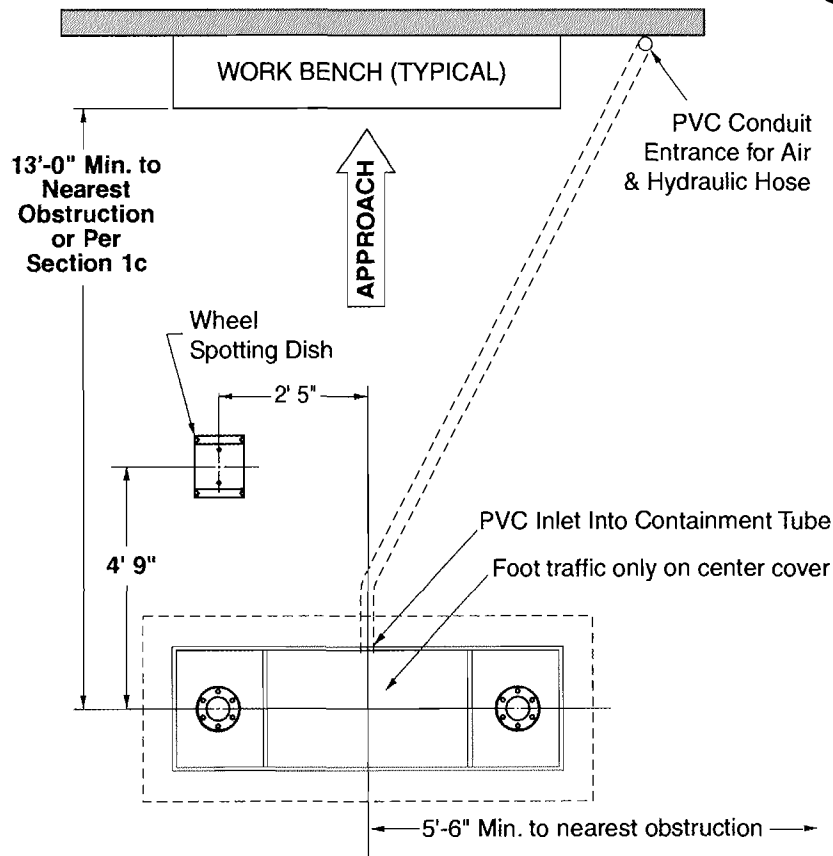


SL210 Series

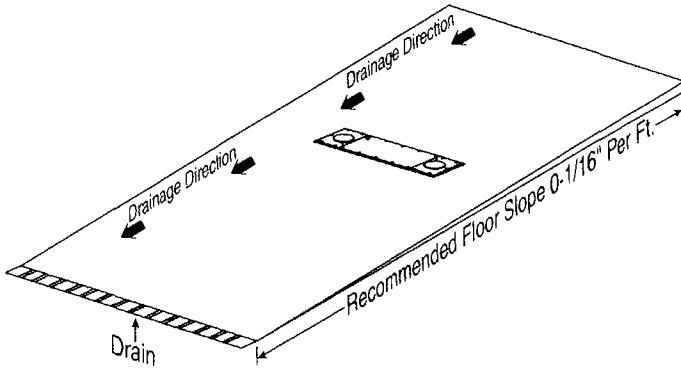
Fig. 1



SL212 Series

1. Lift Location:

A. Check architect's layout if available. Lay out lift as shown in Fig. 1. Recommended floor slope is 1/16" per foot.



B. SL210: The 5' 6" centerline to side and 12' 0" centerline to front and rear dimensions should be maintained to provide adequate working space. The minimum overhead clearance should be 85" plus height of highest vehicle to be raised. 24' 0" length bay recommended. Other lengths may be used, provided ample clearance is maintained at each end of lift.

SL212: The 5' 6" centerline to side and 13' 0" centerline to front and rear dimensions should be maintained to provide adequate working space. The minimum overhead clearance should be 88" plus height of highest vehicle to be raised. 26' 0" length bay recommended. Other lengths may be used, provided ample clearance is maintained at each end of lift.

C. Base Unit Lifts: If you are planning to install roll-on/wheel alignment runways, locate lift per instructions from superstructure manufacturer. Use superstructure manufacturer's instructions for fore and aft, side to side, and ceiling clearances.

2. Excavation: Excavate hole to dimensions shown in Fig. 2. Dig trench for 2" PVC pipe between lift and power unit location. Trench should be dug 11" below finished floor grade. Air line and hydraulic hose to be contained in this 2" PVC pipe.

3. Concrete Preparation:

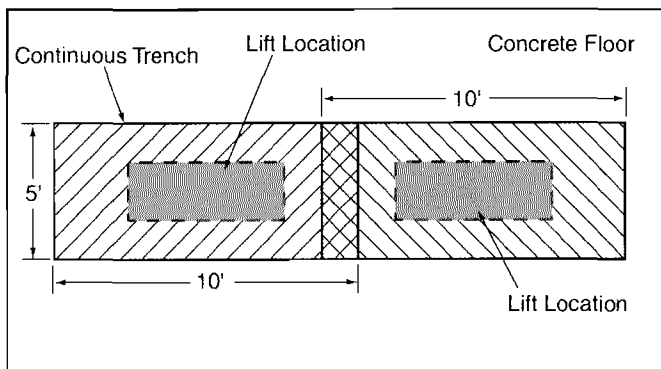
A. Run 2" PVC from Control Area to Containment Tube. PVC will enter the Containment Tube 9-1/2" below finished floor grade. Hole is centered horizontally in Containment Tube, Fig. 1.

B. Box out a 5' x 10' area around where lift is to be located.

NOTE: For multiple lift installations, boxed out areas will overlap. Dig continuous trench, see illustration below.

C. Pour concrete floor ensuring not to get concrete in boxed out area.

NOTE: By using this installation method, the RAI can more accurately set lift to proper grade relative to finished floor. Reference Page 2.



4. Lift Setting:

IMPORTANT Check the containment tube for holes due to shipping damage. Do not install a damaged containment tube. Contact Rotary Lift Customer Service.

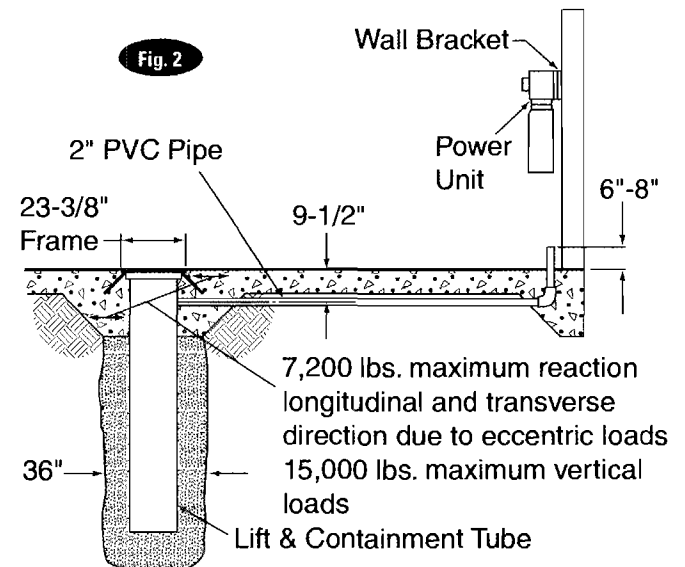
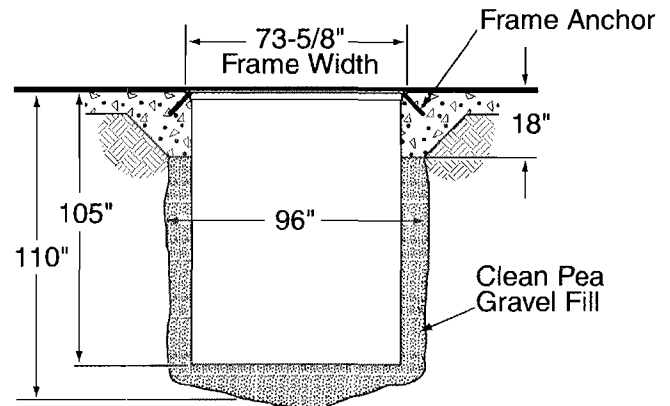
A. Chain hoist must have capacity of 2,500 lbs. with a clear swing of 9' 0". Rig sling for unit, attaching to the shipping strap, Fig. 3, and lower assembly into hole. Center lift and be sure lift containment inlet is located as shown in Fig. 1.

IMPORTANT Owner: Your Installer Is Responsible For The Concrete Floor Being Finished To The Leading Edge Of The Grade Angle (1/4" Below Top Of Lift), NOT To The Top Of The Lift, Fig. 5. Failure To Comply Will Void Warranty.

B. Bend frame anchors out perpendicular to concrete frame and downward approximately 45° to floor level, Fig. 2.

C. Remove and retain (4) 1/2"-13NC HHCS (marked with X, Fig. 3). Insert 1/2" Threaded Rods x 18" lg. into the holes and secure in place using 1/2" flat washers and nuts, Fig. 4.

D. Attach 6 x 6's to support unit on existing floor and secure in place with 1/2" flat washers and nuts, Fig. 4. Remove shipping straps and install guide barrel bolts in open holes and torque to 60 ft-lbs. Remove protective covers from top of jacks.



E. Plumb and level by placing machinist level on top of jack. Do Not plumb or level off unit frame. See Fig 5.

F. Shore Lift Securely!

G. Connect 2" PVC to containment tube, chamfer PVC entering containment tube seal and lubricate I.D. of seal with grease or oil to ease entry of PVC into seal. PVC pipe should extend into containment tube 1" maximum.

NOTE: If your PVC pipe and containment inlet do not align, you may have to cut back PVC pipe, and attach 2" Flexible PVC to make connection. All PVC joints MUST be leak proof.

H. Recheck plumb.

5. Backfill:

A. Duct tape joint areas indicated by X, Fig. 6, to protect these areas during backfill and concrete work. Backfill around unit using only pea gravel to within 18" of top of finished floor.

CAUTION Do not use a mechanical tamper or saturate the backfill material to achieve compaction. This could cause lift containment sides to bend inward, **HAND TAMP ONLY**.

