



Winston H. Hickox
Secretary for
Environmental
Protection

Los Angeles Regional Water Quality Control Board
320 W. 4th Street, Suite 200
Los Angeles, CA 90013



Gray Davis
Governor



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APR 29 2002

United States Environmental Protection Agency
75 Hawthorne Street
San Francisco, CA 94105-3901

April 25, 2002

Paul F. Bennett, Chief Executive Officer
Utility Trailer Mfg. Co.
17295 East Railroad Street
City of Industry, CA 91748

**SAN GABRIEL VALLEY CLEANUP PROGRAM: REQUIREMENT FOR A
TECHNICAL REPORT ON EMERGENT CHEMICALS SAMPLING, PURSUANT TO
CALIFORNIA WATER CODE SECTION 13267 FORMER AND ACTIVE PUENTE
VALLEY OPERABLE UNIT SITES (FILE NO. 105.0295)**

Dear Mr. Bennett:

The California Regional Water Quality Control Board, Los Angeles Region, ("Regional Board") is the public agency with primary responsibility to protect groundwater and surface water quality within the Los Angeles Region. The United States Environmental Protection Agency ("USEPA") is overseeing and directing the regional groundwater clean up activities in the San Gabriel Valley. This Regional Board and the USEPA (herein after the Agencies), conducted an initial investigation at your site and many others in the San Gabriel Basin in an effort to identify the source(s) of volatile organic compounds (VOCs) in soil and groundwater. After assessments and remediation were completed, site closure recommendations may have been granted in the form of a Regional Board "No Further Requirements" letter.

The detection of emergent chemicals {ammonium perchlorate, N-Nitrosodimethylamine (NDMA), 1,4-dioxane and hexavalent chromium} in groundwater, above State and Federal maximum contaminant levels (MCLs) or action levels (ALs) have recently caused the Agencies to reassess the threat posed to groundwater resources used for domestic supply. This recent development has caused the Agencies to have serious concerns about the presence of these emergent chemicals in the groundwater, the potential additional costs of remediation and their affects on human health and the environment. In addition, the Agencies are now in the process of reassessing cleanup remedies throughout the San Gabriel Basin. Some emergent chemicals such as NDMA are found at very low concentrations, but have acute to chronic health effects in humans. Some of these emergent chemicals are suspected carcinogens.

California Environmental Protection Agency

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption
For a list of simple ways to reduce demand and cut your energy costs, see the tips at: <http://www.swrcb.ca.gov/news/echallenge.html>

Recent monitoring information has detected the presence of emergent chemicals in the groundwater within the Puente Valley Operable Unit (PVOU) Area. As a result, we are currently investigating potential sources of emergent chemicals within the PVOU. Therefore, pursuant to section 13276 of the California Water Code (CWC) and Section 104(e) of the Federal Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA"), you are hereby directed to test for the presence of emergent chemicals in your groundwater monitoring wells. To assist you, we are providing some guidance with respect to acceptable testing procedures for each of the specified emergent chemicals as follows:

<u>Emergent Chemical</u>	<u>Acceptable Test Method</u>	<u>Reporting Limit</u>
a) Ammonium perchlorate	USEPA Method 314	2 µg/L
b) N-Nitrosodimethylamine (NDMA)	USEPA Method 1625C	0.002 µg/L
c) 1,4-Dioxane	USEPA Method 8270C	2 µg/L
d) Total & Hexavalent Chromium	USEPA Method 7199/218.6	1 µg/L/0.3 µg/L

The use of these analytical testing procedures will provide consistency in the analysis of groundwater samples and provide the high quality data necessary to make many regulatory decisions. You can obtain a copy of the testing procedures by downloading the relevant document from the USEPA website listed below:

<http://www.epa.gov/epaoswer/hazwaste/test/sw846.htm>

If you do not have access to the internet, you can also obtain printed copies of the document by contacting the US Government Printing Office at (202) 512-1800 or the National Technical Information Service at (800) 553-6874.

To better coordinate the information gathering process, we would like to have your groundwater monitoring wells gauged and sampled within a two-week period, starting on **May 29, 2002** and ending **June 14, 2002**. This will allow the agencies to coordinate oversight activities and to ensure a staff representative be present. Please provide a least three days prior notice before commencing field activities. Submission of groundwater monitoring analytical results in a technical report will be due to the Regional Board Office with a copy to Ms. Penny McDaniel for the PVOU at the USEPA by **July 15, 2002**.

After we receive and analyze the information acquired and determine the nature and extent of the potential problem, we may request an additional semi-annual groundwater monitoring sampling event six months thereafter to ascertain seasonal variability in groundwater elevation fluctuations and general flow directions. You, or your representatives, are welcome to the Regional Board Office to review existing emergent chemical data on file.

Under Section 104(e) of CERCLA, 42 U.S.C. § 9604(e), USEPA has broad information gathering authority which allows USEPA to require persons to furnish information or documents

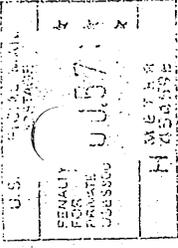
UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
75 HAWTHORNE STREET
SAN FRANCISCO, CALIFORNIA 94105-3901

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

Penny McDaniel (SFD-7-3)

To JOHN STANZOK -

Paul F. Bennett, Chief Executive Officer
Utility Trailer Mfg. Co.
17295 East Railroad Street
City of Industry, CA 91748

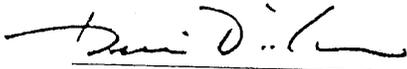


relating (1) to the identification, nature, and quantity of materials which have been or are generated, treated, stored, or disposed of at a vessel or facility or transporter to a vessel or facility; and (2) the nature and extent of a release or threatened release of a hazardous substance or pollutant or contaminant at or from a vessel or facility. While USEPA seeks your cooperation in this investigation, compliance with this request is required by law. Please note that false, fictitious, or fraudulent statements or representations may subject you to civil or criminal penalties under federal law, and noncompliance with this request could result in USEPA seeking the imposition of penalties of up to \$27,500 per day of noncompliance.

