

Appendix E

May 12, 2008

Ms. Shannon George
DAVID J. POWERS AND ASSOCIATES
1885 The Alameda, Suite 204
San Jose, California 95126

Re: Vicinity Hazardous Materials Users Survey, Proposed 49ers Stadium Project, Santa Clara, California

Dear Ms. George:

This vicinity hazardous materials users survey was performed for David J. Powers and Associates, who is preparing an Environmental Impact Report for the proposed development of the parking lot located south by southwest of the intersection of Tasman Drive and Centennial Avenue in Santa Clara, California.

Purpose

The purpose of this study was to identify facilities in the vicinity of the project site having observed or reported hazardous substance usage, and to evaluate the significance of the identified hazardous substances to the proposed development if an accidental release were to occur. This letter was prepared in accordance with our agreement dated April 2, 2008.

Scope of Work

The scope of work performed for this study was the following.

- ◆ Performed a visual survey of the site vicinity to identify readily observable names and addresses of businesses, railroad tracks, and hazardous materials/waste pipelines located within a 1/2-mile radius of the project site (adjacent to site for pipelines), and appearing to have the potential to use, handle, and/or store significant quantities of toxic or hazardous materials and/or wastes (hazardous substances).
- ◆ Reviewed the list of registered toxic gas facilities within the City of San Jose provided by the San Jose Fire Department (SJFD). Requested a list of registered toxic gas facilities within the City of Santa Clara from the Santa Clara Fire Department (SCFD); the SCFD reportedly does not maintain a registry of toxic gas facilities.
- ◆ Reviewed the list of California Accidental Release Program (CalARP) facilities within Santa Clara County provided by the Santa Clara County Environmental Health Department (SCCEHD), to identify which were located within a 1-mile radius of the project site.
- ◆ Reviewed available hazardous materials files for the facilities identified through the first three tasks at the SCFD and through the City of San Jose On-Line Permit website, as appropriate.
- ◆ Obtained and reviewed a regulatory agency database report to identify government agency-recorded facilities having significant hazardous substance usage or having significant reported air emissions or hazardous substance releases.
- ◆ Requested local pipeline location information from Chevron and Kinder-Morgan.

Observed Vicinity Hazardous Materials Facilities

On April 24, 2008, a visual survey of the businesses/facilities within approximately 1/2-mile of the project site was performed, in an attempt to identify those currently appearing likely to use, handle, and/or store significant quantities of hazardous substances. A summary of the businesses identified is presented in the table on the following page.

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OBSERVED BUSINESSES/FACILITIES WITH POTENTIALLY SIGNIFICANT QUANTITIES OF HAZARDOUS SUBSTANCES

Facility Name	Facility Address	Observations
Calypto Design Systems, Inc. Ibiden USA Northrop Grumman PRB Systems	2903 Bunker Hill Drive	High-tech/office building
Eagle Test Systems DANKA TRIANZ The Indus Entrepreneurs Leapfrog Enterprises	2933 Bunker Hill Drive	High-tech/office building
Vacant	2952 Bunker Hill Lane 5150 Great America Parkway 5155 Old Ironsides Drive	Office/commercial complex
Tokyo Electron America	2953 Bunker Hill Lane	High-tech/office building
Vacant Seagate Technology Nanya Technology Navteq Savvion, Inc.	3052 Bunker Hill Lane 5104 Old Ironsides Drive	High-tech/office building
Kathryn Hughes Elementary School	4949 Calle de Escuela	Elementary school
Global Network Resources Position 2	2221 and 2225 Calle de Luna 2231 and 2241 Calle de Luna	Commercial building
DeCarli Sheet Metal Silver Twin Perfection Auto Detailing Unknown NTL/Vacant Vacant Coatek, Inc.	2260 Calle de Luna 2262 Calle de Luna 2264 Calle de Luna 2266 Calle de Luna 2268 Calle de Luna 2270 Calle de Luna 2272, 2276, & 2278 Calle de Luna	Light industrial/commercial building; Coatek facility with hazardous materials placarding indicating health hazard of 3 and flammability hazard of 4 with special hazard of corrosives
Double Precision Manufacturing Tri-Delta Engineering, Inc. Unknown	2271 Calle de Luna 2275 Calle de Luna 2277 Calle de Luna	Commercial/office/warehouse building
Primavera Sewer Station	2279 Calle de Luna	Sewer pump station
INTA Technologies	2281 & 2301 Calle de Luna	Light industrial building
Beam On Technologies	2300 & 2310 Calle de Luna	Commercial/light industrial building
Amalar, Inc.	2309 Calle de Luna	Commercial/light industrial building
Unknown	2325 Calle de Luna	Commercial/light industrial building
Global Delivery Systems	2355 Calle de Luna	Commercial/light industrial building

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**OBSERVED BUSINESSES/FACILITIES WITH POTENTIALLY SIGNIFICANT QUANTITIES OF HAZARDOUS SUBSTANCES
(CONTINUED)**

Facility Name	Facility Address	Observations
Craftmaster Manufacturing	2232, 2238, 2240, 2242, & 2246 Calle del Mundo	Commercial/light industrial building; hazardous materials placarding indicating health and reactivity hazards of 3 and flammability hazard of 2, with special hazard of oxygenators; signage for corrosives also observed
Italix Company, Inc.	2236 Calle del Mundo	
TMK Manufacturing	2233 Calle del Mundo	Commercial/light industrial building
Nu-Metal Finishing	2262 Calle del Mundo	Light industrial facility; hazardous materials placarding observed behind building but details unable to be discerned
Centerline Precision	2264 Calle del Mundo	Light industrial building
Global Manufacturing Company	2273 Calle del Mundo	
Clark Precision Sheetmetal	2275 Calle del Mundo	
Unknown	2272 Calle del Mundo	Light industrial/office building
Rahma Foundation	2302 Calle del Mundo	Commercial/light industrial building
PSC Electronics*	2304 Calle del Mundo	
Unknown	2312 Calle del Mundo	
Dimensional Office Space*	2314 Calle del Mundo	
PSC Electronics	2307 Calle del Mundo	Light industrial building
Unknown	2311 Calle del Mundo	
Mobile Shield*	2315 Calle del Mundo	
Vacant	2319 Calle del Mundo	
L.P. Glassblowing, Inc.	2322 Calle del Mundo	Commercial/light industrial building
W&K Automotive Inc.	2338 Calle del Mundo	Commercial/light industrial building
Acupuncture & Acupressure		
Watts Machining, Inc.	2339 Calle del Mundo	Commercial/light industrial building
Alzeta Corporation	2343 Calle del Mundo	Commercial/light industrial building
Borg's Gear Specialties	2346 & 2348 Calle del Mundo	Commercial/light industrial building
ASA Computers, Inc.	2354 Calle del Mundo	Commercial/light industrial building
Capella Microsystems	2361 Calle del Mundo	Commercial/light industrial building
Solaicx	5102 Calle del Sol	Light industrial building with what appeared to be a purified water system at side of building
Vacant	5122, 5124, 5126 & 5128 Calle del Sol	Commercial/light industrial building
The Marie P. DeBartolo Sports Center	4949 Centennial Avenue	San Francisco 49ers training facility, fields, offices, and associated structures
Northern Receiving Station	4857 Centennial Avenue	Electrical sub-station
Santa Clara Youth Soccer Park	5049 Centennial Avenue	Soccer fields and small associated structures
Vacant	2950 & 3050 Democracy Way	Commercial/office building complex
Gianera Combustion Turbine	2339 Gianera Street	Large electrical station with generator building, power lines, and associated equipment; DI water AST observed; hazardous materials placard on internal fence indicated health hazard of 1 and flammability hazard of 4

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**OBSERVED BUSINESSES/FACILITIES WITH POTENTIALLY SIGNIFICANT QUANTITIES OF HAZARDOUS SUBSTANCES
(CONTINUED)**

Facility Name	Facility Address	Observations
California's Great America	1 Great America Parkway 4701 Great America Parkway 2401 Agnew Road	Amusement & water park
Brocade	4555 Great America Parkway	Multi-building high-tech campus
AMD		
Bandai Namco Games		
Nortel Networks*	4559 Great America Parkway	
Parking Garage	4655 Great America Parkway	
Nortel Networks*		
Parking Garage	4659 Great America Parkway	
Hilton	4949 Great America Parkway	Hotel
Foundry Networks	4980 Great America Parkway	High-tech/office building
Citrix	4988 Great America Parkway	High-tech/office building
Santa Clara Convention Center	5001 Great America Parkway	Convention center/hotel building complex
Hyatt	5101 Great America Parkway	
Techmart	5201 Great America Parkway	
Parking Garage		
Vacant	5200 Great America Parkway	High-tech/office building
Alcatel-Lucent		
Assorted restaurants	Great America Parkway	Retail/commercial center
MLI/Vacant	5101 Lafayette Street	Light industrial building
K&S Precision Machining, Inc.	5151, 5155 & 5159 Lafayette Street	Commercial/light industrial building
Flomerics	4699 Old Ironsides Drive	Commercial building
Maruthi Consulting, Inc.		
Parkway Towers	4800 Old Ironsides Drive	Multi-tenant office building; tenant names not visible
Soccer Park Maintenance Yard	5050 Stars and Stripes Drive	Small maintenance structures
City of Santa Clara Fire Station #10	5111 Stars and Stripes Drive	Fire station
Santa Clara Golf & Tennis Club	5131, 5151, 5155, and 5175 Stars and Stripes Drive	Clubhouse/conference building, restaurant, golf course, tennis courts, parking lots, and other associated structures
David's Restaurant		
Vacant	2121 Tasman Drive	High-tech/commercial building
Vudu, Inc.	2901 Tasman Drive	Multi-tenant commercial building
Teak Technologies		
Scott Hyver Visioncare		
Medconx		
Rio Design Automation		
iSuppli Corporation		
Unknown	No visible address; possibly 2950 Tasman Drive	Commercial building
Assorted restaurants	Tasman Drive	Commercial/retail center
Parking Garage	No street address	Multi-level parking structure

* Business name not observed at time of reconnaissance; name obtained through reverse telephone directory and/or SCFD documents.

Vicinity Railroad Tracks

Railroad spurs or main lines were not observed within ½ mile of the project site at the time of this study, with the exception of VTA Light Rail tracks on Tasman Drive.

Adjacent Petroleum Pipelines

To obtain location information for the Kinder Morgan petroleum pipeline (reportedly a 10-inch diameter pipeline which transports gasoline, jet fuel, and diesel from Concord to the San Jose terminal located at 2150 Kruse Drive), Mr. Chuck Wagner of Kinder Morgan was contacted. Mr. Wagner had not responded to the request at the time this study was completed, but based on previous information obtained from Mr. Wagner for other studies, the Kinder Morgan pipeline nearest the site appears to be greater than 1 mile away. To obtain location information for the Chevron Bay Area Pipeline (another regional petroleum hydrocarbon pipeline), Mr. Cary Wages of Chevron was contacted. Mr. Wages indicated that the Chevron pipeline nearest the site was greater than 1 mile away.

Registered Vicinity Toxic Gas Facilities

A list of registered toxic gas facilities located within the City of San Jose (City limits of San Jose are located within 1 mile of the site) was obtained from Mr. Mike Murtiff of the SJFD. Based on the recorded addresses of the registered facilities, one appeared to be located within 1 mile of the project site at the time of this study. The identified toxic gas facility was Supertex, located at 71 Vista Montana. A hazardous materials inventory for Supertex was not available through the City of San Jose on-line permit website; a hazardous materials storage system permit application was available and is included in an appendix to this letter. Based on information provided in the permit application, dated 7/30/02, Supertex had installed a Varian E220 Ion Implanter utilizing "D" size cylinders of 99% concentrated boron trifluoride, and 15% balance hydrogen phosphine and arsine secured in a stainless steel gas cabinet exhausted to a toxic gas scrubber.

Registered Vicinity CalARP Facilities

A list of CalARP facilities located within Santa Clara County was obtained from the SCCDEH. CalARP facilities are those that use or store specified quantities of toxic and flammable substances that can have off-site consequences if accidentally released. Based on the recorded addresses of the registered facilities, none appeared to be located within 1 mile of the project site at the time of this study.

Review of Available SCFD Files

To evaluate the potential significance of the businesses identified during the visual survey discussed previously, readily available information on hazardous materials usage and storage for the observed businesses/facilities was provided from SCFD files by their representative. For the purposes of this study, primarily data on the chemical/waste inventories provided in the most recent HMBPs was reviewed. Many of the identified facilities had no hazardous materials files on record at the SCFD and, if evidence of the presence of hazardous substances was not identified through other sources, these facilities were discounted as posing a potentially significant hazardous materials threat to the proposed development. The SCFD information available for the facilities is summarized in the following table; key documents are included in an appendix to this letter.

AVAILABLE SCFD FILE REVIEW INFORMATION

Document Date	Business Name	Document Type	Information Obtained
<i>2401 Agnew Road/1 Great America Parkway</i>			
6/19/01	Paramount's Great America	HMBP	Facility reportedly operated USTs. Maximum container sizes for hazardous materials in inventory included 55 gallons assorted oils, 8,000 gallons diesel, 55 gallons ethylene glycol, and 10 gallons paint. Maximum container sized for hazardous wastes included 55 gallons waste oil, 300 gallons solids with solvents and petroleum, 55 gallons paint thinner and paint waste, 110 gallons water with oils and heavy metals, 55 pounds lead-acid batteries, and waste PCB ballast and asbestos pipes. The available HMBP was dated prior to addition of the water park portion of the facility.

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**AVAILABLE SJFD FILE REVIEW INFORMATION
(CONTINUED)**

Document Date	Business Name	Document Type	Information Obtained
<i>2268 Calle de Luna</i>			
7/5/05	NTL Precision Machining, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 100 gallons coolant and 55 gallons way lube oil. Maximum container sizes for hazardous waste limited to 55 gallons waste water with oil and coolant.
<i>2281 Calle de Luna</i>			
3/19/07	INTA Technologies	HMBP	Maximum container sizes for hazardous materials in inventory included 1,200 gallons liquid nitrogen, 1,200 cubic feet hydrogen, and 291 cubic feet helium.
<i>2262 Calle del Mundo</i>			
6/14/06	Nu-Metal Finishing, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 330 cubic feet acetylene, 281 cubic feet oxygen, 547 cubic feet nitrous oxide, 350 cubic feet argon, 6,360 cubic feet liquid nitrogen, and 197 cubic feet hydrogen, and maximum container sizes ranging from 21 to 273 gallons and 34 to 500 pounds each of assorted metal finishing/plating chemicals including acids (hydrochloric, phosphoric, chromic, nitric, fluoroboric, sulfuric, formic), caustics (sodium hydroxide, potassium hydroxide), cyanide, and metals. The maximum container sizes for hazardous wastes included 100 pounds filters with cyanide and maximum container sizes of 55 to 275 gallons and 400 to 600 pounds each of assorted spent metal finishing/plating solutions and chemicals.
<i>2322 Calle del Mundo</i>			
12/21/05	L.P. Glassblowing, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 1,200 gallons cryogenic oxygen and 30,000 cubic feet hydrogen.
<i>2332 Calle del Mundo</i>			
3/1/07	Italix Company, Inc.	HMBP Certification Form	Form stated that 4/14/05 HMBP was complete and accurate; 4/15/05 HMBP not available.
3/5/03	Italix Company, Inc.	HMBP Certification Form	Form stated that 9/10/02 HMBP was complete and accurate. Hazardous materials inventory pages included with certification form listed maximum container sizes for hazardous waste including 30 gallons spent sodium persulfate solution, 150 pounds non-RCRA waste solids, 55 gallons spent photo-resist stripper solution, 5 gallons fluoride solution, 5 gallons hydrochloric acid, and 5 gallons resist stripper.
9/10/02	Italix Company, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 55 gallons ferric chloride, 55 gallons hydrochloric acid, 15 gallons miscellaneous corrosive liquids (alkaline), 60 gallons photo-resist stripper, 32 gallons miscellaneous corrosive liquids (acidic), and 250 gallons ferric chloride/hydrochloric acid. Maximum container sizes for hazardous waste included 85 gallons spent ferric chloride, 55 gallons spent fluoride solution, 55 gallons sludge, 55 gallons spent black oxide solution, 55 gallons spent copper plating solution, 55 gallons spent tin plating solution, 30 gallons spent sodium persulfate solution, 5 gallons hydrochloric acid, and 150 pounds non-RCRA waste solids.
<i>2338 Calle del Mundo</i>			
8/11/05	W&K Automotive, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 55 gallons transmission fluid, 75 gallons engine oil, and 55 gallons Q-Sol 100 cleaning solvent. Maximum container sizes for hazardous waste included 160 gallons used oil and 80 gallons used antifreeze.
<i>2339 Calle del Mundo</i>			
8/1/05	Watts Machining, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory included 55 gallons Blasocut, 55 gallons lube oil, 55 gallons Corralite 02, and 5 gallons Spindle oil. Maximum container sizes for hazardous waste included 55 gallons used coolant and 55 gallons used solvent.

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**AVAILABLE SJFD FILE REVIEW INFORMATION
(CONTINUED)**

Document Date	Business Name	Document Type	Information Obtained
<i>2343 Calle del Mundo</i>			
6/15/06	Alzeta Corporation	Unidocs Inventory	Maximum container sizes for hazardous materials in inventory included 55 gallons acetic acid, 55 gallons aluminum nitrate, 550 pounds aluminum powder, 7 cubic feet ethylene in air, 200 cubic feet propane, 55 pounds Disperal/Alumina, 50 pounds polyvinyl alcohol, 50 pounds sodium hydroxide pellets, 132 cubic feet acetylene, 80 cubic feet argon, 181 cubic feet oxygen, 1,500 pounds polymethylmethacrylate beads, 17.7 cubic feet hydrogen, 144 cubic feet nitrogen/nitric oxide, 144 cubic feet nitrogen/nitric oxide/nitrogen dioxide mix, 181 cubic feet nitrogen/oxygen/carbon dioxide mix, and 440 cubic feet carbon dioxide.
<i>5102 Calle del Sol</i>			
5/15/07	Solaicx	HMBP	Maximum container sizes for hazardous materials in inventory included 55 gallons lubricating oil, 55 gallons grinding fluid, 1,500 gallons argon, 55 gallons alkaline detergent, 55 gallons glycol, and 55 gallons proprietary lubricant. Maximum container size for hazardous waste limited to 55 gallons waste oil.
<i>4857 Centennial Boulevard</i>			
5/12/08	Northern Receiving Station	Email*	Hazardous materials at the electric sub-station limited to mineral oil (non-PCB) in the transformers and battery acid from secondarily-contained back up batteries.
<i>2339 Gianera Street</i>			
4/25/08	Gianera Combustion Turbine	Hazardous Materials/Waste Inventories*	Maximum container sizes for hazardous materials in inventory included 100,000 gallons dodecane in an AST, 200 cubic feet carbon dioxide, 2,000 gallons severely refined paraffinic distillate oil, and 250 cubic feet methane. Maximum container sizes for hazardous waste limited to 550 gallons waste oil.
<i>4555, 4559, 4655, & 4659 Great America Parkway</i>			
4/1/06	Nortel Networks	HMBP	<p>Maximum container sizes for hazardous materials in inventory for Nortel Networks at 4555 Great America Parkway included diesel (185 gallons); sealed sulfuric acid batteries appear to have been crossed off.</p> <p>Maximum container sizes for hazardous materials in inventory for Nortel Networks at 4559 Great America Parkway included diesel for emergency generator (350 gallons).</p> <p>Maximum container sizes for hazardous materials in inventory for Nortel Networks at 4655 Great America Parkway included diesel (185 gallons) and sealed UPS batteries (70 gallons); additional hazardous materials had been crossed off inventory.</p> <p>Maximum container sizes for hazardous materials in inventory for Nortel Networks at 4659 Great America Parkway included diesel fuel for emergency generator (660 gallons).</p>
<i>4949 Great America Parkway</i>			
8/12/04	Hilton Santa Clara	HMBP	Maximum container size for hazardous materials in inventory limited to 60 gallons diesel for an emergency generator.
<i>5200 Great America Parkway</i>			
3/1/07	Alcatel-Lucent	HMBP	Maximum container sizes for hazardous materials in inventory included 200 gallons diesel in an AST and 280 pounds sulfuric acid.
<i>5201 Great America Parkway</i>			
8/2/06	Techmart	HMBP	Facility reportedly operated USTs. Maximum container sizes for hazardous materials in inventory included 1,000 gallons diesel and 1,000 gallons trichloromonofluoromethane. Maximum container size for hazardous waste limited to 5 gallons used refrigeration oil.

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**AVAILABLE SJFD FILE REVIEW INFORMATION
(CONTINUED)**

Document Date	Business Name	Document Type	Information Obtained
<i>5101 Lafayette Street</i>			
4/24/06	Micro Lithography, Inc.	HMBP	Maximum container sizes for hazardous materials in inventory limited to 300 cubic feet nitrogen; maximum container size for hazardous waste limited to 200 pounds absorbent with mixed solvents.
<i>5101 Stars and Stripes Drive</i>			
3/17/07	Santa Clara Golf & Tennis	HMBP	Maximum container sizes for hazardous materials in inventory included 500 gallons diesel, 200 gallons unleaded gasoline, 55 gallons hydraulic oil, 55 gallons motor oil, and 50 pounds ammonium nitrate. Maximum container sizes for hazardous wastes included 55 gallons used motor oil and 30 gallons parts washer solution.

*Hazardous materials/waste inventory obtained from Silicon Valley Power.

Summary of Previous Screening Level Chemical Risk Appraisals

Screening level chemical risk appraisal previously was conducted for Nu-Metal Finishing, Inc. at 2232 Calle del Mundo, as part of a previous vicinity hazardous materials users survey. Upon comparison of the more recent chemical inventory obtained at the time of this study, however, it appears that the inventory has been modified since performance of the previous risk appraisal, and the screening level modeling performed appears no longer to be applicable.

Regulatory Agency Database Review

A summary of the reported facilities identified in the regulatory agency database report appearing to be potentially significant to the project site, with respect to hazardous materials usage/hazardous waste generation, chemical releases to the environment, or significant air emissions, is presented in the following table. The complete regulatory agency database report, including a list of the databases reviewed, the search distances, and a figure showing the business locations with respect to the project site (identified by map ID number), is included in an appendix to this letter.

POTENTIALLY SIGNIFICANT FACILITIES IDENTIFIED IN REGULATORY AGENCY DATABASE REPORT

Facility	Map ID No.	Address	Pertinent Information
Paramount's Great America	AG161	2401 Agnew Road	Reported RCRA small quantity generator with no violations noted. Also listed as a small quantity generator in 1992 and 1993. Present on Haznet database as generating waste oil/mixed oil, unspecified organic liquid mixtures, hydrocarbon solvents, organic solids, aqueous solutions with less than 10% organic residue, liquids with halogenated organic compounds greater than 1,000 milligrams per liter (mg/l), lab waste chemicals, liquids with lead greater than 500 mg/l, liquids with cadmium greater than 100 mg/l, organic liquid mixtures, off-spec/aged/surplus organics, alkaline solutions with metals, photochemicals, liquids with polychlorinated biphenyls (PCBs) greater than 50 mg/l, unspecified oil-containing waste, liquids with pH less than 2 containing metals, oxygenated solvents, PCBs and materials containing PCBs, and asbestos-containing waste, among other wastes. Listed on AIRS air emission database for 2005* as emitting 1.383 tons total organic hydrocarbon gases, 0.923 ton reactive organic gases, 0.004 ton carbon monoxide, 0.013 ton NOx, and 0.001 ton particulates with 0.00098 ton less than 10 um in diameter.

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**POTENTIALLY SIGNIFICANT FACILITIES IDENTIFIED IN REGULATORY AGENCY DATABASE REPORT
(CONTINUED)**

Facility	Map ID No.	Address	Pertinent Information
John Shawn Production	AT210	2401 Agnew Road	Reported RCRA small quantity generator for photo booth operation with no violations noted. Present on Haznet database as generating small quantities of photochemicals.
Professor Bloodgood's Photographic	AG159	2401 Agnew Road	Present on Haznet database as generating a small quantity of photochemicals.
---	AG160	2401 Agnew Road	Release of 20 gallons of sodium hypochlorite on 4/19/04.
DeCarli Sheet Metal	O82	2260 Calle de Luna	Present on Haznet database as generating a small quantity of waste oil/mixed oil.
Coatek	O73/O74/ O75	2272 Calle de Luna	Reported RCRA small quantity generator of ignitable waste, reactive waste, wastewater treatment sludge, and spent cyanide plating bath solutions with no violations noted. Present on Haznet database for generating small to moderate quantities of inorganic solid waste, liquids with cyanide greater than 1,000 mg/l, and liquids with nickel greater than 134 mg/l. Listed on AIRS air emission database for 2005* as emitting 6.96 tons total organic hydrocarbon gases, 5.95 tons reactive organic gases, and 0.424 ton particulate matter with 0.382 ton less than 10 micrometers (um) in diameter. Included on waste discharge database as an industrial facility with no waste treatment system.
----	N72	2278 Calle de Luna	Listed on ERNS database for a reported strong chemical smell emanating from facility 10/19/92.
Inta	N64/N65	2281 Calle de Luna	Present on Haznet database for generating small quantities of liquids with pH less than 2, aqueous solutions with less than 10% total organic residues, liquids with halogenated organic compounds greater than 1,000 mg/l, liquids with pH less than 2 and containing metals, liquids with cyanide greater than 1,000 mg/l, inorganic solid waste, organic solids, lab waste chemicals, unspecified aqueous solutions, unspecified solvent mixture waste, and unspecified organic liquid mixtures. Included on waste discharge database as an industrial facility with no waste treatment system.
Richard and Donna Wills Revocable Trust	G48	2301 Calle de Luna	Reported RCRA small quantity generator of ignitable waste and spent halogenated solvents with no violations noted. Present on Haznet database as generating small to moderate quantities of inorganic solid waste and other unspecified waste.
Italix Company, Inc.	Q93/Q94	2232 Calle del Mundo	Reported RCRA large quantity generator of corrosive, lead, and chromium wastes, among others; reported large quantity generator in multiple years between 1992 and 2004 and as a small quantity generator in 1986. One violation noted in 2003. Present on Haznet database as generating small to large quantities of liquids with pH less than 2 containing metals, unspecified aqueous solutions, inorganic solid waste, alkaline solutions with metals, and liquids with hexavalent chromium greater than 500 mg/l. Listed on AIRS air emission database for 2005* as emitting 0.311 ton total organic hydrocarbon gases, 0.257 ton reactive organic gases, and 0.005 ton particulates with 0.0045 ton less than 10 um in diameter. Included on waste discharge database as an industrial facility with no waste treatment system.

