

California R ional Water Quality Ontrol Board

San Diego Region

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

February 28, 2008

Mr. David Villanueva Express Truck & Auto Recycling 1325 Otay Valley Road San Diego, CA 92154

Dear Mr. Villaneuva:

CERTIFIED MAIL 7004 0750 0000 7625 1644

In reply refer to: SWU: 10- 0013788.02: dperrin

SUBJECT:

NOTICE OF VIOLATION—FAILURE TO PAY INDUSTRIAL

STORM WATER PERMIT ANNUAL FEE.

FACILITY NAME: EXPRESS TRUCK & AUTO RECYCLING, WDID 9 371013788

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 your removal from the group monitoring program and ultimately 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-

February 28, 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.

Respectfully,

James 6. 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): Facility Name:

9 371013788

EXPRESS TRUCK & AUTO RECYCLING

1325 OTAY VALLEY RD

SAN DIEGO, CA

Invoice No: Billing Period:

0622158 01/01/07-12/31/07

Invoice Date: 01/11/07



Total Amount Due by 02/10/07\$830

EXPRESS TRUCK & AUTO RECYCLING ATTN: DAVID VILLANUEVA 1325 OTAY VALLEY RD SAN DIEGO, CA 92154

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD

Annual Fee for Storm Water Permit

Reg Measure ID:

Facility ID: 9 371013788

Billing Period: 01/01/07-12/31/07

Quarter: 3

Invoice No: 0622158

Amount Due: \$830

Due By: Saturday, February 10 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

Invoice No: 0622158 PLEASE PRINT THIS NUMBER ON CHECK OR MONEY ORDER

EXPRESS TRUCK & AUTO RECYCLING ATTN: DAVID VILLANUEVA 1325 OTAY VALLEY RD SAN DIEGO, CA 92154 (619) 661-7218

> AMOUNT DUE: \$830 BILLING PERIOD: 01/01/07-12/31/07

SWRCB ACCOUNTING OFFICE

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

DUE BY: 02/10/07 FACILITY ID (WDID): 9 37I013788

FACILITY NAME: EXPRESS TRUCK & AUTO RECYCLING

1325 OTAY VALLEY RD

SAN DIEGO, CA

STATE WATER RESOURCES CONTROL BOARD

INVOICE DETAILS

INVOICE N	O: 0622158	BILLI	NG PERIOD: 01/01/	07-12/31/07	FACILITY ID (W	DID): 9 37101	3788
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 3	710	137	88		F	EXP	RE	SS	TR	.UC	'K &	& Α	.UT	O F	ŒC											
BILLING NAME:																											
CONTACT PERSON:					,]																					
STREET:		<u> </u>	ļ	<u> </u>		<u> </u>						<u> </u>															
CITY:		<u> </u>	<u> </u>																								
STATE:		<u> </u>																					•				
ZIP:		<u> </u>				-					j												-				
PHONE:	()				-								RE	GI	ON	9		Οι	ıart	er:	3		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to: Mr. Devid Villantuva Express Truck - Auto Reague	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1325 Otos Valley Rd. San Diego, CA 92154	3. Service Type 2d Certified Mail □ Express Mall □ Registered □ Freturn Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7 7 1 4 5)750 0000 7625 1644 <i>14</i>
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540 ;