IMPORTANT Do Not fill plunger with any ballast material.

B. Complete backfill and tamp pipe trench.

C. After lift is backfilled, make final elevation and plumb checks, Fig 5.

D. Make sure frame anchors are bent out, Fig. 7.

6. Concrete Work:

A. Leave 6 x 6's in place.

B. New concrete around the lift must be keyed into existing floor with rebar or stud anchors, Fig. 7.

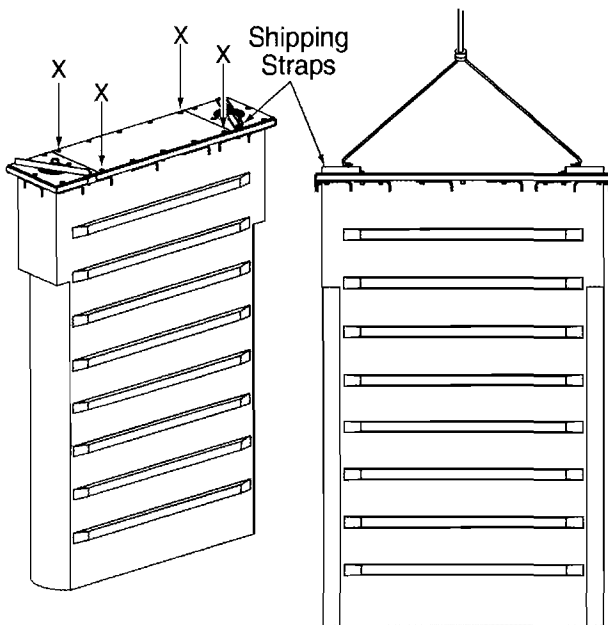


Fig. 3

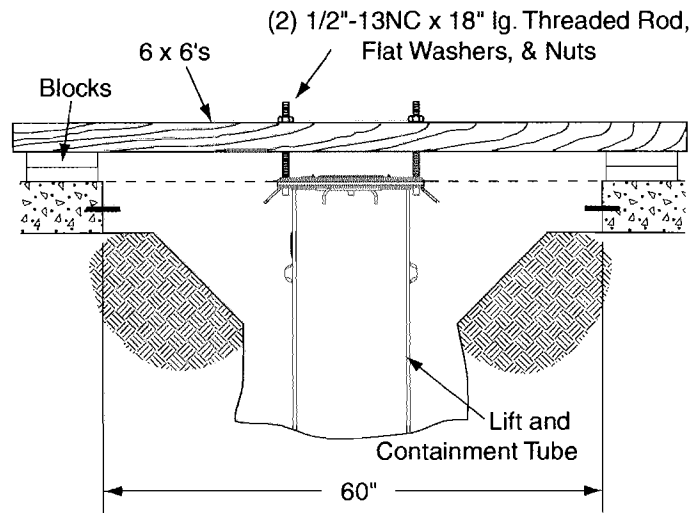


Fig. 4

- C. A minimum concrete strength of 3,000 PSI is suggested. DO NOT use calcium chloride as a curing accelerator. If using a curing accelerator, we recommend a non-chloride additive such as High Early* or equivalent.
- D. Pour concrete floor, being careful not to run concrete in and around top surface of lift unit.

IMPORTANT Owner: Your Installer Is Responsible For The Concrete Floor Being Finished To The Leading Edge Of The Grade Angle (1/4" Below Top Of Lift), NOT To The Top Of The Lift, Fig. 5. Failure To Comply Will Void Warranty.

IMPORTANT It is imperative that lift be set level regardless of floor slope or other factors. Trowel smooth and allow to harden.

- E. After concrete is set-up, remove 6 x 6's and threaded rods.
- F. Reinstall the guide barrel bolts, use Loctite 242 (blue) on bolts and torque to 60 ft.-lbs.
- G. Do not use lift until concrete has achieved 3,000 PSI.

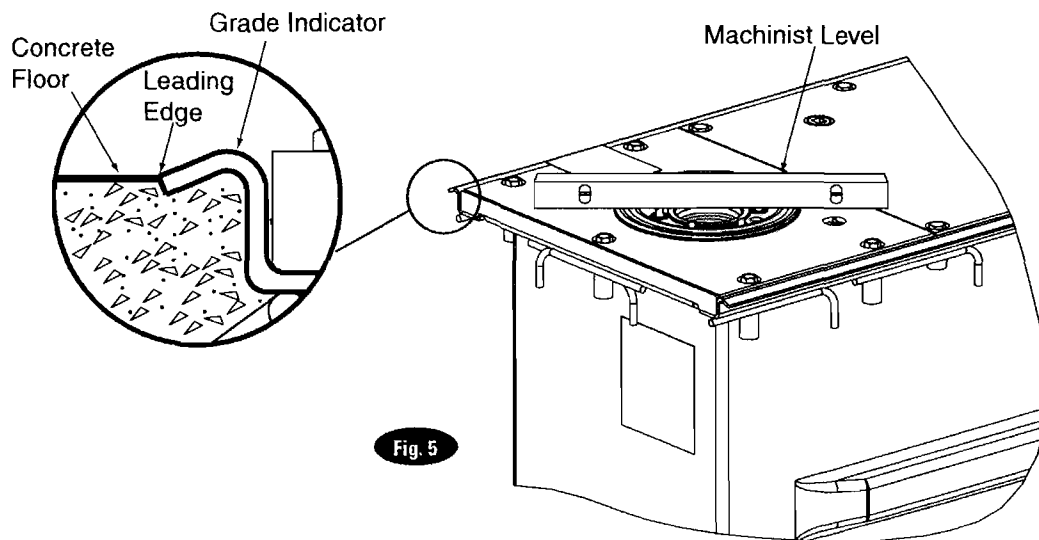


Fig. 5

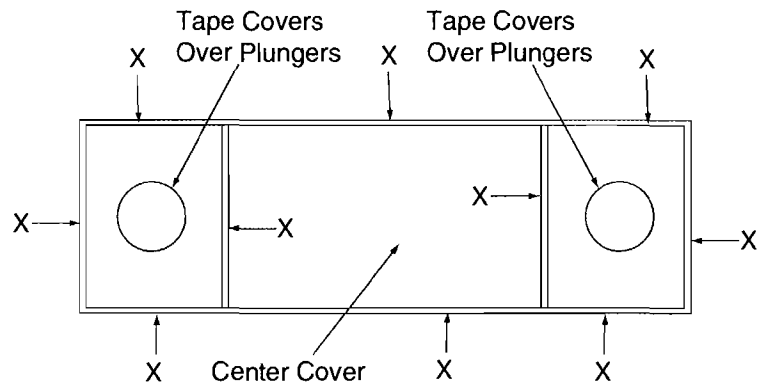


Fig. 6

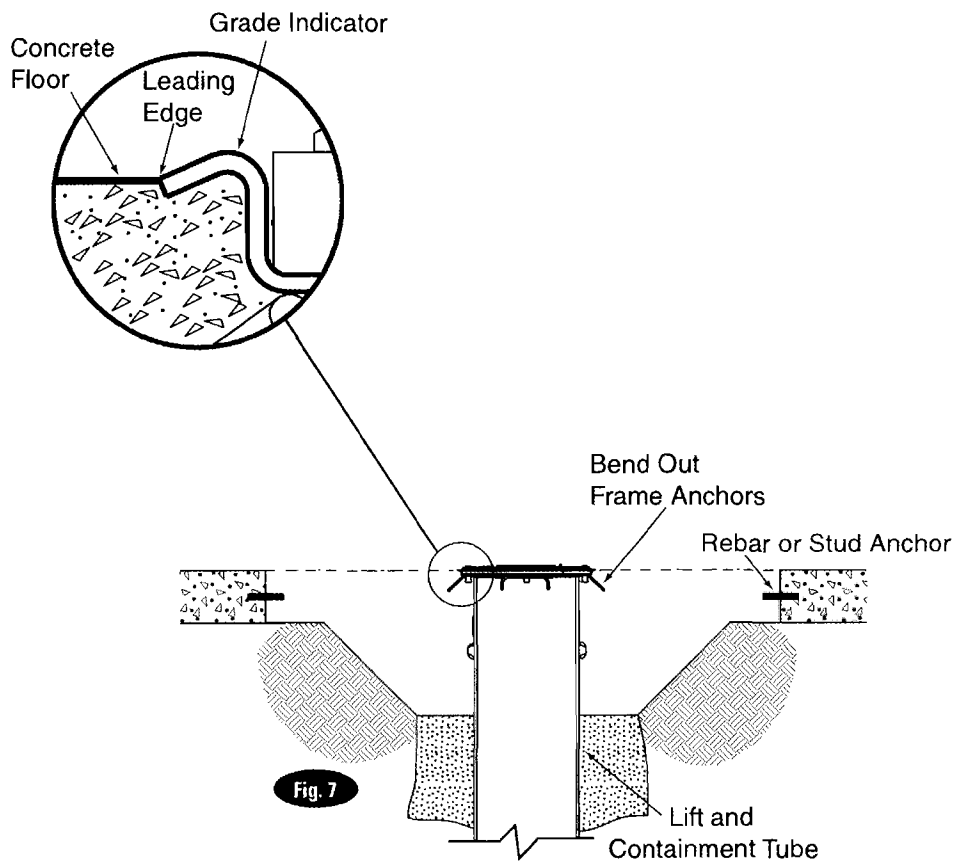


Fig. 7

*High Early is a registered trademark of General Portland Cement Company.

7. Power Unit:

A. For operating convenience, locate Power Unit mounting bracket so top of Motor will be approximately 56" above floor, Fig. 2.

B. Locate and mount the wall bracket, using (4) 3/8" wall anchors, on the wall. Anchors must be able to hold 20 lbs. of shear force.

C. Put (2) 5/16"-18NC x 1-1/2" flanged locking HHCS through holes in the air valve bracket then through wall bracket, if rear mounted air valve bracket is supplied, using push-nuts to hold in place, Fig. 8. Put the other (2) 5/16"-18NC x 1-1/2" flanged locking HHCS through wall bracket using push-nuts to hold in place, Fig. 8.

