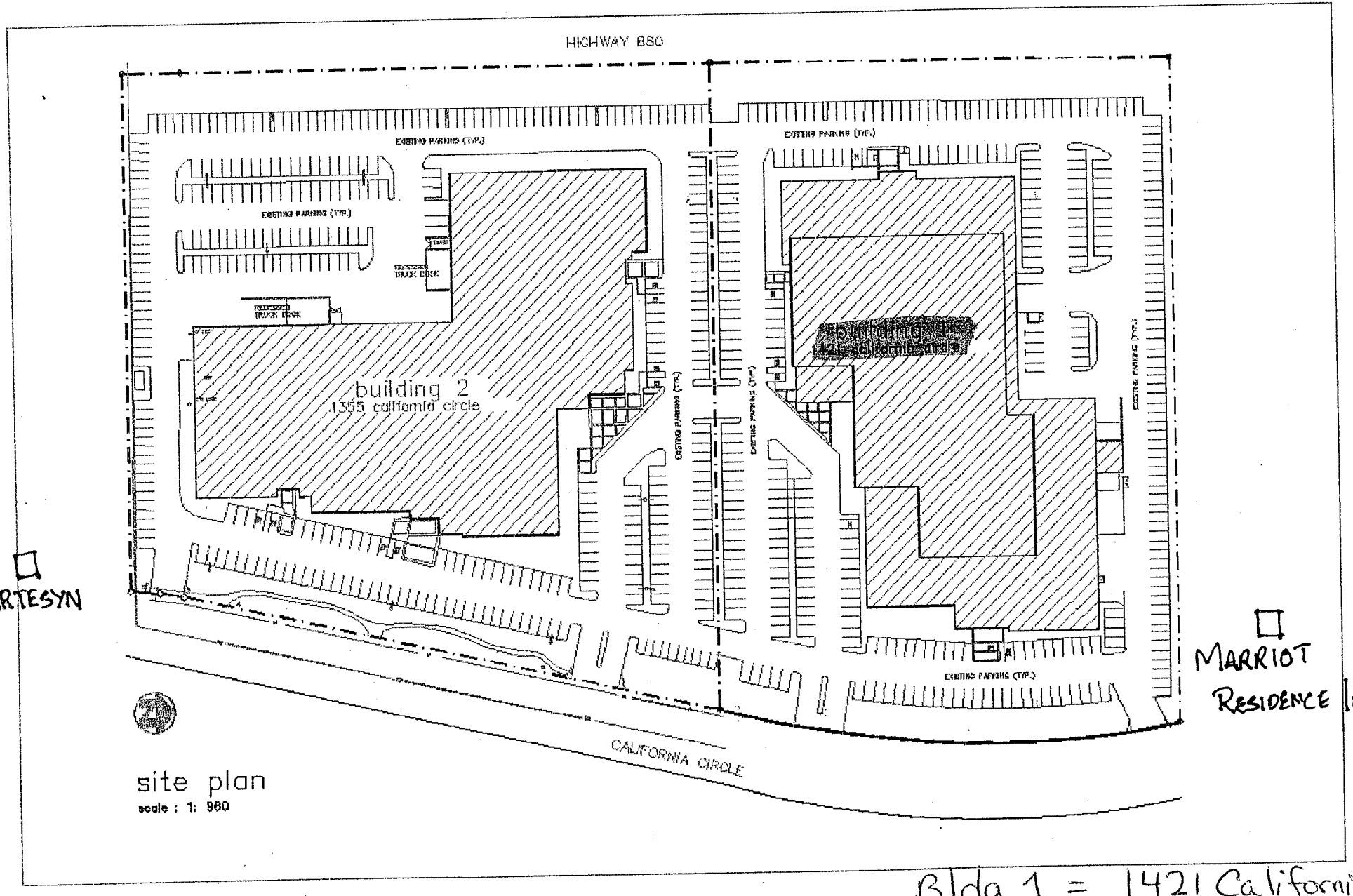
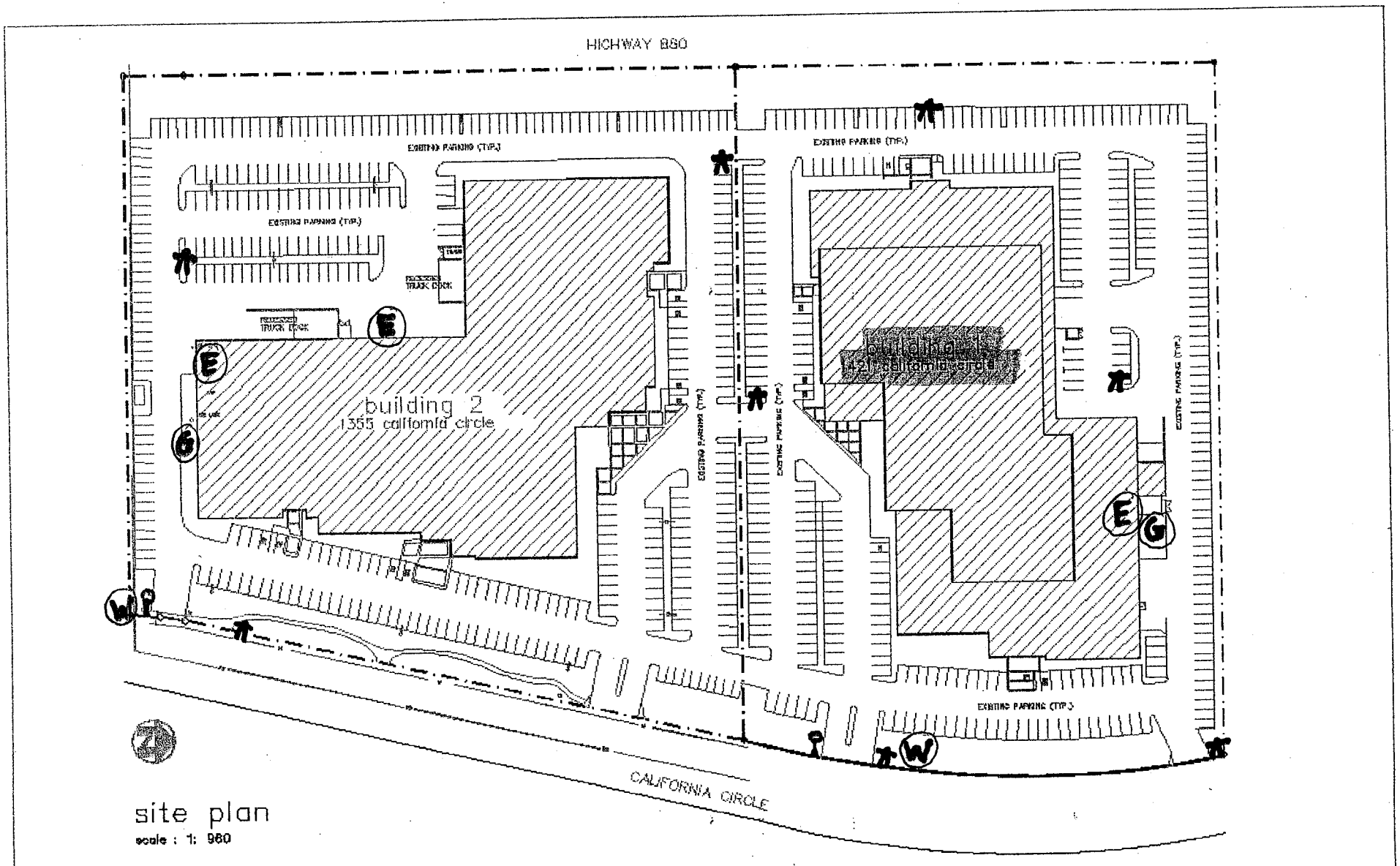