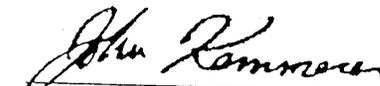
Pursuant to Section 13268 of the CWC, failure to submit the required groundwater sampling reports on Emergent Chemicals by the due date may result in an administratively imposed civil liability fine being assessed by the Regional Board, in an amount up to one thousand dollars (\$1,000) for each day the report or document is not received.

If you have any questions, please contact Mr. Dixon Oriola at (213) 576-6755 or Ms. Penny McDaniel (USEPA) at (415) 972-3178.

Sincerely,



Dennis A. Dickerson
Executive Officer
California Regional Water Quality Control Board,
Los Angeles Region



John Kemmerer
Chief, Site Cleanup Branch
Superfund Division,
USEPA, Region IX

cc: Mr. Michael Lauffer, Office of Chief Counsel, State Water Resources Control Board
Mr. Robert Sams, Office of Chief Counsel, State Water Resources Control Board
Dr. Jackie Spizman, California Department of Toxics Substances Control
Ms. Vera Melynk-Vecchio, California Department of Health Services
Ms. Carol Williams, Main San Gabriel Basin Watermaster
Ms. Grace Burgess, San Gabriel Basin Water Quality Authority

California Environmental Protection Agency

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 Recycled Paper

Our mission is to preserve and enhance the quality of California's water resources for the benefit of present and future generations.

facsimile
TRANSMITTAL



to: Camilla
fax #:
re: UTM
date: April 30, 2002
pages: 4, including this cover sheet.

Hi Camilla:

As we discussed, I need a work authorization for one round on groundwater sampling on our five wells for the four emergent chemicals listed in the attached 104(e) notice. Include: (1) notification of RWQCB staff prior to sampling, (2) preparation of a one to two page letter report containing tabulated results and the lab sheets, (3) analysis of a dupe from MW-2. The letter report needs to be e-mailed to me in draft form for review, and a copy of the analytical results should be faxed to me.

As the wells haven't been sampled for several years, you may need to include costs for more extensive purging.

I would like to get this scheduled near the beginning of the May 29th window.

Thanks.

Bob

From the desk of...

Robert Griffis
Corporate Environmental Manager
Utility Trailer Manufacturing Company
17295 East Railroad Street
Industry, CA 91748

626-854-7324
Fax: 626-964-3314

IMPORTANT: This facsimile is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under applicable law. If the reader of this transmission is not the intended recipient or the employee or agent responsible for delivering the transmission to the intended recipient, you are hereby notified that any dissemination, distribution, copying, or use of this transmission or its contents is strictly prohibited. If you have received this transmission in error, please notify us by telephoning and return the original transmission to us at the above address.



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Dennis A. Dickerson
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cc: Mr. Michael Lauffer, Office of Chief Counsel, State Water Resources Control Board
Mr. Robert Sams, Office of Chief Counsel, State Water Resources Control Board
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Our mission is to preserve and enhance the quality of California's water resources.



Harding ESE, Inc.
2171 Campus Drive
Suite 100
Irvine, CA 92612
Telephone: 949/224-0050
Fax: 949/224-0073
Home Page: www.mactec.com

May 21, 2002

Mr. Robert Griffis
Utility Trailer Manufacturing Company
17295 East Railroad Street
City of Industry, California 91748

Re: **Groundwater Sampling
Utility Trailer Manufacturing Company
17300 Chestnut Avenue
City of Industry, California 91748**

Dear Mr. Griffis:

Harding ESE, Inc. (Harding ESE) appreciates this opportunity to submit this proposal to perform groundwater sampling at Utility Trailer Manufacturing Company's (UTM) facility located at 17300 Chestnut Avenue in City of Industry, California (site).

As per our conversation on April 30, 2002, the California Regional Water Quality Control Board, Los Angeles Region (CRWQCB) in a letter dated April 25, 2002, has directed UTM to test for the presence of emergent chemicals in your groundwater monitoring wells.

SCOPE OF WORK

As per our telephone conversation and in accordance with the CRWQCB letter, the following work is to be conducted:

- Make notification to CRWQCB at least three days in advance prior to sampling
- On May 29, 2002 (or after, but no later than June 14, 2002), gauge, purge, and collect groundwater samples from five (5) groundwater monitoring wells (MW-2 through MW-6) at the site
- Collect duplicate sample from groundwater monitoring well MW-2
- Submit groundwater samples (total of six) to laboratory for analyses for the following constituents:
 - Perchlorate
 - N-Nitrosodimethylamine (NDMA)
 - 1,4-Dioxane
 - Total and Hexavalent Chromium
- Prepare a short letter report including a summary of the work conducted, tabulated results of laboratory analyses, groundwater contour map, and the laboratory analytical report
- Fax analytical results to UTM
- Submit draft copy of letter report to UTM via email
- Submit final letter report (3 copies) to CRWQCB no later than July 15, 2002 and 2 copies to UTM

May 21, 2002
Mr. Robert Griffis
Utility Trailer Manufacturing Company
Page 2

COST ESTIMATE

All work will be conducted on a time-and-materials basis in accordance with the detailed fee estimate provided in Table 1 and the attached schedule of charges. The total amount for this proposal is \$7,872.90.

A continuing service agreement work authorization form has been attached for your review and signature. Please sign and return the work authorization form to Harding ESE via fax at (949) 224-0073.

Thank you for the opportunity to provide this proposal. Please contact Camilla Frejd-Smith at (949) 224-0050 if we can assist you in any way.

Yours very truly,

HARDING ESE, INC.