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**POTENTIALLY SIGNIFICANT FACILITIES IDENTIFIED IN REGULATORY AGENCY DATABASE REPORT
(CONTINUED)**

Facility	Map ID No.	Address	Pertinent Information
Nu-Metal Finishing	P83/P84/R95	2262 Calle del Mundo	Reported RCRA large quantity generator of ignitable wastes, corrosive wastes, reactive wastes, spent non-halogenated solvents, wastewater treatment sludge, spent cyanide plating bath solutions, spent stripping and cleaning bath solutions, copper cyanide, potassium cyanide, and arsenic, cadmium, chromium, lead, selenium, silver, chloroform, and methyl ethyl ketone wastes, among others. Also reported as large quantity generator for several years between 1998 and 2004, and 1982 and 1996 and as a small quantity generator in 1996. Multiple violations noted, including in 1983, 1994, and 2006. Present on Haznet database as generating small to large quantities of liquids with cyanide greater than 1,000 mg/l, alkaline solutions with metals, unspecified alkaline solutions, liquids with hexavalent chromium greater than 500 mg/l, liquids with pH less than 2 containing metals, liquids with nickel greater than 134 mg/l, inorganic solid waste, off-spec/aged/surplus organics, unspecified sludge waste, lab waste chemicals, unspecified oil-containing waste, waste oil/mixed oil, unspecified organic liquid mixtures, empty pesticide containers of 30 gallons or more, metal sludge, alkaline organic liquids with metals, and aqueous solutions with less than 10% organic residue, among other wastes. Listed on ERNS database for a reported release of nitrogen oxide due to introduction of a piece of steel into a nitric acid tank on 8/24/88.
Clark Precision Sheetmetal	P76	2275 Calle del Mundo	Reported RCRA small quantity generator with no violations noted.
LP Glass Blowing	K52/K55	2322 Calle del Mundo	Present on Haznet database for generating small quantities of unspecified organic liquid mixtures, unspecified oil-containing waste, and waste oil/mixed oil.
Watts Machining, Inc.	H38	2339 Calle del Mundo	Present on Haznet database for generating small to moderate quantities of unspecified oil-containing waste, liquids with halogenated organic compounds greater than 1,000 mg/l, and waste oil/mixed oil.
Alzeta Corporation	H36/H37	2343 Calle del Mundo	Reported RCRA small quantity generator with no violations noted. Present on Haznet database for generating small quantities of waste oil/mixed oil, liquids with pH less than 2, organic solids, and off-spec/aged/surplus organics. Listed on AIRS air emission database for 2005* as emitting 0.01 ton total organic hydrocarbon gases, 0.008 ton reactive organic gases, 0.021 ton carbon monoxide, 0.083 ton NOx, and 0.002 ton particulate matter with 0.0011 ton less than 10 um in diameter. Included on waste discharge database for having a continuous or seasonal discharge from a facility with no waste treatment system.
---	H32	2346 Calle del Mundo	Present on ERNS database for a release of 15 gallons of wastewater from the building to the storm drain in 6/15/91.
Solaicx	L56	5102 Calle del Sol	Present on Haznet database for generating a small quantity of an unspecified waste.
Northern Receiving Station	2/3	4857 Centennial Boulevard	Reported RCRA small quantity generator with no violations noted; hazardous wastes included arsenic, lead, and mercury. Present on Haznet database as generating contaminated soil from site cleanups.
San Francisco Forty Niners	1	4949 Centennial Boulevard	Present on Haznet database as generating small quantities of liquids with halogenated organic compounds greater than 1,000 mg/l, oxygenated solvents, and liquids with pH less than 2.

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**POTENTIALLY SIGNIFICANT FACILITIES IDENTIFIED IN REGULATORY AGENCY DATABASE REPORT
(CONTINUED)**

Facility	Map ID No.	Address	Pertinent Information
City of Santa Clara	A4/A5	2339 Gianera Street	Present on Haznet database as generating a small quantity of waste oil/mixed oil. Listed on AIRS air emission database for 2005* as emitting 0.079 ton total organic hydrocarbon gases, 0.009 ton reactive organic gases, 0.032 ton carbon monoxide, 0.272 ton NOx, 0.011 ton SOx, and 0.028 ton particulate matter with 0.0278 ton less than 1 um in diameter. Included on waste discharge database for having a continuous or seasonal discharge from a facility with no waste treatment system.
Nortel Networks	71	4655 Great America Parkway	Present on Haznet database for generating small quantities of off-specification/aged/surplus organics, lab waste chemicals, and paint sludge.
Hilton Santa Clara	27	4949 Great America Parkway	Listed on AIRS air emission database for 2005* as emitting 0.001 ton NOx.
Santa Clara Convention Center	F23	5001 Great America Parkway	Present on Haznet database as generating small quantities of unspecified solvent mixture waste and waste oil/mixed oil.
Santa Clara Convention Center	M58	---	Listed on ERNS database for a release of 20 gallons of cutting oil on 11/11/98.
ISOA**	F24	5001 Great America Parkway	Present on Haznet database as generating a small quantity of waste oil/mixed oil.
ASP Convention Services	F25/F26	5001 Great America Parkway	Present on Haznet database as generating a small quantity of waste oil/mixed oil.
Gibson-Speno	J40	5201 Great America Parkway	Present on Haznet database as generating small quantities of waste oil/mixed oil.
Techmart	J41	5201 Great America Parkway	Present on Haznet database as generating a small quantity of aqueous solutions with 10% or more total organic residue.

* Most recent year for which data was available to EDR from referenced databases.

** Unconfirmed as current tenant.

Conclusions

Railroad Tracks – Rail spurs or main lines were not observed within ½ mile of the site, with the exception of VTA Light Rail tracks.

Hazardous Materials/Waste Pipelines – Based on the data available for this study, there do not appear to be hazardous materials/waste pipelines adjacent to the project site.

Vicinity Toxic Gas Facility - Based on information available from the SJFD, one registered toxic gas facility (Supertex) appeared to be located within 1 mile of the project site at the time of this study. A hazardous materials/waste inventory for Supertex was not available through the SJFD; however, a hazardous materials storage system permit application indicated the presence of toxic gases. Recommendation for further evaluation is presented in the table on the following page.

Significant Hazardous Substance Facilities – A summary of the facilities within an approximately ½-mile radius of the project site for which additional evaluation is recommended is presented in the table on the following page.

VICINITY FACILITIES FOR WHICH ADDITIONAL EVALUATION IS RECOMMENDED

Facility Name	Facility Address	Obtain Current Hazardous Materials Inventory	T/IH Evaluate Hazardous Materials Inventory
Great America	2401 Agnew Road	√*1	
INTA Technologies	2281 Calle de Luna		√ (hydrogen)
Coatek	2272 Calle de Luna	√ ¹	√**
Nu-Metal Finishing, Inc.	2262 Calle del Mundo		√
L.P. Glassblowing, Inc.	2322 Calle del Mundo		√ (hydrogen)
Italix Company, Inc.	2232 Calle del Mundo		√
Gianera Combustion Turbine	2339 Gianera Street		√
Santa Clara Golf & Tennis	5101 Stars and Stripes Drive		√ (gasoline)
Supertex	71 Vista Montana	√ ¹	√ ³

1 Attempt to obtain through other means; SCFD had no further information.

2 Have placed request with Silicon Valley Power for inventory; will provide as addendum if received.

3 Review information available on permit application if no inventory available.

* Although available chemical inventory did not indicate the presence of significant quantities of hazardous materials, installation of water park since date of previous inventory likely resulted in addition of water treatment chemicals, possibly including chlorine.

**Evaluate reported air emissions

Limitations

The conclusions and recommendations made in this letter regarding potentially significant hazardous substance users within the site vicinity were based on business names/addresses readily observable from accessible public right-of-ways and review of readily available documents containing data collected and/or reported by others at the time this study was performed. Other businesses using hazardous materials may have been located within 1/2 mile of the site, but were not observable or readily identifiable at the time this study was performed; data collected and/or reported by others may or may not have been accurate. The accuracy and completeness of hazardous materials information included in the available SCFD files is unknown; more accurate information on types, quantities, and storage conditions of hazardous materials used at vicinity facilities could be obtained through performance of a site reconnaissance and/or interview with the business operators.

The data and conclusions presented in this letter are applicable only to the time this study was performed. Businesses within the site vicinity likely will change over time and this study should be updated as appropriate, to ensure that the most currently available data has been included. As with all hazardous materials surveys, the extent of information obtained was a function of client demands, time limitations, access limitations, and budgetary constraints.

This letter was prepared for the sole use of David J. Powers and Associates. No warranty, expressed or implied, has been made, except that the services have been performed in accordance with environmental principles generally accepted at this time and location.

Thank you for allowing me to assist you with this project. If you have any questions please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink that reads "Belinda P. Blackie". The signature is written in a cursive style with a large, stylized initial "B".

Belinda P. Blackie, P.E., R.E.A.
P.E. Number C56448
R.E.A. Number REA-06746

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

✓ ✓ ✓ M
DIX 8/25/04
BL# 066430

I. FACILITY IDENTIFICATION

FACILITY ID # <small>(Agency Use Only)</small>		1.	EPA ID # (Hazardous Waste Only)	2.
---	--	----	---------------------------------	----

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

II. ACTIVITIES DECLARATION

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

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

E. LOCAL REQUIREMENTS <small>(You may also be required to provide additional information by your CUPA or local agency.)</small>	15.
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JUL 27 2004

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Solaicx Inc.</u> <hr/> Street <u>5102 Calle Del Sol</u> City <u>Santa Clara</u> County <u>Santa Clara</u> State <u>CA</u> Zip <u>95054</u> <hr/> SIC Code _____ Dun & Brad Number _____	Owner/Operator Name Name <u>Jeff Jones</u> Phone <u>(408) 988.5000 ext 116</u> <hr/> Mail Address <u>5102 Calle Del Sol, Santa Clara, CA 95054</u>
	Emergency Contact Name <u>Jeff Jones</u> Title <u>VP Operations</u> Phone <u>(408) 988.5000 ext 116</u> 24 Hr. Phone <u>(503) 367.4784</u>	
	Name <u>Peter Bostock</u> Title <u>Technical Officer</u> Phone <u>(408) 988.5000 ext 107</u> 24 Hr. Phone <u>(650) 224.0603</u>	

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 20 06 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional															
CAS <u>7440-37-1</u> Trade Secret Chem. Name <u>Argon - Liquid (LAR)</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0 3</u> Avg. Daily Amount (code) <u>0 2</u> No. of Days On-site (days) <u>2 1 4</u>	<table border="1" style="width:100%; text-align: center;"> <tr><td>L</td><td>2</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	L	2	7													General Warehousing & storage SW wall. (See Hazardous materials map, item #6). _____ _____ _____	<input type="checkbox"/>
L	2	7																		
CAS _____ Trade Secret Chem. Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																_____ _____ _____	<input type="checkbox"/>

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
Jon Anderson Operations Shift Leader
 Name and official title of owner/operator OR owner/operator's authorized representative. Signature [Signature] Date signed 5/15/07

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguards measures

RECEIVED

JUN 07 2007

S.C.F.D.

Hazardous Waste Inventory Statement

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

Date: 5/15/07

Business Name: <u>SOLAICX</u> <small>(Same as Facility Name or DBA)</small>				Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u>5</u> of <u>9</u> <small>(One page per building or area)</small>	
Chemical Location: <small>(Building/Storage Area)</small> <u>MFG AREA</u>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small> <u>43-010-</u>				

1. Haz. Class	2. Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure	
NA	MFL #1	WASTE OIL				<input checked="" type="checkbox"/> waste	220	HD	55	27 gal	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
												<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
		Management Method:				<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> pressure relea
		<input checked="" type="checkbox"/> Shipped Off-site				<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> acute health
		<input type="checkbox"/> Recycled On-site				<input type="checkbox"/> gas			D		<input type="checkbox"/> tons	<input type="checkbox"/> < amb.	<input type="checkbox"/> cryogenic	<input type="checkbox"/> chronic health
		<input type="checkbox"/> Treated On-site										<input type="checkbox"/> < amb.	<input type="checkbox"/> cryogenic	<input type="checkbox"/> 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/Nonmetallic 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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 5.15.07

Business Name: **SOLAICX** (Same as Facility Name or DBA) Type of Report on This Page: Add; Delete; Revise Page 4 of 9 (One page per building or area)

Chemical Location: **MANUFACTURING AREA** (Building/Storage Area) 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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Haza Catego	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
NAMFG #1		Glycol	Polyethylene Glycol	90	<input type="checkbox"/>	25322-69-3	<input checked="" type="checkbox"/> pure mixture	220	110	55	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure acute he chronic radioact
		CAS No.: <input type="checkbox"/> EHS	Water	10	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive)	Days On Site:	Storage Container:*				
NA MFG #1		PROPRIETARY LUBRICANT	H-5-24	100	<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	220	110	55	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure acute he chronic radioact
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive)	Days On Site:	Storage Container:*					
					<input type="checkbox"/>		<input type="checkbox"/> pure mixture				gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure acute he chronic radioact
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive)	Days On Site:	Storage Container:*					
					<input type="checkbox"/>		<input type="checkbox"/> pure mixture				gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure acute he chronic radioact
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive)	Days On Site:	Storage Container:*					
					<input type="checkbox"/>		<input type="checkbox"/> pure mixture				gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure acute he chronic radioact
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive)	Days On Site:	Storage Container:*					

- * 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 Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 5.15.07

Business Name: SOLAICX
(Same as Facility Name or DBA)

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

Page 3 of 9
(One page per substance or area)

Chemical Location: MANUFACTURING AREA
(Building/Storage Area)

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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Category								
			Chemical Name	Wt. %	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.							
NA	MFG #1	Lubricating OIL	Petroleum Hydrocarbon ?		<input type="checkbox"/>	mixture	110	55	55	gallons	ambient	ambient	fire								
			Additives ?		<input type="checkbox"/>																
IVA	MFG #1	Grinding Fluid	Mono Ethanol Amine	6-10	<input type="checkbox"/>	mixture	55	30	55	gallons	ambient	ambient	fire								
			Tri Ethanolamine	10-20	<input type="checkbox"/>																
			Water	20-1	<input type="checkbox"/>																
NA	#B CZ	Silicon	Silicon	100	<input type="checkbox"/>	mixture	3	1	0-3	gallons	ambient	ambient	fire								
					<input type="checkbox"/>																
2.2	CZ #6	Argon Bulk Compressed Tank	Argon	100	<input type="checkbox"/>	mixture	1500	850	1500	gallons	ambient	ambient	fire								
					<input type="checkbox"/>																
2.2	CZ #6	Argon Compressed (Dewar)	Argon	100	<input type="checkbox"/>	mixture	180	120	60	gallons	ambient	ambient	fire								
					<input type="checkbox"/>																
NA	MFG #1	Alkaline Detergent VALTRON	2-Butoxyethanol Ethylene Glycol	40%	<input type="checkbox"/>	mixture	220	110	55	gallons	ambient	ambient	fire								
			Glycol mono-butyl ether	?	<input type="checkbox"/>																
			Anionic & Non-Anionic	?	<input type="checkbox"/>																
			Surfactant EDTA (Fe-3)	?	<input type="checkbox"/>																
			Sodium Ethylene diamine	?	<input type="checkbox"/>																

* 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 Silt	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:

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

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	1.	BEGINNING DATE	100.	ENDING DATE	101.
		5/15/2007		5/15/2008	
BUSINESS NAME (Same as FACILITY NAME)			3.	BUSINESS PHONE	
Solaicx				(408) 988.5000	
BUSINESS SITE ADDRESS					
5102 Calle Del Sol					
CITY			104.	CA	ZIP CODE
Santa Clara					95054
DUN & BRADSTREET			106.	SIC CODE (4 digit #)	
COUNTY					
Santa Clara					
BUSINESS OPERATOR NAME			109.	BUSINESS OPERATOR PHONE	
Jeff Jones				(408) 988.5000 ext. 116	

II. BUSINESS OWNER

OWNER NAME	111.	OWNER PHONE	112.
solaicx		(408) 988.5000 ext.	
OWNER MAILING ADDRESS			
5102 Calle Del Sol			
CITY		114.	STATE
Santa Clara			CA
		115.	ZIP CODE
			97054 95054

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117.	CONTACT PHONE	118.
Jeff Jones		(408) 988.5000 ext. 116	
CONTACT MAILING ADDRESS			
5102 Calle Del Sol			
CITY		120.	STATE
Santa Clara			CA
		121.	ZIP CODE
			97054 95054

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

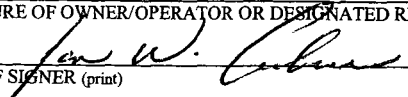
NAME	123.	NAME	128.
Jeff Jones		Peter Bostock	
TITLE	124.	TITLE	129.
VP Operations		Technical Officer	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
(408) 988.5000 ext. 116		(408) 988.5000 ext. 107	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
(503) 367.4784 ext.		(650) 224.0603 ext.	
PAGER #	127.	PAGER #	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Billing Address: 465 California Street, Suite 330, San Francisco, CA 94104

Property Owner: Stephens & Stephens, LLC Phone No.: (415) 781.8000

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
	5/15/2007		Jon Anderson	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER	137.	
Jon Anderson		Operations Supervisor		

* See Instructions on next page.

VLBC 08/07/07 ✓ BL# 102713
 ✓ U ✓

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

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	1.	EPA ID # (Hazardous Waste Only) CAL000296663	2.
---	----	---	----

BUSINESS NAME (Same as Facility Name) 3.
 Solaicx

II. ACTIVITIES DECLARATION

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

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

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

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

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

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

E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)	15.
--	-----

5102 CA11E DE SOL

RECEIVED
 MAY 29 2007
 S.C.F.D.

Business Name:	ALZETA CORPORATION	Owner:	Steve Egli or Dave Bartz
Address:	2343 Calle Del Mundo	City:	Santa Clara
County:	Santa Clara	Phone Number:	408-727-8282
Location:	All Locations	Hazard Type:	Non-Waste and Waste
Hazardous Material Inventory			
<u>Chemical:</u>	<u>Location:</u>	<u>Amount:</u>	
ACETIC ACID, SOLUTION,>80%, LIQUID	1 Chemical Storage Closets	330 GAL	
ALUMINUM NITRATE	1 Chemical Storage Closets	330 GAL	
ALUMINUM POWDER	1 Chemical Storage Closets	3300 LBS	
1.15% ETHYLENE (CH ₂) IN AIR	2 Backyard FG & NFG Storage	7 CUFT	
PROPANE	2 Backyard FG & NFG Storage	200 CUFT	
CARBON DIOXIDE	3. Bakeout Oven	2640 CUFT	
PROPANE	3. Bakeout Oven	200 CUFT	
DISPERAL / ALUMINA	4 Casting Plant	3300 LBS	
POLY VINYL ALCOHOL	4 Casting Plant	150 LBS	
SODIUM HYDROXIDE, PELLETS	4 Casting Plant	2400 LBS	
HYDROGEN	6 Emissions Bench/ Cal Gases	70.6 CUFT	
N ₂ , NO MIX	6 Emissions Bench/ Cal Gases	144 CUFT	
N ₂ , NO, NO ₂ MIX	6 Emissions Bench/ Cal Gases	144 CUFT	
N ₂ , O ₂ , CO ₂ MIX	6 Emissions Bench/ Cal Gases	181 CUFT	
ACETYLENE	7 Test Laboratory Area	132 CUFT	
ARGON	7 Test Laboratory Area	80 CUFT	
OXYGEN	7 Test Laboratory Area	181 CUFT	
PMMA - BEADS	7 Test Laboratory Area	7500 LBS	

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8: CORROSIVES (LIQUIDS AND SOLIDS)		
<u>SODIUM HYDROXIDE, PELLETS</u>	4 Casting Plant	2400 LBS
Total Quantities:		2400 LBS

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Business Name:	ALZETA CORPORATION	Owner:	Steve Egli or Dave Bartz
Address:	2343 Calle Del Mundo	City:	Santa Clara
County:	Santa Clara	Phone Number:	408-727-8282

DOT Hazard Class Summary			
<u>NONE</u>			
PMMA - BEADS	7 Test Laboratory Area		7500 LBS
DISPERAL / ALUMINA	4 Casting Plant		3300 LBS
POLY VINYL ALCOHOL	4 Casting Plant		150 LBS
Total Quantities:			10950 LBS
<u>2.1: FLAMMABLE GASES</u>			
PROPANE	3. Bakeout Oven		200 CUFT
PROPANE	2 Backyard FG & NFG Storage		200 CUFT
HYDROGEN	6 Emissions Bench/ Cal Gases		70.63 CUFT
ACETYLENE	7 Test Laboratory Area		132 CUFT
Total Quantities:			602.6 CUFT
<u>2.2: NONFLAMMABLE GASES</u>			
ARGON	7 Test Laboratory Area		80 CUFT
OXYGEN	7 Test Laboratory Area		181 CUFT
N2, NO MIX	6 Emissions Bench/ Cal Gases		144 CUFT
CARBON DIOXIDE	3. Bakeout Oven		2640 CUFT
N2, NO, NO2 MIX	6 Emissions Bench/ Cal Gases		144 CUFT
N2, O2, CO2 MIX	6 Emissions Bench/ Cal Gases		181 CUFT
1.15% ETHYLENE (CH2) IN AIR	2 Backyard FG & NFG Storage		7 CUFT
Total Quantities:			3377 CUFT
<u>3: FLAMMABLE AND COMBUSTIBLE LIQUIDS</u>			
ACETIC ACID, SOLUTION, >80%, LIQUID	1 Chemical Storage Closets		330 GAL
Total Quantities:			330 GAL
<u>4.1: FLAMMABLE SOLIDS</u>			
ALUMINUM POWDER	1 Chemical Storage Closets		3300 LBS
Total Quantities:			3300 LBS
<u>5.1: OXIDIZING SUBSTANCES</u>			
ALUMINUM NITRATE	1 Chemical Storage Closets		330 GAL
Total Quantities:			330 GAL

Non-Waste Hazardous Materials Inventory Statement

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

BUSINESS NAME: ALZETA CORPORATION						DATE: 9/2/2005	PAGE: 3 of 6									
LOCATION: 3. Bakeout Oven		EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093										
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>CARBON DIOXIDE</td> <td>N</td> <td>100</td> <td>124-38-9</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	CARBON DIOXIDE	N	100	124-38-9	GAS (PURE)	MAX: 2640 LARGEST: 440 AVG: 0 CURIES: 0 DAYS: 365 CONTAINERS: A, L	CUFT	Pressure Temp > AMB. AMBIENT	PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#													
CARBON DIOXIDE	N	100	124-38-9													
2.1	Map: NONE Grid: NONE	PROPANE CAS#: 74-98-6 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>PROPANE</td> <td>N</td> <td>100</td> <td>74-98-6</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	PROPANE	N	100	74-98-6	GAS (PURE)	MAX: 200 LARGEST: 200 AVG: 10 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure Temp > AMB. AMBIENT	FIRE PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#													
PROPANE	N	100	74-98-6													
STORAGE CONTAINER CODES						OTHER ABBREVIATIONS										
A = Aboveground Tank		D = Steel Drum		G = Carboy		J = Bag		M = Glass Bottle or Jug		P = Tank Wagon		MAX = Max. Amount Daily		LARGEST = Largest Container		
B = Belowground Tank		E = Plastic/Nonmetallic Drum		H = Silo		K = Box		N = Plastic Bottle or Jug		Q = Rail Car		AVG = Avg. Amount Daily		CURIES = Curies (in mCi)		
C = Tank Inside Building		F = Can		I = Fiber Drum		L = Cylinder		O = Tote Bin		R = Other		DAYS = Days On Site		CONTAINERS = Storage Containers		

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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: ALZETA CORPORATION				DATE: 9/2/2005		PAGE: 5 of 6	
LOCATION: 6 Emissions Bench/ Cal Gases		EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093	