ARTESYN

MARRIOT RESIDENCE INN

Bldg. 1 = 1421 California Circ

NEIGHBOR



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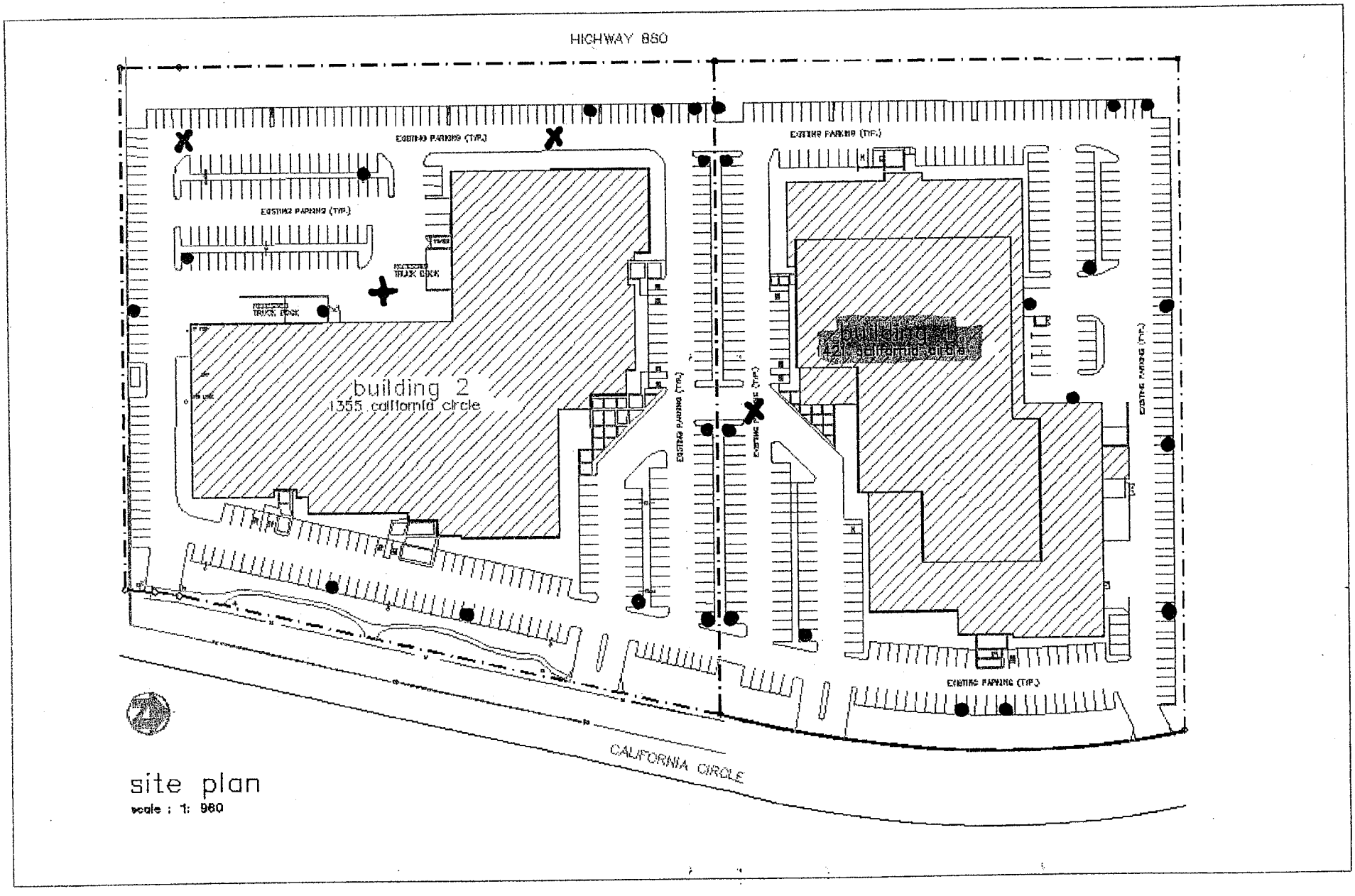
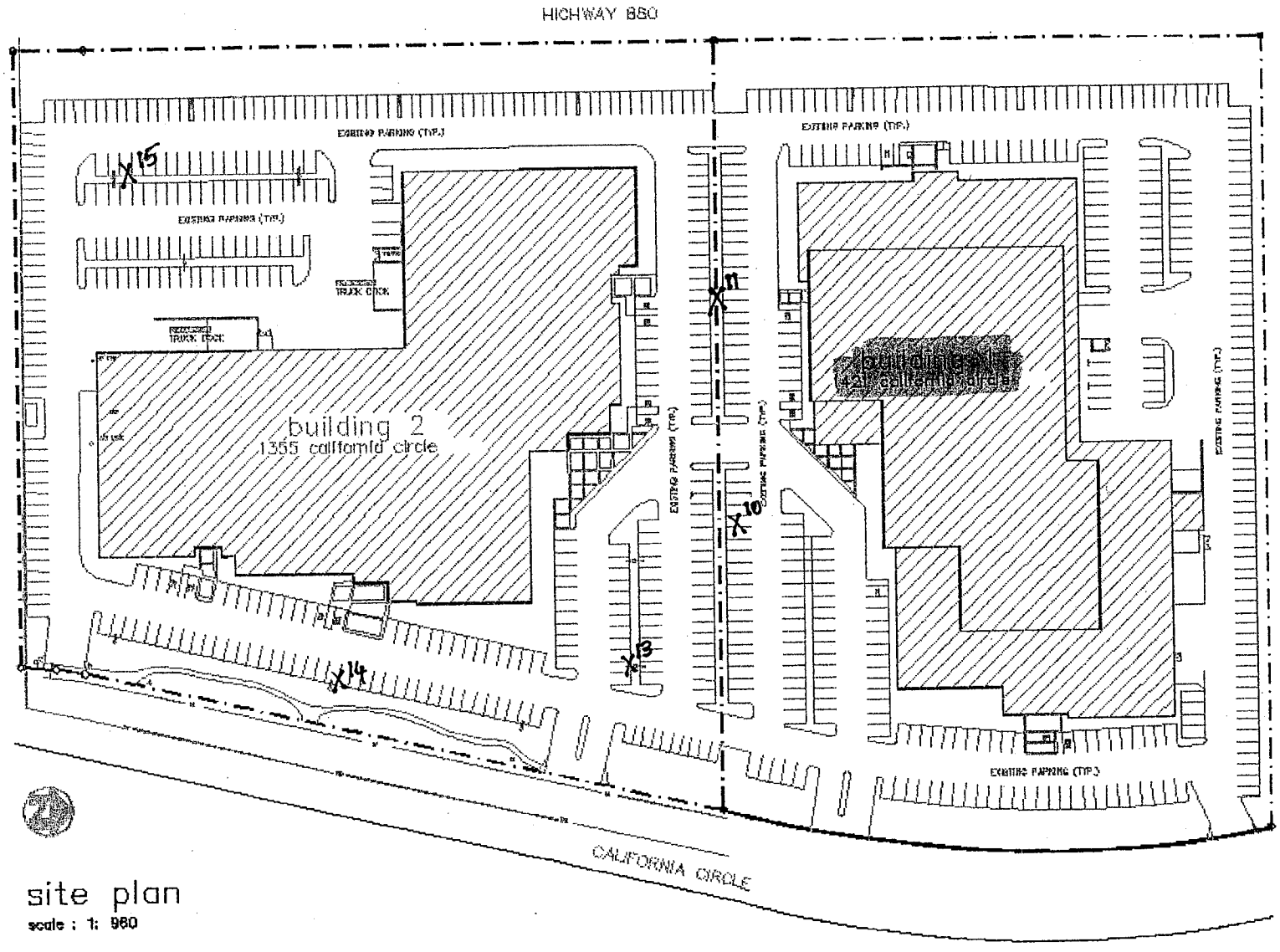
PIV
WATER SHUT-OFF
ELECTRICAL SHUT-OFF



MONITORING WELL

STORM DRAIN



site plan

scale : 1: 960

X Assembly Areas

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made *(see section 3, below)*.

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility *(check all that apply)*:

☐ Bells; ☒ Horns/Sirens; ☐ Verbal *(i.e. shouting)*; ☒ Other *(specify)* Strobes

b. ☒ Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance	Phone No. **911**
State Office of Emergency Services	Phone No. **(800) 852-7550**

b. Post-Incident Contacts*:

Fire Department Hazardous Materials Program	Phone No.: (408) 586-3365
Santa Clara County Hazardous Materials Compliance Division	Phone No. **(408) 918-3400**
California EPA Department of Toxic Substances Control	Phone No. **(510) 540-3739**
Cal-OSHA Division of Occupational Safety and Health	Phone No. **(408) 452-7288**
Air Quality Management District	Phone No. **(415) 771-6000**
Regional Water Quality Control Board	Phone No. **(510) 622-2300**

** These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control Center ..... Phone No. **(800) 876-4766**

Nearest Hospital: Name: Regional Medical Center Phone No.: (408) 259-5000

Address: 225 N. Jackson City: San Jose

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

DeCon Technologies is the ERT for Credence (408) 235-8585

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator *(or his/her designee when the emergency coordinator is on call)* shall:
   i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
   ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects *(e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).*
   iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
   iv. Notify appropriate local authorities *(i.e. call 911).*
   v. Notify the State Office of Emergency Services at 1-800-852-7550.
   vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
   vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.