Camilla Frejd-Smith
Camilla Frejd-Smith
Project Environmental Specialist

David J. DeVries
David J. DeVries *for*
Associate Hydrogeologist

P:\M\A\UTILITY\17100 Chestnut Avenue\052102 revised UTM work authorization.doc

Attachments: Table 1 - Detailed Fee Estimate
Schedule of Charges
Continuing Service Agreement Work Authorization Form

**Detailed Fee Estimate
Groundwater Sampling
Utility Trailer Manufacturing Company
17300 Chestnut Avenue
City of Industry, California**

Task 1.0 Groundwater Sampling (5 wells) and collection of duplicate sample from MW-2

<i>Labor Costs</i>	Unit	Rate	Amount
Project Environmental Specialist	2 hrs	\$83.30 /hr	\$166.60
Field Technician	14 hours	\$53.55 /hr	\$749.70
 <i>Equipment</i>			
Equipment Truck	14 hours	\$10 /hr	\$140
Groundwater Level Meter	1 each	\$40 /day	\$40
2"-inch Grundfos Pump	1 each	\$175 /day	\$175
Generator	1 each	\$65 /day	\$65
Decton Kit	1 kit	\$6 /job	\$6
Distilled Water	3 bottles	\$7 /bottle	\$21
55-gallon Drums	10 drums	\$40 /drum	\$400
Disposable Bailer	5 each	\$10 /each	\$50
Ziploc bags	1 box	\$1 /box	\$1
 <i>Adding ESE Indirect Costs</i>			
Laboratory Analyses: USEPA Method 314 (perchlorate)	6 samples	\$75 /sample	\$450
Laboratory Analyses: USEPA Method 16250 (NDMA)	6 samples	\$350 /sample	\$2,100
Laboratory Analyses: USEPA Method 8270C (1,4-dioxane)	6 samples	\$150 /sample	\$900
Laboratory Analyses: USEPA Method 7196 (total chromium)	6 samples	\$32 /sample	\$192
Laboratory Analyses: USEPA Method 218.6 (hexavalent chromium)	6 samples	\$125 /sample	\$750
Markup on Outside Services (8%)			\$351.36
Subtotal Task 1			\$6,558

Task 2.0 Preparation of short letter report (draft and final)

<i>Labor Costs</i>	Unit	Rate	Amount
Project Environmental Specialist	10 hrs	\$83.30 /hr	\$833.00
Associate Hydrogeologist	2 hrs	\$124.95 /hr	\$249.90
Drafter/CAD	2 hrs	\$62.90 /hr	\$125.80
Technical Editor	0.5 hr	\$62.90 /hr	\$31.45
Clerical	1 hr	\$49.30 /hr	\$49.30
Communication Fee (2% of Professional Fees)			\$25.79
Subtotal Task 2			\$1,315.24

TOTAL (Tasks 1 and 2): \$7,872.90



Harding Lawson Associates

Schedule of Charges - Effective 4/3/99

Professional Services	Staff Engineer and Scientist	\$ 71.40 /hour
	Project Engineer and Scientist	\$ 83.30 /hour
	Senior Engineer and Scientist	\$ 106.25 /hour
	Associate Engineer and Scientist	\$ 124.95 /hour
	Principal Engineer and Scientist	\$ 142.80 /hour
	Consulting Vice President	\$ 170.00 /hour
Technical Services	Clerical	\$ 49.30 /hour
	Technical Word Processor	\$ 53.55 /hour
	Drafter/CAD Operator	\$ 62.90 /hour
	Project Administrator/Project Coordinator	\$ 62.90 /hour
	Technical Editor	\$ 62.90 /hour
	Field Technician	\$ 53.55 /hour
	Senior Field Technician	\$ 62.90 /hour
Contract Labor	From time to time, Harding Lawson Associates retains outside Professional and Technical labor on a temporary basis to meet peak work load demands. Such contract labor will be charged regular Schedule of Charges rates.	
Overtime	Time in excess of 8 hours per day and all time on weekends and holidays will be billed at 1.5 times standard rate.	
Litigation	Expert testimony in depositions, hearings, mediation, and trials will be charged at 200% of the above rates.	
Travel Time	Travel time will be charged at regular hourly rates, for actual time involved.	
Equipment	CAD/Microcomputer	\$ 25.00 /hour
	Personal Computer	\$ 25.00 /hour
	Truck and Field Test Equipment	\$ 15.00 /hour
	4-Wheel-Drive Truck	\$ 15.00 /hour
	1/2- to 1-Ton Pickup Truck	\$ 10.00 /hour
	Automobile	\$ 0.31 /mile
	Geophysical Equipment	Separate Schedule
	Geotechnical & Environmental Monitoring Equipment	Separate Schedule
	Other Computer Services	Separate Schedule
	Laboratory Testing	Separate Schedule
Outside Services	Rental of equipment not ordinarily furnished by Harding Lawson Associates and all other costs such as special printing, photographic work, travel by common carrier, subsistence, subcontractors, etc.	cost + 15 ⁸ %
Communication & Reproduction	In-house costs for long-distance telephone, telex, telecopier, postage and printing	project labor charges x 5%
Terms	Billings are payable upon representation and are past due 30 days from invoice date. A finance charge of 1.5 percent per month, or the maximum amount allowed by law, will be charged on past-due accounts. Harding Lawson Associates makes no warranty, either expressed or implied, as to its findings, recommendations, specifications, or professional advice except that they are prepared and issued in accordance with generally accepted professional practice.	

Harding Lawson Associates, Inc. reserves the right to revise its Schedule of Charges with changes in its practice.

**HARDING ESE, INC.
CONTINUING SERVICE AGREEMENT
WORK AUTHORIZATION FORM**

Client: Utility Trailer Manufacturing Company Project Title: Groundwater Sampling

Harding ESE Project No. To be determined

Harding ESE Project Manager: David J. DeVries

Telephone No.: (949) 224-0050

SCHEDULE - Start: May 29, 2002

Authorization: This work authorization constitutes Utility Trailer Manufacturing's confirmation for services.

Fee Estimate: Compensation for services performed will be for an estimated cost of \$ \$7,872.90.

Description and scope of authorized services: As described in Harding ESE's proposal dated May 21, 2002 (attached).

Services provided herein by Harding ESE, Inc. shall be in accordance with the Terms and Conditions of the existing Service Agreement between Utility Trailer Manufacturing and Harding ESE, Inc., formerly Harding Lawson Associates.

AUTHORIZED BY:
HARDING ESE, INC.

By: *[Signature]*
Title: Senior Permitted Engineer
Date: 5-21-02

AUTHORIZED BY:

By: *[Signature]*
Title: Corp. Envir. Mgr
Date: 5/22/02

reference PO# C82256



Harding ESE

A MACTEC COMPANY

2171 Campus Drive, Suite 100

Irvine, California 92612

Phone: (949) 224-0050

Fax: (949) 224-0073

Fax

From: ~~By:~~ Mr. Robert Gnthis @ UTM

Date: May 21, 2002

Number of Pages Including Cover 2

Phone # 626 854 7324

Fax # 626 964 3314

To: ~~From:~~ Camilla Trepd-Smith

Phone # 949 224 0050

Fax # 949 224 0073

Message: Dear Robert,

As per our conversation this morning, I am forwarding the revised proposal.