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																
2.1	Map: NONE Grid: NONE	HYDROGEN CAS#: 1333-74-0 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>HYDROGEN</td> <td>N</td> <td>100</td> <td>1333-74-0</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	HYDROGEN	N	100	1333-74-0	GAS (PURE)	MAX: 70.63 LARGEST: 17.6575 AVG: 0.1 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure > AMB. Temp AMBIENT	FIRE PRESSURE RELEASE								
COMPONENT NAME	EHS	%	CAS#																					
HYDROGEN	N	100	1333-74-0																					
2.2	Map: NONE Grid: NONE	N2, NO MIX CAS#: NONE EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>NITROGEN</td> <td>N</td> <td>99.9</td> <td>7727-37-9</td> </tr> <tr> <td>NITRIC OXIDE</td> <td>Y</td> <td>.04</td> <td>10102-43-9</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	NITROGEN	N	99.9	7727-37-9	NITRIC OXIDE	Y	.04	10102-43-9	LIQUID (MIXTURE)	MAX: 144 LARGEST: 144 AVG: 0.5 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure > AMB. Temp AMBIENT	PRESSURE RELEASE				
COMPONENT NAME	EHS	%	CAS#																					
NITROGEN	N	99.9	7727-37-9																					
NITRIC OXIDE	Y	.04	10102-43-9																					
2.2	Map: NONE Grid: NONE	N2, NO, NO2 MIX CAS#: NONE EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>NITROGEN</td> <td>N</td> <td>99.9</td> <td>7727-37-9</td> </tr> <tr> <td>NITRIC OXIDE</td> <td>Y</td> <td>.001</td> <td>10102-43-9</td> </tr> <tr> <td>NITROGEN DIOXIDE</td> <td>Y</td> <td>.001</td> <td>10102-44-0</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	NITROGEN	N	99.9	7727-37-9	NITRIC OXIDE	Y	.001	10102-43-9	NITROGEN DIOXIDE	Y	.001	10102-44-0	GAS (MIXTURE)	MAX: 144 LARGEST: 144 AVG: 0.5 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure > AMB. Temp AMBIENT	PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#																					
NITROGEN	N	99.9	7727-37-9																					
NITRIC OXIDE	Y	.001	10102-43-9																					
NITROGEN DIOXIDE	Y	.001	10102-44-0																					
2.2	Map: NONE Grid: NONE	N2, O2, CO2 MIX CAS#: NONE EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>NITROGEN</td> <td>N</td> <td>94.9</td> <td>7727-37-9</td> </tr> <tr> <td>OXYGEN</td> <td>N</td> <td>5</td> <td>7782-44-7</td> </tr> <tr> <td>CARBON DIOXIDE</td> <td>N</td> <td>.01</td> <td>124-38-9</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	NITROGEN	N	94.9	7727-37-9	OXYGEN	N	5	7782-44-7	CARBON DIOXIDE	N	.01	124-38-9	GAS (MIXTURE)	MAX: 181 LARGEST: 181 AVG: 0.5 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure > AMB. Temp AMBIENT	PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#																					
NITROGEN	N	94.9	7727-37-9																					
OXYGEN	N	5	7782-44-7																					
CARBON DIOXIDE	N	.01	124-38-9																					

STORAGE CONTAINER CODES				OTHER ABBREVIATIONS			
A = Aboveground Tank	D = Steel Drum	G = Carboy	J = Bag	M = Glass Bottle or Jug	P = Tank Wagon	MAX = Max. Amount Daily	LARGEST = Largest Container
B = Belowground Tank	E = Plastic/Nonmetallic Drum	H = Silo	K = Box	N = Plastic Bottle or Jug	Q = Rail Car	AVG = Avg. Amount Daily	CURIES = Curies (in mCi)
C = Tank Inside Building	F = Can	I = Fiber Drum	L = Cylinder	O = Tote Bin	R = Other	DAYS = Days On Site	CONTAINERS = Storage Containers



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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: ALZETA CORPORATION			DATE: 9/2/2005		PAGE: 6 of 6		
LOCATION: 7 Test Laboratory Area		EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093	

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								
✓ 2.1	Map: NONE Grid: NONE	ACETYLENE CAS#: 74-86-2 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ACETYLENE</td> <td>N</td> <td>100</td> <td>74-86-2</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	ACETYLENE	N	100	74-86-2	GAS (PURE)	MAX: 132 AVG: 0.5 DAYS: 365 LARGEST: 132 CURIES: 0 CONTAINERS: O, L	CUFT	Pressure > AMB. Temp AMBIENT	FIRE REACTIVE PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#													
ACETYLENE	N	100	74-86-2													
✓ 2.2	Map: NONE Grid: NONE	ARGON CAS#: 7440-37-1 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ARGON COMPRESSED</td> <td>N</td> <td>100</td> <td>7440-37-1</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	ARGON COMPRESSED	N	100	7440-37-1	GAS (PURE)	MAX: 80 AVG: 1 DAYS: 365 LARGEST: 80 CURIES: 0 CONTAINERS: A, O, L	CUFT	Pressure > AMB. Temp AMBIENT	PRESSURE RELEASE ACUTE HEALTH
COMPONENT NAME	EHS	%	CAS#													
ARGON COMPRESSED	N	100	7440-37-1													
✓ 2.2	Map: NONE Grid: NONE	OXYGEN CAS#: 7782-44-7 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>OXYGEN</td> <td>N</td> <td>100</td> <td>7782-44-7</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	OXYGEN	N	100	7782-44-7	GAS (PURE)	MAX: 181 AVG: 3 DAYS: 365 LARGEST: 181 CURIES: 0 CONTAINERS: A, O, L	CUFT	Pressure > AMB. Temp AMBIENT	FIRE PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#													
OXYGEN	N	100	7782-44-7													
✓ 0	Map: NONE Grid: NONE	PMMA - BEADS CAS#: 009010-88-2 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>POLYMETHYLMETHACRYLATE</td> <td>N</td> <td>100</td> <td>009010-88-2</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	POLYMETHYLMETHACRYLATE	N	100	009010-88-2	SOLID (PURE)	MAX: 7500 AVG: 150 DAYS: 365 LARGEST: 1500 CURIES: 0 CONTAINERS: K	LBS	Pressure AMBIENT Temp AMBIENT	NONE
COMPONENT NAME	EHS	%	CAS#													
POLYMETHYLMETHACRYLATE	N	100	009010-88-2													

STORAGE CONTAINER CODES

A = Aboveground Tank D = Steel Drum G = Carboy J = Bag M = Glass Bottle or Jug P = Tank Wagon
 B = Belowground Tank E = Plastic/Nonmetallic 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

OTHER ABBREVIATIONS

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



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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: ALZETA CORPORATION						DATE: 9/2/2005		PAGE: 4 of 6										
LOCATION: 4 Casting Plant			EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093											
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	DISPERAL / ALUMINA CAS#: 24623-77-6 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">COMPONENT NAME</th> <th style="font-size: small;">EHS</th> <th style="font-size: small;">%</th> <th style="font-size: small;">CAS#</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">HYDRATED ALUMINUM MONOHD...</td> <td style="text-align: center;">N</td> <td style="text-align: center;">100</td> <td style="text-align: center;">24623-77-6</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	HYDRATED ALUMINUM MONOHD...	N	100	24623-77-6	SOLID (PURE)	MAX: 3300 LARGEST: 55 AVG: 25 CURIES: 0 DAYS: 365 CONTAINERS: J	LBS	Pressure Temp AMBIENT AMBIENT	CHRONIC HEALTH		
COMPONENT NAME	EHS	%	CAS#															
HYDRATED ALUMINUM MONOHD...	N	100	24623-77-6															
✓ 0	Map: NONE Grid: NONE	POLY VINYL ALCOHOL CAS#: 9002-89-5 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">COMPONENT NAME</th> <th style="font-size: small;">EHS</th> <th style="font-size: small;">%</th> <th style="font-size: small;">CAS#</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">POLY VINYL ALCOHOL</td> <td style="text-align: center;">N</td> <td style="text-align: center;">100</td> <td style="text-align: center;">9002-89-5</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	POLY VINYL ALCOHOL	N	100	9002-89-5	SOLID (PURE)	MAX: 150 LARGEST: 50 AVG: 1 CURIES: 0 DAYS: 365 CONTAINERS: J	LBS	Pressure Temp AMBIENT AMBIENT	ACUTE HEALTH		
COMPONENT NAME	EHS	%	CAS#															
POLY VINYL ALCOHOL	N	100	9002-89-5															
✓ 8	Map: NONE Grid: NONE	SODIUM HYDROXIDE, PELLETS CAS#: 1310-73-2 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">COMPONENT NAME</th> <th style="font-size: small;">EHS</th> <th style="font-size: small;">%</th> <th style="font-size: small;">CAS#</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">SODIUM HYDROXIDE, PELLETS</td> <td style="text-align: center;">N</td> <td style="text-align: center;">100</td> <td style="text-align: center;">1310-73-2</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	SODIUM HYDROXIDE, PELLETS	N	100	1310-73-2	SOLID (PURE)	MAX: 2400 LARGEST: 50 AVG: 10 CURIES: 0 DAYS: 365 CONTAINERS: J	LBS	Pressure Temp AMBIENT AMBIENT	REACTIVE ACUTE HEALTH		
COMPONENT NAME	EHS	%	CAS#															
SODIUM HYDROXIDE, PELLETS	N	100	1310-73-2															
STORAGE CONTAINER CODES						OTHER ABBREVIATIONS												
A = Aboveground Tank D = Steel Drum G = Carboy J = Bag M = Glass Bottle or Jug P = Tank Wagon B = Belowground Tank E = Plastic/Nonmetallic 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						MAX = Max. Amount Daily LARGEST = Largest Container AVG = Avg. Amount Daily CURIES = Curies (in mCi) DAYS = Days On Site CONTAINERS = Storage Containers												

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BUSINESS NAME: ALZETA CORPORATION				DATE: 9/2/2005		PAGE: 2 of 6	
LOCATION: 2 Backyard FG & NFG Storage		EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093	

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	1.15% ETHYLENE (CH2) IN AIR CAS#: NONE EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ETHYLENE, COMPRESSED GAS</td> <td>N</td> <td>1.15</td> <td>74-85-1</td> </tr> <tr> <td>AIR</td> <td>N</td> <td>98.85</td> <td>132259-10-0</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	ETHYLENE, COMPRESSED GAS	N	1.15	74-85-1	AIR	N	98.85	132259-10-0	GAS (MIXTURE)	MAX: 7 LARGEST: 7 AVG: 7 CURIES: 0 DAYS: 365 CONTAINERS: A, L	CUFT	Pressure Temp > AMB. AMBIENT	PRESSURE RELEASE
COMPONENT NAME	EHS	%	CAS#																	
ETHYLENE, COMPRESSED GAS	N	1.15	74-85-1																	
AIR	N	98.85	132259-10-0																	
✓ 2.1	Map: NONE Grid: NONE	PROPANE CAS#: 74-98-6 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>PROPANE</td> <td>N</td> <td>100</td> <td>74-98-6</td> </tr> </tbody> </table>	COMPONENT NAME	EHS	%	CAS#	PROPANE	N	100	74-98-6	GAS (PURE)	MAX: 200 LARGEST: 100 AVG: 3 CURIES: 0 DAYS: 365 CONTAINERS: L	CUFT	Pressure Temp > AMB. AMBIENT	FIRE PRESSURE RELEASE				
COMPONENT NAME	EHS	%	CAS#																	
PROPANE	N	100	74-98-6																	

<p style="text-align: center;">STORAGE CONTAINER CODES</p> <p>A = Aboveground Tank D = Steel Drum G = Carboy J = Bag M = Glass Bottle or Jug P = Tank Wagon B = Belowground Tank E = Plastic/Nonmetallic 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</p>	<p style="text-align: center;">OTHER ABBREVIATIONS</p> <p>MAX = Max. Amount Daily LARGEST = Largest Container AVG = Avg. Amount Daily CURIES = Curies (in mCi) DAYS = Days On Site CONTAINERS = Storage Containers</p>
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Non-Waste Hazardous Materials Inventory Statement

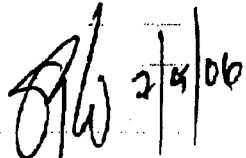
For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

BUSINESS NAME: ALZETA CORPORATION						DATE: 9/2/2005		PAGE: 1 of 6										
LOCATION: 1 Chemical Storage Closets			EPCRA CONFIDENTIAL: NO		TRADE SECRET: NO		FACILITY ID#: 43-010-300093											
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	ACETIC ACID, SOLUTION,>80%, LIQUID CAS#: 64-19-7 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ACETIC ACID</td> <td>N</td> <td>100</td> <td>64-19-7</td> </tr> </tbody> </table>			COMPONENT NAME	EHS	%	CAS#	ACETIC ACID	N	100	64-19-7	LIQUID (PURE)	MAX: 330 LARGEST: 55 AVG: 5 CURIES: 0 DAYS: 365 CONTAINERS: E	GAL	Pressure Temp AMBIENT AMBIENT	ACUTE HEALTH CHRONIC HEALTH
COMPONENT NAME	EHS	%	CAS#															
ACETIC ACID	N	100	64-19-7															
5.1	Map: NONE Grid: NONE	ALUMINUM NITRATE CAS#: 13473-90-0 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ALUMINUM NITRATE</td> <td>N</td> <td>100</td> <td>13473-90-0</td> </tr> </tbody> </table>			COMPONENT NAME	EHS	%	CAS#	ALUMINUM NITRATE	N	100	13473-90-0	LIQUID (MIXTURE)	MAX: 330 LARGEST: 55 AVG: 10 CURIES: 0 DAYS: 365 CONTAINERS: E	GAL	Pressure Temp AMBIENT AMBIENT	NONE
COMPONENT NAME	EHS	%	CAS#															
ALUMINUM NITRATE	N	100	13473-90-0															
4.1	Map: NONE Grid: NONE	ALUMINUM POWDER CAS#: 7429-90-5 EHS: NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENT NAME</th> <th>EHS</th> <th>%</th> <th>CAS#</th> </tr> </thead> <tbody> <tr> <td>ALUMINUM POWDER</td> <td>N</td> <td>100</td> <td>7429-90-5</td> </tr> </tbody> </table>			COMPONENT NAME	EHS	%	CAS#	ALUMINUM POWDER	N	100	7429-90-5	SOLID (PURE)	MAX: 3300 LARGEST: 550 AVG: 30 CURIES: 0 DAYS: 365 CONTAINERS: D	LBS	Pressure Temp AMBIENT AMBIENT	FIRE
COMPONENT NAME	EHS	%	CAS#															
ALUMINUM POWDER	N	100	7429-90-5															
STORAGE CONTAINER CODES						OTHER ABBREVIATIONS												
A = Aboveground Tank D = Steel Drum G = Carboy J = Bag M = Glass Bottle or Jug P = Tank Wagon B = Belowground Tank E = Plastic/Nonmetallic 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						MAX = Max. Amount Daily LARGEST = Largest Container AVG = Avg. Amount Daily CURIES = Curies (in mCi) DAYS = Days On Site CONTAINERS = Storage Containers												

If EPCRA, Please Sign Here: _____

Next Page

[Back to Site Menu](#)

Steve Egli TITLE: VP - Finance & Admin BUSINESS PHONE: (###) ###-#### x#### 408-727-8283 x30 24-HOUR PHONE: (###) ###-#### x#### 408-266-1736 home PAGER#: 408-857-6280 cell ADDITIONAL LOCALLY COLLECTED INFORMATION: 	Tom Cottingham TITLE: Chair - Safety Committee BUSINESS PHONE: (###) ###-#### x#### 408-727-8283 x35 24-HOUR PHONE: (###) ###-#### x#### 510-792-8753 home PAGER#:
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.	
DATE: (MM/DD/YYYY) 6/15/06 NAME OF SIGNER: Steve Egli	NAME OF DOCUMENT PREPARER: Steve Egli / Tom Cottingham TITLE OF SIGNER: CFO
	
<input type="button" value="Update Facility Information"/>	
UPCF(1/99 revised)	OES FORM 2730 (1/99)

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[related links](#) | [training and meetings](#)

For comments or questions regarding the HMIS project, contact the [Online Database Administrator](#).

hosted by [City of Palo Alto](#)



Hazardous Materials Online Inventory Project

Viewing/Updating Facility Information		
After modifying your facility's information below, click 'Update Facility Information' to update the database.		
I. IDENTIFICATION		
FACILITY ID#: 43-010-300093	BEGINNING DATE (MM/DD/YYYY) []	ENDING DATE (MM/DD/YYYY) 12/31/06
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) ALZETA CORPORATION		BUSINESS PHONE (###) ###-#### x#### 408-727-8282
BUSINESS SITE ADDRESS: 2343 Calle Del Mundo		
CITY: Santa Clara	STATE: CA	ZIP CODE: 95054-1008
DUN & BRADSTREET: 06-477-2338		SIC CODE (4 digit #): 3433/ 8731
COUNTY: Santa Clara		
BUSINESS OPERATOR NAME: Steve Egli or Tom Cottingham		BUSINESS OPERATOR PHONE: (###) ###-#### x#### 408-727-8282
II. BUSINESS OWNER		
OWNER NAME: Jeff Kennedy, President		OWNER PHONE: (###) ###-#### 408-727-8283 x31
OWNER MAILING ADDRESS: 2343 Calle del Mundo		
CITY: Santa Clara	STATE: CA	ZIP CODE: 95054-1008
III. ENVIRONMENTAL CONTACT		
CONTACT NAME: Steve Egli		CONTACT PHONE: (###) ###-#### x#### 408-727-8283 x30
CONTACT MAILING ADDRESS: 2343 Calle del Mundo		
CITY: Santa Clara	STATE: CA	ZIP CODE: 95054-1008
IV. EMERGENCY CONTACTS		
-PRIMARY- NAME:		-SECONDARY- NAME:

Hazardous Waste inventory Statement

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

Date: 06/08/04

Business Name: Watts Machining Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page 4 of 10 <small>(One page per building or area)</small>			
Chemical Location: <small>(Building/Storage Area)</small>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>				4 3 - 0 1 0 -			

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.	
CL	SHED	Used Coolant			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	110	55	55	1320	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * D	State Waste Code: 223			
CL	Shed	Used Solvent			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	55	27	55	20	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * 55	State Waste Code: 221			
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:			
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:			
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:			

- * 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/Nonmetallic 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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 06/08/04

Business Name: Watts Machining Inc. (Same as Facility Name or DBA)						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 10 (One page per building or area)		
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID #			4 3 - 0 1 0 -		
				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		(Agency Use Only)					

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	Wt. %	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
CL	CNC MILLS 1	Blasocut 2000		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	27	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: D				
CL	SHED 1	Way Lube Oil		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	27	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: D				
Corr ?	DEBURR 2	Corralite 02		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	27	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: E				
CL	SHED 1	Spindle Oil		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	10	5	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: F				
				<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
				<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				

* Code Storage Type								If EPCRA, sign below:					
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		

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION**

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page 2 of 10

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	4	3	0	1	0															BEGINNING DATE	100.	ENDING DATE	101.			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3.			BUSINESS PHONE			102.																	
Watts Machining Inc.			408 654-9300																							
BUSINESS SITE ADDRESS																								103.		
2339 Calle Del Mundo																										
CITY														104.		CA		ZIP CODE				105.				
Santa Clara																		95054								
DUN & BRADSTREET														106.		SIC CODE (4 digit #)				107.						
COUNTY																								108.		
Santa Clara																										
BUSINESS OPERATOR NAME														109.		BUSINESS OPERATOR PHONE				110.						
Doug Watts																408 654-9300										

II. BUSINESS OWNER

OWNER NAME														111.		OWNER PHONE				112.							
Doug Watts																408 654-9300											
OWNER MAILING ADDRESS																								113.			
2339 Calle Del Mundo																											
CITY														114.		STATE		115.		ZIP CODE				116.			
Santa Clara																CA				95054							

III. ENVIRONMENTAL CONTACT

CONTACT NAME														117.		CONTACT PHONE				118.							
Bob Hazle																408 654-9300											
CONTACT MAILING ADDRESS																								119.			
2339 Calle Del Mundo																											
CITY														120.		STATE		121.		ZIP CODE				122.			
Santa Clara																CA				95054							

-PRIMARY-

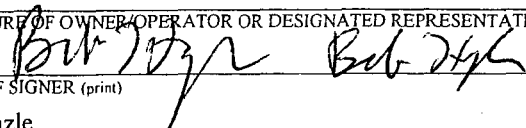
IV. EMERGENCY CONTACTS

-SECONDARY-

NAME												123.		NAME												128.	
Bob Hazle														Doug Watts													
TITLE												124.		TITLE												129.	
General Manager														Owner													
BUSINESS PHONE												125.		BUSINESS PHONE												130.	
408 654-9300														408 654-9300													
24-HOUR PHONE*												126.		24-HOUR PHONE*												131.	
925 846-1515														408 741-4914													
PAGER #												127.		PAGER #												132.	
Cell # 408 898-0183														Cell # 408 315-1111													

ADDITIONAL LOCALLY COLLECTED INFORMATION:																								133.		
Property Owner: Doug Watts																Phone No.: 408 654-9300										
Billing Address: 2339 Calle Del Mundo, Santa Clara, CA. 95054																										

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE														DATE		134.		NAME OF DOCUMENT PREPARER				135.			
														08-01-05				Bob Hazle							
NAME OF SIGNER (print)														136.		TITLE OF SIGNER				137.					
Bob Hazle																General Manager									

* See Instructions on next page.

✓✓ BLH 058868 ✓

record 8-1-05
WYAC

H.A.N
8/25/05

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	4	3	0	1	0											EPA ID # (Hazardous Waste Only) CAL000188404	2.
------------------------------------	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	---	----

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

II. ACTIVITIES DECLARATION

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

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

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

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

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

D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11.	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12.	ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 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.)

2339
Calle Del Mar

Date: 09/04/01

Hazardous Waste Inventory Statement

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

Business Name: Paramount's Great America <small>(Same as Facility Name or DBA)</small>											Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page ____ of ____ <small>(One page per building or area)</small>	
Chemical Location: 2401 Agnews rd. Hazardous waste storage bunker <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # <small>(Agency Use Only)</small>							
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Units		Storage Pressure	Storage Temp.
COR	V-19	Lead acid batteries	Lead acid batteries		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	200	100	55	200	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method:						Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					State Waste Code:
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site					90	D	724					
		<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method:						Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					State Waste Code:
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
		<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method:						Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					State Waste Code:
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
		<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method:						Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					State Waste Code:
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											
		<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site											

- | | | | | | |
|------------------------|----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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/Nonmetallic 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:

Date: 09/04/01

Hazardous Waste Inventory Statement

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

Code "69" - 36 tons
25 -> 50 tons

Business Name: Paramount's Great America <small>(Same as Facility Name or DBA)</small>										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page ____ of ____ <small>(One page per building or area)</small>	
Chemical Location: 2401 Agnews rd. Hazardous waste storage bunker <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>							
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure	
CL	V-19	Waste Oil	Waste Oil		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	220	150	55	8000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					
FS	V-19	Solids with Solvents and Petroleum	Solids with Solvents and Petroleum		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	350	200	300	725	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					
FL	V-19	Paint thinner and Paint waste	Paint thinner and Paint waste		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	275	165	55	725	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					
ORM	V-19	Water with oils and Heavy metals	Water with oils and heavy metals		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	850	400	110	55	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					
ORM	V-19	PCB and non PCB ballast			<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	110	55	55	300	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					
ORM	V-19	Asbestos Pipes	Asbestos Pipes		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	110	55	55	300	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90					

* 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

If EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 09/04/01

Business Name: Paramount's Great America <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page ____ of ____ <small>(One page per building or area)</small>					
Chemical Location: 2401 Agnews Rd <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>								
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
ORM	S-19	Hydraulic Oil	Hydraulic Oil		<input type="checkbox"/>	45501	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	220	175	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D				
CL	S-19	Diesel Fuel	Diesel Fuel		<input type="checkbox"/>	112403	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	8000	6000	8000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: B				
IR	T-20	Ethylene Glycol	Anti-Freeze		<input type="checkbox"/>	107211	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	55	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D				
CL	T-20	Lube Oil	Lube Oil		<input type="checkbox"/>	64741884	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	165	100	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D				
CL	T-20	Motor Oil	Motor Oil		<input type="checkbox"/>	67630	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	330	250	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D				
FL	S-20	Paint	Paint		<input type="checkbox"/>	111762	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	300	200	10	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D				

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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: _____

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

Page

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE 100.	100.	ENDING DATE	101.
			06-19-01		06-19-02	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3.		BUSINESS PHONE	
Paramount's Great America					408-988-1776	
BUSINESS SITE ADDRESS						
2401 Agnew Road/ I Great America Parkway						
CITY			104.		ZIP CODE	
Santa Clara			CA		95054	
DUN & BRADSTREET			106.		SIC CODE (4 digit #)	
14-821-6351					6443	
COUNTY						
Santa Clara County						
BUSINESS OPERATOR NAME			109.		BUSINESS OPERATOR PHONE	
Gayle Ando (General Manager)					408-988-1776	

II. BUSINESS OWNER

OWNER NAME			111.		OWNER PHONE		112.	
Paramount Parks Inc.					704-561-8100			
OWNER MAILING ADDRESS								
8720 Red Oak Boulevard Suite 315								
CITY			114.		STATE		115.	
Charlotte					NC		ZIP CODE	
							28217	

III. ENVIRONMENTAL CONTACT

CONTACT NAME			117.		CONTACT PHONE				118.	
Cory Roebuck (Fire & Safety Manager)					408-986-5887					
CONTACT MAILING ADDRESS										
2401 Agnew Road										
CITY			120.		STATE		121.		ZIP CODE	
Santa Clara					CA				95054	

-PRIMARY-

IV. EMERGENCY CONTACTS

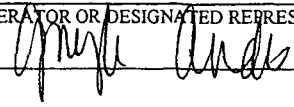
-SECONDARY-

NAME	123.	NAME	128.
Cory Roebuck		Pat Huckaby	
TITLE	124.	TITLE	129.
Fire & Safety Manager		Security Manager	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
408-986-5887		408-986-5901	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
408-986-5893		408-986-5901	
PAGER #	127.	PAGER #	132.
877-852-6498		408-407-7076	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: City of Santa Clara Phone No.: _____
 Billing Address: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE		134.		NAME OF DOCUMENT PREPARER		135.	
						Cory Roebuck(Fire & Safety manager)			
NAME OF SIGNER (print)		136.		TITLE OF SIGNER		137.			
Gayle Ando				General Manager					

* See Instructions on next page.

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

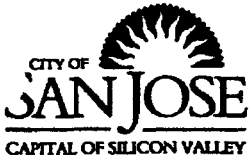
I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			
Paramount's Great America			

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6.	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS		
(You may also be required to provide additional information by your CUPA or local agency.)		
Per Conversation on 5/23/01 with Kurt Swart of the Santa Clara Fire Department Hazardous Materials Division there are no Added local requirements.		