b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
   i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
   ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
   iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
   iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

a. Name, address, and telephone number of the facility's owner/operator;
b. Name, address, and telephone number of the facility;
c. Date, time, and type of incident *(e.g. fire, explosion, etc.)*;
d. Name and quantity of material(s) involved;
e. The extent of injuries, if any;
f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
g. Estimated quantity and disposition of recovered material that resulted from the incident;
h. Cause(es) of the incident;
i. Actions taken in response to the incident;
j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

diesel
gas meter

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	☐ Cartridge Respirators		
	☐ Chemical Monitoring Equipment *(describe)*		
	☐ Chemical Protective Aprons/Coats		
	☐ Chemical Protective Boots		
	☐ Chemical Protective Gloves		
	☐ Chemical Protective Suits *(describe)*		
	☐ Face Shields		
	☒ First Aid Kits/Stations *(describe)*	throughout bldg.	first aid supplies band aids, CPR shield, etc.
	☐ Hard Hats		
	☐ Plumbed Eye Wash Stations		
	☐ Portable Eye Wash Kits *(i.e. bottle type)*		
	☐ Respirator Cartridges *(describe)*		
	☐ Safety Glasses/Splash Goggles		
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	☐ Other *(describe)*		
Fire Extinguishing Systems	☒ Automatic Fire Sprinkler Systems		
	☒ Fire Alarm Boxes/Stations	throughout bldg.	
	☒ Fire Extinguisher Systems *(describe)*	throughout	portable ABC
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☐ Absorbents *(describe)*		
	☐ Berms/Dikes *(describe)*		
	☐ Decontamination Equipment *(describe)*		
	☐ Emergency Tanks *(describe)*		ventilation for lead solder irons
	☒ Exhaust Hoods	Bldg. 2 assembly	
	☐ Gas Cylinder Leak Repair Kits *(describe)*		
	☐ Neutralizers *(describe)*		
	☐ Overpack Drums		
	☐ Sumps *(describe)*		
	☐ Other *(describe)*		
Communications and Alarm Systems	☐ Chemical Alarms *(describe)*		
	☐ Intercoms/ PA Systems		
	☐ Portable Radios		
	☒ Telephones	throughout Bldg.	
	☐ Underground Tank Leak Detection Monitors		
	☐ Other *(describe)*		
Additional Equipment *(Use Additional Pages if Needed.)*	☐		
	☐		
	☐		
	☐		
	☐		
	☐		

* *Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.*

** *Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.*

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. *[Note: Items marked with an asterisk (*) are required.]*:

1. **Personnel** are trained in the following procedures: TBA

☒	Internal alarm/notification *
☒	Evacuation/re-entry procedures & assembly point locations*
☐	Emergency incident reporting
☐	External emergency response organization notification
☐	Location(s) and contents of Emergency Response/Contingency Plan
☐	Facility evacuation drills, that are conducted at least *(specify)* _____ *(e.g. "Quarterly", etc.)*

2. **Chemical Handlers** are additionally trained in the following: (408) 235-8585 DeCon Technologies outside ERT

☒	Safe methods for handling and storage of hazardous materials *
☒	Location(s) and proper use of fire and spill control equipment
☒	Spill procedures/emergency procedures *
☒	Proper use of personal protective equipment *
☒	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure *(i.e. inhalation, ingestion, absorption)* *
☒	**Hazardous Waste Handlers/Managers** are trained in all aspects of hazardous waste management specific to their job duties *(e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.)* *

3. **Emergency Response Team Members** are capable of and engaged in the following: DeCon Technologies outside ERT

☐	Personnel rescue procedures
☐	Shutdown of operations
☐	Liaison with responding agencies
☒	Use, maintenance, and replacement of emergency response equipment
☒	Refresher training, which is provided at least annually *
☐	Emergency response drills, which are conducted at least *(specify)* _____ *(e.g. "Quarterly", etc.)*

Record Keeping

(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials recordkeeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (*) are required.]*:

☒	Current employees' training records *(to be retained until closure of the facility)* *
☒	Former employees' training records *(to be retained at least three years after termination of employment)* *
☒	Training Program(s) *(i.e. written description of introductory and continuing training)* *
☒	Current copy of this Emergency Response/Contingency Plan *
☒	Record of recordable/reportable hazardous material/waste releases *
☒	Record of hazardous material/waste storage area inspections *
☒	Record of hazardous waste tank daily inspections *
☒	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *(Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)*

Check the appropriate box:

☒	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
☐	We will use our own documents to record inspections. ***(A blank copy of each document used must be attached to this HMBP.)***

MILPITAS FIRE DEPARTMENT
777 SOUTH MAIN STREET

PERMIT

Permit No.: UR92-1111
Date: 11/2/92
BY: Pfuke K

EXPIRATION DATE*: _____

Under the provisions of the Milpitas Municipal Code, this permit is issued to:

Facility Name: Pump station Facility Address: 1655 California Circle

for the following purpose:

[ ]	Closure -Facility	[ ]	Hazardous Material Storage (describe)	[ ]	Tent
[ ]	Closure - Process (describe)	[ ]	Hazardous Material Process (describe)	[ ]	Public Assembly
[ ]	Halon	[X]	Underground Tank Removal (describe)	[ ]	Other Specify
[ ]	Hood & Duct	[ ]	Underground Tank Installation (describe)		

remove 1-1,000 gallon diesel tank as associated piping

Name(s) & phone number of Contractor(s)/Installer(s):

WD Construction 258-8700

* THIS PERMIT SHALL CONTINUE UNTIL REVOKED OR UNTIL DATE OF EXPIRATION SHOWN ABOVE. IT SHALL NOT BE TRANSFERABLE AND ANY CHANGE IN USE, OCCUPANCY, OPERATION OR OWNERSHIP SHALL REQUIRE A NEW PERMIT.

APPROVALS	DATE APPROVED
Plans	11/2/92
Hazardous Material Permit Application Filed Yes: ✓ No: ___	
Other Specify:	

SPECIAL CONDITIONS:
Utilities to be marked

You are required to call the Bureau of Fire Prevention 24 hours in advance at 408-942-2386 to schedule an inspection appointment for the following inspections:

Inspection Activity	Date	By (Inspector)	Comments
Tank empty	11/18/92	[illegible]	
tank inert	11/18/92	[illegible]	200 lbs - dry Ice
excavation pour OK			
Tank condition	11/18/92	[illegible]	OK - No Holes
Tank for mailer	11/18/92	[illegible]	
Soil water samples	"	"	
Sample analysis	11/19/92	[illegible]	

THIS PERMIT SHALL BE POSTED ON THE PREMISES IDENTIFIED ABOVE

This permit is issued on condition that applicant shall comply with all applicable provisions of the Milpitas Municipal Code. Violation of the provisions of this permit may be grounds for revocation of permit and assessment of penalties.

WHITE COPY: Permittee YELLOW COPY: Bureau Files PINK COPY: Construction Permit File

BF#100-72

CITY OF MILPITAS
FIRE DEPARTMENT
HAZARDOUS MATERIALS PROGRAM
455 E. Calaveras Blvd.
Milpitas, CA 95035

STORAGE FACILITY INVENTORY

(Instructions Provided On Attached Sheets)

(1) Page 1 of Pages 2 (2) Date 10-12-87

(3) Business Name: California Circle Storm Pump Station

(4) Storage Facility ID: CPS-1

Office Use Only — Permit Number

(4) Facilty Address: 1655 California Circle

(5) Type of Storage:

- [ ] Aboveground
- [x] Underground
- [ ] Waste Materials
- [ ] Waste Treatment System

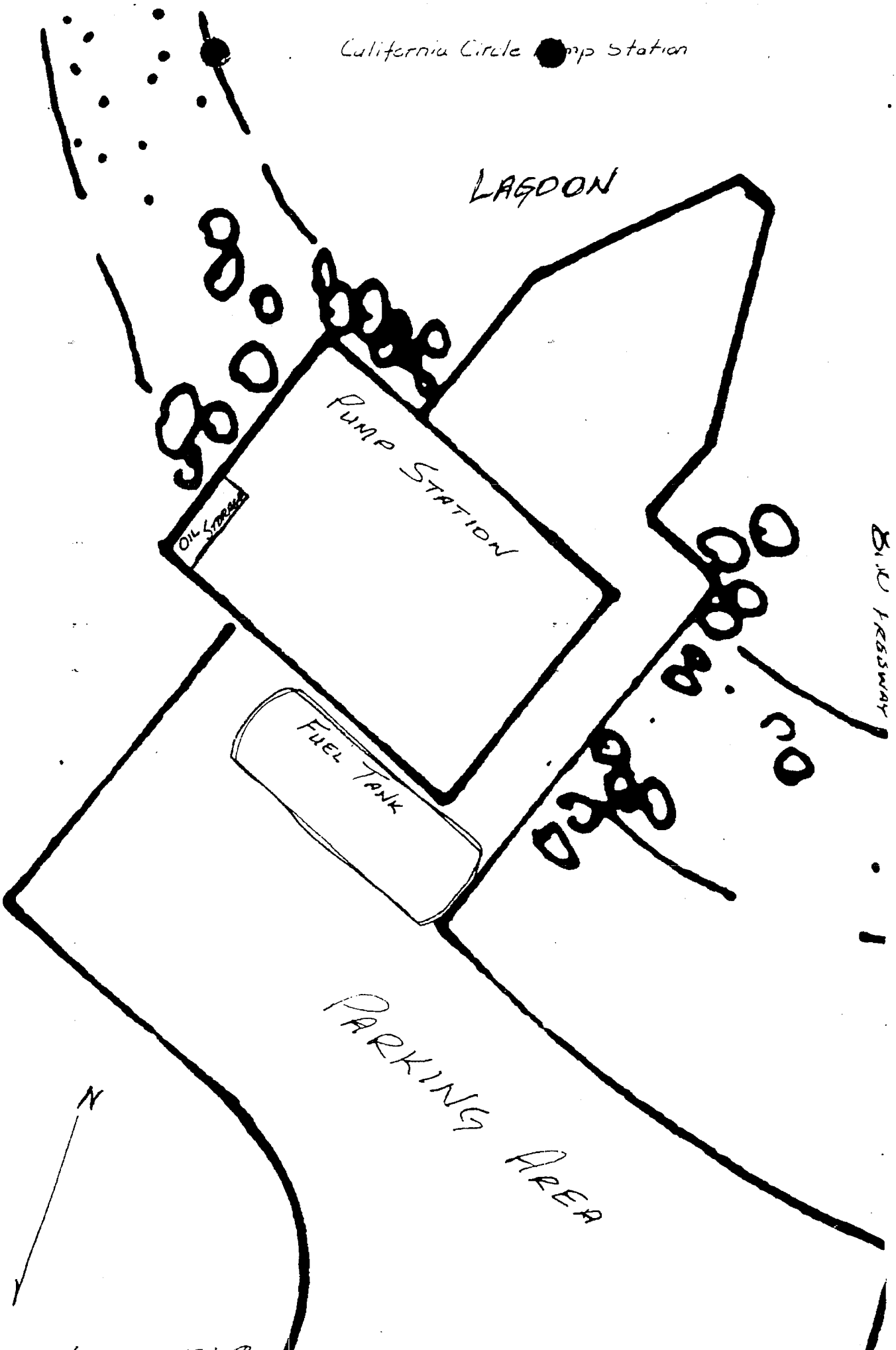
PROVIDE MSDS IF THESE ITEMS NOT COMPLETED

