



# California Regional Water Quality Control Board San Diego Region



Linda S. Adams  
Secretary for  
Environmental Protection

Over 50 Years Serving San Diego, Orange, and Riverside Counties  
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

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9174 Sky Park Court, Suite 100, San Diego, California 92123-4353  
(858) 467-2952 • Fax (858) 571-6972  
[http:// www.waterboards.ca.gov/sandiego](http://www.waterboards.ca.gov/sandiego)

March 9, 2010

**CERTIFIED MAIL NO. 7009 1410 0002 2000 0040**  
(Return receipt requested)

In reply refer to:  
**SMARTS-2 App. ID: 351217**  
**NWPU: tfelix**

John B. Ward III  
Lite Stone Concrete  
1105 N. Marshall Avenue  
El Cajon, CA 92020

**Subject: 2nd Notice of Violation No. R9-2010-0050: Order No. 97-03-DWQ, NPDES No. CAS000001 to Lite Stone Concrete, WDID No. 9 37I021782: Failure to Submit 2008-2009 Industrial Storm Water Annual Report**

**Facility: Lite Stone Concrete  
1105 N. Marshall Avenue  
El Cajon, CA 92020**

**YOU ARE HEREBY NOTIFIED THAT:**

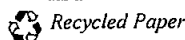
On December 1, 2009, you were notified that you are in violation of the statewide General Industrial Storm Water Permit Order No. 97-03-DWQ (Order) for failure to submit the 2008-2009 Annual Report. The Annual Report was due to the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) by July 1, 2009 as required by Section B.14 of the Order.

Pursuant to California Water Code (CWC) Sections 13399.33 and 13385, your continued noncompliance for failure to submit the Annual Report may subject you to escalated enforcement actions by the San Diego Water Board. Civil liability could range from a minimum of \$1,000 and up to \$10,000 a day for each day of violation, or up to \$25,000 a day if the liability is assessed by a court. You may also be subject to criminal prosecution under Section 13387 of the CWC. The number of days of violation would be counted from July 1, 2009, up to the date the 2008-2009 Annual Report is received. To date, we have not received a report or response to this notification and the report is 251 days late.

To minimize the potential liability assessed, please submit the Annual Report immediately. Mail the Annual Report to the address at the top of this page.

If you have any questions pertaining to the submission of the Annual Report, and for the issuance of this NOV, please contact Mr. Tony Felix at (858) 636-3134, or by email at

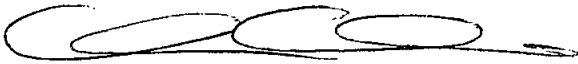
*California Environmental Protection Agency*



March 9, 2010

[TFelix@waterboards.ca.gov](mailto:TFelix@waterboards.ca.gov). If you feel you have received this NOV in error, please contact our office immediately.

Respectfully,



David T. Barker, P.E.  
Supervising Water Resources Control Engineer  
Surface Water Basins Branch

DTB:esb:aaf

SMARTS-2:

Violation ID	841033
Enforcement ID	401207

S:\Surface Waters Basins Branch\Northern Watershed Unit\Tony\Storm Water Program\Industrial SW2nd NOV\Lite Stone.doc

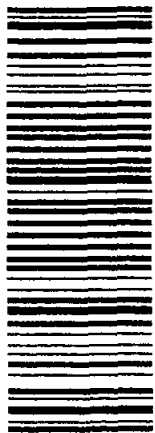
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p><b>JOHN B. WARD III</b>  <b>1105 N. MARSHALL AVE</b>  <b>EL CAJON, CA 92020</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><b>7009 1410 0002 2000 0040</b></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**



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U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
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Total Postage & Fees	\$ _____
<div style="text-align: center;">Postmark Here</div> <p>Sent To <b>JOHN B. WARD III</b></p> <p>Street, Apt. No., or PO Box No. <b>1105 N. MARSHALL AVE</b></p> <p>City, State, ZIP+4 <b>EL CAJON, CA 92020</b></p>	
PS Form 3800, August 2006 See Reverse for Instructions PS Form 3800, August 2006 see reverse for instructions	

*[Handwritten signature]*