Hazardous Materials Storage System Permit Application

San Jose Fire Department
Bureau of Fire Prevention
Four N. Second St., Suite 1100
San Jose, CA 95113-1305
Phone: (408) 277-4659

PERMIT FEES MUST BE SUBMITTED WITH APPLICATION

Building Dept. Plan Check # or Related Permit # (if applicable) _____

PROJECT/APPPLICANT INFORMATION
Business Name: SUPERTEX INC.
Address: 71 VISTA MONTANA
Nearest Cross Street: _____

Contact Person: ADAM PHILLIPS
Phone #: (408) 222-8884
MAIN # 408-222-8880

APPLICATION INFORMATION
Business Name: SUPERTEX INC.
Mailing Address: 71 VISTA MONTANA
Contact Person: ADAM PHILLIPS
Phone: () _____ Fax #: () _____

City: SAN JOSE State: CA Zip: 95134
Title: EQ ENGINEERING MGR.
e-mail: _____

PROJECT CONTRACTOR (if different than applicant)
Business Name: DUPLAN CONSTRUCTION
Mailing Address: 390 INDUSTRIAL STREET
Contact Person: RICK DUPLAN
Phone: (408) 866-6682 Fax #: (408) 866-6043

City: CAMPBELL State: CA Zip: 95008
Title: PRES./OWNER
e-mail: _____

*San Jose City Business License Number: 13326
*Worker's Compensation Number: _____
*State Contractors License Number and Type: _____

Expiration Date: ___/___/___
Expiration Date: ___/___/___
Expiration Date: ___/___/___

*If exempt, then contractor's information sheet must be submitted with application.

WORK PROPOSED (Select One)

Closure Alteration
 Repair Temporary
 New Installation Facility Partial Closure
 Removal Facility Full Closure

Varian E220 Ion Imploder

TYPE OF PROJECT/SYSTEM: (Select One)

Hazard Compressed Gas/Cryogenic System Variance
 Inert Compressed Gas System Battery System
 Underground Tank/Piping System (liquid) Metal Finishing/Plating Line
 Aboveground Tank/Piping System (liquid) Facility Closure
 Other Hazardous Material System LPG Tank Piping System

Note: Underground Tank/Piping System or Variance, must have specific applications attached

SYSTEM COMPONENTS		PRIMARY CONTAINMENT		SECONDARY CONTAINMENT	
Hazardous Materials Stored	Material (s) of Construction	Size (Volume, pipe, diam., etc.)	Material (s) of Construction	Size (Volume, Pipe Diam., etc.)	
1	TOXIC GAS CYL	CYL	"D" SIZE		
2	BF3, PH3, AsH3	STAINLESS STEEL	1/8" OD, S.S.	STAINLESS STEEL	GAS CABINET.
3	NOTE: BF3 IS 99.99% CONC. PH3 & ASH3 ARE 15% BALANCE HYDROGEN.				
4	ALL OF THE ABOVE GASES ARE SECURED IN A STAINLESS				
5	STEEL GAS CABINET THAT IS EXHAUSTED TO A TOXIC GAS SCRUBBER.				

Important Note:

- This permit application or approved permit will expire after 180 days of inactivity.
- Plans submitted with this application must be approved by the Fire Department before work can begin.
- A final inspection approving the project must be conducted before the system may be placed into service, or considered closed.
- Call the Hazardous Materials Division at least 48 hours in advance to schedule an inspection.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that, to the best of my knowledge, the license(s) listed above are those required for the work to be performed and are in full force and effect, or if exempt, that the exemptions meet the requirements of the Contractor's State license Law as contained in the business and Professions Code, Division 3, Chapter 9. If there is any change, which would materially affect the above information or plans submitted, I will notify the Bureau of Fire Prevention.

APPLICANT'S NAME (Please Print) ADAM PHILLIPS	TITLE (Please Print) EQ ENG MGR.	APPLICANT'S SIGNATURE <i>Adam Phillips</i>	DATE 7-30-02
---	--	---	------------------------

FIRE DEPARTMENT USE:

Folds/Permit #: 2003-106529-HZ

Reviewed	Date	Approved By	Inspector's Comments
Primary Containment	<u>4/8/03</u>	<u>M. Randolph</u>	
Secondary Containment	____/____/____	_____	
Monitoring System	____/____/____	_____	
Other: <u>Labeling</u>	<u>3/30/05</u>	<u>[Signature]</u>	<u>per M. Randolph's ROT</u>
Final Inspection	<u>3/30/05</u>	<u>[Signature]</u>	<u>per M. Randolph's ROT</u>

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE	100.	ENDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3.		BUSINESS PHONE	
Hilton Santa Clara			408-330-0001		102.	
BUSINESS SITE ADDRESS						
4949 Great America Parkway						
CITY				104.		105.
Santa Clara				CA		ZIP CODE
				95054		
DUN & BRADSTREET				106.		SIC CODE (4 digit #)
						107.
COUNTY						
Santa Clara						
BUSINESS OPERATOR NAME				109.		BUSINESS OPERATOR PHONE
Hostmark Hospitality				847-517-9090		110.

II. BUSINESS OWNER

OWNER NAME			111.		OWNER PHONE		112.
Santa Clara Hotel L.L.C			408-330-0001				
OWNER MAILING ADDRESS							
4949 Great America Parkway							
CITY			114.		STATE		115.
Santa Clara			CA		ZIP CODE		116.
					95054		

III. ENVIRONMENTAL CONTACT

CONTACT NAME			117.		CONTACT PHONE		118.
Gary Hauck			408-595-2600				
CONTACT MAILING ADDRESS							
4949 Great America Parkway							
CITY			120.		STATE		121.
Santa Clara			CA		ZIP CODE		122.
					95054		

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123.	NAME	128.
Roy Truitt		Gary Hauck	
TITLE	124.	TITLE	129.
General Manager		Chief Engineer	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
408-562-6701		408-562-6716	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
408-234-1710		408-595-2600	
PAGER #	127.	PAGER #	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: _____ Phone No.: _____

Billing Address: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
<i>Roy Truitt</i>	8/12/04		Gary Hauck	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER		137.
ROY TRUITT		GENERAL MANAGER		

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: ___/___/___

Business Name: Hilton Santa Clara <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise	Page <u>3</u> of <u>40</u> <small>(One page per building of area)</small>
---	---	--

Chemical Location: Fuel tank at emergency generator <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
--	---	--

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
	J-21	diesel fuel			<input type="checkbox"/> pure <input type="checkbox"/> mixture	60	60	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS 68476-34-6			<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > a.mb. <input type="checkbox"/> < a.mb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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: _____

TECHMART

✓U

✓✓RP 9/13/2006

HAZARDOUS MATERIAL BUSINESS PLAN

5201 great american prwy.

AUGUST 2, 2006

✓ BL # 105 418

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

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	EPA ID # (Hazardous Waste Only) CAC 002599494
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 43 - 010 - 700672 </div>	
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)	

Carr NP Properties L.L.C. et al

II. ACTIVITIES DECLARATION

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

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

E. LOCAL REQUIREMENTS

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

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

Page of

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1. <u>43-010-700672</u>		BEGINNING DATE	100. August 2, 2006	ENDING DATE	101. DECEMBER 31, 2006
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)						3. BUSINESS PHONE	
Carr NP Properties L.L.C. et al						408-544-9660	
BUSINESS SITE ADDRESS							
5201 GREAT AMERICA PARKWAY, SUITE 419							
CITY				104.	CA	ZIP CODE	
SANTA CLARA						95054	
DUN & BRADSTREET				106.	SIC CODE (4 digit #)		
COUNTY							
SANTA CLARA							
BUSINESS OPERATOR NAME						109. BUSINESS OPERATOR PHONE	
same as above							

II. BUSINESS OWNER

OWNER NAME			111.	OWNER PHONE			112.	
same as above.								
OWNER MAILING ADDRESS								
CITY		114.	STATE	115.	ZIP CODE			116.
SANTA CLARA			CA		95054			

III. ENVIRONMENTAL CONTACT

CONTACT NAME			117.	CONTACT PHONE			118.	
JERRY HAVLOVIC				408-544-9660				
CONTACT MAILING ADDRESS								
5201 GREAT AMERICA PARKWAY, SUITE 419								
CITY		120.	STATE	121.	ZIP CODE			122.
SANTA CLARA			CA		95054			

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

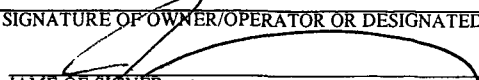
NAME	123.	NAME	128.
JERRY HAVLOVIC		MICHAL HOWARD	
TITLE	124.	TITLE	129.
SENIOR CHIEF ENGINEER		STATIONARY ENGINEER	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
408-544-9660		408-544-9660	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
800-861-0245		800-861-0245	
PAGER #	127.	PAGER #	132.
Cell phone - 408-640-6068		Cell phone - 408-690-3677	

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: _____ Phone No.: _____

Billing Address: CARRAMERICA - TECHMART Accounts Payable - 105604, 2600 Park Tower Drive, 10th Floor, Vienna, VA 22180

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134.	NAME OF DOCUMENT PREPARER		135.
		8/2/2006		JERRY HAVLOVIC		
NAME OF SIGNER (print)		136.		TITLE OF SIGNER		137.
JERRY HAVLOVIC				SENIOR CHIEF ENGINEER		

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 12/02/03

Business Name: Carr NP Properties L.L.C. et al <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page ____ of ____ <small>(One page per building or area)</small>					
Chemical Location: ROOF <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>								
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
	1	#2 DIESEL	PETROLIUM		<input checked="" type="checkbox"/>	68476346	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	900	600	1000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 68476346 <input type="checkbox"/> EHS			<input type="checkbox"/>		<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: B, C				
	2	R - 11	TRICHLOROMONOFLOUROMET HANE		<input type="checkbox"/>	75-69-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	3000	2500	1000	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 75-69-4 <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R				
	3	PURGE ALGAESIDE	N-ALKYL (C12-C18)-N, N-DIMETHYL-N-BENZYL-AMMONIUM CHLORIDE	5%	<input type="checkbox"/>	68391-01-5	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	30	25	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			ALKYL DIMETHYL ETHYL BENZYL AMMONIUM CHLORIDE (C12-C18)	5%	<input type="checkbox"/>	68956-79-6	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture							
			INERT INGREDIENTS	90%	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: E				
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>									
	4	SANACOR 2301 CORROSION INHIBITOR	SODIUM NITRITE MIXTURE		<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	30	25	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: E				
	5	SANACOR 2605 CORROSION / SCALE INHIBITOR	MOLECULAR FORMULA MIXTURE		<input type="checkbox"/>	N/A	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	30	25	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: E				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>									

Hazardous Waste Inventory Statement

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

Date: 12/02/03

Business Name: Carr NP Properties L.L.C. et al <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise				Page ____ of ____ <small>(One page per building or area)</small>			
---	--	--	--	--	--	---	--	--	--	---	--	--	--

Chemical Location: LOADING DOCK <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # <small>(Agency Use Only)</small>				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			
--	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes			10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.		
	I W	USED REFRIGERATION OIL	WHITE MINERAL OIL USP99	99	<input type="checkbox"/>	8042-47-5	<input checked="" type="checkbox"/> waste	15	10	5	10	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire	
			TRICHLOROMONOFL OUROMATHANE	1	<input type="checkbox"/>	75-69-4	<input checked="" type="checkbox"/> liquid					<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * D or E	State Waste Code:	<input type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> chronic health	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:		<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> chronic health	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> gallons	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> pounds	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> chronic health	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:		<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> gallons	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> pounds	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> reactive	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> pressure release	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> acute health	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:		<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> chronic health	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> gallons	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> pounds	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release	
					<input type="checkbox"/>		<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health	
					<input type="checkbox"/>		<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> chronic health	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:		<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> radioactive	

* Code Storage Type												If EPCRA, sign below:			
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon				
B	Belowground Tank	E	Plastic/Nonmetallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car				

✓ BLA 101247 VLS 07/23/07
VIA ✓

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

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	4 3 - 0 1 0 - 7 0 0 8 9 0	1.	EPA ID # (Hazardous Waste Only)	2.
---	---------------------------	----	---------------------------------	----

BUSINESS NAME (Same as Facility Name) 3.
ALCATEL-LUCENT

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	YES <input checked="" type="checkbox"/> NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A, B, C, D, and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS <small>(You may also be required to provide additional information by your CUPA or local agency.)</small>		15.

5200 GREAT AMERICA DRIVEWAY

RECEIVED
MAR 29 2007
S.C.F.D.

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

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	4 3 - 0 1 0 - 7 0 0 8 9 0	BEGINNING DATE ^{100.}	ENDING DATE ^{101.}
---	---------------------------	--------------------------------	-----------------------------

BUSINESS NAME (Same as FACILITY NAME) ^{3.}	BUSINESS PHONE ^{102.}
ALCATEL-LUCENT	(408) 690-5943

BUSINESS SITE ADDRESS ^{103.}
5200 GREAT AMERICA PARKWAY

CITY ^{104.}	STATE	ZIP CODE ^{105.}
SANTA CLARA	CA	95054

DUN & BRADSTREET ^{106.}	SIC CODE (4 digit #) ^{107.}
006980080	8731

COUNTY ^{108.}
SANTA CLARA

BUSINESS OPERATOR NAME ^{109.}	BUSINESS OPERATOR PHONE ^{110.}
ALCATEL -LUCENT (ADORA WALKER, PROP MGR)	(650) 318-1225 ext.

II. BUSINESS OWNER

OWNER NAME ^{111.}	OWNER PHONE ^{112.}
GREAT AMERICA OFFICE PARTNERS LLC	(408) 271-0359 ext.

OWNER MAILING ADDRESS ^{113.}
60 SOUTH STREET MARKET

CITY ^{114.}	STATE ^{115.}	ZIP CODE ^{116.}
SAN JOSE	CA	95133

III. ENVIRONMENTAL CONTACT

CONTACT NAME ^{117.}	CONTACT PHONE ^{118.}
HEATHER GRANT	(630) 979-9714 ext.

CONTACT MAILING ADDRESS ^{119.}
2000 LUCENT LANE, RM 1C230R

CITY ^{120.}	STATE ^{121.}	ZIP CODE ^{122.}
NAPERVILLE	IL	60550

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME ^{123.}	NAME ^{128.}
DAVID PELZ	JIM GIORDANO

TITLE ^{124.}	TITLE ^{129.}
FACILITY MANAGER	EHS MANAGER

BUSINESS PHONE ^{125.}	BUSINESS PHONE ^{130.}
(408) 878-6464 ext.	(732) 949-9485 ext.

24-HOUR PHONE* ^{126.}	24-HOUR PHONE* ^{131.}
(408) 878-6464 ext.	() ext.

PAGER # ^{127.}	PAGER # ^{132.}

ADDITIONAL LOCALLY COLLECTED INFORMATION: ^{133.}
Billing Address: **5200 GREAT AMERICA PKWY, SANTA CLARA, CA 95054**

Property Owner: **GREAT AMERICA OFFICE PARTNERS LLC** Phone No.: **(408) 271-0359**

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE ^{134.}	NAME OF DOCUMENT PREPARER ^{135.}
	03/1/07	HEATHER GRANT

NAME OF SIGNER (print) ^{136.}	TITLE OF SIGNER ^{137.}
JIM GIORDANO	EHS MANAGER

* See Instructions on next page.

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

(one page per material per building or area)

ADD

DELETE

REVISE

200.

Page **3** of **5**

I. FACILITY INFORMATION

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

ALCATEL-LUCENT

CHEMICAL LOCATION 201.

Rear of building /Shipping dock

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.

YES NO

FACILITY ID #

(Agency Use Only)

4 3 - 0 1 0 - 7 0 0 8 9 0

MAP # 203.

GRID # 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.

No. 2 Fuel Oil

TRADE SECRET 206.

Yes No

If Subject to EPCRA, refer to instructions

COMMON NAME 207.

No. 2 Fuel Oil

EHS* 208.

Yes No

CAS# 209.

98476-34-6

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

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

HAZARDOUS MATERIAL TYPE (Check one item only) 211.

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212.

CURIES 213.

PHYSICAL STATE (Check one item only) 214.

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER **200 gal** 215.

FED HAZARD CATEGORIES (Check all that apply) 216.

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

AVERAGE DAILY AMOUNT 217.

200 gal

MAXIMUM DAILY AMOUNT 218.

200 gal

ANNUAL WASTE AMOUNT 219.

0

STATE WASTE CODE 220.

0

UNITS* 221.

(Check one item only)

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

* If EHS, amount must be in pounds.

DAYS ON SITE 222.

300

STORAGE CONTAINER 223.

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
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224.

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225.

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

% WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1. **0-100** 226.

Distillates, petroleum residues 227.

Yes No 228.

68955-27-1 229.

2. **0-3** 230.

Naphthalene 231.

Yes No 232.

91-20-3 233.

3. **0-3** 234.

n-Nonane 235.

Yes No 236.

111-84-2 237.

4. **0-2** 238.

n-Heptane 239.

Yes No 240.

142-82-5 241.

5. **0-2** 242.

n-Hexane 243.

Yes No 244.

110-54-3 245.

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.

OT Hazard Class:

If EPCRA, Please Sign Here.

Note: If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists any Extremely Hazardous Substances (EHS) handled at or above the Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

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

(one page per material per building or area)

ADD DELETE REVISE 200. Page **4** of **5**

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.																			
ALCATEL-LUCENT																			
CHEMICAL LOCATION 201.					CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.														
1 ST Floor UPS room					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
FACILITY ID # <small>(Agency Use Only)</small>		4	3	-	0	1	0	-	7	0	0	8	9	0	1.	MAP #	203.	GRID #	204.
												2							

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.										TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.									
SULFURIC ACID										If Subject to EPCRA, refer to instructions									
COMMON NAME 207.										EHS* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 208.									
CAS# 209.										*If EHS is "Yes," all amounts below must be in lbs.									
7664-93-9																			
FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.																			

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

PHYSICAL STATE (Check one item only) 214.					LARGEST CONTAINER 280LBS 215.				
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS									

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

AVERAGE DAILY AMOUNT 217.			MAXIMUM DAILY AMOUNT 218.			ANNUAL WASTE AMOUNT 219.			STATE WASTE CODE 220.		
560 LBS			560 LBS			0			0		

UNITS* (Check one item only) 221.										DAYS ON SITE 222.				
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS										300				
* If EHS, amount must be in pounds.														

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

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

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

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.									
DOT Hazard Class:									

If EPCRA, Please Sign Here.

Note: If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists any Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	4	3	0	1	0							EPA ID # (Hazardous Waste Only)	CA 000 2141 59
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

II. ACTIVITIES DECLARATION

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

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

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

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

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

D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	EPA ID NUMBER - provide at the top of this page, and HAZARDOUS WASTE INVENTORY STATEMENT if <u>not</u> listed on Chemical Description form under "A." RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
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E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)

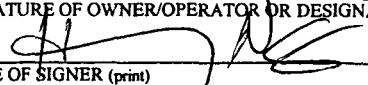
*If you are required to fill out a hazardous materials inventory statement (YES to **A. HAZARDOUS MATERIALS**), please follow the directions on the sheet entitled "HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET," and fill out all the forms required by that document. You may either fill out the HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION sheet (one chemical per page), or the NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT and the HAZARDOUS WASTE INVENTORY STATEMENT forms (spreadsheet format).

2264 CALL DEL NUM 48

BL# 0669

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION			
FACILITY ID#	43010600479	BEGINNING DATE	100
		ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		BUSINESS PHONE	
NPL PRECISION MACHINING INC.		(408) 988-4155	
BUSINESS SITE ADDRESS			
2204 CALLE DE LUNTA			
CITY	104	ZIP CODE	105
CANTA CLARA	C	95054	
DUN & BRADSTREET	106	SIC CODE (4 digit #)	107
COUNTY			
BUSINESS OPERATOR NAME		BUSINESS OPERATOR PHONE	
HENRY- NGO		(408) 988-4155	
II. BUSINESS OWNER			
OWNER NAME		OWNER PHONE	
SAME AS ABOVE			
OWNER MAILING ADDRESS			
CITY	114	STATE	115
			116
III. ENVIRONMENTAL CONTACT			
CONTACT NAME		CONTACT PHONE	
SAME AS ABOVE			
CONTACT MAILING ADDRESS			
CITY	120	STATE	121
			122
-PRIMARY-	IV. EMERGENCY CONTACTS		-SECONDARY-
NAME	123	NAME	128
HENRY- NGO		HAN- NGO	
TITLE	124	TITLE	129
OWNER		MANAGER	
BUSINESS PHONE	125	BUSINESS PHONE	130
(408) 988-4155		(408) 988-4155	
24-HOUR PHONE	126	24-HOUR PHONE	131
CELL (408) 395-2069		CELL (408) 206-2440	
PAGER #	127	PAGER #	132
ADDITIONAL LOCALLY COLLECTED INFORMATION:			
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134
		7/05/05	
NAME OF SIGNER (print)		NAME OF DOCUMENT PREPARER	
HENRY NGO			
		TITLE OF SIGNER	
		OWNER	

Non-Waste Hazardous Materials Inventory Statement

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

Date: 07/5/05

Business Name: (Same as Facility Name or DBA) <u>NTL Precision Machining Inc.</u>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u> </u> of <u> </u> (One page per building or area)	
Chemical Location: (Building/Storage Area) <u>Shop</u>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # (Agency Use Only) <u>4 3 - 0 1 0 -</u>			Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		

1. Haz. Class	2. Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
CL	1	Coolant			<input type="checkbox"/>	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	55	27	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site: 365	Storage Container: D				
CL	1	Waylube oil			<input type="checkbox"/>	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	110	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site: 365	Storage Container: D				
CL	1	Coolant			<input type="checkbox"/>	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	100	50	100	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							Curies: (If radioactive)	Days On Site:	Storage Container:*				

- | | | | | | | | | | |
|--------|------------------|------|---------------------------|------|--------------|------|--------------|------|-----------------------|
| * 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 |
| B | Belowground Tank | E | Plastic/Non-metallic Drum | H | Silo | K | Box | N | Plastic Bottle or Jug |
| C | Inside Building | F | Can | I | Fiber Drum | L | Cylin | O | Tote Bin |
| | | | | | | | | P | Tank Wagon |
| | | | | | | | | Q | Rail Car |
| | | | | | | | | R | Other |

If EPCRA, sign below: _____

Hazardous Waste Inventory Statement

Date: 07/31/05

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

Business Name: <small>(Same as Facility Name or DBA)</small> <u>NTH Precision Machining INC</u>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u> </u> of <u> </u> <small>(One page per building or area)</small>	
Chemical Location: <small>(Building/Storage Area)</small> <u>SHOP</u>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small> <u>4 3 - 0 1 0 -</u>					

1. Haz. Class	2. Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.	
CL	1	<u>Waste water w/ oil coolant</u>			<input checked="" type="checkbox"/>	waste				110	55	55	165	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: <u>365</u>	Storage Container:* <u>D</u>	State Waste Code:								
					<input checked="" type="checkbox"/>	waste								<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:								
					<input checked="" type="checkbox"/>	waste								<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:								
					<input checked="" type="checkbox"/>	waste								<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:								
					<input checked="" type="checkbox"/>	waste								<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:								

- * **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/Nonmetallic 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: _____

✓ BL 71062000 ✓ VLW ✓
04/29/07

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

VU
✓

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	4	3	-	0	1	0	-									1. EPA ID # (Hazardous Waste Only) CAL000208958	2.
BUSINESS NAME (Same as Facility Name)																	3.
INTA Technologies																	

II. ACTIVITIES DECLARATION

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

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

2281 Calle de Luna

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

**RECEIVED
MAR 21 2007
S.C.F.D.**

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

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	4 3 - 0 1 0 -	BEGINNING DATE	1/1/2007	ENDING DATE	12/31/2007
BUSINESS NAME (Same as FACILITY NAME)	INTA Technologies			BUSINESS PHONE	()
BUSINESS SITE ADDRESS	2281 Calle de Luna				
CITY	Santa Clara	STATE	CA	ZIP CODE	95054
DUN & BRADSTREET	100323828	SIC CODE (4 digit #)	3279		
COUNTY	Santa Clara				
BUSINESS OPERATOR NAME	Theodore Church	BUSINESS OPERATOR PHONE	(802) 527 7726 ext.		