HAZARD CLASS (6)	UN # (7)	Chemical Name/Trade Name (8)	Quantity & Physical State: Solid (Lbs) (9)	Liquid (Gal) (10)	Gas (Cu Ft) (11)	Tank AG or UG? (12)	Quantity Range (13)	OFFICE USE ONLY
CML		Diesel - Tank #4 Monitoring Alternative #2.		1000		UG	3	
CML		Delo 400 Motor Oil		25		AG	1	
CML		GST 100 Oil		10		AG	1	
		TOTAL QUANTITIES		1035				

(14) Under penalty of perjury, I declare that the above information is true and correct.

Print Name _____ Sign Name _____

Print Title _____ Date Signed _____


California Circle Pump Station
LAGOON
PUMP STATION
OIL STORAGE
FUEL TANK
PARKING AREA
N
BIRD FREEWAY

UNDERGROUND STORAGE TANK UPGRADE COMPLIANCE INSPECTION CHECKLIST

FACILITY NAME Milpitas - Jurgens Pump Sta	DATE 12/9/98
FACILITY ADDRESS 00345 Jurgens St	PERMIT NO. 90-0329
Milpitas, CA 95035	CERTIFICATE NO. 02981
FACILITY OPERATOR	FACILITY TEL. NO. X2463
FACILITY OWNER	OWNER TEL. NO.
OWNER ADDRESS	

UNDERGROUND TANK INFORMATION

	UST CONTENTS	SIZE	DATE INSTALLED	DW/SW VAULT	STEEL/ FRP	CORROSION PROTECTION	OVERSPILL	OVERFILL	STRIKER PLATE
1	DIESEL	2500	07/07/90	Double Wall	FIBERGLASS	⊙ Yes ○ No	⊙ Yes ○ No	⊙ Yes ○ No	⊙ Yes ○ No
2									
3									
4									
5									
6									
7									

UST MONITORING SYSTEM	MAKE RONAN	MODEL X76 4x
UST TURBINE SHUTDOWN	○ Yes ⊙ No	
UST AUDIBLE/VISUAL ALARM	⊙ Yes ○ No	

PIPING INFORMATION

PIPING SYSTEM	☐ GRAVITY ☐ PRESSURE ☒ SUCTION	
PIPING	☒ Double Wall ☐ Single Wall ☐ Trench	
PIPING MATERIAL		
CORROSION PROTECTION	⊙ Yes ○ No	
PIPING MONITORING SYSTEM	MAKE ronan	MODEL x76 4x
AUTOMATIC LINE LEAK DETECTOR WITH TURBINE SHUTDOWN	MAKE N/A	MODEL N/A
TURBINE SHUTDOWN ON ALL PRODUCTS	○ Yes ⊙ No	
AUDIBLE/VISUAL ALARM ON ALL PRODUCTS	○ Yes ⊙ No	
DISPENSER CONTAINMENT	MAKE N/A	MODEL N/A

COMMENTS

CERTIFICATE ISSUED 12/9/98

HAZARDOUS MATERIALS BUSINESS PL

IV. HAZARDOUS MATERIALS INVENTORY STATEMENT

(Instructions Provided on Attached Pages)

CITY OF MILPITAS - CALIF. LNDGS. PUMP STA.
(1) Business Name

(3) Storage Facility ID: CLPS-1

345 JERGENS
(2) Facility Address

(4) Type of Storage (list): UNDERGROUND

(5) MATERIAL SAFETY DATA SHEETS shall be readily available on the premises for all materials handled.

Hazard Class (6)	UN No. (7)	Chemical Name / Common Name (8)	Maximum Amount Handled (9) S	L	G	Tank AG or UG (10)	Waste Thruput (11)	Office Use Only
CML		DIESEL		2500		UG		
CML		CHEVRON DELO 400 30WT. MOT. OIL		15				

Under penalty of perjury, I declare that the above information is true and and correct.

DALE W. DRAYER
(12) Printed Company Officer Name

Signature

Equipment Maintenance Supervisor
Title

5/22/91
Date Signed

Form #BP100-31 Rev. 10/89

MILPITAS FIRE DEPARTMENT
INSPECTION REPORT

440 Mill Creek Clubhouse
Dixon Landing Road

NOTICE OF VIOLATION

Item #		Description Of Violation	Date Abated
V 21	✓	Portable fire extinguishers shall be maintained in a fully charged and operable condition, and kept in their designated places at all times when not being used. UFCS 10-1-6.2	
V 22	✓	Portable fire extinguishers shall not be obstructed or obscured from view. UFCS 10-1-6.5	
V 23	✓	Portable fire extinguishers shalll be serviced yearly or immediately after use , whichever occurs first. 597.1 T-19 CCR	
V-24		Hood and duct fire extinguishing systems shall be serviced semi-annually and immediately after system activation. 904(a)(5) T-19 CCR	
V-25		Portabe H Cylinder needs to be secured to	
		a wall.	
V-26		2 Extinguishers Required: Kitchen & Rec Room (2A 10BC)	
V-27		Roof covering required in pomp house room	
V-28		Pool Room Chemical Storage Area (Placards etc)	
V-29		Haz Mat 80 gallons Chlorine / Acid	

Items with an "X" next to the Item # require abatement.

If this space _____ has an X, see supplemental inspection report for additional violations.

ORDERS: _____

A reinspection shall be made on or about 2 weeks to determine if the violations noted above have been abated and or orders have been complied with.

Failure to comply with orders and correct violations may render you liable to the penalities as set forth by law.

Received by: Christina Jones
print name

Signature Christina Jones **Date** 4-24-92

~~Title:~~ Cpt Rwell 19C4 **Phone number:** 946-2955

~~Inspector~~: Property Manager **Radio #** 19C4

Tille

Questions should be directed to the Inspector or Fire Marshal by calling (408) 942-2386

Distribution: white - fire department address file, yellow - station file, pink - business responsible

BF #100-76 11/91

Milpitas Fire Department 777 S. Main Street, Milpitas, California 95035 Business phone (408) 942-2383

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

RECEIVED SEP 21 2000 MILPITAS FIRE PREVENTION

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only) 1.

EPA ID # (Hazardous Waste Only) 2.

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.

DMC STRATEX NETWORKS, 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?	☒ YES ☐ NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6.	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	☐ YES ☒ NO 7.	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?	☐ YES ☒ NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☐ YES ☒ NO 9.	EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?	☐ YES ☒ NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	☐ YES ☒ NO 11.	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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS 15.

(You may also be required to provide additional information by your CUPA or local agency.)