D. Mount power unit, with motor up, to the wall bracket and install (4) 5/16" flanged locking nuts, Fig. 8.

E. Install and hand tighten elbow adapter to pump until O-ring is seated, Fig. 11. Continue to tighten the locknut to 10-15 ft-lbs., or until the nut and washer bottom out against the pump manifold. NOTE: You may still be able to rotate the Branch Tee. This is acceptable unless there is seepage at the O-ring. If so, slightly tighten the locknut.

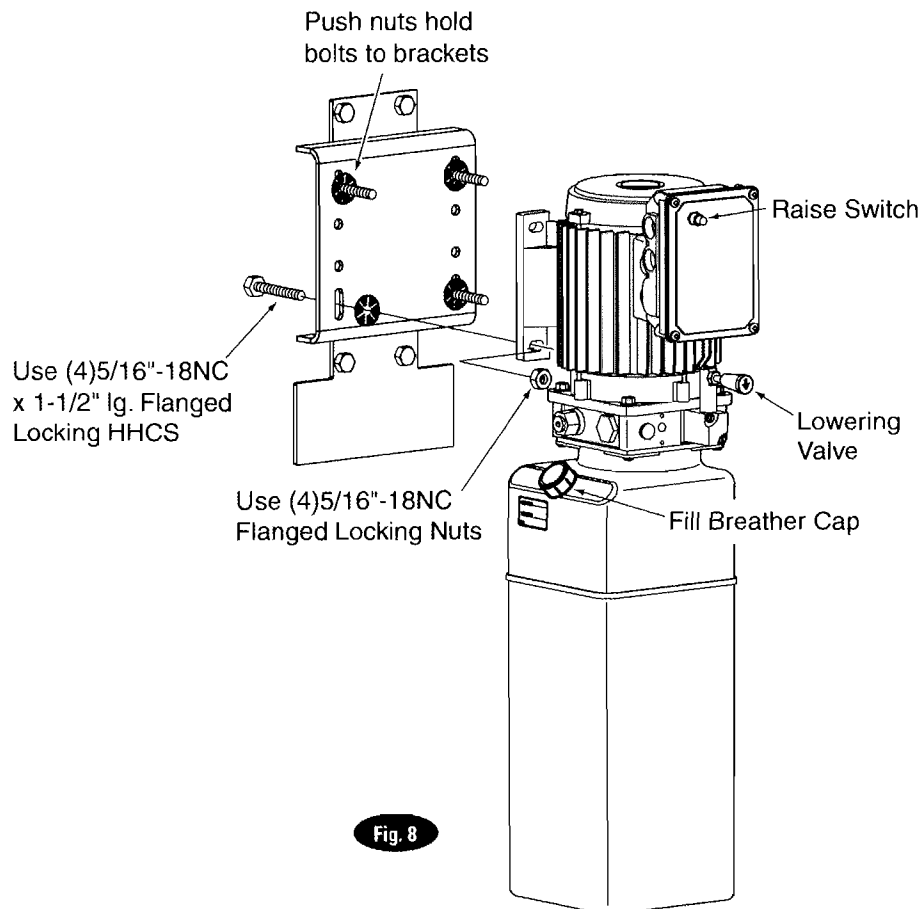
CAUTION Over tightening locknut may tear O-ring or distort threads in pump manifold outlet.

8. Electrical: Have a certified electrician run appropriate power supply to motor, Fig. 9 & 10. Size wire for 20 amp circuit. See Motor Operating Data Table.

CAUTION Never operate the motor on line voltage less than 208V. Motor damage may occur.

IMPORTANT: Use separate circuit for each power unit. Protect each circuit with time delay fuse or circuit breaker. For single phase 208-230V, use 20 amp fuse. Three phase 208-240V, use 20 amp fuse. For three phase 400V and above, use 10 amp fuse. For wiring see Fig. 9 & 10. All wiring must comply with NEC and all local electrical codes.

Note: 60Hz. single phase motor **CAN NOT** be run on 50Hz. line without a physical change in the motor.



MOTOR OPERATING DATA TABLE - SINGLE PHASE

LINE VOLTAGE	RUNNING MOTOR VOLTAGE RANGE
208-230V 50Hz.	197-253V
208-230V 60Hz.	197-253V

Wiring Diagram

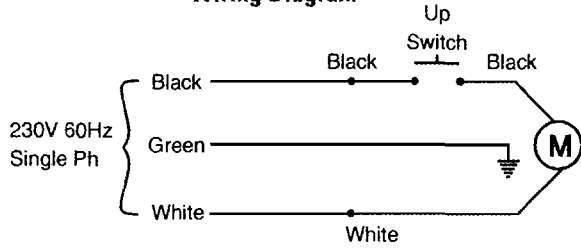


Fig. 9

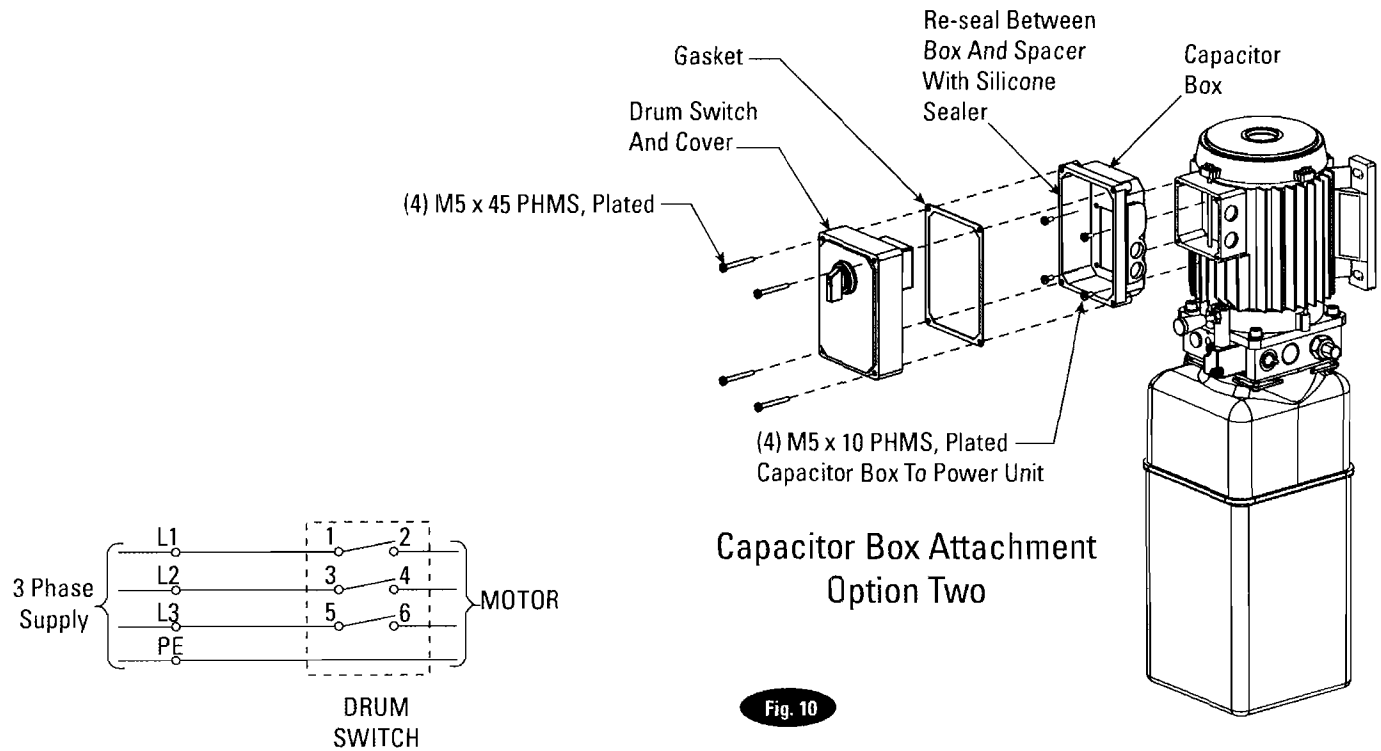
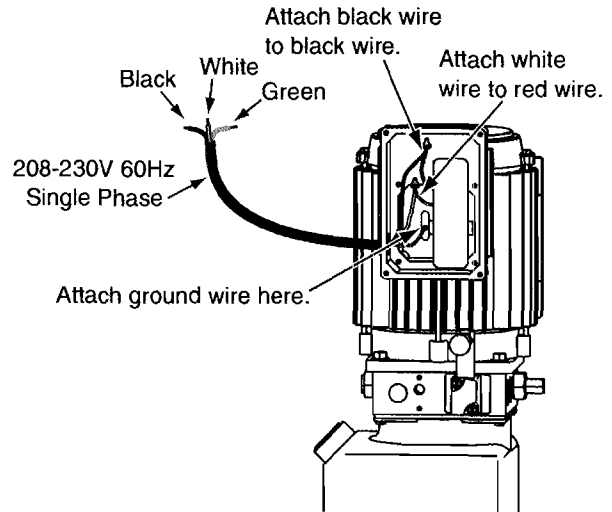
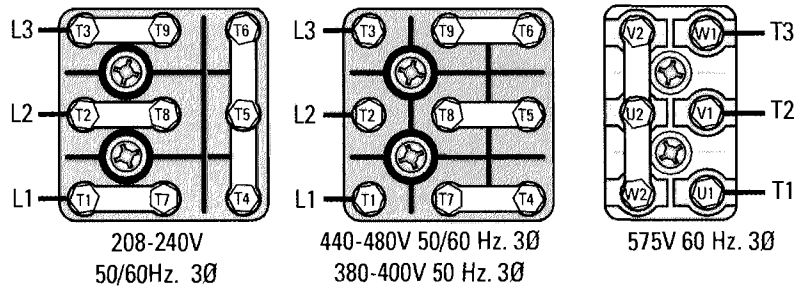