Camilla

This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination, or use of this transmission or its contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone, and mail the original to us at the address above.

(AUTO)

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- 1) HANG UP OR LINE FAIL
- 2) BUSY
- 3) NO ANSWER
- 4) NO FACSIMILE CONNECTION

MAY-21-2002 TUE 05:49 PM

FAX NO.

P. 01



Harding ESE

A MACTEC COMPANY

2171 Campus Drive, Suite 100

Irvine, California 92612

Phone: (949) 224-0060

Fax: (949) 224-0073

Fax

FROM

Mr. Robert Enth's @ UTM

Date: May 21, 2002

Number of Pages Including Cover 2

Phone # 626 854 7324

Fax # 626 964 3314

TO: FROM:

Amilla Treid-Smith

2171 2711 0073

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 E. COPLEY - DIAMOND BAR, CA 91765-4182

NOTICE OF VIOLATION

DATE OF VIOLATION

8, 31, 01

Utility Trailer Mfg. Co.
NAME
17295 E. Railroad St. Industry 91748
MAILING ADDRESS CITY
17300 Chestnut St. 5125
LOCATION-ADDRESS OF VIOLATION I.D.#
Industry 91748 SM 626-965-1541
CITY SECTOR TELEPHONE #

YOU ARE HEREBY NOTIFIED THAT A VIOLATION OF CALIFORNIA HEALTH AND SAFETY
CODE SECTION(S)

AND/OR SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT RULE(S)

3002 (c)(1)

HAS BEEN COMMITTED. SUCH VIOLATIONS MAY BE PUNISHED BY THE IMPOSITION OF
THE CIVIL OR CRIMINAL PENALTIES PRESCRIBED BY ARTICLE 3, CHAPTER 4, PART 4,
DIVISION 26 (BEGINNING WITH SECTION 42400) OF THE CALIFORNIA HEALTH AND
SAFETY CODE. EACH DAY DURING WHICH THE VIOLATION OCCURS MAY BE PUNISHED
AS A SEPARATE VIOLATION WHETHER OR NOT A NOTICE OF VIOLATION IS ISSUED ON
EACH SUCH DAY.

Description of Violation: did not submit
semi-annual and annual compliance certifications
(Title I permit section K, conditions 23 & 24)
Semi-annuals 3/26/01 - 6/30/01
7/1/01 - 12/31/01
annual 3/26/01 - 12/31/01

BY Brett Kimberly INSPECTOR TELEPHONE 909, 396-2510

SERVED TO: Robert Griffis TITLE: Corp. Env. Mgr.

SERVED BY: Brett Kimberly DATE: 4, 23, 02

No. P 43201

OFFICE OF STATIONARY
SOURCE COMPLIANCE

VIOLATOR'S COPY



www.aqmd.gov

**South Coast
Air Quality Management District**



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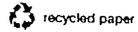
BRETT KIMBERLY
Air Quality Inspector
Engineering and Compliance Office

21865 E. Copley Drive
Diamond Bar, CA 91765-4182
(909) 396-2510
Fax (909) 396-2608
bkimberly@aqmd.gov



www.aqmd.gov

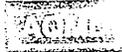
**South Coast
Air Quality Management District**



recycled paper

BRETT KIMBERLY
Air Quality Inspector
Engineering and Compliance Office

21865 E. Copley Drive
Diamond Bar, CA 91765-4182
(909) 396-2510
Fax (909) 396-2608
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www.aqmd.gov

**South Coast
Air Quality Management District**



recycled paper

BRETT KIMBERLY
Air Quality Inspector
Engineering and Compliance Office

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file



South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396-2000

REPORT FOR SEMI-ANNUAL MONITORING AND ANNUAL COMPLIANCE CERTIFICATIONS FORM 500-C3

Section I - Facility Information

1. Facility Name: UTILITY TRAILER MFG. CO. Facility ID (6-Digit): 5125
2. This is a(n): a. Annual Compliance Certification Report b. Semi-Annual Monitoring Report
3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative Operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on: 03/26/01 (mo/day/year)
4. This report is due: 08/31/01 (mo/day/year) and covers the period from: 03/26/01 (mo/day/year) to: 06/30/01 (mo/day/year)

Section II - Reference Summary of Deviations, Emergencies & Breakdowns Reported

1. Indicate the status of Deviations, Emergencies & Breakdowns during this reporting period*:
- a. This facility has not experienced any deviations, emergencies or breakdowns.
- b. This facility has experienced one or more deviations, emergencies or breakdowns as indicated in the table below*:

Type of Incident Indicate Deviation (D), Breakdown (B), or Emergency (E)	Notification Number (if known)	Was Form 500-N previously submitted for this incident? Date:
<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-N is attached to this report
<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-N is attached to this report
<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-N is attached to this report
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<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-N is attached to this report

Section III - Annual Compliance Certification Report

1. Compliance Status for the Reporting Period:
- a. This facility has been in compliance with all terms and conditions in the Title V permit as referenced in Section I.
- b. This facility has been in compliance with all of the terms in the Title V permit as referenced in Section I, except non-compliance for: (Attach additional pages as needed.)

Permit Condition Or Rule Number(s)	Device Number(s)	Was Form 500-C2 previously submitted for the non-compliance? Date:
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
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* For each deviation, emergency or breakdown that occurs, in most cases, your facility should have already verbally reported the incident. If your facility has already submitted Form 500-N, a notification number has been assigned. You will need this number to avoid submitting a duplicate Form 500-N with this report.

2. The methods used for determining the compliance status are:

- a. Entirely consistent with the applicable requirements in the permit terms and conditions of the Title V permit.
- b. Partially consistent with the applicable requirements in the permit terms and conditions of the Title V permit, with the exception of: (Describe in detail how the methods used are different from those listed in the permit and to what extent the devices or operations at the facility are impacted. Attach additional pages as necessary.)