II. BUSINESS OWNER

OWNER NAME	Theodore Church	OWNER PHONE	(802) 527 7726 ext.		
OWNER MAILING ADDRESS	600 Industrial Park Road				
CITY	St. Albans	STATE	VT	ZIP CODE	05478

III. ENVIRONMENTAL CONTACT

CONTACT NAME	Barnes Hazmat	CONTACT PHONE	(818) 899-3930 ext.		
CONTACT MAILING ADDRESS	13249 Louvre Street				
CITY	Pacoima	STATE	CA	ZIP CODE	91331

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	Charles Pilon	NAME	Fitsum Kebreab	Engineer Manager
TITLE	Operations Manager	TITLE	Production Supervisor	Francis Honey
BUSINESS PHONE	(408) 748-9955 ext. 203	BUSINESS PHONE	(408) 748 9955 ext. 204	831-426-1295
24-HOUR PHONE*	(603) 498-1737 ext. 408 cell 857-4951	24-HOUR PHONE*	(408) 374 6515 ext.	Home
PAGER #		PAGER #	(408) 679-8609 24hr. #	Cell 831-251-5882

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Billing Address: _____
 Property Owner: _____ Phone No.: () _____

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	3/19/2007	NAME OF DOCUMENT PREPARER	F.J.Honey
NAME OF SIGNER (print)	K. A. Kabral	TITLE OF SIGNER	Engineering Manager	

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 3/19/2007

Business Name: INTA Technologies <small>(Same as Facility Name)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page <u>1</u> of <u>1</u> <small>(One page per building or area)</small>
---	--	---

Chemical Location: Plating Room and storage area <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
---	---	--

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>				5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	Wt. %	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.	
✓ CRY NFG	20	Liquid nitrogen	Liquid nitrogen		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	1200		1200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input checked="" type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 7727-37-9 <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * A					
✓ FG	21	Hydrogen	Hydrogen		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	5 x 1200		1200 48 x 200 6 x 200	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 1333-74-0 <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * L					
✓ NFG	1	Helium	Helium		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	291		291	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 7440-59-7 <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * L					
	11				<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *					

- | | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|
| * Code Storage Type | 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:

Hazardous Waste Inventory Statement

Date: 3/19/2007

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

Business Name: INTA Technologies <small>(Same as Facility Name or DBA)</small>										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page <u>1</u> of <u>1</u> <small>(One page per building or area)</small>		
Chemical Location: <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # <small>(Agency Use Only)</small>							
1.	2.	3.	4.			5.	6.			7.	8.	9.		10.	
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Hazardous Components			Type and Physical State	Quantities			Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	% Wt.	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.						
FL	16	Waste solvent Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	MEK	35	<input type="checkbox"/>	n/a	waste	30	15	30	120	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Acetone	20	<input type="checkbox"/>	n/a									
			Methanol	15	<input type="checkbox"/>	n/a									
			Isopranol	30	<input type="checkbox"/>	n/a									
CORR	19	Acids and inorganic compounds Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Nickel chloride	50	<input type="checkbox"/>	n/a	waste	30	15	30	300	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Nickelsulfamate	20	<input type="checkbox"/>	n/a									
			Nickel sulfate	20	<input type="checkbox"/>	n/a									
			Sodium hypphospite	10	<input type="checkbox"/>	n/a									
ORM	18	Chemical wipes and filters Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Nickel compounds	50	<input type="checkbox"/>	n/a	waste	30	15	30	290	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Acid wipes		<input type="checkbox"/>										
			Filter cartridges from acid nickel baths	50	<input type="checkbox"/>	n/a									
			Nitric acid	25	<input type="checkbox"/>	n/a									

- | | | | | | | |
|------------------------|----------------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|
| * Code Storage Type | 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/Nonmetallic 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: _____

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

#5805

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	EPA ID # (Hazardous Waste Only)	2.
			CAD981388630	
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)				
Italix Company, Inc.				

II. ACTIVITIES DECLARATION

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

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6.	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

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

2232 2006 001 11/00

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE 9/10/02	100.	ENDING DATE 2/28/03	101.	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Italix Company, Inc.			3.	BUSINESS PHONE (408) 988-2487			102.
BUSINESS SITE ADDRESS 2232 Calle Del Mundo							103.
CITY Santa Clara	104.	CA	ZIP CODE 95054				105.
DUN & BRADSTREET 08-884-4733			106.	SIC CODE (4 digit #) 3479		107.	
COUNTY Santa Clara							108.
BUSINESS OPERATOR NAME Italix Company, Inc.			109.	BUSINESS OPERATOR PHONE (408) 988-2487			110.

II. BUSINESS OWNER

OWNER NAME Robert L. Armanasco			111.	OWNER PHONE (408) 988-2487 ext. 28			112.
OWNER MAILING ADDRESS 2232 Calle Del Mundo							113.
CITY Santa Clara	114.	CA	115.	ZIP CODE 95054		116.	

III. ENVIRONMENTAL CONTACT

CONTACT NAME Timothy J. Thompson			117.	CONTACT PHONE (408) 988-2487 ext. 37			118.
CONTACT MAILING ADDRESS 2232 Calle Del Mundo							119.
CITY Santa Clara	120.	CA	121.	ZIP CODE 95054		122.	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME Gonzalo Medina	123.	NAME Timothy J. Thompson	128.
TITLE Production Supervisor	124.	TITLE EH&S Coordinator	129.
BUSINESS PHONE (408) 988-2487 ext. 39	125.	BUSINESS PHONE (408) 988-2487 ext. 37	130.
24-HOUR PHONE* (408) 985-1364	126.	24-HOUR PHONE* (925) 833-6006	131.
PAGER # N/A	127.	PAGER # N/A	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: M2S Associates, LLC Phone No.: (408) 727-1050
 Billing Address: Business Site Address as above

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 <i>R L Armanasco</i>	DATE 9/10/02	NAME OF DOCUMENT PREPARER Timothy J. Thompson
NAME OF SIGNER (print) Robert L. Armanasco	TITLE OF SIGNER President	

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/10/02

Business Name: Italex Company, Inc.
(Same as Facility Name or DBA)

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

Page 4 of 11
(One page per building or area)

Chemical Location: Outside Chemical Storage
(Building/Storage Area)

EPCRA Confidential Location? Yes; No
Trade Secret Information? Yes; No

Facility ID #
(Agency Use Only)

1.	2.	3.	4.				5.	6.			7.	8.		9.			
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only)				Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories			
			Chemical Name	Wt. %	EHS	CAS No.											
Corr	Page 3 Grid K9	Ferric Chloride	Ferric Chloride	38.5	<input type="checkbox"/>	7705-08-0	<input type="checkbox"/> pure	440	220	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Hydrochloric Acid	1	<input type="checkbox"/>	7647-01-0	<input checked="" type="checkbox"/> mixture										
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site: 365	Storage Container:* E
Corr	Page 3 Grid K9	Muriatic Acid	Hydrochloric Acid	31.4	<input type="checkbox"/>	7647-01-0	<input checked="" type="checkbox"/> pure	75	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site: 365	Storage Container:* E, N
			CAS No.: <input type="checkbox"/> EHS 7647-01-0		<input type="checkbox"/>												
Corr	Page 3 Grid K9	Misc. Corrosive Liquids - Alkaline			<input type="checkbox"/>		<input type="checkbox"/> pure	75	45	15	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site: 365	Storage Container:* E,M,N
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>												
					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site:	Storage Container:*
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>												
					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site:	Storage Container:*
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>												
					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site:	Storage Container:*
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>												

- * **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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/10/02

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page 5 of 11 <small>(One page per building or area)</small>
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Chemical Location: Bay 2232, Pre-Etch Dept <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
---	---	--

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
Corr	Page 3 Grid K6	Photo-resist Stripper Solution	Diethylene Glycol Monobutyl Ether	4	<input type="checkbox"/>	112-34-5	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	60	60	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Potassium Hydroxide	2	<input type="checkbox"/>	1310-58-3								
			CAS No.: <input type="checkbox"/> EHS											
Corr	Page 3 Grid K5	Misc. Corrosive Liquids - Acidic			<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	170	150	32	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
			CAS No.: <input type="checkbox"/> EHS											
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
			CAS No.: <input type="checkbox"/> EHS											
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
			CAS No.: <input type="checkbox"/> EHS											
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
			CAS No.: <input type="checkbox"/> EHS											
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
			CAS No.: <input type="checkbox"/> EHS											

* Code	Storage Type	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	Q	Rail Car
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	R	Other		
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin				

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/10/02

Business Name: Italex Company, Inc.
(Same as Facility Name or DBA)

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

Page 6 of 11
(One page per building or area)

Chemical Location: Bay 2234, Etch Dept
(Building/Storage Area)

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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
Corr	Page 3 Grid J6	Ferric Chloride etching solution	Ferric Chloride	39	<input type="checkbox"/>	7705-08-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	390	335	250	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Hydrochloric Acid	1	<input type="checkbox"/>	7647-01-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: R				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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:

Hazardous Waste Inventory Statement

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

Date: 9/10/02

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 7 of 11 <small>(One page per building or area)</small>		
Chemical Location: Outside Chemical Storage <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.
Corr	Page 3 Grid K9	Spent Ferric Chloride ✓ Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	20	<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> waste	660	300	55	16,000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Ferrous Chloride	20	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E	State Waste Code: 792				
			Cupric Chloride	10	<input type="checkbox"/>										
			Hydrochloric Acid	2	<input type="checkbox"/>	7647-01-0									
Corr	Page 3 Grid K9	Spent Fluoride Solution ✓ Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ammonium Hydrogen Fluoride	13	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	55	20	55	200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Nitric Acid	3	<input type="checkbox"/>	7697-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E	State Waste Code: 135				
					<input type="checkbox"/>										
					<input type="checkbox"/>										
Corr	Page 3 Grid K9	Evaporator Dragout SLUDGE Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	20	<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> waste	55	25	55	220	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Ferrous Chloride	20	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 200	Storage Container:* E	State Waste Code: 792				
			Cupric Chloride	5	<input type="checkbox"/>										
			Hydrochloric Acid	5	<input type="checkbox"/>	7647-01-0									
Corr	Page 3 Grid K9	Spent Black Oxide Solution (Ebonol C) ✓ Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Hydroxide	10	<input type="checkbox"/>	1310-73-2	<input checked="" type="checkbox"/> waste	55	15	55	110	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Chlorite	10	<input type="checkbox"/>	7758-19-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 100	Storage Container:* E	State Waste Code: 121				
					<input type="checkbox"/>										
					<input type="checkbox"/>										
Corr	Page 3 Grid K9	Spent Copper Plating Solution ✓ Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Copper Sulfate	5	<input type="checkbox"/>	7758-99-8	<input checked="" type="checkbox"/> waste	55	0	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sulfuric Acid	5	<input type="checkbox"/>	7664-93-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 30	Storage Container:* E	State Waste Code: 792				
					<input type="checkbox"/>										
					<input type="checkbox"/>										
Corr	Page 3 Grid K9	Spent Tin Plating Solution ✓ Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Stannous Sulfate	3	<input type="checkbox"/>	7488-55-3	<input checked="" type="checkbox"/> waste	55	0	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sulfuric Acid	10	<input type="checkbox"/>	7664-93-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 30	Storage Container:* E	State Waste Code: 792				
					<input type="checkbox"/>										
					<input type="checkbox"/>										

* Code Storage Type												If EPCRA, sign below:		
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon			
B	Belowground Tank	E	Plastic/Nonmetallic 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			

Hazardous Waste Inventory Statement

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

Date: 9/10/02

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise				Page 8 of 11 <small>(One page per building or area)</small>						
Chemical Location: Outside Chemical Storage, cont. <small>(Building/Storage Area)</small>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>			-				-			
Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No																

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities				7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	State Waste Code			Storage Pressure	Storage Temp.	
OXY	Page 3, Grid K9	Spent Sodium Persulfate Solution	Sodium Persulfate	20	<input type="checkbox"/>	7775-27-1	<input checked="" type="checkbox"/> waste	30	5	30	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 100	Storage Container: * E	State Waste Code: 792						
ORM	Page 3, Grid K9	Non-RCRA Waste Solids	Absorbents	75	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	300	50	150	1,000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Debris	24	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 200	Storage Container: * D, E	State Waste Code: 181					
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	1	<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:					
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:					
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:					
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:					

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

Hazardous Waste Inventory Statement

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

Date: 9/10/02

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise				Page 9 of 11 <small>(One page per building or area)</small>			
Chemical Location: Bay 2232, Pre-Etch Dept <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID #				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure	
Corr	Page 3 Grid K6	Fluoride Solution (Satellite Accum.)	Ammonium Hydrogen Fluoride	13	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	5	1	5	150	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Hydrofluoric Acid	1	<input type="checkbox"/>	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E	State Waste Code: 135				
Corr	Page 3 Grid K5	Hydrochloric Acid (Satellite Accum.)	Hydrochloric Acid	25	<input type="checkbox"/>	7647-01-0 <input checked="" type="checkbox"/> waste	5	2	5	50	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * G	State Waste Code: 792							
ORM	Page 3 Grid K5	Non-RCRA Solid (Satellite Accum.)	Debris	100	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	15	2	15	50	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E	State Waste Code: 181							
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:							
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:							
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:							

* Code Storage Type										If EPCRA, sign below:				
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon			
B	Belowground Tank	E	Plastic/Nonmetallic 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			

Hazardous Waste Inventory Statement

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

Date: 9/10/02

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 10 of 11 <small>(One page per building or area)</small>		
Chemical Location: Bay 2234, Etch Dept <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.	
Corr	Page 3 Grid J5	Ferric Chloride Dragout Solution Management Method: <input type="checkbox"/> Shipped Off-site <input checked="" type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride		<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	190	120	85	7,500	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ferrous Chloride		<input type="checkbox"/>			Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * C, E						State Waste Code: N/A
			Cupric Chloride		<input type="checkbox"/>											
			Hydrochloric Acid		<input type="checkbox"/>	7647-01-0										
ORM	Page 3 Grid J5	Non-RCRA Solids (Satellite Accum.) Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	1	<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	150	50	150	950	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Absorbents	75	<input type="checkbox"/>			Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * D, E						State Waste Code: 181
			Debris	24	<input type="checkbox"/>											
					<input type="checkbox"/>											
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>			Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *						State Waste Code:
					<input type="checkbox"/>											
					<input type="checkbox"/>											
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>			Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *						State Waste Code:
					<input type="checkbox"/>											
					<input type="checkbox"/>											
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>			Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *						State Waste Code:
					<input type="checkbox"/>											
					<input type="checkbox"/>											

* Code Storage Type												If EPCRA, sign below:		
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon			
B	Belowground Tank	E	Plastic/Nonmetallic 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			

✓

BL#005805

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

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

Authority Cited: H&SC §25503.3(c)

To: Agency Name: Santa Clara Fire Department
Agency Mailing Address: 1675 Lincoln Street
Santa Clara, CA 95050-3006

RECEIVED

MAR 06 2007

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

S.C.F.D.

Facility Name: Italix Company, Inc.

Facility Street Address: 2232 Calle Del Mundo

City: Santa Clara

Date of Current HMBP: 04/14/05.

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) or
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): Robert L. Armanasco

Title: President

Signature of Owner/Operator:

R. Armanasco President

Date: 03/01/07.

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

✓

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

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

Authority Cited: H&SC §25503.3(c)

BLH 5305

To: Agency Name: Santa Clara Fire Department
Agency Mailing Address: 1675 Lincoln Street
Santa Clara, CA 95050-3006

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: Italix Company, Inc.

Facility Street Address: 2232 Calle Del Mundo

City: Santa Clara

Date of Current HMBP: 09/10/02.

I certify that: *(Check the appropriate box.)*

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. *(See bottom of page for details.)* **or**
 Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator *(Print)*: Robert L. Armanasco

Title: President

Signature of Owner/Operator: *RL Armanasco*

Date: 03/05/03.

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; **and**
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; **and**
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

Hazardous Waste Inventory Statement

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

Date: 3/05/03

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 8 of 11 <small>(One page per building or area)</small>		
Chemical Location: Outside Chemical Storage, cont. <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>								
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.	
OXY	Page 3, Grid K9	Spent Sodium Persulfate Solution	Sodium Persulfate	20	<input type="checkbox"/>	7775-27-1	<input checked="" type="checkbox"/> waste	30	5	30	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 100	Storage Container: * E	State Waste Code: 792				
ORM	Page 3, Grid K9	Non-RCRA Waste Solids	Absorbents	75	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	300	50	150	1,000	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	1	<input type="checkbox"/>	7705-08-0	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 200	Storage Container: * D, E	State Waste Code: 181				
Corr	Page 3, Grid K9	Spent Photo-resist Stripper Solution	Diethylene Glycol Monobutyl Ether	4	<input type="checkbox"/>	112-34-5	<input checked="" type="checkbox"/> waste	110	55	55	1,300	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Potassium Hydroxide	2	<input type="checkbox"/>	1310-58-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 135				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> 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/Nonmetallic 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:

Hazardous Waste Inventory Statement

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

Date: 3/05/03

Business Name: Italix Company, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise				Page 9 of 11 <small>(One page per building or area)</small>			
Chemical Location: Bay 2232, Pre-Etch Dept <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>							
				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No									

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories				
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.			
Corr	Page 3 Grid K6	Fluoride Solution (Satellite Accum.)	Ammonium Hydrogen Fluoride	13	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	5	1	5	150	gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Nitric Acid	3	<input type="checkbox"/>										Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 135
		Hydrofluoric Acid	1	<input type="checkbox"/>														
Corr	Page 3 Grid K5	Hydrochloric Acid (Satellite Accum.)	Hydrochloric Acid	25	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	5	2	5	50	gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Curies: <small>(If radioactive)</small>										Days On Site: 365	Storage Container: * G	State Waste Code: 792	
Corr	Page 3 Grid K5	Resist Stripper (Satellite Accum.)	2-Butoxyethanol	7	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	5	2	5	20	gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	2-Amino Ethanol	4	<input type="checkbox"/>										Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 135
ORM	Page 3 Grid K5	Non-RCRA Solid (Satellite Accum.)	Debris	100	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	15	2	15	50	gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Curies: <small>(If radioactive)</small>										Days On Site: 365	Storage Container: * E	State Waste Code: 181	
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					gallons pounds cu. feet tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Curies: <small>(If radioactive)</small>										Days On Site:	Storage Container: *	State Waste Code:	
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					gallons pounds cu. feet tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Curies: <small>(If radioactive)</small>										Days On Site:	Storage Container: *	State Waste Code:	

* 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/Nonmetallic 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:



BL# 070802

✓ V.H.A.N ✓
06/22/06 ✓

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 000702^{1.} BEGINNING DATE^{100.} ENDING DATE^{101.}

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)^{3.} BUSINESS PHONE^{102.}
MICRO LITHOGRAPHY INC. (408) 747-1769

BUSINESS SITE ADDRESS^{103.}
5101 LAFAYETTE STREET

CITY^{104.} CA ZIP CODE^{105.}
SANTA CLARA 95150

DUN & BRADSTREET^{106.} SIC CODE (4 digit #)^{107.}
11-269-3130 3674

COUNTY^{108.}
SANTA CLARA

BUSINESS OPERATOR NAME^{109.} BUSINESS OPERATOR PHONE^{110.}
YUNG TSAI YEN (408) 747-1769

II. BUSINESS OWNER

OWNER NAME^{111.} OWNER PHONE^{112.}
YUNG TSAI YEN (408) 747-1769

OWNER MAILING ADDRESS^{113.}
196 TUSCALOOSA AVENUE

CITY^{114.} STATE^{115.} ZIP CODE^{116.}
ATHERTON CA 94023

III. ENVIRONMENTAL CONTACT

CONTACT NAME^{117.} CONTACT PHONE^{118.}
KEVIN DUONG (408) 747-1769 X 240

CONTACT MAILING ADDRESS^{119.}
1257 ELKO DRIVE

CITY^{120.} STATE^{121.} ZIP CODE^{122.}
SUNNYVALE CA 94089

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME^{123.} NAME^{128.}
KEVIN DUONG NORBERT DE MORAES

TITLE^{124.} TITLE^{129.}
FACILITIES MANAGER FACILITIES TECHNICIAN

BUSINESS PHONE^{125.} BUSINESS PHONE^{130.}
(408) 747-1769 X 240 (408) 747-1769 X 201

24-HOUR PHONE*^{126.} 24-HOUR PHONE*^{131.}
(408) 238-9257 (408) 279-4030

PAGER #^{127.} PAGER #^{132.}
(408) 640 -5489 (408)640-5918

ADDITIONAL LOCALLY COLLECTED INFORMATION:^{133.}

Property Owner: YUNG TSAI YEN
Billing Address: 1257 ELKO DRIVE, SUNNYVALE, CA 94089

RECEIVED Phone No.: (408) 747-1769
MAY 22 2006

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE DATE^{134.} NAME OF DOCUMENT PREPARER^{135.}
Kevin Duong APR/24/06 KEVIN DUONG

NAME OF SIGNER (print)^{136.} TITLE OF SIGNER^{137.}
KEVIN DUONG FACILITIES MANAGER

* See Instructions on next page.

5101 Lafayette

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

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	1.	EPA ID # (Hazardous Waste Only)	2.
		CAR000072702	

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

II. ACTIVITIES DECLARATION

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

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

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

(one page per material per building or area)

ADD DELETE REVISE 200. Page of _____

I. FACILITY INFORMATION

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

MICRO LITHOGRAPHY INC.

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.

5101 LAFAYETTE STREET

YES NO

FACILITY ID # (Agency Use Only) 1. MAP # 203. GRID # 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.

ACETONE

If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.

ACETONE

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

67-64-1

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.

Flammable - FL

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

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER 1 Galon 215.

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

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

2 4 N/A N/A

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221. DAYS ON SITE 222.

365

STORAGE CONTAINER 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 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223.

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

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

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.

DOT Hazard Class: _____

If EPCRA, Please Sign Here.

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

(one page per material per building or area)

ADD DELETE REVISE 200. Page of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.
MICRO LITHOGRAPHY INC.

CHEMICAL LOCATION 201. 5101 LAFAYETTE STREET
CHEMICAL LOCATION CONFIDENTIAL 202.
EPCRA
 YES NO

FACILITY ID # (Agency Use Only) 1. MAP # 203. GRID # 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. ISO-PROPANOL ALCOHOL
TRADE SECRET Yes No 206.
If Subject to EPCRA, refer to instructions

COMMON NAME 207. IPA
EHS* Yes No 208.

CAS# 209. 67-63-0
*If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.
Flammable - FL

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

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER 1 Gallon 215.

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

AVERAGE DAILY AMOUNT 217. 4 MAXIMUM DAILY AMOUNT 218. 8 ANNUAL WASTE AMOUNT 219. N/A STATE WASTE CODE 220. N/A

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

STORAGE CONTAINER 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
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223.

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

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

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
DOT Hazard Class: _____

If EPCRA, Please Sign Here.

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

(one page per material per building or area)

ADD DELETE REVISE 200. Page of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) MICRO LITHOGRAPHY INC.		3.
CHEMICAL LOCATION 5101 LAFAYETTE STREET	201. CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202.
FACILITY ID # <small>(Agency Use Only)</small>	1. MAP #	203. GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME NITROGEN	205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206.
		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME NITROGEN	207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208.
CAS# 7727-37-9	209.	*If EHS is "Yes," all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by local agency) NFG			
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212. CURIES
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	214.	LARGEST CONTAINER 300 CF	
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216.		
AVERAGE DAILY AMOUNT 900CF	217.	MAXIMUM DAILY AMOUNT 900CF	218.
		ANNUAL WASTE AMOUNT N/A	219.
		STATE WASTE CODE N/A	220.
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			221. DAYS ON SITE 365
STORAGE CONTAINER <input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224.		
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225.		

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION DOT Hazard Class: _____	246.
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If EPCRA, Please Sign Here.

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

(one page per material per building or area)

ADD DELETE REVISE 200. Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.									
MICRO LITHOGRAPHY INC.									
CHEMICAL LOCATION 201.					CHEMICAL LOCATION CONFIDENTIAL 202.				
510 LAFAYETTE STREET					EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID # <i>(Agency Use Only)</i>				MAP # 203.		GRID # 204.			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.			TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.			
TRITON™ X-100 SURFACTANT			If Subject to EPCRA, refer to instructions			
COMMON NAME 207.			EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.			
NONIONIC SURFACTANT						
CAS# 209.			*If EHS is "Yes," all amounts below must be in lbs.			
9036-19-5						
FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.						
NFL						
HAZARDOUS MATERIAL TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE 211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.	CURIES 213.
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS 214.	LARGEST CONTAINER 1 GAL 215.	
HAZARD CATEGORIES (Check all that apply) 216.						
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH						
AVERAGE DAILY AMOUNT 217.		MAXIMUM DAILY AMOUNT 218.		ANNUAL WASTE AMOUNT 219.		STATE WASTE CODE 220.
2 GALS		4 GALS		N/A		N/A
UNITS* (Check one item only)		<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS 221.	DAYS ON SITE 222.
		* If EHS, amount must be in pounds.				365
STORAGE CONTAINER						
<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input checked="" type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224.						
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225.						

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

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
DOT Hazard Class: _____
If EPCRA, Please Sign Here

Date: 10/28/04

Hazardous Waste Inventory Statement

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

Business Name: MICRO LITHOGRAPHY INC. (This page replaced page 14 of 14 on the HMBP for 1247 Elko location. Revised date: June/06/04). <small>(Same as Facility Name or DBA)</small>							Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 1 of 1 <small>(One page per building or area)</small>					
Chemical Location: 5101 LAFAYETTE STREET, SANTA CLARA, CA 95150 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>								
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.
FL	III	ABSORBANT (MIXED SOLVENT)	ACETONE		<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> waste	400	200	200	600	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	ISOPROPANOL		<input type="checkbox"/>		<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container: D	State Waste Code: 352				
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
FL	III				<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> 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/Nonmetallic Drum | H | Silo | K | Box | N | Plastic Bottle or Jug | Q | Rail Car |

If EPCRA, sign below:

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

✓✓ BL# 013781 ✓
✓ H.A.N ✓
06/29/06

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	43 010 300088	1.	EPA ID # (Hazardous Waste Only) CAD980818488	2.
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3. BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)
Nu-Metal Finishing, Inc.