Fig. 10

Three Phase Power Unit

MOTOR OPERATING DATA TABLE - THREE PHASE

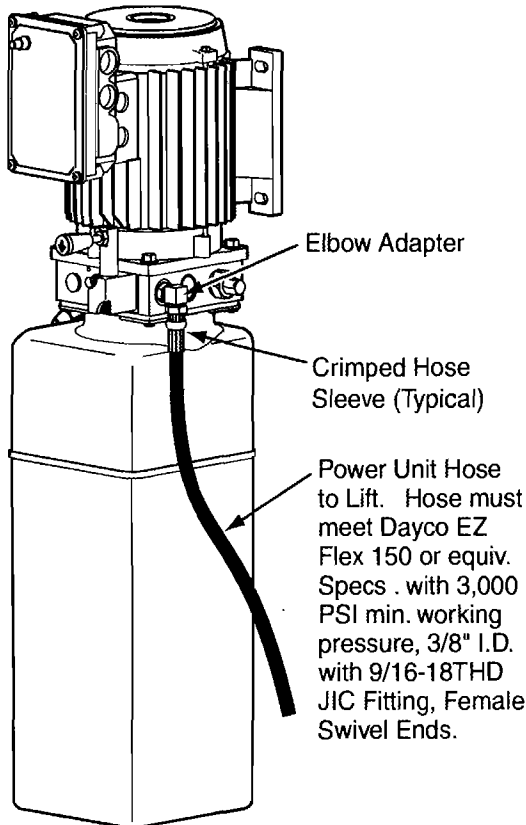
LINE VOLTAGE	RUNNING MOTOR VOLTAGE RANGE
208-240V 50/60Hz.	197-253V
400V 50Hz.	360-440V
440-480V 50/60Hz.	396V-528V
575V 60Hz.	518V-632V



9. Supply Lines (By Installer): Remove center cover.

A. Hose:

1. Hose must meet Dayco EZ Flex 150 or equivalent specs. with 3,000 PSI minimum working pressure, 3/8" I.D. with 9/16-18THD, JIC fitting, female swivel ends.
2. Hose must be free of debris. Inspect all threads for damage, Fig. 11.
3. Push the hose through the 2" PVC pipe chase from power unit to lift unit.
4. Install hose onto elbow adapter on power unit and to hydraulic fitting in lift containment inlet.



6. Install "PUSH TO RELEASE LATCHES" decal on bracket under air valve lever, Fig. 12.
7. Push air line tubing through the 2" PVC pipe chase from latch release air valve to lift unit.
8. Connect air line tubing to latch release air valve and to air line attached to vertical hose using push union, in lift containment inlet. Place decal on bracket, Figs. 12 & 13.

10. Fluid Filling:

A. System capacity is 19 quarts. Use Dexron III ATF, or Hydraulic Fluid that meets ISO 32 specification.

B. Remove fill-breather cap, Fig. 8.

C. Pour in 8 quarts of fluid.

D. Bleed lift by cycling to full rise several times.

E. Fully lower lift.

IMPORTANT Lift must be fully lowered before changing or adding fluid.

F. Add fluid to power unit until it reaches the **MIN** mark on the tank.

G. Replace fill-breather cap.

CAUTION If fill-breather cap is lost or broken, order a replacement. DO NOT substitute with a solid plug.

Flared Fittings Tightening Procedure

1. Screw the fittings together finger tight. Then, using the proper size wrench, rotate the fitting 2-1/2 hex flats.
2. Back the fitting off one full turn.
3. Again tighten the fittings finger tight; then using a wrench, rotate the fitting 2-1/2 hex flats. This will complete the tightening procedure and develop a pressure tight seal.

B. Air Line:

IMPORTANT Shop air supply pressure must be between 90 to 120 psi.

1. Attach brass filter and swivel elbows to air latch, Fig. 12.
2. Install latch release air valve to bracket, Fig. 12.
3. Remove motor warnings decal from motor cover. Mount air lock valve bracket over the power unit cover using the existing cover screws if single phase. If three phase use included longer screws.
4. Connect shop air supply with factory supplied in-line filter to latch release air valve 1/4" push-in 1/4" NPT fitting, Fig. 12 & Fig. 13.
5. Air line to the lift must be 1/4" polypropylene tubing with a 300 PSI working pressure.

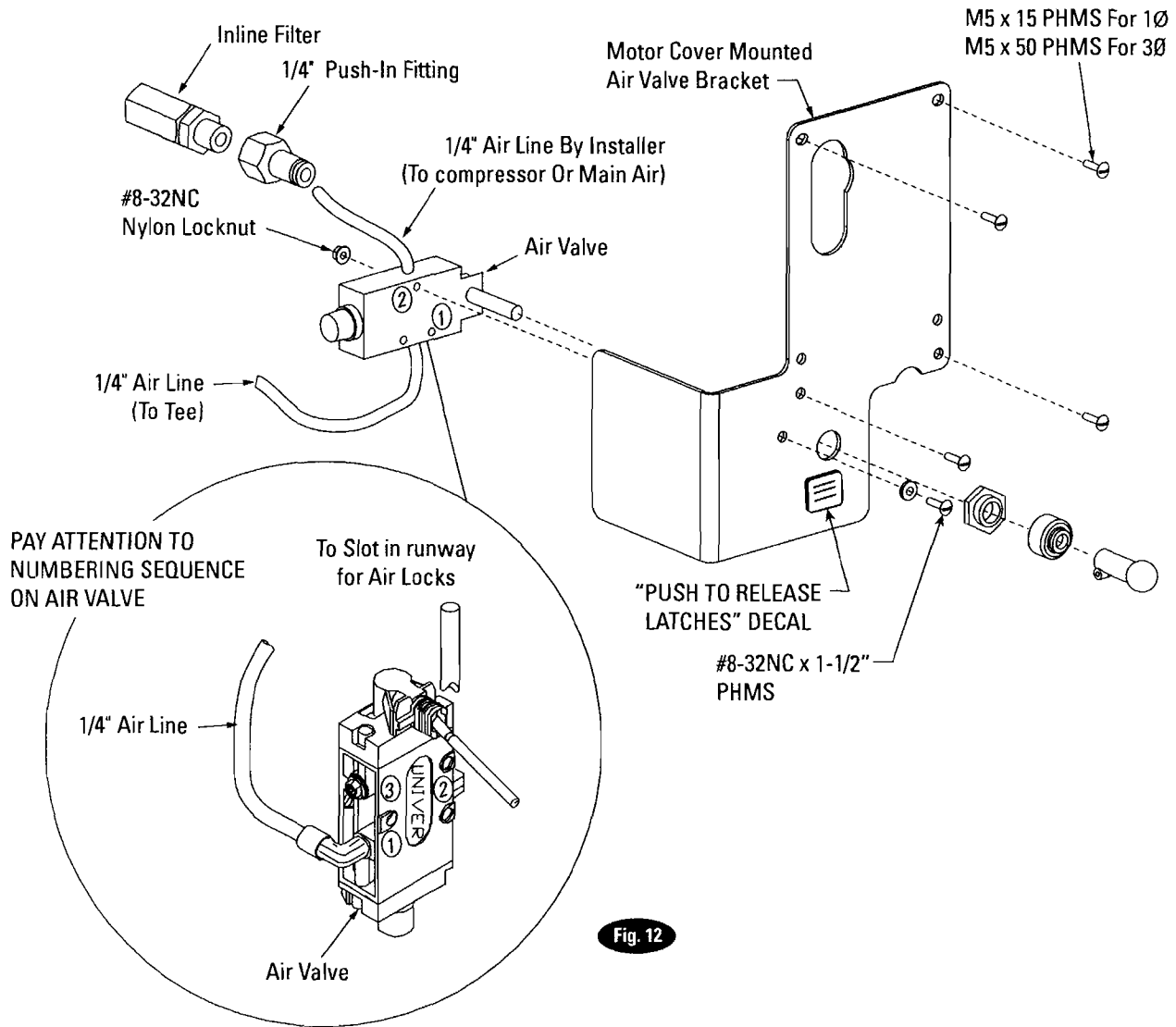


Fig. 12

Air Line Fitting Connection

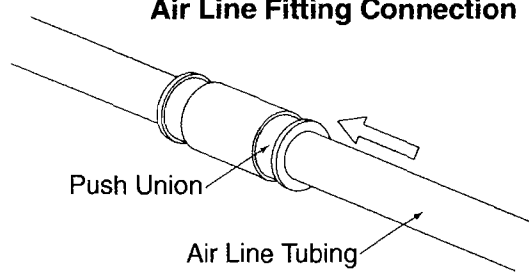


Fig. 13

11. PRESSURE TEST:

- A. Run lift to full rise and keep motor running for 5 seconds.
- B. Stop and check all hose connections.
- C. Tighten or reseal if required. Repeat cycling of lift if adjustment was made.

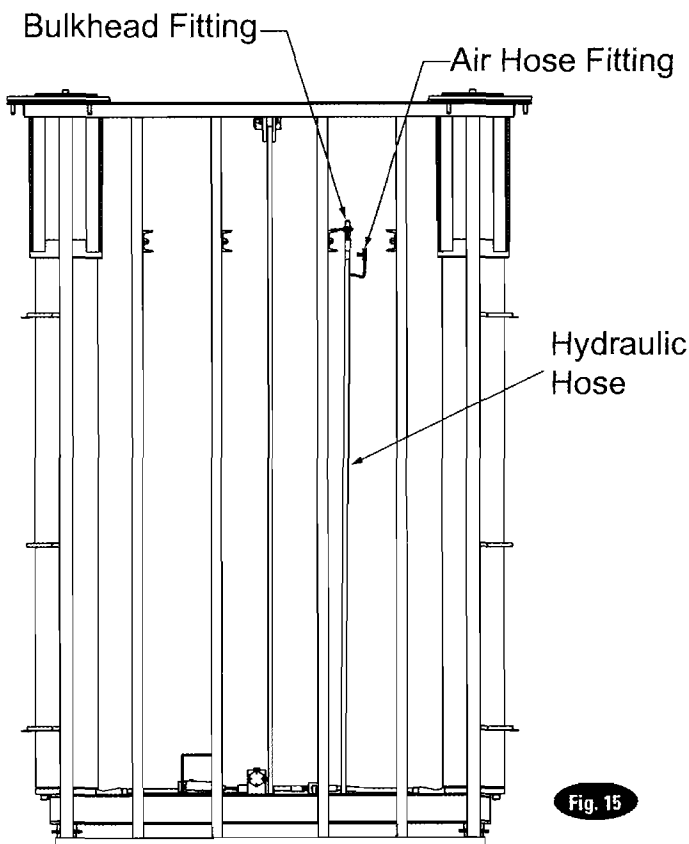
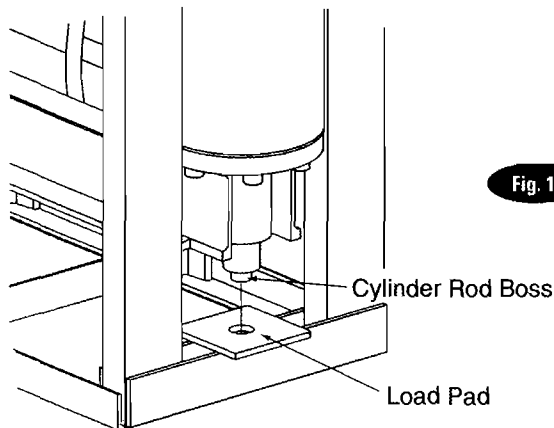
12. LOCKING LATCH TEST:

- A. With lift in up position, actuate latch release air valve.
- B. Make sure latch engages and releases.