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: 9/8/2000

Business Name: (Same as Facility Name or DBA) DMC STRATEX NETWORKS

Type of Report on This Page: ☒ Add; ☐ Delete; ☐ Revise

Page 3 **of** 9 (One page per building or area)

Chemical Location: (Building/Storage Area) 1533 California Circle

EPCRA Confidential Location? ☐ Yes; ☒ No

Trade Secret Information? ☐ Yes; ☒ No

Facility ID # (Agency Use Only) - -

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only) Chemical Name	% Wt.	EHS	CAS No.	5. Type and Physical State	6. Quantities Max. Daily	Average Daily	Largest Cont.	7. Units	8. Storage Codes Storage Pressure	Storage Temp.	9. Hazard Categories
NON-FLAMMABLE GAS 2	A	NITROGEN, REFRIGERATED LIQUID CAS No.: 7727-37-9			☐		☒ pure ☐ mixture ☐ solid ☒ liquid ☐ gas	4	2	61	☒ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☒ < amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☒ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive
		CAS No.: ☐ EHS			☐		☐ pure ☐ mixture ☐ solid ☐ liquid ☐ gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	☐ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☐ > amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☐ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive
		CAS No.: ☐ EHS			☐		☐ pure ☐ mixture ☐ solid ☐ liquid ☐ gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	☐ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☐ > amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☐ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive
		CAS No.: ☐ EHS			☐		☐ pure ☐ mixture ☐ solid ☐ liquid ☐ gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	☐ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☐ > amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☐ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive
		CAS No.: ☐ EHS			☐		☐ pure ☐ mixture ☐ solid ☐ liquid ☐ gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	☐ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☐ > amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☐ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive
		CAS No.: ☐ EHS			☐		☐ pure ☐ mixture ☐ solid ☐ liquid ☐ gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	☐ gallons ☐ pounds ☐ cu. feet ☐ tons	☐ ambient ☐ > amb. ☐ < amb.	☐ ambient ☐ > amb. ☐ < amb. ☐ cryogenic	☐ fire ☐ reactive ☐ pressure release ☐ acute health ☐ chronic health ☐ radioactive

*

Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

If EPCRA, sign below:

INCIDENT REPORT - MILPITAS FIRE DEPARTMENT

BUSINESS New Construction G. ALARMS / / M.P. RECALL / / NO. 88-23189-F

LOCATION Dixon Landing Rd @ Tracks NATURE OF INCIDENT Chemical Odor CLASS 58C99 DISTRICT 3

REPORTING PARTY Dispatch DOB / ADDRESS / PHONE /

RECEIVED	10-8	10-97	RFA	CODE	TIME	DAY	DATE	UNITS RESPONDING
1836	1836	1839	1903	3	3	Sun	10-30-88	E-83, E-84, U-81

PRINCIPAL No Principal on site

PRE. CAUSE:

EST. LOSS:

INSURANCE:

REFER TO: (FMO)

F/L FOLL. / SUPP.

BLDG. DEPT. / NFA

INSP. FILE / OTHER

A new construction site has contaminated soil on it. The smell from the soil is radiating from the site to Dixon Landing and to Friendly Villages Mobil Home Park. The soil is being tested and moved to an unknown disposal site. A strong odor of M.E.K can be detected several hundred yards from the area. (Please Investigate)

REPORTING OFFICER Capt Rowell 19C-4 APPROVED (Bw)

FORM: 120-55 (Rev. 7/83)

INCIDENT REPORT - MILPITAS FIRE DEPARTMENT

BUSINESS Sun Micro G. ALARMS [ ] M.P. RECALL [ ] NO. 88-23204-F

LOCATION 1494 California Circle NATURE OF INCIDENT Chemical Odor CLASS 58C99 DISTRICT 3

REPORTING PARTY Ken Thomas Knapp (WMA) DOB (12-15-65) ADDRESS Same PHONE 276-3200

RECEIVED	10-8	10-97	RFA	CODE	TIME	DAY	DATE	UNITS RESPONDING
2141	2143	2147	2207	2	6	Sun	10-30-88	E-83

PRINCIPAL R.P.

PRE. CAUSE:

EST. LOSS:

INSURANCE:

A chemical odor from outside the building sent two employess to the hospital with complaints of burning eyes and lungs.

REFER TO: (EMO)

F/L FOLL. / SUPP. (See attached for additional information)

BLDG. DEPT. / NFA

INSP. FILE / OTHER

REPORTING OFFICER Capt Rowell 19C-4 APPROVED (BW)

FORM: 120-55 (Rev. 7/83)

INSP
File

MILPITAS FIRE DEPARTMENT

SUPPLEMENTARY REPORT

Address: 1494 California Circle

TYPE OF ORIGINAL REPORT	DATE OF ORIGINAL REPORT	ORIGINAL REPORT NO.	DATE AND TIME OF SUPPLEMENTARY REPORT
Chemical Odor	10-30-88	88-23204-F	10-31-88 0700

RECEIVED	10-8	10-97	RFA	CODE	TIME	UNITS RESPONDING	CLASS
2141	2143	2147	2207	2	6	E-83	58C99

The chemical odor came from a new construction site, east of the building. E-83's crew checked the perimeter of the building and varified the odor as comming from the construction site.

Two employees complained of eyes and lung irritation. Paramedics took the victims to the hospital for treatment.

The construction site has hazardous materials chemists and handelers on site. They are in the process of identifing and cleaning up the material.

Air samples were taken at several locations to check the extent of the contamination.

BUREAU OF FIRE PREVENTION HAS BEEN NOTIFIED, AND ALL AIR SAMPLES DENOTED NO HEALTH HAZARD TO PUBLIC. BW

STRUCTURE FIRE INFO:

MAN HOURS	FIRE CONTROL	WATER USED	MULTI-ALARM	MUTUAL AID AGENCY
4				
INJ. PUBLIC	INJ. FIRE DEPT.	REPORTING OFFICER		
		Capt Rwell 1964		BW

FORM 110-3 (Rev. 10/83)

CITY OF MILPITAS
FIRE DEPARTMENT
HAZARDOUS MATERIALS PROGRAM
455 E. Calaveras Blvd.
Milpitas, CA 95035

STORAGE FACILITY INVENTORY

(Instructions Provided On Attached Sheets)

(1) Page 1 of Pages 2 (2) Date 4/6/88

(3) Business Name: SUN MICROSYSTEMS, INC.

(4) Facilty Address: 1494, 1430 and 1210 California Circle

(4) Storage Facility ID:

Office Use Only — Permit Number:

(5) Type of Storage:

- [X] Aboveground
- [ ] Underground
- [ ] Waste Materials
- [ ] Waste Treatment System

PROVIDE MSDS IF THESE ITEMS NOT COMPLETED

HAZARD CLASS (6)	UN # (7)	Chemical Name/Trade Name (8)	Quantity & Physical State: Solid (Lbs) (9)	Liquid (Gal) (10)	Gas (Cu Ft) (11)	Tank AG or UG? (12)	Quantity Range (13)	OFFICE USE ONLY
		1494 California Circle						
ORL	NA9188	Freon 113 (Trichlorofluro-ethane)		1-2		NA	1	
NFG	UN1028	Dichlorofluromethane		1-2		NA	1	
FLL	UN1219	Isopropanol (solder flux)		2		NA	1	
ORL	NA9188	Insta Pak Urathane Foam (Freon)		30		NA	1	
FLL	UN2478	Insta Pak Isocyanate		30		NA	1	
		1430 California Circle						
FLL	UN1219	Isopropal Alcohol		<1		NA	1	
FLL	UN1263	Laquer Paint		6-7		NA	1	
		1210 California Circle						
CML	NA1270	Oil		< 1		NA	1	
FLL	UN1263	Thinner, Paint		< 1		NA	1	
ORL	NA9188	Premium Freeze (Freon)	Liquid	35-40 (14 Oz. cans)		NA	1	
		TOTAL QUANTITIES						

(14) Under penalty of perjury, I declare that the above information is true and correct.

Glenn R. Dirks
Print Name

Glenn R. Dirks
Sign Name

Facilities Manager
Print Title

4/6/88
Date Signed

CITY OF MILPITAS
FIRE DEPARTMENT
HAZARDOUS MATERIALS PROGRAM
455 E. Calaveras Blvd.
Milpitas, CA 95035

STORAGE FACILITY INVENTORY

(Instructions Provided On Attached Sheets)

(1) Page 1 of Pages 1 (2) Date 12/5/88

Business Name
(3) SUN MICROSYSTEMS, INC.

Storage Facility ID
(4)

Office Use Only
Permit Number

Facilty Address
(4) 1430, 1494, 1210 California Circle

(5) Type of Storage:
[x] Aboveground [ ] Underground
[ ] Waste Materials [ ] Waste Treatment System

PROVIDE MSDS IF THESE ITEMS NOT COMPLETED

HAZARD CLASS (6)	UN # (7)	Chemical Name/Trade Name (8)	Quantity & Physical State: Solid (Lbs) (9)	Liquid (Gal) (10)	Gas (Cu Ft) (11)	Tank AG or UG? (12)	Quantity Range (13)	OFFICE USE ONLY
		1494 California Circle						
		NONE						
		1430 California Circle						
FLL	UN1219	Isopropal Alcohol		<1		NA	1	
FLL	UN1263	Laquer Paint		6-7		NA	1	
ORM-L		Methacrylate ester (Loctite)		1			1	
ORM-L		Dipropylene glycol		1			1	
CML		M-1 Lubricant		1			1	
NFG	UN1028	Dichlorodifluoromethane (freeze it)		1			1	
		1210 California Circle						
CML	NA1270	Oil		<1		NA	1	
FLL	UN1263	Thinner, Paint		<1		NA	1	
ORL	NA9188	Premium Freeze (Freon)		35-40 (14 oz.	cans)	NA	1	
FLL	NA1993	320 Cleaner (solvent)		1			1	
ORL	NA9188	Trichlorotrifluoroethane (Flux-off)					1	
FLL	UN1219	Isopropanol (P.C. 80)		5			1	
FLL	UN1150	Methylene Chloride		<1			1	
FLL	UN1263	Lacquer Thinner		<1			1	
ORL	NA9188	T.F. Solvent		1			1	
		TOTAL QUANTITIES						

(14) Under penalty of perjury, I declare that the above information is true and correct.

