

California Regional Water Quality Control Board

San Diego Region

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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

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December 20, 2011

Mr. Shad W. Hunziker, Owner Our Planet Recycling 432 Venture Street Escondido, CA 92029

Dear Mr. Hunziker:

Certified Mail – Return Receipt Request 7010 1060 0000 4952 9840

In reply refer to:

Application ID: 421836: WGhoram

Subject: SECOND NOTICE - Requirement to Enroll Under Industrial Storm Water General Permit, Our Planet Recycling

Pursuant to California Water Code (CWC) Section 13399.30, this letter serves as your second and final notice that Our Planet Recycling is required to enroll under Order No. 97-03-DWQ, National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001, Waste Discharge Requirements (WDRs) For Discharges of Storm Water Associated with Industrial Activities Excluding Construction Activities (Industrial Storm Water Permit). By letter dated November 10, 2011, you were notified by the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) that coverage under the Industrial Storm Water Permit for your facility located at 432 Venture Street in Escondido is mandatory (SIC 5093). You were also notified by the San Diego Water Board, Department of Toxic Substances Control, San Diego County Hazardous Materials Division, and a City of Escondido - Environmental Compliance inspectors, during the November 1, 2011 inspection of your facility, of the requirement to enroll under the Industrial Storm Water Permit.

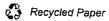
For more information about the Industrial Storm Water Permitting Program, please see our website at:

http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml.

A copy of the Industrial Storm Water General Permit, including the Notice of Intent (NOI) was included in your first notice from the San Diego Water Board, dated November 10, 2011. Within thirty days, please submit a completed NOI, a site map of the facility, and the application fee of \$1359 made payable to "State Water Resources Control Board." All materials must be sent to the following address:

State Water Resources Control Board Division of Water Quality Attn: Storm Water Section P.O. Box 1977 Sacramento. CA 95812-1977

California Environmental Protection Agency



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Failure to seek coverage could result in a mandatory minimum penalty of not less than \$5000 per year of noncompliance pursuant to CWC sections 13399.30 and 13399.33. The San Diego Water Board strongly urges you to bring your facility into compliance to avoid mandatory minimum penalties.

In the subject line of any response, please include the requested "**In reply refer to:**" information located in the heading of this letter. For questions pertaining to the subject matter, please contact Ms. Whitney Ghoram at (858) 467-2967 or wghoram@waterboards.ca.gov.

Respectfully,

DAVID T. BARKER, P.E.

Supervising Water Resource Control Engineer

Bochen for

Surface Waters Basins Branch

DTB:esb:wjg

Cc: (w/o encl.)

Mr. Tony Dunn, Environmental Compliance Inspector, City of Escondido, 475 N. Spruce Street, Escondido, CA

Ms. Cheryl Filar, Environmental Program Manager, City of Escondido, 475 N. Spruce Street, Escondido, CA 92025

Mr. Jeff Warner, Environmental Programs Specialist, City of Escondido, 475 N. Spruce Street, Escondido, CA 92025

Mr. Carlos Padilla, Hazardous Substances Scientist, Department of Toxic Substances Control, 9174 Sky Park Court, Suite 150, San Diego, CA 92123

Ms. Anne Ekker, Hazardous Substances Scientist, Department of Toxic Substances Control, 9174 Sky Park Court, Suite 150, San Diego, CA 92123

Ms. Bridget Kieu, Environmental Health Specialist, Dept. of Environmental Health, County of San Diego, Hazardous Materials Division, PO Box 129261, San Diego, CA 92112-9261

SMARTS Entries:

Tech Staff Info & Use				
Application ID.	421836			
NPDES No.	CAS000001			
WDID	937IN601653			

3	ENDER: COMPLETE THIS SECT	ION	COMPLETE THIS SECTION ON DE	LIVERY
	Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you that this card to the back of the	ired. ne reverse you.	A. Signature X B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
ī. 5 9	or on the front if space permits. Article Addressed to: HAB W. HUNZIKER UR PI GIVET REGICLE 32 VENTURE ST. 25 condido GA 920	ng	D. Is delivery address different from its if YES, enter delivery address belong the second of the se	ow: 🗆 No
-	Article Number (Transfer from service label) S Form 3811, February 2004	7010 1	1060 0000 4952 984	102595-02-M-1540
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