II. ACTIVITIES DECLARATION

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

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10.	RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 12.	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS		

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

RECEIVED

JUN 29 2006

2262 Calle Del Mundo

FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	43 010 300088	1.	BEGINNING DATE	100.	ENDING DATE	101.
			6/12/06		6/12/07	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)				3.	BUSINESS PHONE	
Nu-Metal Finishing, Inc.					408-727-1050	
BUSINESS SITE ADDRESS						
2262 Calle Del Mundo						
CITY			104.	STATE		105.
Santa Clara				CA		95054
DUN & BRADSTREET			106.	SIC CODE (4 digit #)		107.
10-277-0112				3471		
COUNTY						
Santa Clara						
BUSINESS OPERATOR NAME				109.	BUSINESS OPERATOR PHONE	
Harry Corl					408-727-1050	

II. BUSINESS OWNER

OWNER NAME			111.	OWNER PHONE			112.
Malinda Letts & Harry Corl				408-727-1050			
OWNER MAILING ADDRESS							
2262 Calle Del Mundo							
CITY			114.	STATE		115.	116.
Santa Clara				CA		95054	

III. ENVIRONMENTAL CONTACT

CONTACT NAME			117.	CONTACT PHONE			118.
David Rollyson				408-727-1050			
CONTACT MAILING ADDRESS							
2262 Calle Del Mundo							
CITY			120.	STATE		121.	122.
Santa Clara				CA		95054	

-PRIMARY-

IV. EMERGENCY CONTACTS

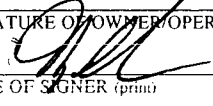
-SECONDARY-

NAME	123.	NAME	128.
Juan Aguliar		David Rollyson	
TITLE	124.	TITLE	129.
Maintenance		Director Quality	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
408-727-1050		408-727-1050	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
408-259-6165		408-779-3676	
PAGER #	127.	PAGER #	132.
408-994-0780		408-386-1119	

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: _____ Phone No.: _____
 Billing Address: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
	12 June 14, 2006		David Rollyson	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER		137.
Harry Corl		Chief Operating Officer		

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 3 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 1 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes			9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	Storage Temp.	
2.1	Area 1	Acetylene			<input type="checkbox"/>	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	330	180	330	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: 74-86-2 <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * L					
2.1	Area 1	Nitrous Oxide			<input type="checkbox"/>	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	547	350	547	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: 10024-97-2 <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * L					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *					

* Code Storage Type												If EPCRA, sign below:		
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	Bin	R	Other			

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DEA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 8 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 2 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4.			5.	6.			7.	8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only)			Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	% Wt.	EHS	CAS No.								
9	Area 2	Electroless Nickel Sulfate	Nickel Sulfate	2.1	<input type="checkbox"/>	7786-81-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	454	454	169	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Hypophosphate	5.2	<input type="checkbox"/>	7681-53-0								
			Ammonium Hydroxide	3	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
			Sodium Hydroxide	.2	<input type="checkbox"/>	1310-73-2								
			CAS No.:	<input type="checkbox"/> EHS										
6.1	Area 2	Gold Strip Tank	Potassium Cyanide	.1	<input checked="" type="checkbox"/>	151-50-8	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	35	35	35	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Lead Oxide	.03	<input type="checkbox"/>	1317-36-8								
			Sodium Hydroxide	2	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
			Sodium Cyanide	7.2	<input checked="" type="checkbox"/>	143-33-9								
			CAS No.:	<input type="checkbox"/> EHS										
8	Area 2	Chemfilm Gold AL	Chromic Acid	.6	<input type="checkbox"/>	133-82-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	36	36	36	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Barium Nitrate	.2	<input type="checkbox"/>	10022-31-8								
			Sodium Silicofluoride	.2	<input type="checkbox"/>	16893-85-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
			Ferricyanide	.1	<input checked="" type="checkbox"/>	544-92-3								
			CAS No.:	<input type="checkbox"/> EHS										
8	Area 2	Electroless Activator	Sulfuric Acid	2	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	45	45	34	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
					<input type="checkbox"/>									
			CAS No.:	<input type="checkbox"/> EHS										
8	Area 2	Sulfuric Acid Bath	Sulfuric Acid	10	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	48	48	48	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>									
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
					<input type="checkbox"/>									
			CAS No.:	<input type="checkbox"/> EHS										
6.1	Area 2	Cyanide Activator	Sodium Hydroxide	9	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	46	46	34	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Cyanide	7.2	<input checked="" type="checkbox"/>	143-33-9								
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: C				
					<input type="checkbox"/>									
			CAS No.:	<input type="checkbox"/> EHS										

* 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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page of 5 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 2 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # _____ - _____ - _____ <small>(Agency Use Only)</small>					
				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No							

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
8	Area 2	Caustic Electroclean Anodex NP-2	Sodium Hydroxide	7.6	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	183	183	122	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * C				
8	Area 2	Isoprep 3	Sodium Hydroxide	65	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	500	225	400	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * I				
8	Area 2	Caustic Etch Isoprep 3	Sodium Hydroxide	7.4	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	142	142	142	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * C				
9	Area 2	Premchem 1015	Sodium Borate	41	<input type="checkbox"/>	1303-96-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	600	300	400	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E				
9	Area 2	Cleaning Tank Premchem 1015	Sodium Borate	1.9	<input type="checkbox"/>	1303-96-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	334	334	190	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * C				
9	Area 2	Cleaning Tank Premchem 1015	Sodium Borate	7.7	<input type="checkbox"/>	1303-96-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	35	35	35	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * C				

* Code Storage Type												If EPCRA, sign below:		
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	Waste Bin	R	Other			

Non-Waste Hazardous Materials Inventory Statement

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Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 9 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 2 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories				
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.			
8	Area 2	Tin Plate Tank	Sulfuric Acid	10	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	130	130	130	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C							
			9	Area 2	Black Nickel Tank	Nickel Ammonium Sulfate	2.2	<input type="checkbox"/>	15699-18-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	72	72	72	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						Sodium Thiocyanate	1.3	<input type="checkbox"/>	540-72-7	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C				
Sodium Ethylhexysulfate	.05	<input type="checkbox"/>				7732-18-5											
Zinc Sulfate	1.5	<input type="checkbox"/>				7733-02-0											
CAS No.: <input type="checkbox"/> EHS																	
9	Area 2	Brigat Nickel	Boric Acid	4.4	<input type="checkbox"/>	10043-35-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	273	273	273	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Nickel Chloride	10	<input type="checkbox"/>	7718-54-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C							
			Nickel Sulfate	67	<input type="checkbox"/>	7786-81-4											
			CAS No.: <input type="checkbox"/> EHS														
9	Area 2	Nickel Strike	Hydrochloric Acid	4.7	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	198	198	87	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Nickel Chloride	9.9	<input type="checkbox"/>	7718-54-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C							
			CAS No.: <input type="checkbox"/> EHS														
			9	Area 2	Nickel Sulfamate	Nickel Sulfamate	28	<input type="checkbox"/>	13770-89-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	454	454	160	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
Hydrochloric Acid	4	<input checked="" type="checkbox"/>				7647-01-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C							
CAS No.: <input type="checkbox"/> EHS																	
8	Area 2	Acid Copper Tank				Copper Sulfate	4	<input type="checkbox"/>	7758-98-7	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Formaldehyde	.1	<input checked="" type="checkbox"/>	50-00-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	<i>Curies:</i> <small>(If radioactive)</small>	<i>Days On Site:</i> 365	<i>Storage Container:*</i> C							
			Sulfuric Acid	10	<input checked="" type="checkbox"/>	7664-93-9											
			CAS No.: <input type="checkbox"/> EHS														

* Code Storage Type												If EPCRA, sign below:	
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		

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page of 4 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 2 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID #			Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		
						-			-		

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
8	Area 2	ABCO 820	Sodium Hydroxide	20	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	600	300	450	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Disodium Trioxosilicate	70	<input type="checkbox"/>	6834-92-0	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* D			
		CAS No.: <input type="checkbox"/> EHS											
8	Area 2	Copper Cleaner ABCO 820	Sodium Hydroxide	1	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	157	157	157	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Disodium Trioxosilicate	3.5	<input type="checkbox"/>	6834-92-0	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C			
		CAS No.: <input type="checkbox"/> EHS											
9	Area 2	ABCO AC-2	Sodium Tetraborate	60	<input type="checkbox"/>	1303-96-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	600	300	500	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS											
9	Area 2	Aluminum Cleaner ABCO AC-2	Sodium Tetraborate	5	<input type="checkbox"/>	1303-96-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	179	179	179	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS											
8	Area 2	Alumon EN	Sodium Hydroxide	.3	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	45	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Zinc	.5	<input type="checkbox"/>	7440-66-6	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E			
		CAS No.: <input type="checkbox"/> EHS											
8	Area 2	Anodex NP-2	Sodium Hydroxide	60	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	600	300	400	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS											

* Code Storage Type												If EPCRA, sign below:		
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	Bin	R	Other			

Non-Waste Hazardous Materials Inventory Statement

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Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 6 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 2 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.	
8	Area 2	HCL Acid \ Acid Etch	Hydrochloric Acid	39	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	162	162	118	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			CAS No.:	<input type="checkbox"/> EHS											
8	Area 2	RD-5 SST Polish	Nitric Acid	4	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	10	6	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Hydrochloric Acid	12	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
			Phosphoric Acid	15	<input type="checkbox"/>	7664-38-2									
			CAS No.:	<input type="checkbox"/> EHS											
8	Area 2	Stainless Steel Etch RD-5 SST Polish	Nitric Acid	4	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	1	1	1	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Hydrochloric Acid	12	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
			Phosphoric Acid	15	<input type="checkbox"/>	7664-38-2									
			CAS No.:	<input type="checkbox"/> EHS											
8	Area 2	Acid Dip Formic	Formic Acid	10	<input checked="" type="checkbox"/>	64-18-6	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	47	47	34	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			CAS No.:	<input type="checkbox"/> EHS											
9	Area 2	Nitric Acid Tank	Nitric Acid	67	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	160	160	105	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			CAS No.:	<input type="checkbox"/> EHS											
9	Area 2	Nitric Acid Etch Tank	Ammonium Bifluoride	1.9	<input type="checkbox"/>	1341-49-7	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	234	234	131	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Nitric Acid	56	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
			CAS No.:	<input type="checkbox"/> EHS											

* 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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 7 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 2 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.	
8	Area 2	Copper Bright Dip	Chromium Trioxide	7	<input type="checkbox"/>	1333-82-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	50	50	50	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Sodium Bifluoride	4	<input type="checkbox"/>	1333-83-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>								
							<input type="checkbox"/>								
8	Area 2	Nitric Acid Bath	Hydrogen Fluoride	3	<input checked="" type="checkbox"/>	7664-39-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	56	56	56	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Nitric Acid	20	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>								
							<input type="checkbox"/>								
8	Area 2	Deox IT Tank	Sulfuric Acid	1.3	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	165	165	120	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Nitric Acid	1	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			Fluoboric Acid	1	<input type="checkbox"/>	16872-11-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>								
9	Area 2	Nickel Strip	Sodium Nitrobenzoate	1.7	<input type="checkbox"/>	827-95-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	170	170	170	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ethylene Diamine	11	<input checked="" type="checkbox"/>	107-15-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			Sodium Diethdicarbonate	1.5	<input type="checkbox"/>	148-18-5									
			Sodium Hydroxide	18	<input type="checkbox"/>	1310-73-2									
CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>											
8	Area 2	Rhodium Tank	Sulfuric Acid	15	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	2	2	2	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>								
							<input type="checkbox"/>								
9	Area 2	Nickel Teflon Tank	Sodium Hypophosphite	5.5	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	34	34	34	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ammonium Hydroxide	2.2	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* C					
			Sodium Hydroxide	3	<input type="checkbox"/>	1310-73-2									
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/>								

* Code Storage Type												If EPCRA, sign below:		
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	Truck Bin	R	Other			

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Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page of 10 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 2 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4.			5.			6.			7.		8.		9.							
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only)			Type and Physical State			Quantities			Units		Storage Codes		Hazard Categories							
			Chemical Name	Wt. %	EHS	CAS No.				Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.								
6.1	Area 2	Gold Cyanide Tank	Potassium Gold Cyanide	1.2	<input checked="" type="checkbox"/>	13967-50-5	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	81	81	21	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Potassium Hydroxide	.6	<input type="checkbox"/>	1310-58-3	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
					<input type="checkbox"/>		<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> gas												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
				<input type="checkbox"/>																			
6.1	Area 2	Copper Cyanide Tank	Copper Cyanide	3.7	<input checked="" type="checkbox"/>	544-92-3	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	150	150	83	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Potassium Carbonate	1.3	<input type="checkbox"/>	584-08-7	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
			Potassium Hydroxide	.6	<input type="checkbox"/>	1310-58-3	<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			Potassium Tartrate	4.3	<input type="checkbox"/>	304-59-6	<input checked="" type="checkbox"/> liquid												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
			Potassium Cyanide	6.8	<input checked="" type="checkbox"/>	151-50-8	<input type="checkbox"/> gas																
CAS No.: <input type="checkbox"/> EHS																							
6.1	Area 2	Silver Cyanide Tank	Potassium Carbonate	1.2	<input type="checkbox"/>	584-08-7	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	207	207	69	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Potassium Cyanide	10	<input checked="" type="checkbox"/>	151-50-8	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
			Potassium Silver Cyanide	5	<input checked="" type="checkbox"/>	506-61-6	<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			Potassium Hydroxide	.1	<input type="checkbox"/>	1310-58-3	<input checked="" type="checkbox"/> liquid												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
			Potassium Sulfate	.05	<input type="checkbox"/>	7778-80-5	<input type="checkbox"/> gas																
CAS No.: <input type="checkbox"/> EHS																							
9	Area 2	Gold Strike Tank	Sodium Chloride	.6	<input type="checkbox"/>	7647-14-5	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	13	13	13	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Potassium Auric Cyanide	.2	<input checked="" type="checkbox"/>	14269-59-3	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
			Hydrochloric Acid	4	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			CAS No.: <input type="checkbox"/> EHS				<input checked="" type="checkbox"/> liquid												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
				<input type="checkbox"/>																			
9	Area 2	Watts nickel Tank	Boric Acid	2.6	<input type="checkbox"/>	10043-35-3	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	80	80	80	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Nickel Chloride	1.1	<input type="checkbox"/>	7718-54-9	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
			Nickel Sulfate	24.5	<input type="checkbox"/>	7786-81-4	<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			CAS No.: <input type="checkbox"/> EHS				<input checked="" type="checkbox"/> liquid												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
				<input type="checkbox"/>																			
8	Area 2	Copper Etch Tank	Ammonium Persulfate	.3	<input type="checkbox"/>	7727-54-0	<input type="checkbox"/> pure	<input checked="" type="checkbox"/> mixture	35	35	35	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire								
			Sulfuric Acid	2	<input checked="" type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> liquid									Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: C	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive		
					<input type="checkbox"/>		<input type="checkbox"/> solid												<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release		
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> gas												<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health	<input checked="" type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
				<input type="checkbox"/>																			

*	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	If EPCRA, sign below:
	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	

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 11 of 32 <small>(One page per building or area)</small>					
Chemical Location: Area 2 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>								

1.	2.	3.	4.				5.	6.			7.	8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components <small>(For mixtures only)</small>				Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	Wt. %	EHS	CAS No.									
8	Area 2	Sodium Hydroxide	Sodium Hydroxide	97	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	110	65	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
								<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
								<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
								<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					

- | | | | | | | | | | | | | | |
|---------------------|----------------------|---|---------------------------|---|------------|-------------------|----------|---|-----------------------|---|------------|-----------------------|--|
| * Code Storage Type | | | | | | Code Storage Type | | | | | | If EPCRA, sign below: | |
| 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 | Note Bin | R | Other | | |

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc.
(Same as Facility Name or DBA)

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

Page 17 of 32
(One page per building or area)

Chemical Location: Area 4
(Building/Storage Area)

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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories		
			Chemical Name	% Wt.	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.			
8	Area 4	Ammonium Hydroxide	Ammonium Hydroxide	30	<input type="checkbox"/>	1336-21-6	65	30	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
			CAS No.:	<input type="checkbox"/> EHS											
2.2	Area 4	Liquid Nitrogen - UHP	Nitrogen Gas	100	<input type="checkbox"/>	7727-37-9	63630	31815	6360	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
			CAS No.:	<input type="checkbox"/> EHS											
					<input type="checkbox"/>					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
			CAS No.:	<input type="checkbox"/> EHS											
					<input type="checkbox"/>					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
			CAS No.:	<input type="checkbox"/> EHS											
					<input type="checkbox"/>					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
			CAS No.:	<input type="checkbox"/> EHS											

- * 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:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 14 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 3 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>			-		

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.	
8	Area 3	Millenium MS-12CM	Sodium Hypophosphite	44	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	65	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ammonium Hydroxide	15	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
			CAS No.: <input type="checkbox"/> EHS												
8	Area 3	Millenium RC-63B	Sodium Hypophosphite	17	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	85	35	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ammonium Hydroxide	16	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
			CAS No.: <input type="checkbox"/> EHS												
8	Area 3	Millenium RC-63CMP	Sodium Hypophosphite	39	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	70	35	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Sodium Hydroxide	5	<input type="checkbox"/>	1310-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
			CAS No.: <input type="checkbox"/> EHS												
8	Area 3	Millenium TCN-10BH	Sodium Hypophosphite	20	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	35	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ammonium Hydroxide	15	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
			CAS No.: <input type="checkbox"/> EHS												
8	Area 3	Millenium TCN-10CM	Sodium Hypophosphite	42	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	35	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Sodium Hydroxide	5	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E					
			CAS No.: <input type="checkbox"/> EHS												
9	Area 3	Nickel Sulfate	Nickel Sulfate	70	<input type="checkbox"/>	7786-81-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	60	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			CAS No.: <input type="checkbox"/> EHS												

* Code Storage Type												If EPCRA, sign below:		
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			

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page 13 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 3 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4.			5.	6.			7.	8.		9.				
Haz Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only)			Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories				
			Chemical Name	% Wt.	EHS	CAS No.											
8	Area 3	Hydrochloric Acid	Hydrochloric Acid	10.8	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	225	145	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E & N							
8	Area 3	Hydrofluoric Acid	Hydrofluoric Acid	49	<input checked="" type="checkbox"/>	7664-39-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	5	3	1	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* N							
8	Area 3	Iridite 14-2	Chromic Acid	53	<input type="checkbox"/>	1333-82-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	10	5	10	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Barium Nitrate	15	<input type="checkbox"/>	10022-31-8	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E
			Sodium Silicofluoride	13	<input type="checkbox"/>	16893-85-9											
			Ferricyanide	10	<input checked="" type="checkbox"/>	544-92-3											
CAS No.: <input type="checkbox"/> EHS																	
8	Area 3	Millenium 8CMP	Sodium Hypophosphite	40	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Ammonium Hydroxide	24	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E
			Sodium Hydroxide	4	<input type="checkbox"/>	1310-73-2											
CAS No.: <input type="checkbox"/> EHS																	
9	Area 3	Millenium MS-9AM	Nickel Sulfate	34	<input type="checkbox"/>	7786-81-4	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	110	75	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
							<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E
CAS No.: <input type="checkbox"/> EHS																	
8	Area 3	Millenium MS-12B	Sodium Hypophosphite	20	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	65	45	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Ammonium Hydroxide	15	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E
CAS No.: <input type="checkbox"/> EHS																	

* 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	If EPCRA, sign below: _____
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	

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: **Nu-Metal Finishing, Inc.**
(Same as Facility Name or DBA)

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

Page of **12 of 32**
(One page per building or area)

Chemical Location: **Area 3**
(Building/Storage Area)

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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories				
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.			
8	Area 3	Ammonium Hydroxide	Ammonium Hydroxide	30	<input type="checkbox"/>	1336-21-6	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	65	30	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.:	<input type="checkbox"/> EHS													
9	Area 3	Barret SN Ready	Nickel Sulfate	30	<input type="checkbox"/>	13770-89-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	165	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.:	<input type="checkbox"/> EHS													
9	Area 3	CopperLume PTH-R	Formaldehyde	98	<input checked="" type="checkbox"/>	50-00-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	5	3	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.:	<input type="checkbox"/> EHS													
8	Area 3	Deox IT 22L	Sulfuric Acid	8	<input checked="" type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	65	35	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Nitric Acid	6	<input checked="" type="checkbox"/>	7697-37-2											
			Fluoboric	6	<input type="checkbox"/>	16872-11-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								Curies: (If radioactive)	Days On Site: 365	Storage Container:*
			CAS No.:	<input type="checkbox"/> EHS													
9	Area 3	Fidelity 3136B	Ethylene Diamine	44	<input checked="" type="checkbox"/>	107-15-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	30	15	15	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			Sodium Diethyldicarbonate	6	<input type="checkbox"/>	148-18-5											
			CAS No.:	<input type="checkbox"/> EHS													
8	Area 3	Formic Acid	Formic Acid	97	<input checked="" type="checkbox"/>	64-18-6	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	100	70	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
			CAS No.:	<input type="checkbox"/> EHS													

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: **Nu-Metal Finishing, Inc.**
(Same as Facility Name or DBA)

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

Page 15 of 32
(One page per building or area)

Chemical Location: **Area 3**
(Building/Storage Area)

EPCRA Confidential Location? Yes; No
Trade Secret Information? Yes; No

Facility ID #
(Agency Use Only)

1.	2.	3.	4.			5.	6.			7.	8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only)			Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	% Wt.	EHS	CAS No.								
8	Area 3	Nitric Acid	Nitric Acid	70	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	177	81	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * N & D				
8	Area 3	Sulfuric Acid	Sulfuric Acid	100	<input checked="" type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	45	23	15	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * M & G				
9	Area 3	Copper Sulfate	Copper Sulfate	14	<input type="checkbox"/>	7758-98-7	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	165	90	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E				
9	Area 3	Fidelity 5023B	Sodium Hypophosphite	17	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	15	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E				
9	Area 3	Fidelity 5023D	Sodium Hypophosphite	43	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	20	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E				
8	Area 3	Zenith EF-7B	Sodium Hypophosphate	16	<input type="checkbox"/>	10039-56-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	65	40	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Hydroxide	11	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: * E				
CAS No.: <input type="checkbox"/> EHS														

* 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	Car	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

If EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 16 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 3 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # _____ - _____ - _____					
				Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Agency Use Only					

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
8	Area 3	Zenith EF-7CM	Sodium Hypophosphate	40	<input type="checkbox"/>	7681-53-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	60	45	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Hydroxide	5	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E				
			Ammonium Hydroxide	10	<input type="checkbox"/>	1336-21-6								
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>									
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture								
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture								
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture								
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture								
					<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*					

* Code Storage Type												If EPCRA, sign below: _____		
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	Bin	R	Other			

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc.
(Same as Facility Name or DBA)

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

Page 18 of 32
(One page per building or area)

Chemical Location: Area 5
(Building/Storage Area)

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)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories					
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.				
2.1	Area 5	Acetylene Gas	Acetylene	100	<input type="checkbox"/>	74-86-2	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	660	207	330	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 365	Storage Container:*	
																L		
2.2	Area 5	Argon Gas	Argon	100	<input type="checkbox"/>	7440-37-1	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	700	350	350	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 365	Storage Container:*	
																L		
6.1	Area 5	Copper Cyanide	Copper Cyanide	100	<input checked="" type="checkbox"/>	544-92-3	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	200	100	100	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 365	Storage Container:*	
																D		
8	Area 5	Enprep 214	Sodium Hydroxide	50	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	200	100	100	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			Sodium Cyanide	40	<input checked="" type="checkbox"/>	143-33-9												
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 365	Storage Container:*	
2.1	Area 5	Hydrogen Gas - UHP	Hydrogen Gas	100	<input type="checkbox"/>	1333-74-0	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	1773	985	197	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 365	Storage Container:*	
																L		
2.2	Area 5	Nitrous Oxide - UHP	Nitrous Oxide	100	<input type="checkbox"/>	10024-97-2	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	547	547	547	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
			CAS No.:	<input type="checkbox"/> EHS											Curies: (If radioactive)	Days On Site: 180	Storage Container:*	
																L		

* 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: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page 20 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 6 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4.			5.	6.			7.	8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components <small>(For mixtures only)</small>			Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	% Wt.	EHS	CAS No.								
21	Area 6	Acetylene Gas	Acetylene		<input type="checkbox"/>	74-86-2	<input checked="" type="checkbox"/> pure	330	180	330	<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input checked="" type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive	
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)	365	L	<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health
22	Area 6	Argon Gas -- UHP	Argon		<input type="checkbox"/>	7440-37-1	<input checked="" type="checkbox"/> pure	350	275	350	<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input checked="" type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive	
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)	365	L	<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health
23	Area 6	Oxygen	Oxygen		<input type="checkbox"/>	7782-44-7	<input checked="" type="checkbox"/> pure	281	180	281	<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input checked="" type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input checked="" type="checkbox"/> reactive	
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)	365	L	<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> acute health
24					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)			<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health
25					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)			<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health
26					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)			<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health
27					<input type="checkbox"/>		<input type="checkbox"/> pure				<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
					<input type="checkbox"/>		<input type="checkbox"/> mixture				<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies:	Days On Site:	Storage Container:	<input checked="" type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release
			CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> liquid	(If radioactive)			<input type="checkbox"/> tons	<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> acute health

#	Code	Storage Type	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	Q	Rail Car	
	B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car	R	Other	
	C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other			

If EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 21 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 7 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
2.2	Area 7	Argon gas - UHP	Argon		<input type="checkbox"/>	7440-37-1	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	350	300	350	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: L				
2.1	Area 7	Hydrogen Gas	Hydrogen		<input type="checkbox"/>	1333-74-0	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	394	330	197	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: L				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				

* Code Storage Type												If EPCRA, sign below:		
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	tic Bottle or Jug	Q	Rail Car			
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Bin	R	Other			

Non-Waste Hazardous Materials Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page 22 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 8 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4.			5.	6.			7.	8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components <small>(For mixtures only)</small>			Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
			Chemical Name	% Wt.	EHS	CAS No.								
6.1	Area 8	Gold Salts – ACR 414	Potassium Gold Cyanide		<input checked="" type="checkbox"/>	13967-50-5	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	.54	.34	.07	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* N				
6.1	Area 8	Gold Salts – E-74	Cyanide Compounds	95	<input checked="" type="checkbox"/>	13967-50-5	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	.54	.27	.07	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:* N				
6.1	Area 8	Gold salts – EAS	Potassium Gold Cyanide	95	<input checked="" type="checkbox"/>	13967-50-5	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	.34	.2	.07	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* N				
6.1	Area 8	Acid Au Strike	Hydrochloric Acid	94	<input checked="" type="checkbox"/>	7647-01-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	1	.75	.25	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Potassium Gold Cyanide	.34	<input checked="" type="checkbox"/>	13967-50-5	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> 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:

Hazardous Waste Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise			Page 23 of 32 <small>(One page per building or area)</small>		
Chemical Location: Area 2 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities				7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories			
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	Storage Pressure			Storage Temp.					
6.1	Area 2	Spent Cyanide Gold	Potassium Gold Cyanide	<1	<input checked="" type="checkbox"/>	13967-50-5	<input checked="" type="checkbox"/> waste	55	27	55	55	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire				
			Thallium Nitrate	<1	<input type="checkbox"/>	13746-98-0										<input checked="" type="checkbox"/> liquid			
			Management Method:			<input type="checkbox"/> solid													
			<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site														
Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 711	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.		<input type="checkbox"/> reactive												
6	Area 2	Spent Cyanide Silver	Potassium Cyanide			<15		<input checked="" type="checkbox"/>	151-50-8	<input checked="" type="checkbox"/> waste	55	27	55	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire		
			Potassium Silver Cyanide			<10		<input checked="" type="checkbox"/>	506-61-6									<input checked="" type="checkbox"/> liquid	
			Management Method:			<input type="checkbox"/> solid													
			<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site														
Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 711	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.		<input type="checkbox"/> reactive												
6.1	Area 2	Cyanide Wastes	Potassium Cyanide			<15		<input type="checkbox"/>	151-50-8	<input checked="" type="checkbox"/> waste	80	50	55	400	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire	
			Sodium Hydroxide			<10		<input type="checkbox"/>	1310-73-2										<input checked="" type="checkbox"/> liquid
			Management Method:			<input type="checkbox"/> solid													
			<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site														
Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 711	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.		<input type="checkbox"/> reactive												
8	Area 2	Spent Nickel Strip	Sodium Nitrobenzoate			<34		<input type="checkbox"/>	827-95-2	<input checked="" type="checkbox"/> waste	110	55	55	110	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire	
			Ethylenedamine			<3		<input checked="" type="checkbox"/>	107-15-3										<input checked="" type="checkbox"/> liquid
			Management Method:			<input type="checkbox"/> solid													
			<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site														
Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 121 / 726	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.		<input type="checkbox"/> reactive												
8	Area 2	Spent Cleaning Solutions	Sodium Hydroxide			<8		<input type="checkbox"/>	1310-73-2	<input checked="" type="checkbox"/> waste	275	110	275	800	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire	
			Sodium Borate			<4		<input type="checkbox"/>	1303-96-4										<input checked="" type="checkbox"/> liquid
			Management Method:			<input type="checkbox"/> solid													
			<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site														
Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* O	State Waste Code: 123	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.		<input type="checkbox"/> reactive												
										<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire	
										<input type="checkbox"/> solid	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive	
							<input type="checkbox"/> liquid					<input type="checkbox"/> cu. feet	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release				
							<input type="checkbox"/> gas					<input type="checkbox"/> tons	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> acute health				
													<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> chronic health				
															<input type="checkbox"/> radioactive				

* 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/Nonmetallic 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: _____ _____ _____
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Hazardous Waste Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise	Page 24 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 3 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities				7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories							
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	Storage Pressure			Storage Temp.									
8	Area 3	Spent Acid Etches	Acetic Acid	<75	<input type="checkbox"/>	64-19-7	<input checked="" type="checkbox"/> waste	55	25	55	275	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Phosphoric Acid	<65	<input type="checkbox"/>	7664-38-2																	
			Management Method:			Nitric Acid										<35	<input checked="" type="checkbox"/>	7697-37-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 791
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Hydrochloric Acid										<10	<input checked="" type="checkbox"/>	7647-01-0					
			Formic Acid	<10	<input type="checkbox"/>	64-18-6																	
8	Area 3	Spent HCL & Nickel Strike	Hydrochloric Acid		<input checked="" type="checkbox"/>	7664-01-0	<input checked="" type="checkbox"/> waste	55	25	55	300	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Nickel Chloride		<input type="checkbox"/>	7718-54-9																	
			Management Method:			Other Metals											<input type="checkbox"/>	N/A	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 723
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site														<input type="checkbox"/>						
					<input type="checkbox"/>																		
8	Area 3	Spent Sulfuric & Deox	Sulfuric Acid	<10	<input checked="" type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> waste	55	20	55	250	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Nitric Acid	<6	<input checked="" type="checkbox"/>	7697-37-2																	
			Management Method:			Acetic Acid										<1	<input type="checkbox"/>	64-19-7	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 792
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Various Metals										<2	<input type="checkbox"/>	N/A					
					<input type="checkbox"/>																		
6.1	Area 3	Spent Chrome Bath	Chromic Acid	<7	<input type="checkbox"/>	1333-82-0	<input checked="" type="checkbox"/> waste	55	35	55	400	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Sodium Bifluoride	<1	<input type="checkbox"/>	1333-83-1																	
			Management Method:			Sodium Fluorosilicate										<1	<input type="checkbox"/>	16893-85-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 723
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			Barium Nitrate										<1	<input type="checkbox"/>	10022-34-8					
					<input type="checkbox"/>																		
8	Area 3	Spent Acid Copper	Sulfuric Acid	<10	<input checked="" type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> waste	55	25	55	110	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Copper Sulfate	<4	<input type="checkbox"/>	7758-98-7																	
			Management Method:			Formaldehyde										<1	<input checked="" type="checkbox"/>	50-00-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 792
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site														<input type="checkbox"/>						
					<input type="checkbox"/>																		
3.2	Area 3	Spent Flammable Liquids	Acetone	<90	<input type="checkbox"/>	67-64-1	<input checked="" type="checkbox"/> waste	55	10	55	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive								
			Isopropanol	<90	<input type="checkbox"/>	67-63-0																	
			Management Method:														<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* D	State Waste Code: 331
			<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site														<input type="checkbox"/>						
					<input type="checkbox"/>																		

* Code	Storage Type	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	Q	Rail Car
B	Belowground Tank	E	Plastic/Nonmetallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	R	Other		
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin				

If EPCRA, sign below:

Hazardous Waste Inventory Statement

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

Date: 6/12/2006

Business Name: Nu-Metal Finishing, Inc. <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise	Page 25 of 32 <small>(One page per building or area)</small>
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Chemical Location: Area 3 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	Facility ID # <small>(Agency Use Only)</small>
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1.	2.	3.	4. Hazardous Components				5.	6. Quantities			7.	8.	9. Storage Codes		10.
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Chemical Name	% Wt.	EHS	CAS No.	Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Hazard Categories
8	Area 3	Spent Acid Gold Solution Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Hydrochloric Acid	<2	<input checked="" type="checkbox"/>	7647-01-0	<input checked="" type="checkbox"/> waste	55	27	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Sodium Chloride	<1	<input type="checkbox"/>	7647-14-5	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 90	Storage Container:* E	State Waste Code: 711				
			Potassium Gold Cyanide	<1	<input checked="" type="checkbox"/>	13967-50-5	<input type="checkbox"/>								
8	Area 3	Spent Platinum Solution Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Platinum Sulfate	<5	<input type="checkbox"/>	12033-81-7	<input checked="" type="checkbox"/> waste	15	5	15	20	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 45	Storage Container:* G	State Waste Code: 711								
			<input type="checkbox"/>												
6.1	Area 3	Filters w/ Cyanide Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Fiber	<98	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> waste	100	50	100	200	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Copper Cyanide	<2	<input type="checkbox"/>	544-92-3	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E	State Waste Code: 181				
			<input type="checkbox"/>												
6.1	Area 3	Filters w/ Gold & Silver Cyanide Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Fiber	<98	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> waste	50	20	50	100	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Silver Cyanide	<2	<input checked="" type="checkbox"/>	506-61-6	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container:* E	State Waste Code: 181				
			Gold Cyanide	<2	<input checked="" type="checkbox"/>	506-64-9	<input type="checkbox"/>								
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:			
			<input type="checkbox"/>												
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*	State Waste Code:			
			<input type="checkbox"/>												

* Code	Storage Type	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/Nonmetallic 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: _____

Hazardous Waste Inventory Statement

Date: 6/12/2006

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

Business Name: Nu-Metal Finishing, Inc
(Same as Facility Name or DBA)

Type of Report on This Page: Add; Delete; Revise **Page 26 of 32**
(One page per building or area)

Chemical Location: Area 4 (Building/Storage Area) **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. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities				7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	Storage Pressure			Storage Temp.		
8	Area 4	Spent Nitric Acid	Nitric Acid	<65	<input checked="" type="checkbox"/>	7697-37-2	<input checked="" type="checkbox"/> waste	275	110	275	2000	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Ammonium Bifluoride	<3	<input type="checkbox"/>	1341-49-7	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 120	Storage Container: O	State Waste Code: 726					
		Management Method:														
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
8	Area 4	Spent Nickel Solutions	Nickel Sulfamate	<25	<input type="checkbox"/>	13770-89-3	<input checked="" type="checkbox"/> waste	275	140	275	3000	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Nickel Sulfate	<15	<input type="checkbox"/>	7786-81-4	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 120	Storage Container: O	State Waste Code: 726					
		Management Method:														
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
9	Area 4	Waste Water w/ Nickel	Nickel	<1	<input type="checkbox"/>	12635-29-9	<input checked="" type="checkbox"/> waste	275	137	275	500	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Management Method:													
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		Management Method:														
9	Area 4	Filtersw/ Nickel Plating Solution	Fiber	<98	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/> waste	400	250	400	1200	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Nickel Sulfamate	<2	<input type="checkbox"/>	13770-89-3	<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: K	State Waste Code:					
		Management Method:														
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Management Method:													
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site												
		Management Method:														

* 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/Nonmetallic 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: _____

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	4	3	0	1	0	3	0	0	9	1	EPA ID # (Hazardous Waste Only)	187603
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

L. P. Glassblowing, Inc.

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF....
<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO 4</p> <p>If "YES," see note under "E" below.</p> <p>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)*</p> <p>OR</p> <p>NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT*</p>
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6</p> <p>UST FACILITY (Formerly SWRCB Form A)</p> <p>UST TANK (one page per tank) (Formerly Form B)</p> <p>UST FACILITY</p> <p>UST TANK (one per tank)</p> <p>UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)</p> <p>UST TANK (closure portion - one page per tank)</p>
<p>C. ABOVE-GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs above these thresholds:</p> <p>—any tank capacity is greater than 660 gallons, or</p> <p>—the total capacity for the facility is greater than 1,320 gallons?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8</p> <p>NO FORM REQUIRED TO CUPAs</p>
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9</p> <p>EPA ID NUMBER - provide at the top of this page, and HAZARDOUS WASTE INVENTORY STATEMENT if not listed on Chemical Description form under "A3"</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10</p> <p>RECYCLABLE MATERIALS REPORT (one per recycler)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11</p> <p>ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Form 1772 A,B,C,D and E)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12</p> <p>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13</p> <p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14</p> <p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>

E. LOCAL REQUIREMENTS

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

*If you are required to fill out a hazardous materials inventory statement (YES to **A. HAZARDOUS MATERIALS**), please follow the directions on the sheet entitled "HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET," and fill out all the forms required by that document. You may either fill out the HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION sheet (one chemical per page), or the NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT and the HAZARDOUS WASTE INVENTORY STATEMENT forms (spreadsheet format).

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page of

I. IDENTIFICATION

FACILITY ID#	430103000911	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	L.P. Glassblowing Inc.			BUSINESS PHONE	102	
BUSINESS SITE ADDRESS	2322 Calle Del Mundo				103	
CITY	104	C	ZIP CODE	105		
DUN & BRADSTREET	106	A	SIC CODE (4 digit #)	107		
COUNTY	Santa Clara				108	
BUSINESS OPERATOR NAME	109	Same as above			BUSINESS OPERATOR PHONE	110

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112		
Leopold Pivk		408-988-7561			
OWNER MAILING ADDRESS	2322 Calle Del Mundo			113	
CITY	114	STATE	115	ZIP CODE	116
Santa Clara		CA		95054	

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118		
Leopold (Lee) Pivk, Jr.		408-988-7561			
CONTACT MAILING ADDRESS	2322 Calle Del Mundo			119	
CITY	120	STATE	121	ZIP CODE	122
Santa Clara		CA		95054	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	124
Bronko Micek		Leopold (Lee) Pivk, Jr.	
TITLE	124	TITLE	125
Manager		Manager	
BUSINESS PHONE	125	BUSINESS PHONE	126
408-988-7561		408-988-7561	
24-HOUR PHONE	126	24-HOUR PHONE	127
PAGER #	127	PAGER #	128

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
Leopold Pivk	12/21/2005		Leopold Pivk	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
Leopold Pivk		Manager		

Non-Waste Hazardous Materials Inventory Statement

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

Date: ___/___/___

Business Name: <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <small>(One page per batch)</small>				
Chemical Location: <small>(Building/Storage Area)</small>			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # <small>(Agency Use Only)</small>		4 3 - 0 1 0 -						
1. Haz. Class	2. Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>				5. Type and Physical State	6. Quantities			7. Storage Codes		9. Hazard Categories	
			Chemical Name	Wt. %	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure		Storage Temp.
CLX OXY	4,2	Cryogenic Oxygen	O ₂		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	500	500	1200	<input checked="" type="checkbox"/> gallons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input checked="" type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid liquid <input type="checkbox"/> gas	Carrier (if radioactive)	Days On Site	Storage Container*		<input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons		
FG	3,2	Hydrogen	H ₂		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	15,000	15,000	3000	<input checked="" type="checkbox"/> gallons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid liquid <input type="checkbox"/> gas	Carrier (if radioactive)	Days On Site	Storage Container*		<input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons		
C	1	Mixture 10% HF Acid 491.			<input type="checkbox"/>		<input type="checkbox"/> pure mixture	<10%		30	<input checked="" type="checkbox"/> gallons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid liquid <input type="checkbox"/> gas	Carrier (if radioactive)	Days On Site	Storage Container*		<input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons		

- | | | | | | |
|-------------------------------|------------------------------------|---------------------|-------------------|--------------------------------|---------------------|
| 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:

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	4	3	0	1	0							EPA ID # (Hazardous Waste Only)	CAL 000010416
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

* WAK Automotive Inc.

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO 4 If "YES," see note under "E" below.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)* OR NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT*
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion -one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	EPA ID NUMBER - provide at the top of this page, and HAZARDOUS WASTE INVENTORY STATEMENT if <u>not</u> listed on Chemical Description form under "A." RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

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

*If you are required to fill out a hazardous materials inventory statement (YES to A. HAZARDOUS MATERIALS), please follow the directions on the sheet entitled "HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET," and fill out all the forms required by that document. You may either fill out the HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION sheet (one chemical per page), or the NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT and the HAZARDOUS WASTE INVENTORY STATEMENT forms (spreadsheet format).

2336 Calle De Miraflo

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID#	43010	BEGINNING DATE	2003. APRIL	ENDING DATE	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
BUSINESS SITE ADDRESS			408-988-5061		
CITY			C	ZIP CODE	
DUN & BRADSTREET			A	SIC CODE (4 digit #)	
COUNTY					
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE	
WILLIAM BOEHM	925-556-1063	
OWNER MAILING ADDRESS		
3338 CALLE DEL MUNDO		
CITY	STATE	ZIP CODE
SANTA CLARA	CA	95054

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE	
WILLIAM BOEHM	925-556-1063 Res	
CONTACT MAILING ADDRESS		
2338 CALLE DEL MUNDO		
CITY	STATE	ZIP CODE
SANTA CLARA	CA	95054

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
WILLIAM BOEHM	WILLIAM BOEHM JR.
TITLE	TITLE
owner	owner
BUSINESS PHONE	BUSINESS PHONE
408-988-5061	408-988-5061
24-HOUR PHONE	24-HOUR PHONE
	464-373-9342?
PAGER #	PAGER #
Res 925-556-1063	Res 925-8- -

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
William Boehm	8/11/05	William Boehm
NAME OF SIGNER (print)	TITLE OF SIGNER	
WILLIAM BOEHM	OWNER	

Date: 08/11/2005

Non-Waste Hazardous Materials Inventory Statement

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

Business Name: (Same as Facility Name or DBA) <u>wak Automotive Inc</u>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page <u>3</u> of <u>5</u> (One page per building or area)				
Chemical Location: (Building/Storage Area) <u>Shop AREA</u>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # (Agency Use Only) <u>4 3 - 0 1 0 -</u>					
1. Haz. Class	2. Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
CL	Shop AREA 1	TRANSMISSION FLUID			<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	55	27	55	gallons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
CL	1	Engine oil			<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	150	75	75	gallons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
CL	Shop AREA 1	CLEANING SOLVENT Q-SOL 100	Aliphatic Petroleum Distillates/Hydrocracked PD-650 Type 2		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	95	47	55	gallons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/> pure <input type="checkbox"/> mixture <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/> pure <input type="checkbox"/> mixture <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	

* Codes Storage Types

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

If EPCRA, sign below:

Hazardous Waste Inventory Statement

Date: 08/11/2005

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

Business Name: (Same as Facility Name or DBA) <u>W&K Automotive Inc</u>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page <u>4</u> of <u>5</u> (One page per building or area)					
Chemical Location: (Building/Storage Area) <u>SHOP AREA</u>				EPCRA Confidential Location? Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # (Agency Use Only)			4 3 - 0 1 0 -					
1. Haz. Class	2. Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure	
CL	SHOP AREA	USED LUBRICATING OIL (MOTOR OIL)			<input type="checkbox"/>	<input checked="" type="checkbox"/> waste				780	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
			Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site											
CL	SHOP AREA	USED Auto ANTI-FREEZE			<input type="checkbox"/>	<input checked="" type="checkbox"/> waste				290	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
			Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site											
CL	SHOP AREA	CLEANING SOLVENT	Aliphatic Petroleum		<input type="checkbox"/>	<input checked="" type="checkbox"/> waste				26	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
			Distillates											
			Hydrocarbons PD-689 TYPE 2		<input type="checkbox"/>	<input checked="" type="checkbox"/> liquid				221	<input type="checkbox"/> cu. feet	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> reactive
					<input type="checkbox"/>	<input type="checkbox"/> solid					<input type="checkbox"/> tons	<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> pressure release
					<input type="checkbox"/>	<input type="checkbox"/> liquid						<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> acute health
					<input type="checkbox"/>	<input type="checkbox"/> gas						<input type="checkbox"/> cryogenic	<input type="checkbox"/> cryogenic	<input type="checkbox"/> chronic health
					<input type="checkbox"/>	<input type="checkbox"/> gas						<input type="checkbox"/> < amb.	<input type="checkbox"/> < amb.	<input type="checkbox"/> radioactive

- * Codes Storage Types
- | | | | | | |
|------------------------|----------------------------|--------------|------------|-------------------------|--------------|
| A Aboveground Tank | D Steel Drum | G Carboy | J Bag | M Glass Bottle or Jug | P Tank Wagon |
| B Belowground Tank | E Plastic/Nonmetallic 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:

✓ BL# 09016U

UNIFIED PROGRAM CONSOLIDATED FORM

✓ JAN 05 11/6/07 FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # 4 3 0 1 0 7 0 0 4 3 8 EPA ID # (Hazardous Waste Only)

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) Santa Clara Golf + Tennis

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... HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)* OR NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT*

B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST? UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion -one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons? NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? EPA ID NUMBER - provide at the top of this page, and HAZARDOUS WASTE INVENTORY STATEMENT if not listed on Chemical Description form under "A." RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

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

*If you are required to fill out a hazardous materials inventory statement (YES to A. HAZARDOUS MATERIALS), please follow the directions on the sheet entitled "HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET," and fill out all the forms required by that document. You may either fill out the HAZARDOUS MATERIALS INVENTORY STATEMENT (CHEMICAL DESCRIPTION sheet (one chemical per page), or the NON-WASTE HAZARDOUS MATERIALS INVENTORY STATEMENT and the HAZARDOUS WASTE INVENTORY STATEMENT forms (spreadsheet format).

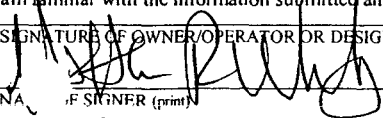
MAR 21 2007

S.C.F.D.

5-1 Stars + Stripes Dr.

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION														
FACILITY ID#		4	3	0	1	0					BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										BUSINESS PHONE		102		
SANTA CLARA GOLF & TENNIS MAINTENANCE FACILITY										408 980 9580		102		
BUSINESS SITE ADDRESS														103
5101 STARS AND STRIPES DRIVE														
CITY										104	C	ZIP CODE		105
SANTA CLARA										104	A	95054		105
DUN & BRADSTREET										106	SIC CODE (4 digit #)		107	
COUNTY														108
SANTA CLARA														
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE		110	
AMERICAN GOLF CORPORATION										109	(310) 664-4000		110	
II. BUSINESS OWNER														
OWNER NAME										111	OWNER PHONE		112	
CITY OF SANTA CLARA										111	408 615 2260		112	
OWNER MAILING ADDRESS														113
1500 WARBURTON AVE														
CITY										114	STATE	115	ZIP CODE	116
SANTA CLARA										114	CA	115	95056	116
III. ENVIRONMENTAL CONTACT														
CONTACT NAME										117	CONTACT PHONE		118	
MATT WISELY										117	510 449 4389		118	
CONTACT MAILING ADDRESS														119
5155 STARS AND STRIPES DRIVE														
CITY										120	STATE	121	ZIP CODE	122
SANTA CLARA										120	CA	121	95054	122
IV. EMERGENCY CONTACTS														
-PRIMARY-										-SECONDARY-				
NAME					123	NAME					128			
MATT WISELY					123	KEVIN KOBAYASHI					128			
TITLE					124	TITLE					129			
SUPERINTENDENT					124	GENERAL MANAGER					129			
BUSINESS PHONE					125	BUSINESS PHONE					130			
408 980 9580					125	408 980 9515					130			
24-HOUR PHONE					126	24-HOUR PHONE					131			
510 449 4389					126	510 688 8700					131			
PAGER #					127	PAGER #					132			
					127						132			
ADDITIONAL LOCALLY COLLECTED INFORMATION:														
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.														
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										134	NAME OF DOCUMENT PREPARER		135	
										134	MATTHEW WISELY		135	
DATE										136	TITLE OF SIGNER		137	
3/17/07										136	GOLF COURSE SUPERINTENDENT.		137	
NAME OF SIGNER (print)										136			137	
MATTHEW WISELY										136			137	

Non-Waste Hazardous Materials Inventory Statement

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

Date: ___/___/___

Business Name: (Same as Facility Name or DBA) SANTA CLARA GOLF & TENNIS MAINTENANCE FACILITY						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page ___ of ___ (One page per building or area)					
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # (Agency Use Only)			4 3 - 0 1 0 -				
1. Haz. Class	2. Location Code	3. Common Name	4. Hazardous Components (For mixtures only)				5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.	
FL	4	DIESEL			<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	500	250	500	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> liquid		365	A				
					<input type="checkbox"/>		<input type="checkbox"/> gas							
FL	4	UNLEADED GASOLINE			<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	200	125	200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> liquid		365	A				
					<input type="checkbox"/>		<input type="checkbox"/> gas							
FL	3	HYDRAULIC OIL			<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	55	25	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> liquid		365	D				
					<input type="checkbox"/>		<input type="checkbox"/> gas							
FL	3	MOTOR OIL			<input type="checkbox"/>		<input checked="" type="checkbox"/> pure mixture	110	55	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> liquid		365	D				
					<input type="checkbox"/>		<input type="checkbox"/> gas							
EXP	1	FERTILIZER	AMMONIUM NITRATE	54	<input type="checkbox"/>	6484-52-2	<input checked="" type="checkbox"/> pure mixture	2000	1000	50	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input checked="" type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> liquid		365	J				
					<input type="checkbox"/>		<input type="checkbox"/> gas							
					<input type="checkbox"/>		<input type="checkbox"/> pure mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid	Curies: (If radioactive)	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> liquid							
					<input type="checkbox"/>		<input type="checkbox"/> gas							

* Code Storage Type 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: _____

Hazardous Waste Inventory Statement

Date: ___/___/___

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

Business Name: SANTA CLARA GOLF & TENNIS MAINTENANCE FACILITY						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page ___ of ___ (One page per building or area)					
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No		Facility ID # (Agency Use Only)		4	3	-	0	1	0	-
1.	2.	3.	4.			5.	6.			7.	8.	9.		10.
Haz. Class	Location Code	Waste Stream Name	Hazardous Components			Type and Physical State	Quantities			Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Hazard Categories
			Chemical Name	% Wt.	EHS CAS No.		Max. Daily	Average Daily	Largest Cont.					
FL	3	USED MOTOR OIL	USED MOTOR OIL			<input checked="" type="checkbox"/> waste	55	25	55	220	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: D	State Waste Code:	<input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
POIS	2	PARTS WASHER	SODA ASH		497-49-8	<input checked="" type="checkbox"/> waste	30	30	30	30	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire
		Management Method: <input type="checkbox"/> Shipped Off-site <input checked="" type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	LINEAR PRIMARY -			<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: D	State Waste Code:	<input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						<input type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive

- | | | | | | | | | | | | | | |
|--------|----------------------|------|--------------------------|------|--------------|------|--------------|------|-----------------------|------|--------------|------|--------------|
| * Code | Storage Type | 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 | Q | Rail Car |
| B | Belowground Tank | E | Plastic/Nonmetallic Drum | H | Silo | K | Box | N | Plastic Bottle or Jug | R | Other | | |
| C | Tank Inside Building | F | Can | I | Fiber Drum | L | Cylinder | O | Tote Bin | | | | |