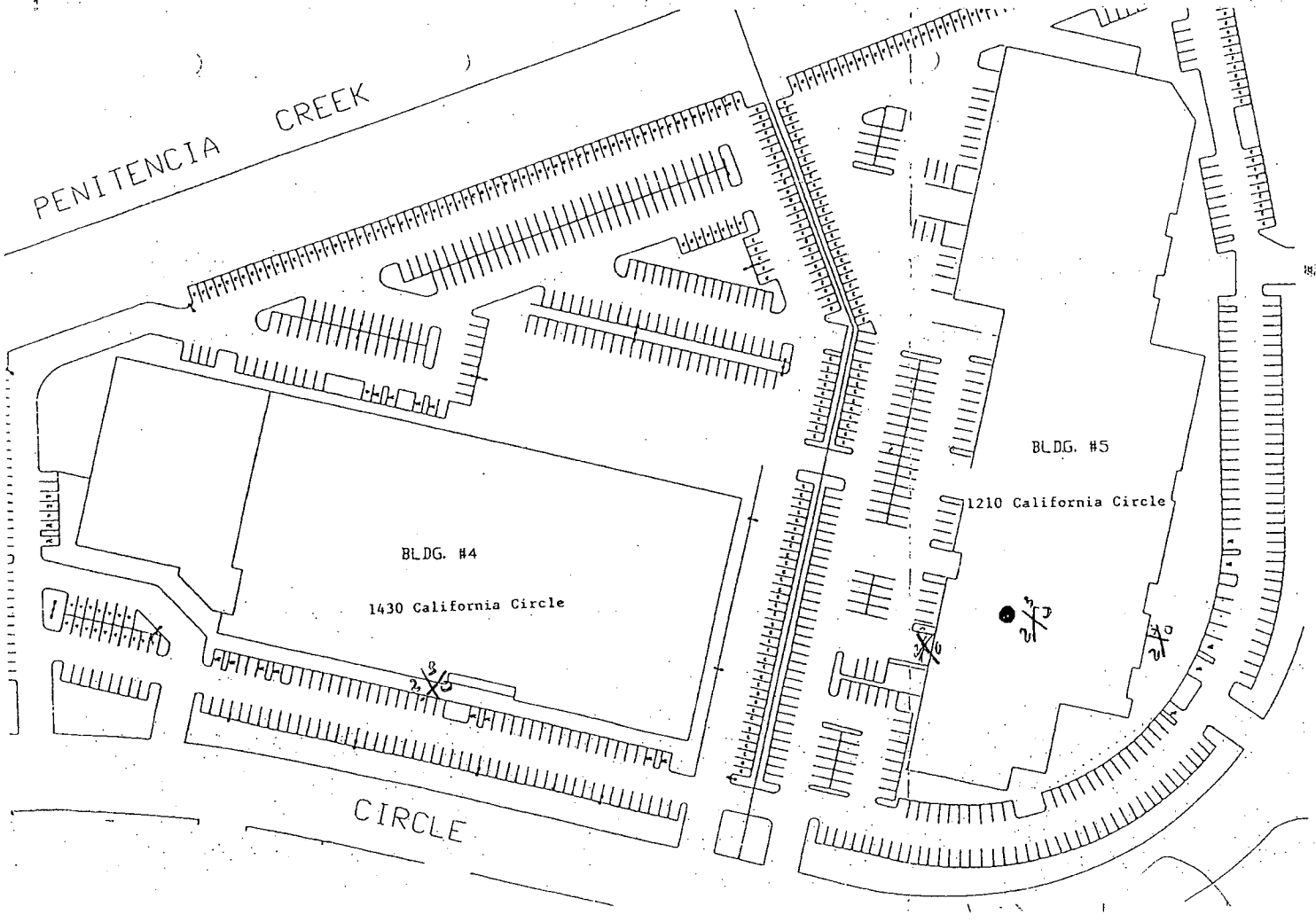
Glenn R. Dirks
Print Name

Sign Name

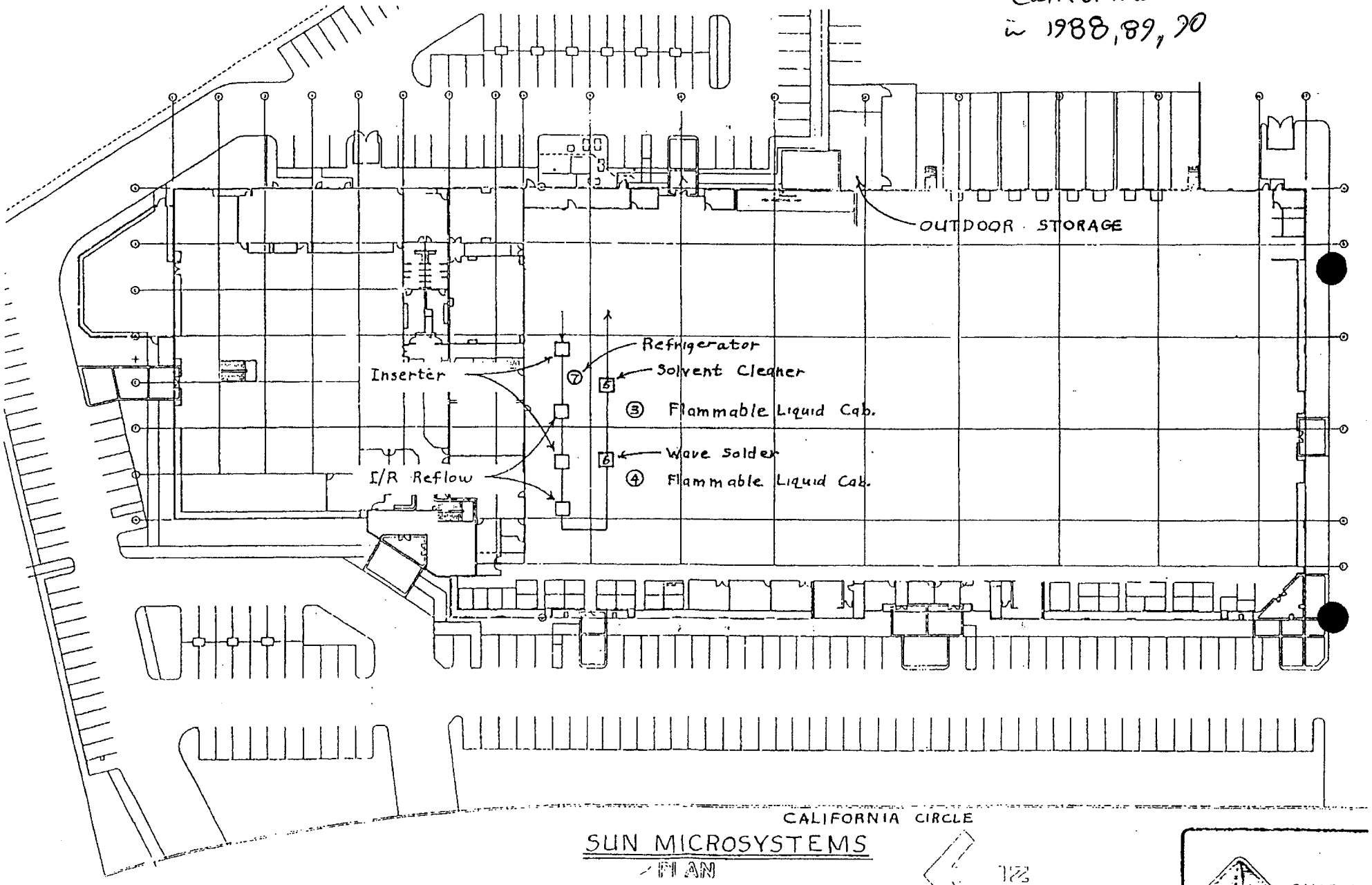
Facilities Site Manager
Print Title

12/5/88
Date Signed

Form #100-22


PENITENCIA CREEK
BLDG. #4
1430 California Circle
BLDG. #5
1210 California Circle
CIRCLE

SUN
1494, 1430 & 1210
California
in 1988, 89, 90



CALIFORNIA CIRCLE

SUN MICROSYSTEMS

PLAN

QUASAR ENGINEERI

4701 Patrick Hy
Santa Clara, CA

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM
- [ ] 1 NEW PERMIT
- [ ] 2 INTERIM PERMIT
- [ ] 3 RENEWAL PERMIT
- [ ] 4 AMENDED PERMIT
- [ ] 5 CHANGE OF INFORMATION
- [ ] 6 TEMPORARY TANK CLOSURE
- [x] 7 PERMANENTLY CLOSED ON SITE
- [ ] 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION

COMPLETE ALL ITEMS – SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # 225010	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) 6/13/88	D. TANK CAPACITY IN GALLONS: 1,000 gallon

II. TANK CONTENTS

IF A-1 IS MARKED, COMPLETE ITEM C.

