

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD—  
LOS ANGELES REGION**

107 SOUTH BROADWAY, SUITE 4027  
LOS ANGELES, CALIFORNIA 90012-4596  
(213) 620-4460



April 10, 1987

Utility Traylor Manufacturing Company  
P.O. Box 1299  
17295 East Railroad Street  
City of Industry, CA 91749

**MANDATORY CHEMICAL USE QUESTIONNAIRE (FILE NO. 87-19)**

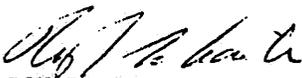
The California Regional Water Quality Control Board, Region 4, is the public agency with primary responsibility to protect groundwater and surface water quality within the Los Angeles area.

As part of statewide monitoring program being conducted under the direction of the California Department of Health Services, public water system wells in your area have been sampled. The results of this sampling indicate the presence of organic contaminants in the groundwater.

Your facility is geographically within the area of concern and may be engaged in practices which might require such chemicals. Therefore pursuant to Section 13267 (b) of the California Water Code, we request you to complete and return the attached questionnaire. This should describe past or present chemical storage and use at your facility. Please submit the completed questionnaire to the Regional Board by May 1, 1987. The return of this questionnaire, properly signed, is required even if no chemicals are used or stored at your facility.

If your facility is currently conducting, or has in the past conducted any programs associated with soil or groundwater contamination, such as an underground tank leak detection for this or any other local, state or federal agency, please include a copy of the most current findings with the questionnaire.

If you have any questions, please call Philip Chandler at (213) 620-2385.

  
ROY R. SAKAIDA  
Senior Water Resources  
Control Engineer

PBC:mdh

cc: Carl Sjoberg, Los Angeles County, Department of Public Works

UTM 000001

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
LOS ANGELES REGION

CHEMICAL STORAGE AND USE QUESTIONNAIRE

- I. COMPANY NAME: \_\_\_\_\_
- II. FACILITY ADDRESS: \_\_\_\_\_
- III. CHEMICAL STORAGE AND USE AT THE SITE. Complete sections A-G for all chemicals in current use or that have been used in the past, use additional sheets if necessary.
- A. CHEMICAL NAME: \_\_\_\_\_ B. COMMON/TRADE NAME: \_\_\_\_\_
- C. METHOD OF STORAGE: UNDERGROUND TANK \_\_\_ ABOVE GROUND TANK \_\_\_  
BARRELS \_\_\_ OTHER(specify) \_\_\_\_\_
- D. QUANTITY STORED: \_\_\_\_\_
- E. WASTE DISPOSAL METHOD: SEWERED \_\_\_ HAULED \_\_\_ ONSITE DISPOSAL \_\_\_
- F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES \_\_\_ NO \_\_\_  
If yes, method of treatment: \_\_\_\_\_
- G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES \_\_\_ NO \_\_\_

=====

- A. CHEMICAL NAME: \_\_\_\_\_ B. COMMON/TRADE NAME: \_\_\_\_\_
- C. METHOD OF STORAGE: UNDERGROUND TANK \_\_\_ ABOVE GROUND TANK \_\_\_  
BARRELS \_\_\_ OTHER(specify) \_\_\_\_\_
- D. QUANTITY STORED: \_\_\_\_\_
- E. WASTE DISPOSAL METHOD: SEWERED \_\_\_ HAULED \_\_\_ ONSITE DISPOSAL \_\_\_
- F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES \_\_\_ NO \_\_\_  
If yes, method of treatment: \_\_\_\_\_
- G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES \_\_\_ NO \_\_\_

IV. FACILITY INFORMATION

- A. STANDARD INDUSTRIAL CODE(SIC): \_\_\_\_\_
- B. GENERATOR NUMBER(EPA/STATE): \_\_\_\_\_
- C. BRIEF DESCRIPTION OF OPERATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. HISTORY: DATE OPERATIONS BEGAN: \_\_\_\_\_  
PRIOR OWNERS: \_\_\_\_\_  
\_\_\_\_\_

V. THIS QUESTIONNAIRE SHALL BE SIGNED BELOW AS FOLLOWS:

- A. In the case of corporations, by a principal executive officer at the level of vice-president of his duly authorized representative if such representative is responsible for the overall operation of the facility, or
- B. In the case of a partnership, by a general partner, or
- C. In the case of a sole proprietorship, by the proprietor, or
- D. In the case of a municipal, State, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.

This questionnaire has been completed under penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

RECEIVED  
UTILITY FACTORY

APR 13 1987

	ACTION
--	--------

UTM 000004