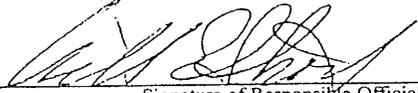
3. Are there any other facts or circumstances that have been required to determine the compliance status of the facility (e.g., compliance plans, terms of a variance, or order of abatement)? a. No b. Yes (Explain.)

Section IV - Semi-Annual Monitoring Report

1. Was all monitoring as required by the permit conducted? a. Yes b. No (Explain.)

Section V - Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.



Signature of Responsible Official

4/24/02
Date

Bill Short

Type or Print Name of Responsible Official

626-965-1541

Phone

Plant Manager

Title of Responsible Official

626-964-3314

Fax

17295 E. Chestnut Street

Address of Responsible Official

Industry

City

CA

State

91749

Zip Code

Mail 1st Copy to: South Coast AQMD
P.O. Box 4941
Diamond Bar, CA 91765

Mail 2nd Copy to: USEPA, Region IX, Air-3
Director of Air Division
75 Hawthorne Street
San Francisco, CA 94105



South Coast Air Quality
Management District
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(909) 396-2000

REPORT FOR SEMI-ANNUAL MONITORING AND ANNUAL COMPLIANCE CERTIFICATIONS FORM 500-C3

Section I - Facility Information

1. Facility Name: UTILITY TRAILER MFG. CO. Facility ID (6-Digit): 5125
2. This is a(n): a. Annual Compliance Certification Report b. Semi-Annual Monitoring Report
3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative Operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on: 03/26/01 (mo/day/year)
4. This report is due: 02/28/02 and covers the period from: 07/01/01 to: 12/31/01
(mo/day/year) (mo/day/year) (mo/day/year)

Section II - Reference Summary of Deviations, Emergencies & Breakdowns Reported

1. Indicate the status of Deviations, Emergencies & Breakdowns during this reporting period*:
- a. This facility has not experienced any deviations, emergencies or breakdowns.
- b. This facility has experienced one or more deviations, emergencies or breakdowns as indicated in the table below*:

Type of Incident Indicate Deviation (D), Breakdown (B), or Emergency (E)	Notification Number (if known)	Was Form 500-N previously submitted for this incident? Date:
<input checked="" type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input checked="" type="checkbox"/> No, Form 500-N is attached to this report
<input checked="" type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input checked="" type="checkbox"/> No, Form 500-N is attached to this report
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Section III - Annual Compliance Certification Report

1. Compliance Status for the Reporting Period:
- a. This facility has been in compliance with all terms and conditions in the Title V permit as referenced in Section I.
- b. This facility has been in compliance with all of the terms in the Title V permit as referenced in Section I, except non-compliance for: (Attach additional pages as needed.)

Permit Condition Or Rule Number(s)	Device Number(s)	Was Form 500-C2 previously submitted for the non-compliance? Date:
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report

* For each deviation, emergency or breakdown that occurs, in most cases, your facility should have already verbally reported the incident. If your facility has already submitted Form 500-N, a notification number has been assigned. You will need this number to avoid submitting a duplicate Form 500-N with this report.

2. The methods used for determining the compliance status are:

- a. Entirely consistent with the applicable requirements in the permit terms and conditions of the Title V permit.
- b. Partially consistent with the applicable requirements in the permit terms and conditions of the Title V permit, with the exception of: (Describe in detail how the methods used are different from those listed in the permit and to what extent the devices or operations at the facility are impacted. Attach additional pages as necessary.)

3. Are there any other facts or circumstances that have been required to determine the compliance status of the facility (e.g., compliance plans, terms of a variance, or order of abatement)? a. No b. Yes (Explain.)

Section IV – Semi-Annual Monitoring Report

1. Was all monitoring as required by the permit conducted? a. Yes b. No (Explain.)

Section V – Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.


Signature of Responsible Official

4/24/02
Date

Bill Short 626-965-1541
Type or Print Name of Responsible Official Phone

Plant Manager 626-964-3314
Title of Responsible Official Fax

17295 E. Chestnut Street Industry CA 91749
Address of Responsible Official City State Zip Code

Mail 1st Copy to: South Coast AQMD
P.O. Box 4941
Diamond Bar, CA 91765

Mail 2nd Copy to: USEPA, Region IX, Air-3
Director of Air Division
75 Hawthorne Street
San Francisco, CA 94105



South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396-2000

NOTIFICATION REPORT FOR DEVIATIONS, EMERGENCIES & BREAKDOWNS FORM 500-N

**This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.*

Section I - Facility Information			
1. Facility Name: <u>UTILITY TRAILER MFG. CO.</u>	Facility ID (6-Digit):	<u>5125</u>	
2. Address (where incident occurred): <u>17300 E. Chestnut Street</u>			
City <u>Industry</u>	<u>CA</u>	Zip Code	<u>91749</u>
3. Mailing Address (If different from Item 2):			
City _____	State _____	Zip Code _____	
4. Provide the name, title, and phone number of the person to contact for further information:			
<u>Robert Griffis</u>	<u>Corporate Env. Mgr.</u>	<u>626-965-1541</u>	
Name	Title	Phone	

Section II - Reporting of Breakdowns, Deviations, and Emergencies			
1. This written notification is to report a(n):			
Type of Incident	Verbal Report Due*	Written Report Due	
a. <input type="checkbox"/> Breakdown under: <input type="checkbox"/> Rule 430 (Non-RECLAIM) <input type="checkbox"/> Rule 2004 (RECLAIM) <input type="checkbox"/> Rule 218 (Non-RECLAIM) [See Rule 218 (f)(3)]	<i>For Rules 430 & 2004 - Within 1 hour of discovery.</i> <i>For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours</i>	<i>For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.</i> <i>For Rule 218 - With required semi-annual reports.</i>	
b. <input type="checkbox"/> Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]	Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.	Within 14 days of discovery of the deviation.	
c. <input checked="" type="checkbox"/> Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]	None	With required semi-annual monitoring reports.	
d. <input type="checkbox"/> Emergency under Rule 3002 (g)	Within 1 hour of discovery.	Within 2 working days from when the emission limit was exceeded.	
2. The incident was first discovered by: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
Name Date Time			
3. The incident was first reported to: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
Name of AQMD Staffperson Date Time			
a. <input type="checkbox"/> Via Phone	b. <input type="checkbox"/> Via Voice Mail		
c. <input type="checkbox"/> Via Fax	d. <input type="checkbox"/> Via Mail		
e. <input type="checkbox"/> Via Email	f. <input checked="" type="checkbox"/> In Person	Notification Number: _____	
4. When did the incident actually occur? <u>08/31/01</u> <input type="checkbox"/> AM <input type="checkbox"/> PM			
Date Time			

