



Linda S. Adams  
Secretary for  
Environmental Protection

CF

# California Regional Water Quality Control Board

## San Diego Region



Arnold Schwarzenegger  
Governor

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

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)

February 29, 2008

Mr. Pete Sciarrino  
European Natural Stone  
10051 Prospect Avenue  
Santee, CA 92071  
Attn: Nina Newstead

**CERTIFIED MAIL**

7004 0750 0000 7625 1613

In reply refer to:

**SWU: 10- 0016521.02: dperrin**

Dear Mr. Sciarrino:

**SUBJECT: NOTICE OF VIOLATION—FAILURE TO PAY INDUSTRIAL STORM WATER PERMIT ANNUAL FEE.**

**FACILITY NAME: EUROPEAN NATURAL STONE CO., WDID 9 371016521**

The Regional Board has been informed by the State Water Resources Control Board that you have failed to pay your annual fee for coverage under the Industrial Storm Water Permit (Order No. 97-03-DWQ) for fiscal year 2006-2007. A copy of the invoice is enclosed with this letter. Please pay the outstanding amount immediately.

Any person failing to pay an annual fee is in violation of California Water Code (CWC) section 13260 (d)(1)(A), is guilty of a misdemeanor and may be liable civilly in accordance with CWC 13261(b). Liability may be administratively imposed by the Regional Board up to \$1,000 per day or by Superior court up to \$5,000 per day that fees are unpaid.

Furthermore, failure to pay the delinquent annual fee immediately could lead to administrative rescission of your industrial storm water permit. You should be aware that discharging storm water from the facility without an industrial storm water permit is a violation of California Water Code Section 13399 and could result in an assessment of civil liability (a fine) of up to \$5,000 per year of noncompliance or fraction thereof.

Finally, the State Water Resources Control Board may consider referral of this matter to the Attorney General's office for collection, and offset procedures through the Franchise Tax Board or Board of Equalization to intercept tax refunds or other amounts that may be owed to you, by the state. To minimize the amount of liability and to avoid further actions listed, I urge you to pay the outstanding fee immediately.

*California Environmental Protection Agency*



2/28/2008

Mr. Pete Sciarrino  
European Natural Stone Co.  
Notice of Violation

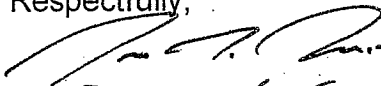
- 2 -

February 29, 2008

The heading portion of this letter includes a Regional Board code number noted after "In reply refer to:" In order to assist us in the processing of your correspondence please include this code number in the heading or subject line portion of all correspondence and reports to the Regional Board pertaining to this matter.

If you have any questions regarding this Notice of Violation, please telephone Don Perrin at (858) 467-2969, or email at [dperrin@waterboards.ca.gov](mailto:dperrin@waterboards.ca.gov).

Respectfully,



James G. Smith for

JOHN R. ODERMATT  
Senior Engineering Geologist

JRO:dwg:mja:dpp

Enclosure: Copy of the invoice for FY 2006-07

cc: Mr. Miles Burnett  
Fee Branch  
Division of Administrative Services

STATE WATER RESOURCES CONTROL BOARD

INVOICE

Annual Fee for Storm Water Permit  
Required by SECTION 13260 of the California Water Code

Facility ID (WDID): 9 37I016521  
Facility Name: SCIARRINO, PETE  
10051 PROSPECT AVE  
SANTEE, CA

Invoice No: 0632364  
Billing Period: 04/01/07-03/31/08  
Invoice Date: 04/11/07

 Total Amount Due by 05/11/07 ..... \$830

SCIARRINO, PETE  
ATTN: NINA NEWSTEAD  
10051 PROSPECT AVE  
SANTEE, CA 92071

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD  
Annual Fee for Storm Water Permit

Reg Measure ID:

Facility ID: 9 37I016521

Billing Period: 04/01/07-03/31/08

Quarter: 4


Invoice No: 0632364

Amount Due: \$830


Due By: Friday, May 11 2007

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE.  
LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION  
13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE, OR OTHER  
ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.

