

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION



COMPLAINT FORM

COMPLAINT REC'D. BY Bruce Olue DATE: 3-20-95 TIME: 120^{PM}

ADDRESS OF INCIDENT: 4583 Hordone ST
Emeryville Ca 94608

NAME OF FACILITY: _____

CONTACT PERSON: Dennis Winn

FACILITY PHONE # 655-5664

NAME OF COMPLAINANT: Austria Chua PHONE #: 210-1889

SUBJECT OF COMPLAINT: Pouring Solvents Hazardous
wastes down storm drain, sanitary sewer
in dumpster.

FACILITY SURVEY

GENERAL INFORMATION

STID # 5074
County Use Only

1. Facility Name: DENNIS WINN + Associates
2. Site Address: 4413 HONOLULU ST
City: Emeryville Zip: 94606
3. Billing Address (if different): _____
City: _____ Zip: _____
4. Contact Person: DENNIS WINN Phone: 655-5664
5. Business Owner Name: SARA Phone: _____
6. Date you started business: 15 years ago
7. Type of Business: Furniture Repair 8. SIC #: _____
9. Number of Employees Handling Haz. Waste: 1 9a. Total Number of Employees 1-4
10. EPA ID # CA _____ Pending
11. Name of Previous Owner: _____

PERMITS

Check (✓) if you have permits from any of the following:

Local Agencies:

12. Sanitary Sewer District
Name of District: _____
13. City or Local Fire Dept. (Underground tanks, Hazardous Materials Business Plan)
Name of City or Dept.: _____
14. S.F. Regional Water Quality Control Board (NPDES - General or Individual Permit): Circle One
15. Bay Area Air Quality Management District

OTHER

Please check (✓) if the following applies at your facility:

16. Acutely hazardous materials are handled.
17. 500 Lbs., 55 Gal., 200 Cu. Ft. or more of hazardous materials are handled.
18. Hazardous Materials or Hazardous Waste are contained in underground tanks.
19. The following category(s) of hazardous waste are handled at this facility:
 Toxic Corrosive Ignitable Reactive

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information on this form is true and complete.

Print Name X Dennis Winn Title Koumou
Signature X Dennis Winn Date X 3-20-95

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #:	FACILITY NAME: DENNIS WINE +	PG. _____	OF _____
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SUPPLEMENTAL FORM

- 1) Obtain EPA Generator # →
- 2) If, there is any hazardous waste generated in the future provide proper disposal = i.e, manifest; label AND dispose of legally.

Note 3) No hazardous waste disposed of as yet.

PRINT NAME: Dennis Wine	INSPECTED BY: B. Olin
SIGNATURE:	DATE: 3/20/95

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
 1131 Harbor Bay Pkwy., Rm. 250, Alameda, CA 94502-6577
 (510) 567-6700 Fax (510) 337-9335

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 5774 FACILITY NAME: Dennis Winn ASSOCIATES EPA I.D. #: Pending
 ADDRESS, CITY & ZIP CODE: 4543 Horton St Emeryville PHONE: 925-5664