AQMD USE ONLY	Received By: _____		Assigned By: _____		Inspector: _____	
	Date/Time Received: _____		Date/Time Assigned: _____		Date/Time Received Assignment: _____	
	Date Delivered To Team: _____		Date Reviewed Inspector Report: _____		Date Inspected Facility: _____	
	Team: _____	Sector: _____	Breakdown/Deviation Notification No. _____		Date Completed Report: _____	
	Recommended Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____					
	Final Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____					

5. Has the incident stopped? a. Yes, on: 04/23/02 AM PM
Date Time b. No

6. What was the total duration of the incident? 235
Days Hours

7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), AM
when was the end of the operating cycle during which the incident occurred? Date Time PM

8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary.
Facility failed to submit AQMD Form 500-C3, due 8/31/01, in a timely manner

9. The incident may have resulted in a:
a. Violation of Permit Condition(s): 23
b. Violation of AQMD Rule(s): 3002(c)(1)

10. What was the probable cause of the incident? Attach additional pages as necessary.
Failure to follow permit condition 23

11. Did the incident result in excess emissions? a. No b. Yes (Complete the following and attach calculations.)
 VOC lbs NOx lbs SOx lbs H2S lbs
 CO lbs PM lbs Other: lbs pollutant

12. For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations?
a. Yes, for: NOx SOx b. No, for: NOx SOx
If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.

13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary.
All forms required for certification are being submitted to AQMD & USEPA

14. Was the facility operating properly prior to the incident?
a. Yes b. No, because:

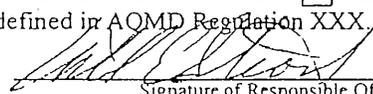
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures?
a. No b. Yes, because:

16. Has the facility returned to compliance?
a. No, because:
b. Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)

Section III - Certification Statement

I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.

For Title V Facilities ONLY: I also certify under penalty of law that that I am the responsible official for this facility as defined in AQMD Regulation XXX.

<u></u> Signature of Responsible Official	<u>Plant Manager</u> Title	<u>4/24/02</u> Date
<u>Bill Short</u> Type or Print Name of Responsible Official	<u>626-965-1541</u> Phone	<u>626-964-3314</u> Fax
<u>17300 E. Chestnut Street</u> Address	<u>Industry</u> City	<u>CA 91749</u> State Zip Code



South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396-2000

NOTIFICATION REPORT FOR DEVIATIONS, EMERGENCIES & BREAKDOWNS FORM 500-N

**This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.*

Section I - Facility Information			
1. Facility Name: <u>UTILITY TRAILER MFG. CO.</u>	Facility ID (6-Digit):	<u>5125</u>	
2. Address (where incident occurred): <u>17300 E. Chestnut Street</u>			
City <u>Industry</u>	<u>CA</u>	Zip Code	<u>91749</u>
3. Mailing Address (if different from Item 2):			
City _____	State _____	Zip Code _____	
4. Provide the name, title, and phone number of the person to contact for further information:			
<u>Robert Griffis</u>	<u>Corporate Env. Mgr.</u>	<u>626-965-1541</u>	
Name	Title	Phone	

Section II - Reporting of Breakdowns, Deviations, and Emergencies			
1. This written notification is to report a(n):			
	Verbal Report Due*	Written Report Due	
a. <input type="checkbox"/> Breakdown under: <input type="checkbox"/> Rule 430 (Non-RECLAIM) <input type="checkbox"/> Rule 2004 (RECLAIM) <input type="checkbox"/> Rule 218 (Non-RECLAIM) [See Rule 218 (f)(3)]	For Rules 430 & 2004 - Within 1 hour of discovery. For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours	For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted. For Rule 218 - With required semi-annual reports.	
b. <input type="checkbox"/> Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]	Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.	Within 14 days of discovery of the deviation.	
c. <input checked="" type="checkbox"/> Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]	None	With required semi-annual monitoring reports.	
d. <input type="checkbox"/> Emergency under Rule 3002 (g)	Within 1 hour of discovery.	Within 2 working days from when the emission limit was exceeded.	
2. The incident was first discovered by: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
Name Date Time			
3. The incident was first reported to: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
Name of AQMD Staffperson Date Time			
a. <input type="checkbox"/> Via Phone	b. <input type="checkbox"/> Via Voice Mail		
c. <input type="checkbox"/> Via Fax	d. <input type="checkbox"/> Via Mail		
e. <input type="checkbox"/> Via Email	f. <input checked="" type="checkbox"/> In Person	Notification Number: _____	
4. When did the incident actually occur? <u>02/28/02</u> <input type="checkbox"/> AM <input type="checkbox"/> PM			
Date Time			

AQMD USE ONLY	Received By: _____		Assigned By: _____		Inspector: _____	
	Date/Time Received: _____		Date/Time Assigned: _____		Date/Time Received Assignment: _____	
	Date Delivered To Team: _____		Date Reviewed Inspector Report: _____		Date Inspected Facility: _____	
	Team: _____	Sector: _____	Breakdown/Deviation Notification No. _____		Date Completed Report: _____	
	Recommended Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____					
	Final Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____					



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Management District
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(909) 396-2000

REPORT FOR SEMI-ANNUAL MONITORING AND ANNUAL COMPLIANCE CERTIFICATIONS FORM 500-C3

Section I - Facility Information

1. Facility Name: UTILITY TRAILER MFG. CO. Facility ID (6-Digit): 5125

2. This is a(n): a. Annual Compliance Certification Report b. Semi-Annual Monitoring Report

3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative Operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on: 03/26/01 (mo/day/year)