PLEASE NOTE THAT TRANSFER OF OWNERSHIP OR RELOCATION OF THE FACILITY REQUIRE A NEW  
STORM WATER PERMIT. IF YOU FACILITY IS CLOSED OR PROJECT COMPLETED, PLEASE FILE A  
NOTICE OF TERMINATION.

 Make your check payable to SWRCB FEES


If you have any questions about this invoice, please call Fee Branch at (916) 341-5247

 Retain this portion for your records  
Please detach and return this portion with your payment

CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

SCIARRINO, PETE  
ATTN: NINA NEWSTEAD  
10051 PROSPECT AVE  
SANTEE, CA 92071  
(619) 562-0565

Invoice No: 0632364

 PLEASE PRINT THIS NUMBER ON  
CHECK OR MONEY ORDER

SWRCB ACCOUNTING OFFICE  
ATTN: AFRS  
P. O. Box 1888  
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$830  
BILLING PERIOD: 04/01/07-03/31/08  
DUE BY: 05/11/07  
FACILITY ID (WDID): 9 37I016521  
FACILITY NAME: SCIARRINO, PETE  
10051 PROSPECT AVE  
SANTEE, CA

STATE WATER RESOURCES CONTROL BOARD

**INVOICE DETAILS**

INVOICE NO: 0632364      BILLING PERIOD: 04/01/07-03/31/08      FACILITY ID (WDID): 9 37I016521

Program Type	Program Class	Region / Order No	Acreage	Annual Fee	Ambient Water Monitoring Surcharge	Fee Credit Amount	Date Of Adoption
SWIND	SWN	9/97-003	0	\$700	\$130	\$0	04/17/97

INVOICE TOTAL: **\$830**

*If you have any questions about this invoice, please call the Fee Branch at (916) 341-5247*

\* Questions regarding the Ambient Water Monitoring surcharge can be answered by accessing the SWRCB's web site at: <http://www.waterboards.ca.gov/swamp/> or by contacting the Fee Branch at (916) 341-5247

For payment status of your permit fee invoice, please go to the "Stormwater and Wastewater Permit Fee Invoice Information" link at

<http://www.waterboards.ca.gov/fees/index.html>

Please allow 15 business days after mailing your payment for it to be posted to the database.

**BILLING ADDRESS CORRECTIONS FOR REG MEASURE ID**

*Please print the new billing address information in the space provided below*

FACILITY ID (WDID): 9 37I016521      SCIARRINO, PETE

BILLING NAME:

CONTACT PERSON:

STREET:

CITY:

STATE:

ZIP:  -

PHONE: (  )  -

REGION 9

Quarter: 4

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>Mr. Pete Sciarino National European Store 10051 Prospect Ave. San Jose, CA 92071</i></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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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 <i>70</i> <span style="float: right;">7004 0750 0000 7625 1613</span> (Transfer from service label)</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7004 0750 0000 7625 1613

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)							
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>							
<b>OFFICIAL USE</b>							
Postage	\$ <i>.41</i>						
Certified Fee	<i>2.65</i>						
Return Receipt Fee (Endorsement Required)	<i>2.15</i>						
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees	\$ <i>5.21</i>						
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Sent To</td> <td><i>Pete Sciarino, European Nat. Store</i></td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td><i>10051 Prospect Ave</i></td> </tr> <tr> <td>City, State, ZIP+4</td> <td><i>San Jose, CA 92071</i></td> </tr> </table>		Sent To	<i>Pete Sciarino, European Nat. Store</i>	Street, Apt. No., or PO Box No.	<i>10051 Prospect Ave</i>	City, State, ZIP+4	<i>San Jose, CA 92071</i>
Sent To	<i>Pete Sciarino, European Nat. Store</i>						
Street, Apt. No., or PO Box No.	<i>10051 Prospect Ave</i>						
City, State, ZIP+4	<i>San Jose, CA 92071</i>						

Postmark Here

PS Form 3800, June 2002

See Reverse for Instructions

2/28/2008