TYPE OF BUSINESS: <u>Furniture Repair</u>	CODE SECTION	COMPLIANCE YES NO N/A	TIERED PERMITTING STATUS: CE <input type="checkbox"/> CA <input type="checkbox"/> PBR <input type="checkbox"/> N/A <input type="checkbox"/>	CODE SECTION	COMPLIANCE YES NO N/A
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1. IDENTIFICATION NUMBER			6. CONTINGENCY / BUSINESS PLAN		
(a) Obtained EPA I.D. Number	66262.12(a)	<input checked="" type="checkbox"/>	(a) Contingency Plan Complete	66265.52(a)	<input checked="" type="checkbox"/>
(b) Transporter and TSD Have EPA I.D. #	66262.12(c)	<input checked="" type="checkbox"/>	(b) Copy of Plan on Site	66265.53	<input checked="" type="checkbox"/>
2. PRE-TRANSPORT REQUIREMENTS			7. PREPAREDNESS AND PREVENTION		
(a) HW Containers Labeled	66262.31	<input checked="" type="checkbox"/>	(a) Contingency/Business Plan Submitted	66265.53(b)	<input checked="" type="checkbox"/>
(b) H W Label Properly Filled Out	66262.32(b)	<input checked="" type="checkbox"/>	(d) Plan Amended as Necessary	66265.54	<input checked="" type="checkbox"/>
(c) HW Accumulation Time Not Exceeded	66262.34(c)	<input checked="" type="checkbox"/>	(e) ER Co-ordinator Familiar w/ Plan	66265.55	<input checked="" type="checkbox"/>
(d) Accumulation Date Indicated	66262.34(f)	<input checked="" type="checkbox"/>	8. EMERGENCY PROCEDURES		
(e) Description of H W Contents	66262.34(f)	<input checked="" type="checkbox"/>	(a) Internal Commun./Alarm Provided	66265.32(a)	<input checked="" type="checkbox"/>
(f) HW Containers in Good Condition	66265.171	<input checked="" type="checkbox"/>	(b) A Device to Call Outside Provided	66265.32(b)	<input checked="" type="checkbox"/>
(g) HW Compatible with Containers	66265.172	<input checked="" type="checkbox"/>	(c) Spill Control Systems Available	66265.32(c)	<input checked="" type="checkbox"/>
(h) HW Containers Closed /Sealed	66265.173	<input checked="" type="checkbox"/>	(d) Maintain ER Equipment	66265.33	<input checked="" type="checkbox"/>
(i) HW Storage Area Inspected Weekly	66265.174	<input checked="" type="checkbox"/>	(e) Access to Commun. during HW Handl.	66265.34	<input checked="" type="checkbox"/>
(j) Tank & Tank Equip. Inspected Daily	66265.195	<input checked="" type="checkbox"/>	(f) Maintain Adequate Aisle Space	66265.35	<input checked="" type="checkbox"/>
(k) Incompatible HW in Separate Containers	66265.199	<input checked="" type="checkbox"/>	(g) Arrangements w/ Local Agencies	66265.37	<input checked="" type="checkbox"/>
(l) Proper Management of Used Oil Filters	66266.130	<input checked="" type="checkbox"/>	9. WASTE STREAMS		
3. RECORDKEEPING AND REPORTING			(a) Character/Source/Extent of ER Determ'd	66265.56	<input checked="" type="checkbox"/>
(a) HW Analysis Kept 5 Yrs./Land Disposal	66262.11	<input checked="" type="checkbox"/>	(b) Proper Agencies Notified of Hlth. Hazard	66265.56	<input checked="" type="checkbox"/>
(b) Biennial Report Submitted to State	66262.41	<input checked="" type="checkbox"/>	(c) ER Data Submitted to DTSC & LIA	66265.56	<input checked="" type="checkbox"/>
4. MANIFEST / RECEIPTS			(d) Uncontrol. Release HW Properly Handled	66265.56	<input checked="" type="checkbox"/>
(a) HW Shipped with Proper Manifest	66262.20	<input checked="" type="checkbox"/>	5. TRAINING		
(b) Manifests Kept for last 3 Yrs.	66262.40(a)	<input checked="" type="checkbox"/>	(a) Training Program Provided	66265.16	<input checked="" type="checkbox"/>
(c) HW Analysis Kept 3 Yrs.	66262.40(c)	<input checked="" type="checkbox"/>	(b) Personnel Trained & Supervised	66265.16(b)	<input checked="" type="checkbox"/>
(d) Manifests Received from TSD	66262.42	<input checked="" type="checkbox"/>	(c) HW Personnel Trained within 6 Months	66265.16(b)	<input checked="" type="checkbox"/>
5. TRAINING			(d) Training Records Kept on Site	66265.16(d)	<input checked="" type="checkbox"/>
(a) Training Program Provided	66265.16	<input checked="" type="checkbox"/>	(e) Training Records Maintained for 3 Yrs.	66265.16(e)	<input checked="" type="checkbox"/>
(b) Personnel Trained & Supervised	66265.16(b)	<input checked="" type="checkbox"/>	(f) Training Records Complete	66265.16(1,2)	<input checked="" type="checkbox"/>
(c) HW Personnel Trained within 6 Months	66265.16(b)	<input checked="" type="checkbox"/>	All above code sections refer to the California Code of Reg. Title 22		
(d) Training Records Kept on Site	66265.16(d)	<input checked="" type="checkbox"/>	Small quantity		
(e) Training Records Maintained for 3 Yrs.	66265.16(e)	<input checked="" type="checkbox"/>	acetone		
(f) Training Records Complete	66265.16(1,2)	<input checked="" type="checkbox"/>	Paint Remove		
PERMISSION GIVEN TO INSPECT FACILITY:			HEALTH & SAFETY CODE		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Pollution Prevention		
OTHER COUNTY PROGRAMS: UST <input type="checkbox"/> HMBP <input type="checkbox"/> UR <input type="checkbox"/>			Source Reduction Plan Completed		
			25744.19		

REMARKS:
New Facility.
Very Small Quantity Generator

PRINT NAME: Dennis Winn TITLE: Owner
 SIGNATURE: [Signature] INSPECTED BY: [Signature] DATE: 3/20/95

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
 1131 Harbor Bay Pkwy., Rm. 250, Alameda, CA 94502-6577
 (510) 567-6700 Fax (510) 337-9335