A.
- [x] 1 MOTOR VEHICLE FUEL
- [ ] 2 PETROLEUM
- [ ] 3 CHEMICAL PRODUCT
- [ ] 4 OIL
- [ ] 80 EMPTY
- [ ] 95 UNKNOWN

B.
- [ ] 1 PRODUCT
- [ ] 2 WASTE

C.
- [ ] 1a REGULAR UNLEADED
- [ ] 1b PREMIUM UNLEADED
- [ ] 2 LEADED
- [x] 3 DIESEL
- [ ] 4 GASAHOL
- [ ] 5 JET FUEL
- [ ] 6 AVIATION GAS
- [ ] 7 METHANOL
- [ ] 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED

C. A. S. # :

III. TANK CONSTRUCTION

MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM
- [x] 1 DOUBLE WALL
- [ ] 2 SINGLE WALL
- [ ] 3 SINGLE WALL WITH EXTERIOR LINER
- [ ] 4 SECONDARY CONTAINMENT (VAULTED TANK)
- [ ] 95 UNKNOWN
- [ ] 99 OTHER

B. TANK MATERIAL (Primary Tank)
- [x] 1 BARE STEEL
- [ ] 5 CONCRETE
- [ ] 9 BRONZE
- [ ] 2 STAINLESS STEEL
- [ ] 6 POLYVINYL CHLORIDE
- [ ] 10 GALVANIZED STEEL
- [ ] 3 FIBERGLASS
- [ ] 7 ALUMINUM
- [ ] 95 UNKNOWN
- [ ] 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
- [ ] 8 100% METHANOL COMPATIBLE W/FRP
- [ ] 99 OTHER

C. INTERIOR LINING
- [ ] 1 RUBBER LINED
- [ ] 5 GLASS LINING
- [x] 6 UNLINED
- [ ] 2 ALKYD LINING
- [ ] 3 EPOXY LINING
- [ ] 95 UNKNOWN
- [ ] 4 PHENOLIC LINING
- [ ] 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES ___ NO ___

D. CORROSION PROTECTION
- [ ] 1 POLYETHYLENE WRAP
- [ ] 5 CATHODIC PROTECTION
- [ ] 2 COATING
- [ ] 91 NONE
- [ ] 3 VINYL WRAP
- [ ] 95 UNKNOWN
- [x] 4 FIBERGLASS REINFORCED PLASTIC
- [ ] 99 OTHER

E. SPILL AND OVERFILL — SPILL CONTAINMENT INSTALLED (YEAR) 1988 — OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) 1988

IV. PIPING INFORMATION

CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE — A (U) 1 SUCTION; A U 2 PRESSURE; A U 3 GRAVITY; A U 99 OTHER

B. CONSTRUCTION — A U 1 SINGLE WALL; A (U) 2 DOUBLE WALL; A U 3 LINED TRENCH; A U 95 UNKNOWN; A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION
- A U 1 BARE STEEL
- A U 2 STAINLESS STEEL
- A U 3 POLYVINYL CHLORIDE (PVC)
- A (U) 4 FIBERGLASS PIPE
- A U 5 ALUMINUM
- A U 6 CONCRETE
- A U 7 STEEL W/ COATING
- A U 8 100% METHANOL COMPATIBLE W/FRP
- A U 9 GALVANIZED STEEL
- A U 10 CATHODIC PROTECTION
- A U 95 UNKNOWN
- A U 99 OTHER

D. LEAK DETECTION
- [ ] 1 AUTOMATIC LINE LEAK DETECTOR
- [ ] 2 LINE TIGHTNESS TESTING
- [x] 3 INTERSTITIAL MONITORING
- [ ] 99 OTHER

V. TANK LEAK DETECTION

- [ ] 1 VISUAL CHECK
- [ ] 2 INVENTORY RECONCILIATION
- [ ] 3 VADOZE MONITORING
- [ ] 4 AUTOMATIC TANK GAUGING
- [ ] 5 GROUND WATER MONITORING
- [ ] 6 TANK TESTING
- [x] 7 INTERSTITIAL MONITORING
- [ ] 91 NONE
- [ ] 95 UNKNOWN
- [ ] 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
9/16/92	0 GALLONS	YES [x] NO [ ]

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
Milpitas Fire Dept.	9/18/92

LOCAL AGENCY USE ONLY

THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	43	011		

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM				
	[ ] 1 NEW PERMIT	[ ] 3 RENEWAL PERMIT	[ ] 5 CHANGE OF INFORMATION	[X] 7 PERMANENTLY CLOSED SITE
	[ ] 2 INTERIM PERMIT	[ ] 4 AMENDED PERMIT	[ ] 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME: Sun Microsystems		NAME OF OPERATOR: same	
ADDRESS: 1355 California Circle		NEAREST CROSS STREET: Dixon Landing Rd	PARCEL # (OPTIONAL)
CITY NAME: Milpitas	STATE: CA	ZIP CODE: 95035	SITE PHONE # WITH AREA CODE: 408-276-5096

✓ BOX TO INDICATE: [X] CORPORATION [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] LOCAL-AGENCY DISTRICTS [ ] COUNTY-AGENCY [ ] STATE-AGENCY [ ] FEDERAL-AGENCY

TYPE OF BUSINESS						
[ ] 1 GAS STATION	[ ] 2 DISTRIBUTOR	[ ] ✓ IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE: 1	E. P. A. I. D. # (optional)		
[ ] 3 FARM	[ ] 4 PROCESSOR	[ ] 5 OTHER				

EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY) - optional	
DAYS: NAME (LAST, FIRST): Sun Microsystems Security	PHONE # WITH AREA CODE: 408-276-3200	DAYS: NAME (LAST, FIRST):	PHONE # WITH AREA CODE:
NIGHTS: NAME (LAST, FIRST): Sun Microsystems Security	PHONE # WITH AREA CODE: 408-276-3200	NIGHTS: NAME (LAST, FIRST):	PHONE # WITH AREA CODE:

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME: Prentiss Properties		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS: 1800 Harrison St # 1225		✓ box to indicate: [ ] INDIVIDUAL [ ] LOCAL-AGENCY [ ] STATE-AGENCY [ ] CORPORATION [ ] PARTNERSHIP [ ] COUNTY-AGENCY [ ] FEDERAL-AGENCY	
CITY NAME: Oakland	STATE: CA	ZIP CODE: 94612	PHONE # WITH AREA CODE: 510-893-1800

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER: Sun Microsystems		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS: 1355 California Circle		✓ box to indicate: [ ] INDIVIDUAL [ ] LOCAL-AGENCY [ ] STATE-AGENCY [ ] CORPORATION [ ] PARTNERSHIP [ ] COUNTY-AGENCY [ ] FEDERAL-AGENCY	
CITY NAME: Milpitas	STATE: CA	ZIP CODE: 95035	PHONE # WITH AREA CODE: 408-276-5096

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ [4][4]-[ ][ ][ ][ ][ ][ ]

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) – IDENTIFY THE METHOD(S) USED

✓ box to indicate: [ ] 1 SELF-INSURED [ ] 2 GUARANTEE [ ] 3 INSURANCE [ ] 4 SURETY BOND [ ] 5 LETTER OF CREDIT [ ] 6 EXEMPTION [ ] 99 OTHER

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. [ ] II. [ ] III. [ ]

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	APPLICANT'S TITLE	DATE MONTH/DAY/YEAR
Milpitas Fire Dept.		9/18/92

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	FACILITY #
43	011	

LOCATION CODE - *OPTIONAL*	CENSUS TRACT # - *OPTIONAL*	SUPVISOR - DISTRICT CODE - *OPTIONAL*

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

MILPITAS FIRE DEPARTMENT
777 SOUTH MAIN STREET

PERMIT

Permit No.: UR92-1074
Date: 7-30-92
BY: P. Jaki

EXPIRATION DATE*: _____

Under the provisions of the Milpitas Municipal Code, this permit is issued to:

Facility Name: Sun MicroSystems **Facility Address:** 1355 California Circle

for the following purpose:

[ ]	Closure -Facility	[ ]	Hazardous Material Storage (describe)	[ ]	Tent
[ ]	Closure - Process (describe)	[ ]	Hazardous Material Process (describe)	[ ]	Public Assembly
[ ]	Halon	[X]	Underground Tank Removal (describe)	[ ]	Other Specify
[ ]	Hood & Duct	[ ]	Underground Tank Installation (describe)		

Removal of 1- 1000 gallon diesel tank & associated piping, and 1- 100 gallon aboveground day tank containing diesel.

Name(s) & phone number of Contractor(s)/Installer(s):
Gene L. Failing 408-246-4217

* THIS PERMIT SHALL CONTINUE UNTIL REVOKED OR UNTIL DATE OF EXPIRATION SHOWN ABOVE. IT SHALL NOT BE TRANSFERABLE AND ANY CHANGE IN USE, OCCUPANCY, OPERATION OR OWNERSHIP SHALL REQUIRE A NEW PERMIT.

APPROVALS	DATE APPROVED
Plans	
Hazardous Material Permit Application Filed Yes: X No: ___	
Other Specify:	

SPECIAL CONDITIONS:
Utilities to be marked.