13. CYLINDER/LOAD PAD TEST:

- A. Raise lift to full rise and lower onto locks.
- B. Look into the containment tube to check that the high pressure cylinder rod is in the load pad hole, Fig. 14.

CYLINDER/LOAD PAD TEST



- C. Use a non-metal object (do not scratch or scar the cylinder rods), try to move the cylinder rod. If it does not move skip step D.
- D. Move the cylinder rod around until its boss goes back into the load pad center hole.

14. HOSE TRACKING TEST:

- A. Have someone raise the lift while another watches the tracking of the hose between the frame bulkhead and equalizer beam, Fig. 15. If the hose does not track between the members of the equalizer beam without rubbing, adjustment is necessary.
- B. Rotate the bulkhead fitting to adjust the position of the hose. Make sure that the bulkhead nut is tight after adjustment.

15. Setting Cover; refer to Fig. 16:

- A. Insert cover seal into lip in opening, making sure all holes align.
- B. Install center cover onto seal.
- C. Install and tighten cover retaining bolts. Torque to 60 ft-lbs. **IMPORTANT** Clean areas indicated with X, Fig. 16, and seal with a premium 25 year silicone.

16. Superstructure:

SI210 Series:

- A. Base Unit Lifts: Install roll-on/wheel alignment runway per instructions from superstructure manufacturer.
- B. Swing Arm Superstructures:
 1. Install yokes to plungers with 7/8"-10NC x 2-1/2" HHCS and 7/8" external tooth lockwasher. Torque to 150 ft-lbs, Fig. 17.
 2. Grease swivel arm pins and arm holes with Lithium grease.
 3. Install (4) arm assemblies using the arm pins and snap rings.
- C. Moveable Pad Assemblies:

Note: The mounting holes in the pad assemblies are offset. This allows for two different configurations. The standard configuration is shown in fig 18a. The narrower configuration is shown in fig 18b.

 1. Install pads on lift using 7/8"-10NC x 2-1/2" HHCS and 7/8" external tooth lockwasher and torque to 150 ft.-lbs, Fig.18a and 18b.

SL212 series:

- A. Base Unit Lifts: Install roll-on/wheel alignment runway per instructions from superstructure manufacturer.
- B. Swing Arm Superstructures:
 1. Install yokes to plungers with 7/8"-9NC x 3-1/2" HHCS and 7/8" external tooth lockwasher. Torque to 150 ft-lbs., Fig. 19.
 2. Grease swivel arm pins and arm holes with Lithium grease.
 3. Install (4) arm assemblies using the arm pins and cotter pins, Fig. 20.

17. Final Touches:

- A. Lag wheel spotting dish to floor using two 3/8" anchors provided. Verify model number of lift being installed and refer to Fig. 1 for respective dimensions.
- B. Raise lift and clean sand and dirt from plunger and lift area.
- C. Double check to make sure the guide barrel and center cover are sealed per Step 14.

18. Upon completion of the assembly of the lift, the lift is to be operated to assure proper function. Observe for locks operating in all locking positions, each side lifts equally, hydraulics do not leak, all electrical controls function as labeled, all pneumatics are functional and leak free, ramps rotate freely (if applicable), and proper clearances with all items in bay have been maintained.

Operate the lift with a typical vehicle and observe to assure the same items for proper functioning.