4. This report is due: 03/01/02 (mo/day/year) and covers the period from: 03/26/01 (mo/day/year) to: 12/31/01 (mo/day/year)

Section II - Reference Summary of Deviations, Emergencies & Breakdowns Reported

1. Indicate the status of Deviations, Emergencies & Breakdowns during this reporting period*:
- a. This facility has not experienced any deviations, emergencies or breakdowns.
- b. This facility has experienced one or more deviations, emergencies or breakdowns as indicated in the table below*:

Type of Incident Indicate Deviation (D), Breakdown (B), or Emergency (E)	Notification Number (if known)	Was Form 500-N previously submitted for this incident? Date:
<input checked="" type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E		<input type="checkbox"/> Yes, on: <input checked="" type="checkbox"/> No, Form 500-N is attached to this report
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Section III - Annual Compliance Certification Report

1. Compliance Status for the Reporting Period:
- a. This facility has been in compliance with all terms and conditions in the Title V permit as referenced in Section I.
- b. This facility has been in compliance with all of the terms in the Title V permit as referenced in Section I, except non-compliance for: (Attach additional pages as needed.)

Permit Condition Or Rule Number(s)	Device Number(s)	Was Form 500-C2 previously submitted for the non-compliance? Date:
23, 24		<input type="checkbox"/> Yes, on: <input checked="" type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
		<input type="checkbox"/> Yes, on: <input type="checkbox"/> No, Form 500-C2 is attached to this report
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* For each deviation, emergency or breakdown that occurs, in most cases, your facility should have already verbally reported the incident. If your facility has already submitted Form 500-N, a notification number has been assigned. You will need this number to avoid submitting a duplicate Form 500-N with this report.

2. The methods used for determining the compliance status are:

- a. Entirely consistent with the applicable requirements in the permit terms and conditions of the Title V permit.
- b. Partially consistent with the applicable requirements in the permit terms and conditions of the Title V permit, with the exception of: (Describe in detail how the methods used are different from those listed in the permit and to what extent the devices or operations at the facility are impacted. Attach additional pages as necessary.)

Facility failed to submit AQMD Form 500-C3, due 8/31/01, in a timely manner

Facility failed to submit AQMD Form 500-C3, due 2/28/02, in a timely manner

3. Are there any other facts or circumstances that have been required to determine the compliance status of the facility (e.g., compliance plans, terms of a variance, or order of abatement)? a. No b. Yes (Explain.)

Notice of violation issued by AQMD on 4/23/02 for failure to submit certification forms

Section IV - Semi-Annual Monitoring Report

1. Was all monitoring as required by the permit conducted? a. Yes b. No (Explain.)

Section V - Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.



Signature of Responsible Official

4/24/02

Date

Bill Short

Type or Print Name of Responsible Official

626-965-1541

Phone

Plant Manager

Title of Responsible Official

626-964-3314

Fax

17295 E. Chestnut Street

Address of Responsible Official

Industry

City

CA

State

91749

Zip Code

Mail 1st Copy to: South Coast AQMD
P.O. Box 4941
Diamond Bar, CA 91765

Mail 2nd Copy to: USEPA, Region IX, Air-3
Director of Air Division
75 Hawthorne Street
San Francisco, CA 94105



South Coast Air Quality
Management District
21865 East Copley Drive
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(909) 396-2000

NOTIFICATION REPORT FOR DEVIATIONS, EMERGENCIES & BREAKDOWNS FORM 500-N

**This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.*

Section I - Facility Information

1. Facility Name: UTILITY TRAILER MFG. CO. Facility ID (6-Digit): 5125

2. Address (where incident occurred): 17300 E. Chestnut Street
 City Industry State CA Zip Code 91749

3. Mailing Address (If different from Item 2):
 City State Zip Code

4. Provide the name, title, and phone number of the person to contact for further information:
Robert Griffis Name Corporate Env. Mgr. Title 626-965-1541 Phone

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident	Verbal Report Due*	Written Report Due
a. <input type="checkbox"/> Breakdown under: <input type="checkbox"/> Rule 430 (Non-RECLAIM) <input type="checkbox"/> Rule 2004 (RECLAIM) <input type="checkbox"/> Rule 218 (Non-RECLAIM) [See Rule 218 (f)(3)]	<i>For Rules 430 & 2004</i> - Within 1 hour of discovery. <i>For Rule 218</i> - Within 24 hours or next business day for failure/shutdown exceeding 24 hours	<i>For Rules 430 & 2004</i> - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted. <i>For Rule 218</i> - With required semi-annual reports.
b. <input type="checkbox"/> Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]	Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.	Within 14 days of discovery of the deviation.
c. <input checked="" type="checkbox"/> Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]	None	With required semi-annual monitoring reports.
d. <input type="checkbox"/> Emergency under Rule 3002 (g)	Within 1 hour of discovery.	Within 2 working days from when the emission limit was exceeded.

2. The incident was first discovered by: Brett Kimberly Name on? 04/23/02 Date 3:00 Time AM PM

3. The incident was first reported to: Brett Kimberly Name of AQMD Staffperson on? 04/23/02 Date 3:00 Time AM PM

a. Via Phone b. Via Voice Mail
 c. Via Fax d. Via Mail
 e. Via Email f. In Person

Notification Number:

4. When did the incident actually occur? 08/31/01 Date AM PM Time

AQMD USE ONLY	Received By:		Assigned By:		Inspector:	
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:	
	Date Delivered To Team:		Date Reviewed Inspector Report:		Date Inspected Facility:	
	Team:	Sector:	Breakdown/Deviation Notification No.		Date Completed Report:	
	Recommended Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. <input type="checkbox"/> Other: _____					
	Final Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. <input type="checkbox"/> Other: _____					



South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396-2000

NOTIFICATION REPORT FOR DEVIATIONS, EMERGENCIES & BREAKDOWNS FORM 500-N

**This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.*

Section I - Facility Information			
1. Facility Name: <u>UTILITY TRAILER MFG. CO.</u>	Facility ID (6-Digit): <u>5125</u>		
2. Address (where incident occurred): City <u>Industry</u> State <u>CA</u> Zip Code <u>91749</u>	17300 E. Chestnut Street		
3. Mailing Address (If different from Item 2): City _____ State _____ Zip Code _____			
4. Provide the name, title, and phone number of the person to contact for further information:			
<u>Robert Griffis</u> Name	<u>Corporate Env. Mgr.</u> Title	<u>626-965-1541</u> Phone	