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 04 / 25 / 08

Business Name: (Same as Facility Name or DBA) City of Santa Clara Gianera Power Plant				Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page <u>1</u> of <u>4</u> (One page per building or area)							
Chemical Location: Front of Turbine 2 (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # (6 digits, Use Only)							
				4 3 - 0 1 0 - T M P 0 8 5										
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes			9. Hazard Categories
			Chemical Name	Wt. %	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	Storage Temp.	
3	Map: NONE Grid: K-20	DODECANE	DODECANE	100	<input type="checkbox"/>	112-40-3	<input checked="" type="checkbox"/> pure mixture	100000	60000	100000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS 112-40-3					<input checked="" type="checkbox"/> solid liquid <input type="checkbox"/> gas	Curies: <input type="checkbox"/> radioactive Days On Site: 365	Storage Container: A					
							<input type="checkbox"/> pure mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid liquid <input type="checkbox"/> gas	Curies: <input type="checkbox"/> radioactive Days On Site:	Storage Container:					
										<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
										<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
										<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
										<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	

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

IF EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement

Date: 04 / 25 / 08

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

Business Name: (Same as Facility Name or DBA) City of Santa Clara Gianera Power Plant				Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u>2</u> of <u>4</u> (One page per building or area)						
Chemical Location: Inside Combustion Turbine 1 (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # (Agency Use Only)			4 3 - 0 1 0 - T M P 0 8 5					
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	Wt. %	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
2.2	Map: NONE Grid: V-13	CARBON DIOXIDE	CARBON DIOXIDE	100	<input type="checkbox"/>	124-38-9	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	1200	1200	200	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS 124-38-9				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*	365	L					
3	Map: NONE Grid: U-10	OIL, SEVERELY REFINED PARAFFINIC DISTILLATE	OIL, SEVERELY REFINED PARAFFINIC	100	<input type="checkbox"/>	64742-54-7	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	1700	1700	2000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS 64742-54-7				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*	365	A, C					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*						
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*						
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*						
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (if radioactive) Days On Site: Storage Container:*						

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: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 04 / 25 / 08

Business Name: City of Santa Clara Gianera Power Plant						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page <u>3</u> of <u>4</u> (One page per building or area)					
Chemical Location: Inside Combustion Turbine 2 <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>			4 3 - 0 1 0 - T M P 0 8 5					
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	Wt. %	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
2.2	Map: NONE Grid: P-13	CARBON DIOXIDE	CARBON DIOXIDE	100	<input type="checkbox"/>	124-38-9	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	1200	1200	200	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS 124-38-9				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: L					
3	Map: NONE Grid: O-11	OIL, SEVERELY REFINED PARAFFINIC DISTILLATE	OIL, SEVERELY REFINED PARAFFINIC	100	<input type="checkbox"/>	64742-54-7	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	1700	1700	2000	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS 64742-54-7				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A, C					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> 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:

Non-Waste Hazardous Materials Inventory Statement

Date: 04 / 25 / 08

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

Business Name: (Same as Facility Name or DBA) City of Santa Clara Gianera Power Plant						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page <u>4</u> of <u>4</u> (One page per building or area)					
Chemical Location: South of small maintenance building (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # (Agency Use Only)								
4 3 - 0 1 0 - T M P 0 8 5														
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
2.1	Map: NONE Grid: L-24	METHANE	METHANE	100	<input type="checkbox"/>	74-82-8	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	250	250	250	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No. <input type="checkbox"/> EHS 74-82-8					<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: B, R				
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
							<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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: _____

Hazardous Waste Inventory Statement

Date: 04 / 25 / 08

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

Business Name: City of Santa Clara Gianera Power Plant				Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u>1</u> of <u>3</u> <small>(One page per building or area)</small>						
Chemical Location: Inside Combustion Turbine 1				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # 43010-TMP085						
1.	2.	3.	4.		5.	6.			7.	8.		9.		10.
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Chemical Name	% Wt.	EHS CAS No.	Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Hazard Categories
	Map: NONE Grid: W 7	WASTE OIL	PETROLEUM OIL	50	<input type="checkbox"/> EHS <input type="checkbox"/> CAS No. 8002-05-9	<input checked="" type="checkbox"/> waste	330	35	350	25	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> < amb. <input type="checkbox"/> > amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> < amb. <input type="checkbox"/> > amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method:				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				
		<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carboys (if not on site)	Days On Site:	Storage Container:	State Waste Code:				

IF EPCRA, sign below:											
A	Aluminum Drum	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jar	P	Tank Wagon
B	Reciprocating Drum	E	Plastic Nonhazardous Drum	H	Skid	K	Box	N	Plastic Bottle or Jar	Q	Rail Car
C	Tank (non-Drum)	F	Can	I	Drum (non-Drum)	L	Container	O	Tote Bin	R	Other

Hazardous Waste Inventory Statement

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

Date: 04 / 25 / 08

Business Name: (Same as Facility Name on EPA) City of Santa Clara Gianera Power Plant				Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u>2</u> of <u>3</u> (One page per building or area)					
Chemical Location: Inside Combustion Turbine 2 (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID # (Agency Use Only)				4 3 - 0 1 0 - T M P 0 8 5			

1. Hazard Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes			10. Hazard Categories								
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure	Storage Temp.									
A Liquid	Map: NONE Grid: 1-7	WASTE OIL	PETROLEUM OIL	50	<input type="checkbox"/>	8002-05-9	<input checked="" type="checkbox"/> waste	330	35	350	25	<input checked="" type="checkbox"/> gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire								
		Management Method:																					
		<input checked="" type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> > amb	<input type="checkbox"/> < amb	<input type="checkbox"/> cryogenic	<input type="checkbox"/> reactive	<input type="checkbox"/> pressure release	<input type="checkbox"/> acute health	<input type="checkbox"/> chronic health	<input type="checkbox"/> radioactive	
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid	<input type="checkbox"/> liquid	<input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> > amb	<input type="checkbox"/> < amb	<input type="checkbox"/> cryogenic	<input type="checkbox"/> fire	<input type="checkbox"/> reactive	<input type="checkbox"/> pressure release	<input type="checkbox"/> acute health	<input type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid	<input type="checkbox"/> liquid	<input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> > amb	<input type="checkbox"/> < amb	<input type="checkbox"/> cryogenic	<input type="checkbox"/> fire	<input type="checkbox"/> reactive	<input type="checkbox"/> pressure release	<input type="checkbox"/> acute health	<input type="checkbox"/> chronic health	<input type="checkbox"/> radioactive
		<input type="checkbox"/> Shipped Off-site	<input type="checkbox"/> Recycled On-site	<input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid	<input type="checkbox"/> liquid	<input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:*	State Waste Code:	<input type="checkbox"/> > amb	<input type="checkbox"/> < amb	<input type="checkbox"/> cryogenic	<input type="checkbox"/> fire	<input type="checkbox"/> reactive	<input type="checkbox"/> pressure release	<input type="checkbox"/> acute health	<input type="checkbox"/> chronic health	<input type="checkbox"/> radioactive

Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Approved Tank	D	Steel Drum	G	Canby	M	Glass Bottle or Jug	P	Tank Wagon
B	Approved Tank	E	Plastic/Nonmetallic Drum	H	Slit	N	Plastic Bottle or Jug	Q	Rail Car
C	Approved Tank Building	F	Can	I	Fiber Drum	O	Tote Bin	R	Other

If EPCRA, sign below: _____

Date: 04 / 25 / 08

Hazardous Waste Inventory Statement

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

Business Name: City of Santa Clara Gianera Power Plant						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 3 <small>(One page per building or area)</small>					
Chemical Location: Next to 100,000 Gal Diesel Tank				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # 4 3 - 0 1 0 - T M P 0 8 5			Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No					
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components		5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.		Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.			
5	Map: NONE Grid: E-25	WASTE OIL	PETROLEUM OIL	50	<input type="checkbox"/> EHS <input type="checkbox"/> CAS No. 8002-05-9	<input checked="" type="checkbox"/> waste	530	35	550	40	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: B	State Waste Code: 221			
							<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site						<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:	State Waste Code:		
							<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site						<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:	State Waste Code:		
							<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb <input type="checkbox"/> < amb <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site						<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:	State Waste Code:		

* Code Storage Type												If EPCRA, sign below:		
A	Above-ground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon	_____		
B	Below-ground Tank	E	Plastic/Nonmetallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car			
C	Tank (as to Building)	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Box	R	Other			

WAD ID 11

071357

V V

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

✓/PP 7/6/06

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	43-010-700098	EPA ID # (Hazardous Waste Only)	CAL000259592
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			
Nortel Networks 4555 GAP			

II. ACTIVITIES DECLARATION

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

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

4555 GAP
NORTTEL NETWORKS

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

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APR 03 2006
S.C.H.D.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	1	BEGINNING DATE 4-1-2006	105	ENDING DATE 4-1-2007	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Nortel Networks			3	BUSINESS PHONE 408-495-9595		102
BUSINESS SITE ADDRESS 4555 Great America Parkway SC 101						103
CITY Santa Clara	104	CA	105	ZIP CODE 95054		105
DUN & BRADSTREET D5 781 2224	106	SIC CODE (4 digit #) 3611			107	
COUNTY Santa Clara						108
BUSINESS OPERATOR NAME Nortel Networks			109	BUSINESS OPERATOR PHONE 408-495-9595		110

II. BUSINESS OWNER

OWNER NAME Nortel Networks	111	OWNER PHONE 408-495-9595				112
OWNER MAILING ADDRESS 4655 Great America Parkway SC 100						113
CITY Santa Clara	114	STATE Ca	115	ZIP CODE 95054		116

III. ENVIRONMENTAL CONTACT

CONTACT NAME Karl Kpatakpa	117	CONTACT PHONE 408-495-1568				118
CONTACT MAILING ADDRESS 4655 Great America Parkway SC100-3 Mail Stop P79/03/B04						119
CITY Santa Clara	120	STATE Ca	121	ZIP CODE 95054		122

-PRIMARY-

IV. EMERGENCY CONTACTS

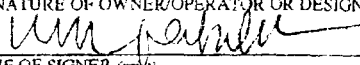
-SECONDARY-

NAME Karl Kpatakpa	123	NAME Erica Garcia	128
TITLE Environment Prime	124	TITLE Safety Prime	129
BUSINESS PHONE 408-495-1568	125	BUSINESS PHONE 408-4953755	130
24-HOUR PHONE* 408-690-8337	126	24-HOUR PHONE* 408-690-7962	131
PAGER # 877-774-2125	127	PAGER #	132

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: Nortel Networks Phone No.: 408-495-9595
 Billing Address: 4655 Great America Parkway SC100-3
 Mail Stop P79/03/B04 Santa Clara, Ca 95052-8185

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 4-1-2006	134	NAME OF DOCUMENT PREPARER Karl Kpatakpa	135	
NAME OF SIGNER (print) Karl Kpatakpa	136	TITLE OF SIGNER Environment Prime			137

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 4/1/2006

Business Name: Nortel Networks <small>Same as Facility Name or DBA</small>						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 23 <small>(One page per building or area)</small>		
Chemical Location: 4555 Great America Parkway <small>Building/Storage Area</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
FL	SC101-1 Fire Pump Room	Diesel Fuel	Diesel Fuel	90	<input type="checkbox"/>	684476-34-6	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	185	180	185	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS					<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A				
COR	SC101-1 UPS Room	30 PRC/TC-12120S Sealed Sulfuric Acid UPS Batteries	Sulfuric Acid	14	<input type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	35	35	35	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Lead	57	<input type="checkbox"/>	7439-92-1	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> 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	Toke Bin	R	Other

If EPCRA, sign below:

MWD 11

0- 071403

V V V

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

✓✓ PP 7/6/06

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	43-010-700060	EPA ID # (Hazardous Waste Only)	CAL000259592
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			
Nortel Networks 4559 GAP			

II. ACTIVITIES DECLARATION

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

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

4559 of America

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S.C.F.D.

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		43-010-700060	BEGINNING DATE ^{100.}	4-1-2006	ENDING DATE ^{101.}	4-1-2007
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) ^{3.}				BUSINESS PHONE ^{102.}		
Nortel Networks				408-495-9595		
BUSINESS SITE ADDRESS ^{103.}						
4559 Great America Parkway G101						
CITY ^{104.}			CA	ZIP CODE ^{105.}		
Santa Clara				95054		
DUN & BRADSTREET ^{106.}			SIC CODE (4 digit #) ^{107.}			
D5 781 2224			3611			
COUNTY ^{108.}						
Santa Clara						
BUSINESS OPERATOR NAME ^{109.}				BUSINESS OPERATOR PHONE ^{110.}		
Nortel Networks				408-495-9595		

II. BUSINESS OWNER

OWNER NAME ^{111.}		OWNER PHONE ^{112.}	
Nortel Networks		408-495-9595	
OWNER MAILING ADDRESS ^{113.}			
4655 Great America Parkway SC 100			
CITY ^{114.}		STATE ^{115.}	ZIP CODE ^{116.}
Santa Clara		Ca	95054

III. ENVIRONMENTAL CONTACT

CONTACT NAME ^{117.}		CONTACT PHONE ^{118.}	
Karl Kpatakpa		408-495-1568	
CONTACT MAILING ADDRESS ^{119.}			
4655 Great America Parkway SC100-3 Mail Stop P79/03/B04			
CITY ^{120.}		STATE ^{121.}	ZIP CODE ^{122.}
Santa Clara		Ca	95054

-PRIMARY-

IV. EMERGENCY CONTACTS

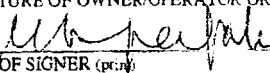
-SECONDARY-

NAME ^{123.}	NAME ^{128.}
Karl Kpatakpa	Erica Garcia
TITLE ^{124.}	TITLE ^{129.}
Environment Prime	Safety Prime
BUSINESS PHONE ^{125.}	BUSINESS PHONE ^{130.}
408-495-1568	408-4953755
24-HOUR PHONE* ^{126.}	24-HOUR PHONE* ^{131.}
408-690-8337	408-690-7962
PAGER # ^{127.}	PAGER # ^{132.}
877-774-2125	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: Nortel Networks Phone No.: 408-495-9595
 Billing Address: 4655 Great America Parkway SC100-3
 M/S P79/03/B04 Santa Clara, Ca 95052-8185

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE ^{134.}	NAME OF DOCUMENT PREPARER ^{135.}
	4-1-2006	Karl Kpatakpa
NAME OF SIGNER (print) ^{136.}	TITLE OF SIGNER ^{137.}	
Karl Kpatakpa	Environment Prime	

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 4/1/2006

Business Name: Nortel Networks <small>(Same as Facility Name or DBA)</small>						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 23 <small>(One page per building or area)</small>		
Chemical Location: 4559 Great America Parkway <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # _____ <small>(Agency Use Only)</small>					

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	%	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
FL	Southeast Parking Garage	Diesel Fuel - Emergency Generator	Diesel Fuel		<input type="checkbox"/>	684476-34-6	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	350	348	350	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: 365	Storage Container: A					
						<input type="checkbox"/> pure <input type="checkbox"/> mixture					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
						<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: _____	Storage Container: _____					
						<input type="checkbox"/> pure <input type="checkbox"/> mixture					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: _____	Storage Container: _____							
				<input type="checkbox"/> pure <input type="checkbox"/> mixture					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: _____	Storage Container: _____							
				<input type="checkbox"/> pure <input type="checkbox"/> mixture					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: _____	Storage Container: _____							
				<input type="checkbox"/> pure <input type="checkbox"/> mixture					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: _____ <small>(if radioactive)</small>	Days On Site: _____	Storage Container: _____							

- | | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|
| * Code Storage Type | 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 | Q Rail Car |
| B Belowground Tank | E Plastic/Non-metallic Drum | U Silo | K Box | N Plastic Bottle or Jug | R Other | |
| C Tank Inside Building | F Can | I Fibra Drum | L Cylinder | O Tote Bin | | |

If EPCRA, sign below: _____

NU7U
MAD11

✓ BL# 671357 ✓W

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

✓ ✓ PP 7/6/06

Page 1 of 24

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	43-010-700136	EPA ID # (Hazardous Waste Only)	CAL000259592
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BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)

Nortel Networks *4655 GAP SC100*

II. ACTIVITIES DECLARATION

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

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

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

4655
great
owner

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

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UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

Page 2 of 24

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	43-010-709136	BEGINNING DATE ^{100.}	ENDING DATE ^{101.}
		4/1/2006	4/1/2007
BUSINESS NAME <i>(Same as FACILITY NAME or DBA - Doing Business As)</i>		BUSINESS PHONE ^{102.}	
Nortel Networks		408-495-9595	
BUSINESS SITE ADDRESS ^{103.}			
4655 Great America Parkway SC 100			
CITY ^{104.}	CA	ZIP CODE ^{105.}	
Santa Clara		95054	
DUN & BRADSTREET ^{106.}		SIC CODE (4 digit #) ^{107.}	
D5 781 2224		3661	
COUNTY ^{108.}			
Santa Clara			
BUSINESS OPERATOR NAME ^{109.}		BUSINESS OPERATOR PHONE ^{110.}	
Nortel Networks		408-495-9595	

II. BUSINESS OWNER

OWNER NAME ^{111.}	OWNER PHONE ^{112.}
Nortel Networks	408-495-9595
OWNER MAILING ADDRESS ^{113.}	
4655 Great America Parkway SC 100	
CITY ^{114.}	STATE ^{115.} ZIP CODE ^{116.}
Santa Clara	Ca 95054

III. ENVIRONMENTAL CONTACT

CONTACT NAME ^{117.}	CONTACT PHONE ^{118.}
Karl Kpatakpa	408-495-1568
CONTACT MAILING ADDRESS ^{119.}	
4655 Great America Parkway SC100-3 Mail Stop P79/03/B04	
CITY ^{120.}	STATE ^{121.} ZIP CODE ^{122.}
Santa Clara	Ca 95054

-PRIMARY-

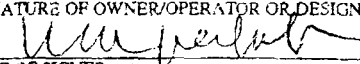
IV. EMERGENCY CONTACTS

-SECONDARY-

NAME ^{123.}	NAME ^{128.}
Karl Kpatakpa	Erica Garcia
TITLE ^{124.}	TITLE ^{129.}
Environment Prime	Safety Prime
BUSINESS PHONE ^{125.}	BUSINESS PHONE ^{130.}
408-495-1568	408-495-3755
24-HOUR PHONE* ^{126.}	24-HOUR PHONE* ^{131.}
408-690-8337	408-690-7962
PAGER # ^{127.}	PAGER # ^{132.}
877-774-2125	

ADDITIONAL LOCALLY COLLECTED INFORMATION: ^{133.}	
Property Owner: Nortel Networks	Phone No.: 408-495-9595
Billing Address: 4655 Great America Parkway SC100	
Mail Stop P79/03/B04 Santa Clara, Ca 95052-8185	

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE ^{134.}	NAME OF DOCUMENT PREPARER ^{135.}
	4-1-2006	Karl Kpatakpa
NAME OF SIGNER <i>(print)</i> ^{136.}	TITLE OF SIGNER ^{137.}	
Karl Kpatakpa	Environment Prime	

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

ite: 4/1/2006

Business Name: Nortel Networks <small>(Name as Facility Name or DEA)</small>						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 24 <small>(One page per building or area)</small>					
Facility Location: 4655 Great America Parkway <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # <small>(Agency Use Only)</small>								
1. Loc. Ass.	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories	
			Chemical Name	% WL	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure		Storage Temp.
UL	SC100-1 Fire Pump Room	Diesel Fuel	Diesel Fuel	90	<input type="checkbox"/>	684476-34-6	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	185	180	185	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A				
OR	SC100-1 UPS Room	30 North Star 12-370 Sealed UPS Batteries	Sulfuric Acid	14	<input type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	35	35	35	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Lead	57	<input type="checkbox"/>	7439-92-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R				
		CAS No.: <input type="checkbox"/> EHS	Lead Oxide	22	<input type="checkbox"/>	1309-60-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas							
OR	SC100-1 Data Center UPS Room	80 C&D Technologies Sealed UPS Batteries	Sulfuric Acid	22	<input type="checkbox"/>	7664-93-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	70	70	70	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Lead/Grid	50	<input type="checkbox"/>	7439-92-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R				
		CAS No.: <input type="checkbox"/> EHS	Lead Oxide/Dioxide	22	<input type="checkbox"/>	1309-60-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas							
			Lead Sulfate/Anglesite	>1	<input type="checkbox"/>	7446-14-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas							
OR	SC100-1 Data Center	2 Avestor LMP Sealed Telecom Batteries	Lead Oxide	22	<input type="checkbox"/>	7439-93-2	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	2	2	2	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
			Lithiated Vanadium Oxide	9	<input type="checkbox"/>	106605-60-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R				
		CAS No.: <input type="checkbox"/> EHS	Lithium Salt	3	<input type="checkbox"/>	90076-85-6	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas							
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:				

* 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:

Non-Waste Hazardous Materials Inventory Statement

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

ate: 4/1/2006

Business Name: Nortel Networks					Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 4 of 24 (One page per building or area)		
Chemical Location: 4655 Great America Parkway					EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			Facility ID #		
Building/Storage Area					Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No			(Agency Use Only)		

1. Laz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Storage Codes			9. Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure		Storage Temp.
FL	SC100-1 Oven Room	Isopropyl Alcohol	2 Propanol	99	<input type="checkbox"/>	000067-63-0	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	3	3	3	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS						Curies: (If radioactive)	Days On Site: 365	Storage Container: N				
FL	SC100-1 Oven Room	Zero Charge Cleaner	Isopropanol	60	<input checked="" type="checkbox"/>	000067-63-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	2	1	1	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Sodium Hydroxide	40	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: N				
			Ethylene	3.4	<input type="checkbox"/>	9016-45-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas							
FL	SC100-1 Oven Room	Water Soluble Soldering Flux	Isopropanol	60	<input type="checkbox"/>	000067-63-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	5	5	5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Glycerol	10	<input type="checkbox"/>	56-81-5	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: N				
			Lactic Acid	2.5	<input type="checkbox"/>	50-21-5								
FL	SC101-1 Oven Room	Pro Clean Flux Remover	Isopropanol	43	<input type="checkbox"/>	000067-63-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	1	1	1	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Ethyl Alcohol	43	<input type="checkbox"/>	64-17-5	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: N				
			Methanol	1.50	<input type="checkbox"/>	67-56-1								
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				
		CAS No.: <input type="checkbox"/> EHS					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *				
		CAS No.: <input type="checkbox"/> EHS												

* Code Storage Type										If EPCRA, sign below:					
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Dottle 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	Toxic Bin	R	Other				

Nortel
MapID11

BL#071402

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

✓✓ RP 7/6/06

✓W

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	43-010-700131	EPA ID # (Hazardous Waste Only)	2
		CAL000259592	

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

Nortel Networks *459 GAP*

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion - one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8.	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency)	15.	

4659 Great America

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S.C.F.D.

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

Page 2 of 23

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	43-010-790131	BEGINNING DATE	4/1/2006	ENDING DATE	4/1/2007
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	Nortel Networks	BUSINESS PHONE	408-495- 9595 -4000		
BUSINESS SITE ADDRESS	4659 Great America Parkway G100				
CITY	Santa Clara	STATE	CA	ZIP CODE	95054
DUN & BRADSTREET	D5 781 2224	SIC CODE (4 digit #)	3611		
COUNTY	Santa Clara				
BUSINESS OPERATOR NAME	Nortel Networks	BUSINESS OPERATOR PHONE	408-495- 9595 -4000		

II. BUSINESS OWNER

OWNER NAME	Nortel	OWNER PHONE	408-495- 9595 -4000		
OWNER MAILING ADDRESS	4655 Great America Parkway SC 100				
CITY	Santa Clara	STATE	Ca	ZIP CODE	95054

III. ENVIRONMENTAL CONTACT

CONTACT NAME	Karl Kpatakpa	CONTACT PHONE	408-495- 1568 -2137		
CONTACT MAILING ADDRESS	4655 Great America Parkway SC100-3 Mail Stop P79/03/B04				
CITY	Santa Clara	STATE	Ca	ZIP CODE	95054

-PRIMARY-


IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	Karl Kpatakpa	NAME	Erica Garcia	Charles Dean
TITLE	Environment Prime	TITLE	Safety Prime	495-5309
BUSINESS PHONE	408-495- 1568 -2137	BUSINESS PHONE	408-4953755	
24-HOUR PHONE*	408-690-8337	24-HOUR PHONE*	408-690-7962	
PAGER #	877-774-2125	PAGER #		

ADDITIONAL LOCALLY COLLECTED INFORMATION:	Property Owner: Nortel Networks	Phone No.: 408-495-9595
	Billing Address: 4655 Great America Parkway SC100 Mail Stop P79/03/B04 Santa Clara, CA 95054	

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	NAME OF DOCUMENT PREPARED
	4/1/2006	Karl Kpatakpa
NAME OF SIGNER (print)	TITLE OF SIGNER	
Karl Kpatakpa	Environment Prime	

* See Instructions on next page

Non-Waste Hazardous Materials Inventory Statement

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

Date: 4/1/2006

Business Name: Nortel Networks <small>(Name as Facility Name or DRA)</small>						Type of Report on This Page: <input checked="" type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page 3 of 23 <small>(One page per building or area)</small>		
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Chemical Location: 4659 Great America Parkway <small>(Building/Storage Area)</small>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # _____ <small>(Agency Use Only)</small>			
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1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(For mixtures only)</small>				5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	Wt. %	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.	
FL	Northend Parking Garage	Diesel Fuel - Emergency Generator	Diesel Fuel		<input type="checkbox"/>	684476-34-6	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	350	348	350	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A					
FL	Northend Parking Garage	Diesel Fuel - Emergency Generator	Diesel Fuel		<input type="checkbox"/>	684476-34-6	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	660	655	660	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS				<input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: A					
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		CAS No.: <input type="checkbox"/> EHS				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *					

* Code Storage Type												If EPCRA, sign below: _____		
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			