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 5474		FACILITY NAME: Dennis Weir			EPA I.D. #:	
ADDRESS, CITY & ZIP CODE: 4543 Gordon St Emeryville Ca 94608					PHONE: 655-5664	
TYPE OF BUSINESS:		CODE SECTION	COMPLIANCE YES NO N/A	TIERED PERMITTING STATUS: CE <input type="checkbox"/> CA <input type="checkbox"/> PBR <input type="checkbox"/> N/A <input type="checkbox"/>	CODE SECTION	COMPLIANCE YES NO N/A
1. IDENTIFICATION NUMBER				6. CONTINGENCY / BUSINESS PLAN		
(a) Obtained EPA I.D. Number		66262.12(a)		(a) Contingency Plan Complete		66265.52(a-f)
(b) Transporter and TSDF Have EPA I.D. #		66262.12(c)		(b) Copy of Plan on Site		66265.53
2. PRE-TRANSPORT REQUIREMENTS				(c) Contingency/ Business Plan Submitted		
(a) HW Containers Labeled		66262.31		(d) Plan Amended as Necessary		66265.54
(b) H W Label Properly Filled Out		66262.32(b)		(e) ER Co-ordinator Familiar w/ Plan		66265.55
(c) HW Accumulation Time Not Exceeded		66262.34(c)		7. PREPAREDNESS AND PREVENTION		
(d) Accumulation Date Indicated		66262.34(f)		(a) Internal Commun./ Alarm Provided		66265.32(a)
(e) Description of H W Contents		66262.34(f)		(b) A Device to Call Outside Provided		66265.32(b)
(f) HW Containers in Good Condition		66265.171		(c) Spill Control Systems Available		66265.32(c)
(g) HW Compatible with Containers		66265.172		(d) Maintain ER Equipment		66265.33
(h) HW Containers Closed /Sealed		66265.173		(e) Access to Commun. during HW Handl.		66265.34
(i) HW Storage Area Inspected Weekly		66265.174		(f) Maintain Adequate Aisle Space		66265.35
(j) Tank & Tank Equip. Inspected Daily		66265.195		(g) Arrangements w/ Local Agencies		66265.37
(k) Incompatible HW in Separate Containers		66265.199		8. EMERGENCY PROCEDURES		
(l) Proper Management of Used Oil Filters		66266.130		(a) Character/Source/Extent of ER Determ'd		66265.56
3. RECORDKEEPING AND REPORTING				(b) Proper Agencies Notified of Hlth. Hazard		66265.56
(a) HW Analysis Kept 5 Yrs./Land Disposal		66262.11		(c) ER Data Submitted to DTSC & LIA		66265.56
(b) Biennial Report Submitted to State		66262.41		(d) Uncontrol. Release HW Properly Handled		66265.56
4. MANIFEST / RECEIPTS				9. WASTE STREAMS		
(a) HW Shipped with Proper Manifest		66262.20		(a) Waste Oil		
(b) Manifests Kept for last 3 Yrs.		66262.40(a)		(b) Non-Halogenated Solvents/Parts Cleaner		
(c) HW Analysis Kept 3 Yrs.		66262.40(c)		(c) Ethylene Glycol /Antifreeze		
(d) Manifests Received from TSDF		66262.42		(d) Oily Sludges		
5. TRAINING				(e) Other:		
(a) Training Program Provided		66265.16		(f) Other:		
(b) Personnel Trained & Supervised		66265.16(b)		(g) Other:		
(c) HW Personnel Trained within 6 Months		66265.16(b)		(h) Other:		
(d) Training Records Kept on Site		66265.16(d)		(i) Other:		
(e) Training Records Maintained for 3 Yrs.		66265.16(e)		All above code sections refer to the California Code of Reg. Title 22		
(f) Training Records Complete		66265.16(1,2)				
PERMISSION GIVEN TO INSPECT FACILITY: YES <input type="checkbox"/> NO <input type="checkbox"/>				Pollution Prevention		Health & Safety Code
OTHER COUNTY PROGRAMS: UST <input type="checkbox"/> HMBP <input type="checkbox"/> UR <input type="checkbox"/>				Source Reduction Plan Completed		25744.19
REMARKS: <p align="center"><i>Closed facility</i></p>						
PRINT NAME:				TITLE:		
SIGNATURE:				INSPECTED BY: <i>Dee De</i>		DATE: <i>7/2/96</i>

BILLING ADJUSTMENT FORM

<input checked="" type="checkbox"/>	Generator...H	51340
<input type="checkbox"/>	HMMP.....L	
<input type="checkbox"/>	UST.....T	

Date: 7/1/96
HazMat StID#: _____

Caller: _____ Phone: _____

Company Name: Dennis Winer & Associates

Site Address: 4523 Horton St Emeryville 94608
City Zip

Requested Changes: _____

Initials: _____

Rescind Bill with explanation and date (if available):

- Generator Out of business
- HMMP (AB2185)
- UST

Continue Billing With Following Changes:

- Change number of EMPLOYEES From: _____ To: _____
- Change number of TANKS From: _____ To: _____
- HMMP (AB2185)
- Updated information

Business Name _____ Phone: _____

SITE Address _____ City _____ Zip _____

BILLING Address _____ City _____ Zip _____

Inspector: Bruce Date: 7/1/96

Sent to Billing
on 7/5/96
Rev 12/91 Mac-BillAdj-2