Section II - Reporting of Breakdowns, Deviations, and Emergencies			
1. This written notification is to report a(n):			
Type of Incident	Verbal Report Due*	Written Report Due	
a. <input type="checkbox"/> Breakdown under: <input type="checkbox"/> Rule 430 (Non-RECLAIM) <input type="checkbox"/> Rule 2004 (RECLAIM) <input type="checkbox"/> Rule 218 (Non-RECLAIM) [See Rule 218 (f)(3)]	<i>For Rules 430 & 2004 - Within 1 hour of discovery.</i> <i>For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours</i>	<i>For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.</i> <i>For Rule 218 - With required semi-annual reports.</i>	
b. <input type="checkbox"/> Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]	Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.	Within 14 days of discovery of the deviation.	
c. <input checked="" type="checkbox"/> Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]	None	With required semi-annual monitoring reports.	
d. <input type="checkbox"/> Emergency under Rule 3002 (g)	Within 1 hour of discovery.	Within 2 working days from when the emission limit was exceeded.	
2. The incident was first discovered by: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Name Date Time			
3. The incident was first reported to: <u>Brett Kimberly</u> on? <u>04/23/02</u> <u>3:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM a. <input type="checkbox"/> Via Phone b. <input type="checkbox"/> Via Voice Mail Name of AQMD Staffperson Date Time c. <input type="checkbox"/> Via Fax d. <input type="checkbox"/> Via Mail e. <input type="checkbox"/> Via Email f. <input checked="" type="checkbox"/> In Person Notification Number: _____			
4. When did the incident actually occur? <u>02/28/02</u> <input type="checkbox"/> AM <input type="checkbox"/> PM Date Time			

AQMD USE ONLY	Received By: _____		Assigned By: _____		Inspector: _____	
	Date/Time Received: _____		Date/Time Assigned: _____		Date/Time Received Assignment: _____	
	Date Delivered To Team: _____		Date Reviewed Inspector Report: _____		Date Inspected Facility: _____	
	Team: _____	Sector: _____	Breakdown/Deviation Notification No. _____		Date Completed Report: _____	
	Recommended Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____					
Final Action: <input type="checkbox"/> Cancel Notification <input type="checkbox"/> Grant Relief <input type="checkbox"/> Issue NOV No. _____ <input type="checkbox"/> Other: _____						

Facility Name: Utility Trailer Mfg. Co,

Date: 4/23/02 (mo/day/yr)

Revision:

Facility ID (6-Digit): 5125

Section I - Non-Compliant Operations Report

Device or Application Number	Applicable Requirement* (Rule or Permit Condition Number)	Describe Non-Compliant Operations (Attach additional sheets as needed.)	Variance or Alternative Operating Condition Case Number (Attach copy of document.)
		Facility failed to submit semi-annual, and annual certifications as required under permit conditions 23 and 24.	

*Only list the applicable requirement with which the operation is not in compliance.

Section II - Compliance Plan

Describe How Compliance Will Be Achieved	Compliance Schedule	
	Date (mo/day/yr)	Remedial Measures & Milestones
Required forms are submitted to AQMD and USEPA	40/24/02	

Section III - Progress Report Schedule

1. Certified progress reports will be submitted according to the following schedule (Check a or b and complete c.):

a. Semi-annually b. More frequently as specified c. Submittal dates: 1) _____ (mo/day/yr) 2) _____ (mo/day/yr) 3) _____ (mo/day/yr) 4) _____ (mo/day/yr)

**Application Instructions for
Non-Compliant Operations Report and Compliance Plan**

**Title V
Instructions for
Form 500-C2**

To complete this application, type or print the information in the appropriate blanks.

Complete this form for any equipment not operating in compliance with federally-enforceable, applicable requirements or will not be in compliance when the Title V permit is issued. A separate Form 500-C2 should be completed for each process or system that is not operating in compliance with all applicable requirements. Attach all completed Forms 500-C2 to Form 500-C1.

Facility ID: Complete only if your facility has been issued an identification or ID number by the AQMD. If not, leave these boxes blank. An ID number will be assigned when the application is submitted.

Revision: Check this box if this submittal is a revision to a previous report.

Section I - Non-Compliant Operations Report

Device or Application No.: For RECLAIM facilities, the device number information can be found in the permit under Section D: Facility Description and Equipment Specific Conditions. Non-RECLAIM facilities shall refer to the existing application number. In the event that there are no numbers assigned to a device because of an addition or modification to a facility, indicate this in the appropriate spaces provided on the form by inserting the word "new." Upon application approval, the AQMD will assign these numbers and, subsequently, they will be added to the permit for future reference.

Applicable Requirement: Cite the rule number and section and the date of the rule version (e.g., Rule 1130 (b)(5), 08/02/91), or the permit condition with which the device currently is not in compliance.

Describe Non-Compliant Operations: For each device that is identified as not operating in compliance according to applicable requirements, describe in detail the circumstances and parameters of the non-compliance. Attach additional sheets as needed.

Variance or Alternative Operating Condition Case Number: Provide the case number and attach a copy of any active variance or alternative operating condition granted by the AQMD Hearing Board for the non-compliant equipment.

Section II - Compliance Plan

A compliance plan is required for any device that is expected to not be operating in compliance when the Title V permit is scheduled to be issued. Provide a detailed schedule of compliance including remedial measures (including an enforceable sequence of actions with milestones) leading to compliance. This compliance schedule should resemble, and is at least as stringent as, that contained in any judicial consent decree or administrative order to which your facility is subject.

Describe How Compliance Will Be Achieved: Describe in detail all remedial measures that the facility will take to bring the equipment into compliance. Attach additional sheets as needed.

Compliance Schedule: List each remedial measure and milestone and the date when the action is to be completed, in chronological order.

Section III - Progress Report Schedule

Provide a schedule of due dates for progress reports beginning after the scheduled date that the Title V permit will be issued. The frequency of reporting must be at least every six months.