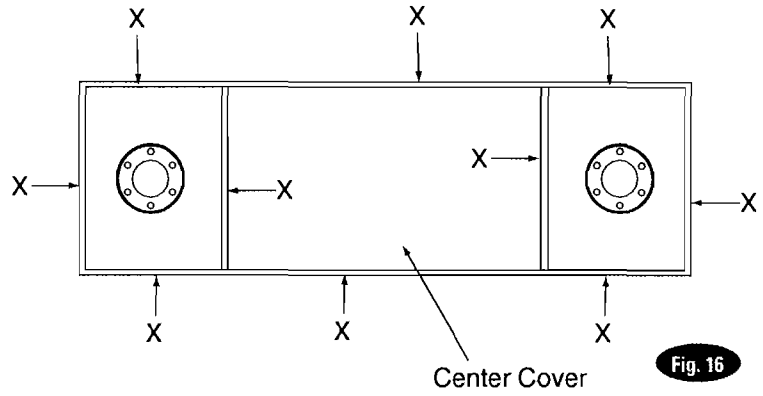


Fig. 16

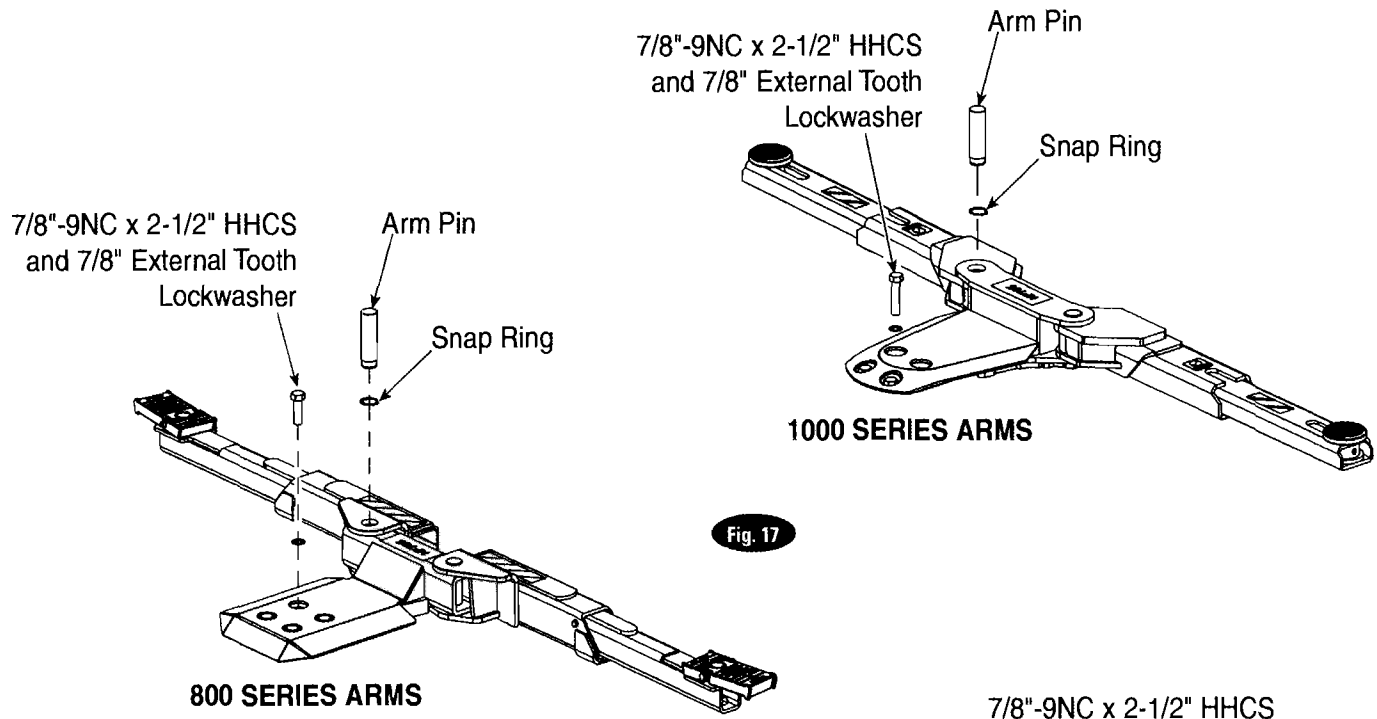


Fig. 17

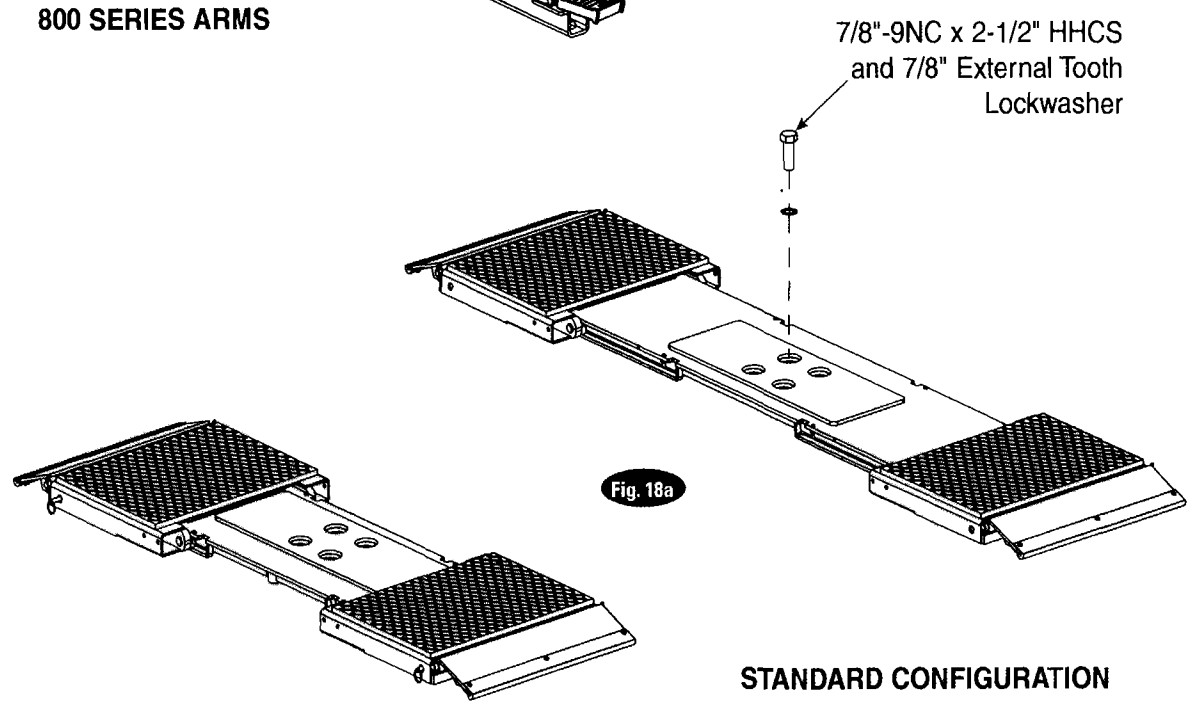
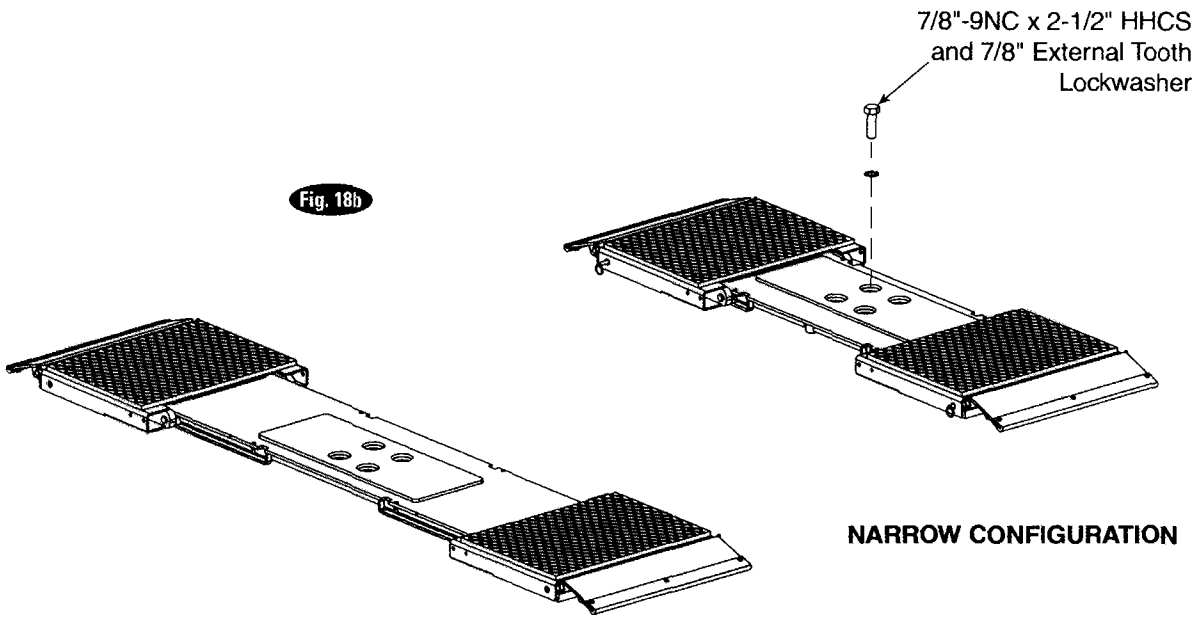
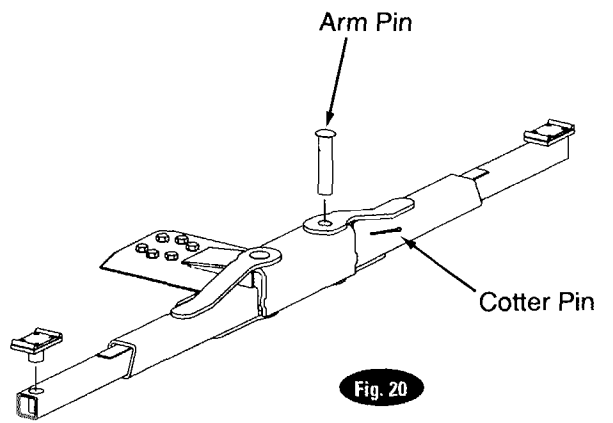
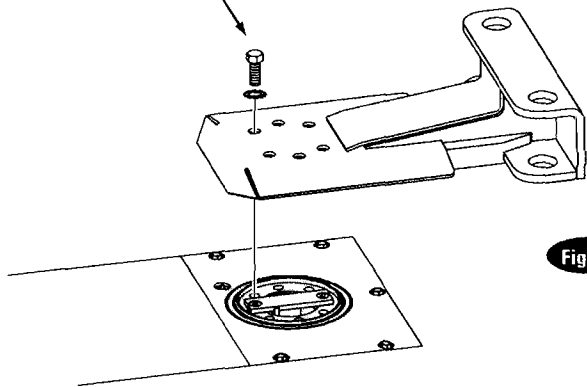


Fig. 18a



7/8"-9NC x 3-1/2" HHCS &
7/8" External Tooth Lockwasher



Installer: Please return this booklet to literature package, and give to lift owner/operator.

Thank You

Trained Operators and Regular Maintenance Ensures Satisfactory Performance of Your Rotary Lift.

Contact Your Nearest Authorized Rotary Parts Distributor for Genuine Rotary Replacement Parts. See Literature Package for Parts Breakdown.

Revision	Date	Change(s) Made
--	08/15/07	New 800 Series lift.
A	02/21/08	Correct errors in 800 series installion instructions.
B	09/22/10	Update graphics for 3 phase motors and control bracket.
C	03/29/11	Added 1000 arm series.
D	04/05/12	Remove star washers, note P/U mounting bolts and nuts are locking.
E	02/14/14	Identify air valve bracket mounting screws.
F	08/07/14	Update to include latest standard and narrow M-Pads.
G	02/19/15	Add final check notes.

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CITY OF CUPERTINO BUILDING PERMIT

BUILDING ADDRESS: 10931 N DE ANZA BLVD	CONTRACTOR: EDWARDS&SONS AUTOMOTIVE EQUIPMENT	PERMIT NO: 15010175
OWNER'S NAME: VIDOVICH JOHN T ET AL	3573 VINEYARD AVE	DATE ISSUED: 01/29/2015
OWNER'S PHONE: 4082552166	PLEASANTON, CA 94566	PHONE NO: (925) 918-7449

LICENSED CONTRACTOR'S DECLARATION

License Class D24 Lic. # 716505

Contractor Edwards+Sons Date 1/29/2015

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business & Professions Code and that my license is in full force and effect.

I hereby affirm under penalty of perjury one of the following two declarations:
 I have and will maintain a certificate of consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain Worker's Compensation Insurance, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

APPLICANT CERTIFICATION

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. (We) agree to save indemnify and keep harmless the City of Cupertino against liabilities, judgments, costs, and expenses which may accrue against said City in consequence of the granting of this permit. Additionally, the applicant understands and will comply with all non-point source regulations per the Cupertino Municipal Code, Section 9.18.

Signature Jamie LaJoutie Date 1/29/2015

JOB DESCRIPTION: RESIDENTIAL COMMERCIAL
GOODYEAR; INSTALL GROUND LIFT

Sq. Ft Floor Area:	Valuation: \$17000
APN Number: 32610061.00	Occupancy Type:

**PERMIT EXPIRES IF WORK IS NOT STARTED
 WITHIN 180 DAYS OF PERMIT ISSUANCE OR
 180 DAYS FROM LAST CALLED INSPECTION.**

Issued by: [Signature] Date: 1/29/15

RE-ROOFS:

All roofs shall be inspected prior to any roofing material being installed. If a roof is installed without first obtaining an inspection, I agree to remove all new materials for inspection.

Signature of Applicant: _____ Date: _____

ALL ROOF COVERINGS TO BE CLASS "A" OR BETTER

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for one of the following two reasons:
 I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec.7044, Business & Professions Code)
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec.7044, Business & Professions Code).

I hereby affirm under penalty of perjury one of the following three declarations:
 I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain Worker's Compensation Insurance, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. If, after making this certificate of exemption, I become subject to the Worker's Compensation provisions of the Labor Code, I must forthwith comply with such provisions or this permit shall be deemed revoked.

APPLICANT CERTIFICATION

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. (We) agree to save indemnify and keep harmless the City of Cupertino against liabilities, judgments, costs, and expenses which may accrue against said City in consequence of the granting of this permit. Additionally, the applicant understands and will comply with all non-point source regulations per the Cupertino Municipal Code, Section 9.18.

Signature _____ Date _____

HAZARDOUS MATERIALS DISCLOSURE

I have read the hazardous materials requirements under Chapter 6.95 of the California Health & Safety Code, Sections 25505, 25533, and 25534. I will maintain compliance with the Cupertino Municipal Code, Chapter 9.12 and the Health & Safety Code, Section 25532(a) should I store or handle hazardous material. Additionally, should I use equipment or devices which emit hazardous air contaminants as defined by the Bay Area Air Quality Management District I will maintain compliance with the Cupertino Municipal Code, Chapter 9.12 and the Health & Safety Code, Sections 25505, 25533, and 25534.

Owner or authorized agent: Jamie LaJoutie Date: 1/29/15

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of work's for which this permit is issued (Sec. 3097, Civ C.)

Lender's Name _____

Lender's Address _____

ARCHITECT'S DECLARATION

I understand my plans shall be used as public records.