You are required to call the Bureau of Fire Prevention 24 hours in advance at 408-942-2386 to schedule an inspection appointment for the following inspections:

Inspection Activity	Date	By (Inspector)	Comments
contents removed	9-16-92	[illegible]	[illegible]
tank inert/dry ice	9-16-92	[illegible]	
excavation hole ok			
tank condition	9-16-92	[illegible]	
tank for hauler	9-16-92	[illegible]	
Soil/Water samples	9-16-92	[illegible]	
Sample analysis			

THIS PERMIT SHALL BE POSTED ON THE PREMISES IDENTIFIED ABOVE

This permit is issued on condition that applicant shall comply with all applicable provisions of the Milpitas Municipal Code. Violation of the provisions of this permit may be grounds for revocation of permit and assessment of penalties.

WHITE COPY: Permittee YELLOW COPY: Bureau Files PINK COPY: Construction Permit File

BF#100-72

City of Milpitas

ROUTING SLIP	DEPT.
To:	
1 1355 California Circle	
2 Sun Microsystem	
3 UST Removal	
4	
5	
From:	

- [ ] APPROVAL
- [ ] SIGNATURE
- [ ] COMMENT
- [ ] SEE ME
- [ ] AS REQUESTED
- [ ] INFORMATION
- [ ] READ AND RETURN
- [ ] READ AND FILE
- [ ] NECESSARY ACTION
- [ ] INVESTIGATE
- [ ] RECOMMENDATION
- [ ] PREPARE REPLY

REMARKS

Date

Hatza Kaldveer, Consulting Engineer 9/21/92

Called Sept. 18. Soil samples

TPH - Diesel - No detect

BTEX - No detect.

Joelle S Wilks 19KS

Form # 30-73 (6/74)

DATE: September 21, 1992

TO: File

FROM: Capt. Joelle Wilkes JW

SUBJECT: **1355 California Circle - Sun Microsystems Underground Storage Tank Closure -**

On Wednesday, September 16, 1992, at approximately 1000 hours, Sun Microsystems removed a 1,000 gallons underground storage tank and a 100 gallons above ground tank in accordance with Closure Permit # UR92-1074.

The underground tank and the above ground tank were inereted with dry ice at 9:20 am.

The excavation hole was close to the generators on the adjacent pad however, the generators were on footing at both ends.

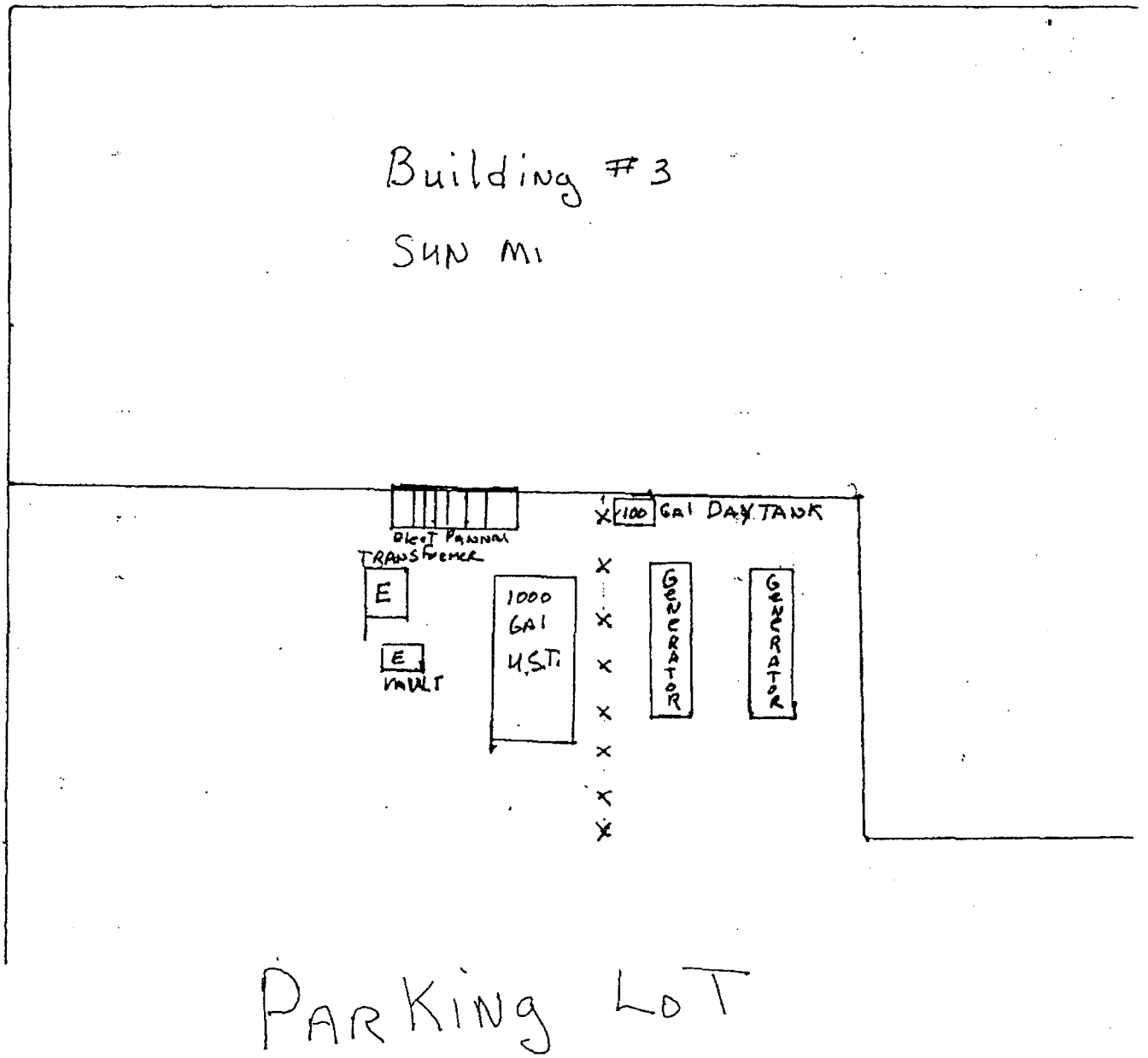
The material contained in the tanks was diesel. Readings with the gas tech were not taken on the above ground tank. Visual freezing to half the height of the tank was observed. The Gas tech readings for the 1000 gallon underground storage tank was LEL 5ppm and Oxygen 2 %.

The 1000 gallon underground storage tank UL#225010
Tank had no visible cracks or holes and no odor was present when the tank was removed from the ground. Soil was a clay-like with no apparent odor.

Two soil samples were taken in the area beneath the tank. See attached diagram. Soil samples were taken by Harza Kaldveer, Consulting Engineers out of Oakland. A 48 hour turn around was being performed on samples.

12. In the space provided, draw a plot plan showing the location of tank(s), their sizes, the location of gas and power lines, and the distance to streets and buildings.

1355 California Circle



NIMITZ 880 FREEWAY

AST's installed in 1992 3x1000gal 3000gal total for backup generators

From Robert.Mok@EBay Wed Mar 15 15:21 PST 1995
To: med_damages.ir@keoki.Corp.Sun.COM
Subject: 95-03-180

SUN MICROSYSTEMS PROPRIETARY - NEED TO KNOW

Both the details and the fact of your knowledge of the information contained herein is highly confidential and should only be disclosed to people within Sun Microsystems who have a legitimate need to know. In no case shall any of this information or the fact that you are privy to such information be disclosed to or discussed with anyone outside of Sun. The disclosure of this information to another person may subject the Company and you to civil liability.

IR NUMBER: 95-03-180
DATE RECEIVED: 03/15/95 10:07:00
DATE OCCURRED: 03/15/95 09:30:00
LOCATION: MIL01
INCIDENT TYPE: Emergency (Non-Medical)
DESCRIPTION: Haz-Mat Spill
HOW RECEIVED: On View
REPORT TAKEN BY: Tony Ornellas
SUPERVISOR: Robert Mok
ASSIGNED: Operations
ASSIGNED NAME:
STATUS: Open
SUMMARY: A scissors lift that was being unloading tipped-over and began leaking hydraulic fluid and battery acid in MIL-01.

PERSONS INVOLVED

Name	Type	Dept	Badge #	Phone
ORNELLAS, Tony	Rep.	SECURITY	C41850	x33200
TOLBERT, Dallas	Oth.	-	-	415-952-8383

Address: Allan Sprinkler Corporation
438 Eccles Avenue

PERSONS NOTIFIED

Type	Name	Advised	Arrived
Others	Bhagat Singh	10:07:00	10:07:00
Supervisor	Robert Mok	10:10:00	10:58:00
Others	John Alves	10:10:00	10:58:00
Safety	Sharon Niehoff	10:25:00	10:30:00
Facilities	Nancy Havard	10:18:00	00:00:00

DETAILED REPORT

SYNOPSIS:

On 03/15/95 at 1007 hours, Security Officer Tony Ornellas during his patrols noticed an unattended scissors lift turned on its side in the North parking lot of MIL-01, 1421 California Circle, Milpitas, CA. Ornellas also noticed that hydraulic fluid was leaking out of the scissors lift. There was no imminent danger to the storm drains.

2-4 gallons Hydraulic fluid