Licensed Professional _____



CUPERTINO

CONSTRUCTION PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255
(408) 777-3228 • FAX (408) 777-3333 • building@cupertino.org

15010175

B

NEW CONSTRUCTION ADDITION ALTERATION / TI REVISION / DEFERRED ORIGINAL PERMIT #

PROJECT ADDRESS 10931 N. DeAnza Blvd.		APN # 326-10-061	
OWNER NAME John Vidovich		PHONE (408) 255-2166	E-MAIL
STREET ADDRESS 960 San Antonio St. # 114		CITY, STATE, ZIP LOS ATOS, CA 94022	
CONTACT NAME		PHONE	E-MAIL
STREET ADDRESS		CITY, STATE, ZIP	FAX
<input type="checkbox"/> OWNER <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OWNER AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONTRACTOR AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> TENANT			
CONTRACTOR NAME Jamie LaFountain		LICENSE NUMBER 716500	LICENSE TYPE D21
BUS. LIC # 35703		E-MAIL jamie@eardsinc.com	
COMPANY NAME Edwards + Sons Automotive Equip		FAX 925.600.0262	
STREET ADDRESS 3673 Vineyard Avenue		CITY, STATE, ZIP Piedmont, CA 94566	
PHONE 925.918.7449		BUS. LIC #	
ARCHITECT/ENGINEER NAME Adam Wiseman		LICENSE NUMBER	BUS. LIC #
COMPANY NAME Universal Structural Engineers		E-MAIL awiseman@engineers.com	
STREET ADDRESS 1160 S. Amphlett Blvd. # 250		CITY, STATE, ZIP San Mateo, CA 94402	
PHONE 650.312.9233		FAX 650.312.9229	
DESCRIPTION OF WORK Install an in ground lift in bay #6.			
250 v / 30 Amp			

EXISTING USE	PROPOSED USE	CONSTR. TYPE	# STORIES	USE	TYPE	OCC.	SQ.FT.	VALUATION (\$)
EXISTG AREA	NEW FLOOR AREA	DEMO AREA	TOTAL NET AREA					
BATHROOM REMODEL AREA	KITCHEN REMODEL AREA	OTHER REMODEL AREA						
PORCH AREA	DECK AREA	TOTAL DECK/PORCH AREA	GARAGE AREA: <input type="checkbox"/> DETACH <input type="checkbox"/> ATTACH					
# DWELLING UNITS:	IS A SECOND UNIT BEING ADDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECOND STORY ADDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
PRE-APPLICATION PLANNING APPL # <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE COPY OF PLANNING APPROVAL LETTER	IS THE BLDG AN EICHLER HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		RECEIVED BY:			TOTAL VALUATION: 12000	

By my signature below, I certify to each of the following: I am the property owner or authorized agent to act on the property owner's behalf. I have read this application and the information I have provided is correct. I have read the Description of Work and verify it is accurate. I agree to comply with all applicable local ordinances and state laws relating to building construction. I authorize representatives of Cupertino to enter the above-identified property for inspection purposes.

Signature of Applicant/Agent: **Jamie LaFountain** Date: **1/29/2015**

SUPPLEMENTAL INFORMATION REQUIRED	PLAN CHECK TYPE	ROUTING SLIP
<p><input type="checkbox"/> New SFD or Multifamily dwellings: Apply for demolition permit for existing building(s). Demolition permit is required prior to issuance of building permit for new building.</p> <p><input type="checkbox"/> Commercial Bldgs: Provide a completed Hazardous Materials Disclosure form if any Hazardous Materials are being used as part of this project.</p> <p><input type="checkbox"/> Copy of Planning Approval Letter or Meeting with Planning prior to submittal of Building Permit application.</p>	<input type="checkbox"/> OVER-THE-COUNTER <input type="checkbox"/> EXPRESS <input type="checkbox"/> STANDARD <input type="checkbox"/> LARGE <input type="checkbox"/> MAJOR	<input type="checkbox"/> BUILDING PLAN REVIEW <input type="checkbox"/> PLANNING PLAN REVIEW <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> FIRE DEPT <input type="checkbox"/> SANITARY SEWER DISTRICT <input type="checkbox"/> ENVIRONMENTAL HEALTH



CITY OF CUPERTINO FEE ESTIMATOR – BUILDING DIVISION

ADDRESS: 10931 n de anza blvd		DATE: 01/29/2015	REVIEWED BY: Mendez
APN:	BP#: 15010175	*VALUATION: \$17,000	
*PERMIT TYPE: Electrical Permit		PLAN CHECK TYPE: Alteration / Addition / Repair	
PRIMARY USE: Commercial Building	PENTAMATION PERMIT TYPE: 1CEAP8		
WORK SCOPE	goodyear; install ground lift		

APPLIANCE / EQUIP TYPE	FEE ID	QTY	UNITS	BP FEES
Other Power Devices	1BREMPOWER	1	#	\$179
TOTALS:				\$179.00

	0.0	hrs	\$0.00
	Elec. Plan Check		
	Elec. Permit Fee: 1EPERMIT		
	0.0	hrs	\$48.00
	Other Elec. Insp.		

NOTE: This estimate does not include fees due to other Departments (i.e. Planning, Public Works, Fire, Sanitary Sewer District, School District, etc.). These fees are based on the preliminary information available and are only an estimate. Contact the Dept for addn'l info.

FEE ITEMS <small>(Fee Resolution 11-053 Eff. 7/1/13)</small>	FEE	QTY/FEE	MISC ITEMS
PME Plan Check:	\$0.00		
PME Unit Fee:	\$179.00		
PME Permit Fee:	\$48.00		
Administrative Fee: <small>1ADMIN</small>	\$45.00		
Work Without Permit? <input type="radio"/> Yes <input checked="" type="radio"/> No	\$0.00		
Travel Documentation Fee: <small>1TRAVDOC</small>	\$48.00		
Strong Motion Fee: <small>1BSEISMICO</small>	\$4.76		Select an Administrative Item
Bldg Stds Commission Fee: <small>1BCBSC</small>	\$1.00		
SUBTOTALS:	\$325.76	\$0.00	TOTAL FEE: \$325.76

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

08-0533

EC
Q1
SI
BB
3/11/08

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page 1 of 1

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	1	BEGINNING DATE 01.01.08	100	ENDING DATE 12.31.08	102
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	The Goodyear Tire & Rubber Company (dba) Goodyear Auto Service Center #8773			BUSINESS PHONE	408.255.2166
BUSINESS SITE ADDRESS	10931 North De Anza Blvd.				
CITY	134	CA	135	ZIP CODE	95014
DUN & BRADSTREET	004 467 924			SIC CODE (4 digit #)	7538
COUNTY	Santa Clara				
BUSINESS OPERATOR NAME	139	Store Manager - Israr Refai		BUSINESS OPERATOR PHONE	408.255.2166

II. BUSINESS OWNER

OWNER NAME	111	The Goodyear Tire & Rubber Company		OWNER PHONE	330.796.3709
OWNER MAILING ADDRESS	1144 East Market Street, Dept.: 704 Attn: Mr. Dave Johnson				
CITY	114	STATE	115	ZIP CODE	44316-0001
		Ohio			

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	Store Manager - Israr Refai		CONTACT PHONE	408.255.2166
CONTACT MAILING ADDRESS	10931 North De Anza Blvd.				
CITY	120	STATE	121	ZIP CODE	95014
		CA.			

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	124
Israr Refai		Albert Sepinoza	
TITLE	124	TITLE	125
Store Manager		Sales / Service	
BUSINESS PHONE	125	BUSINESS PHONE	126
408.255.2166		408.255.2166	
24-HOUR PHONE*	126	24-HOUR PHONE*	127
510.290.4047		408.903.6256	
PAGER #	127	PAGER #	128
Cell: 510.295.8336		NA	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: _____ Phone No.: _____
Billing Address: 10931 North De Anza Blvd., Cupertino, CA. 95014

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 BUSINESS OPERATOR OR DESIGNATED REPRESENTATIVE	136	DATE	134	NAME OF TAX RETURN PREPARER	133
		2.19.08		E.S.S. - C.J. Sims	
NAME OF SIGNER (print)	135	TITLE OF SIGNER	137		
Israr Refai		Store Manager			

* See instructions on next page.

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

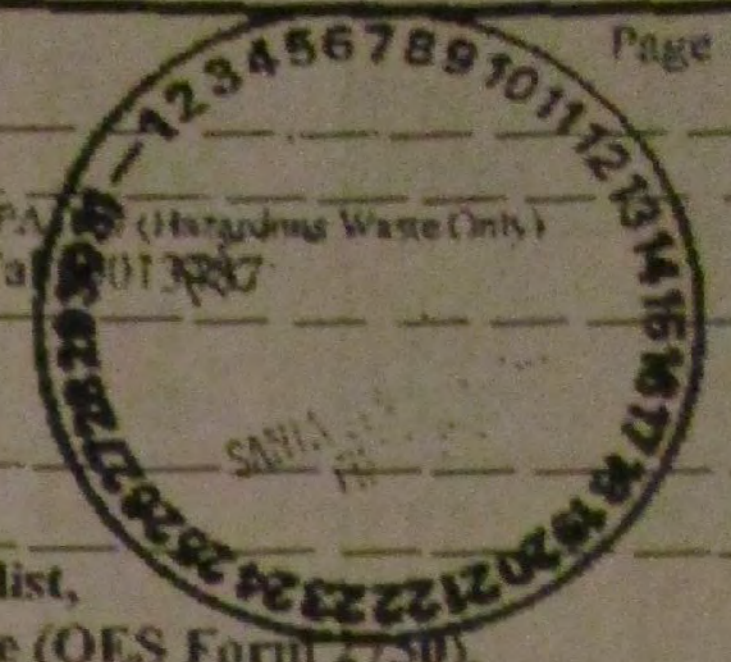
08-0533

I. FACILITY IDENTIFICATION

FACILITY ID # _____
(Agency Use Only)

HPA # _____ (Hazardous Waste Only)
Cal # _____

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)
The Goodyear Tire & Rubber Company (dba) Goodyear Auto Service Center #8773



II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2750).**

Does your facility...	If Yes, please complete these pages of the UICF...	
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4</p>	<p>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)</p>
<p>B. UNDERGROUND STORAGE TANKS (UST's) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new UST's? 3. Need to report closing a UST?</p>	<p><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</p>	<p>UST FACILITY (Form by SWRCB Form A) UST TANK (one page per tank) (Form by Form B) UST FACILITY UST TANK (one page per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Form by Form C) UST TANK (abstract provision - one page per tank)</p>
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (AST's) 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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8</p>	<p>NO FORM REQUIRED TO CUPAS</p>
<p>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?</p>	<p><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</p>	<p>EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one page per facility) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Form by DTSC Form 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Form by DTSC Form 1772 A, B, C and L) CERTIFICATION OF FINANCIAL ASSURANCE (Form by DTSC Form 1237) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Form by DTSC Form 1238) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Form by DTSC Form 1240)</p>
<p>E. LOCAL REQUIREMENTS</p>		

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

08-0533

Hazardous Waste Inventory Statement

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

Date: 02/18/08

Business Name: The Goodyear Tire & Rubber Company (dba) Goodyear Auto Service Center #8773
 Type of Report on This Page: Add; Delete; Revise
 Page of
(Own page per building or area)

Chemical Location: As per location code
 EPCRA Confidential Location? Yes; No
 Trade Secret Information? Yes; No
 Facility ID #
(Agency Use Only)

1. Reg. 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	% WL	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.
01	C Outside Fenced Storage Area	Used Motor Oil	Petroleum hydrocarbons	100	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/> waste	245	100	245	4800	<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	Carries: (if radioactive) NA	Days On Site: 365	Storage Containers: A	State Waste Code: 221				
02	A Service Bay	Used Antifreeze	Ethylene Glycol	60	<input type="checkbox"/>	107-21-1	<input checked="" type="checkbox"/> waste	180	90	45	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 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 checked="" 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) NA	Days On Site: 365	Storage Containers: B	State Waste Code: 343				
NA	A Service Bay	AutoWorks part wash (Replace Solvent part wash)	Parts Wash		<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	16	16	16	192	<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	Sodium Carbonate	<1.5	<input type="checkbox"/>	497-19-8	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive) NA	Days On Site: 365	Storage Containers: D	State Waste Code: NA				
			Alcohols	<1.5	<input type="checkbox"/>	68439-46-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
			Trimethylhexanoic Acids	<1.5	<input type="checkbox"/>	3302-10-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas								
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<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	Carries: (if radioactive)	Days On Site:	Storage Containers:	State Waste Code:				
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas								
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site						<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
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<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	Carries: (if radioactive)	Days On Site:	Storage Containers:	State Waste Code:				
							<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas								
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site						<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

* Waste Stream Type	Code	Source Type	Code	Source Type	Code	Source Type	Code	Source Type	Code	Source Type
A		Automated Tank	M	Steel Drum	G	Can	J	Bag	N	Glass Bottle or Jug
B		Belowground Tank	E	Flammable/Liquid Drum	H	Slit	K	Box	P	Plastic Bottle or Jug
C		Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	Q	Tote Bin
									R	Other

If EPCRA, sign below:

Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan)

09-1533

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan Storage Map(s). Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location. Make additional copies of this page if needed.

Location	A=Service Bays	B=Tire Storage	C=Outside Storage	D=Showroom	Office(s)
Storage Type	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input checked="" type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
Primary Containment	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input checked="" type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input checked="" type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input checked="" type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input checked="" type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
Secondary Containment	<input checked="" type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input checked="" type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Approved cabinets <input checked="" type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input checked="" type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input checked="" type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
Separation	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input checked="" type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input checked="" type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
Monitoring Type	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
Monitoring Frequency	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring. Attach additional pages if needed:

All Monitoring is performed visually

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

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

08-00

Page ___ of ___

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

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

I. Evacuation Plan:

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

Bells; Horns/Sirens; Verbal (i.e. shouting); Other (specify) _____

b. Evacuation map is prominently displayed throughout the facility.

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

2. a. Emergency Contacts*:

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

b. Post-Incident Contacts*:

Fire Department Hazardous Materials Program Phone No.: (408) 378-4010
Santa Clara County Hazardous Materials Compliance Division Phone No. (408) 918-3400
California EPA Department of Toxic Substances Control Phone No. (510) 540-3739
Cal-OSHA Division of Occupational Safety and Health Phone No. (408) 452-7288
Air Quality Management District Phone No. (415) 771-6000
Regional Water Quality Control Board Phone No. (510) 622-2300

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

c. Emergency Resources:

Poison Control Center Phone No. (800) 876-4766
Nearest Hospital: Name: Cupertino Medical Center Phone No.: (408) 996-8656
Address: 202089 Stevens Creek Blvd. City: Cupertino

3. Arrangements With Emergency Responders:

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

None at this time.

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4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
- Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).
 - Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - Notify appropriate local authorities (i.e. call 911).
 - Notify the State Office of Emergency Services at 1-800-852-7550.
 - Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
- Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

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

5. Post-Incident Reporting/Recording:

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

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

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

6. Earthquake Vulnerability: [19 CFR §273.1(e)]

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

Hazardous material & waste storage locations, associated piping, pressure vessels, utility connections. New tire storage racks, alignment bay area and hydraulic car lifts.

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HAZARDOUS MATERIAL EMERGENCY RESPONSE PLAN

The following constitutes the Hazardous Material Emergency Response Plan for the Goodyear Auto Service Center (the facility). The facility is a tire retail sales store that also performs general automotive maintenance.

Emergency Response Team: YES; but limited

The emergency response team, made of trained employees, will be notified by direct voice. The store manager (the primary contact) will assess the situation, and determine the proper procedure for controlling the release. If the release is beyond the capabilities of the trained employees an off-site emergency release contractor will be notified.

Prevention / Mitigation / Abatement:

Prevention:

To prevent a spill or release, hazardous materials are kept in proper storage containers, and separated from other incompatible materials. New motor oil and waste motor oil are stored in double wall Above ground Storage Tanks (AST). Hazardous Materials Storage Areas are visually inspected daily by the primary contact. These storage areas are posted with warning signs of the potential hazard known to exist with each material. All hazardous waste generated at this site, are picked up for off-site recycling on a regular basis. Disposal manifests records are available on site.

Mitigation for a Hazardous Material Spill or Release:

For spill or leak greater than 1 gallon, the observer of the incident will notify the primary contact. The primary contact, will secure the area, arrange to shut off equipment & utilities and report the incident to appropriate parties and agencies. Dry absorbent will be placed at spill boundaries, drains will be blocked, sources of ignition will be removed, and the area will be ventilated and cleared of other hazards. Absorbent will be used for small spills and then placed in an acceptable container for future off-site disposal.

Abatement

Spill/release: For spills or leaks greater the 1 gallon, the observer of the incident will notify the primary contact. The primary contact will secure the area, arrange to shut-off equipment and utilities and report the incident to the appropriate parties and agencies. Dry absorbent will be placed at spill boundary, drains will be blocked, sources of ignition will be removed, the area will be ventilated and cleared of other hazards.

Absorbent will be used for small spills and then placed in an acceptable container for future off-site disposal. In the event of a large hazardous material release, the primary contact will arrange for further containment, clean up and disposal by qualified professionals.

Employee Evacuation / Notification:

The primary contact will notify by direct voice to evacuate all nonessential employees and customers to the predetermined assembly area. Employees are to shut off the equipment in their immediate work area and proceed to the staging/assembly area, through the nearest safe exit.

Once at the assembly area the Primary Contact will contact the Fire Department (911) and /or the appropriate agency, to report the type, approximate quantity and location of the hazardous material involved. The primary contact will perform a head count of all persons (employees, customers and contractors) known to have been at the facility. Employees will be releases back to their work areas only after they have been advised it is safe to do so.

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Hazardous Material Business Plan Location

This Hazardous Material Business Plan (HMBP) is the facility's Business Emergency Plan. A copy of the HMBP is located in the Manager's Office at the facility. Additional copies may be maintained for Health and Safety Training, along with all other related records such as employee training, form reports for releases & maintenance records.

Facility Training Plan

All employees are provided with initial and continuing safety and emergency response training. Training is conducted by verbal instructions and hands-on experience. All employees are trained as follows: Hazardous communication, conducting on-site notification of emergencies, the location and content of this plan, evacuation and re-entry procedures, the location and contents of the first aid kit, procedures for spill mitigation.

Employees that may handle hazardous materials are trained as follows: Knowledge of each chemical handled including location of MSDS, safe storage and handling methods, use of personal protective equipment, use of fire and spill control equipment.

Employee(s) that will respond to emergencies are trained in the following: Spill containment procedures, shutdown procedures, use and maintenance of emergency equipment. Training will be documented on forms describing the nature of the training, date of the training, and topics discussed. The trainees and trainers are required to date and sign training forms to verify that he/she attended and the training session. Training documents will be retained for three years.

Emergency Procedures:

The duties of the *Emergency Response Coordinator* (Primary Contact) are to notify all employees, customers, and contractors to evacuate the facility (or secure and isolate a hazardous area) during an emergency. The Primary Contact will instruct all individuals to assemble at a predetermined staging area, where a head count will be performed. The Primary Contact is responsible to contact emergency services (Fire Department, Rescue, Etc.). First aid will be performed at this location.

Depending on the severity of the incident, designated employees may assist in the mitigation & abatement procedures. If a spill, release or incident is beyond to capabilities of the Primary Contact and the trained employees, an off-site qualified professional contractor & appropriate agencies will be contacted.

ADDITIONAL EMERGENCY RESPONSE INFORMATION

Facility Emergency Equipment

Employees are supplied with the necessary personal protection equipment required for handling each hazardous material at this facility including the following: Changeable uniforms, gloves, rubber gloves, and safety glasses. Fire extinguishers are available throughout the facility. Absorbent material, shovels, mops and brooms are stored on site to respond to a leak or spill. Metal drums, labeled by contents, will be used to store used absorbent materials until future off-site disposal.