



Linda S. Adams
Secretary for
Environmental Protection

EF

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 28, 2008

Mr. Muhamed Fakhri
SUV Auto Wrecking
805-1A Energy Way
Chula Vista, CA 91911

CERTIFIED MAIL
7004 0750 0000 7625 1637

In reply refer to:
SWU: 10- 0019236.02: dperrin

Dear Mr. Fakhri:

**SUBJECT: NOTICE OF VIOLATION—FAILURE TO PAY INDUSTRIAL
STORM WATER PERMIT ANNUAL FEE.**
FACILITY NAME: SUV AUTO WRECKING, WDID 9 371019236

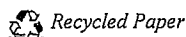
The Regional Board has been informed by the State Water Resources Control Board that you have failed to pay your annual fee for coverage under the Industrial Storm Water Permit (Order No. 97-03-DWQ) for fiscal year 2007-2008. A copy of the invoice is enclosed with this letter. Please pay the outstanding 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 / 28 / 2008

Mr. Muhamed Fakhri
SUV Auto Wrecking
Notice of Violation

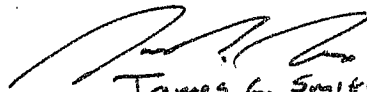
- 2 -

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 G. Smith for

JOHN R. ODERMATT
Senior Engineering Geologist

JRO:dwg:mja:dpp

Enclosure: Copy of the invoice for FY 2007-08

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 37I019236
Facility Name: SUVS AUTO WRECKING INC
805 ENERGY WAY # 2A
CHULA VISTA, CA

Invoice No: 0712082
Billing Period: 10/01/07-09/30/08
Invoice Date: 10/12/07

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

SUVS AUTO WRECKING INC
ATTN: MUHAMED FAKHRI
805 ENERGY WAY # 2A
CHULA VISTA, CA 91911

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD
Annual Fee for Storm Water Permit

Reg Measure ID: 291310

Facility ID: 9 37I019236

Billing Period: 10/01/07-09/30/08

Quarter: 2


Invoice No: 0712082

Amount Due: \$830


Due By: Sunday, November 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

SUVS AUTO WRECKING INC
ATTN: MUHAMED FAKHRI
805 ENERGY WAY # 2A
CHULA VISTA, CA 91911
(619) 397-5460

Invoice No: 0712082

 PLEASE PRINT THIS NUMBER ON
CHECK OR MONEY ORDER

AMOUNT DUE: \$830

BILLING PERIOD: 10/01/07-09/30/08

DUE BY: 11/11/07

FACILITY ID (WDID): 9 37I019236

FACILITY NAME: SUVS AUTO WRECKING INC
805 ENERGY WAY # 2A
CHULA VISTA, CA

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

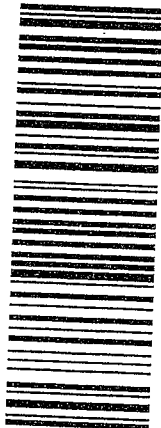
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature 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><i>Mr. Mohamed Fakhri</i> <i>SUV Auto Wrecking</i> <i>805-1A Energy Way</i> <i>Chula Vista, CA 91911</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 0750 0000 7625 1637 .237</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. DO NOT COVER POSTAGE OR POSTNET BARCODES.
CERTIFIED MAIL™



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 7004 0750 0000 7625 1637

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	<p style="text-align: center;">\$.41</p> <p style="text-align: center;">2.05</p> <p style="text-align: center;">2.15</p> <p style="text-align: center;">\$ 5.21</p>
Sent To <i>Mohamed Fakhri</i> <i>SUV Auto Wrecking</i> Street, Apt. No., or PO Box No. <i>805-1A Energy Way</i> City, State, ZIP+4 <i>Chula Vista, CA 91911</i>	
PS Form 3800, June 2002 See Reverse for Instructions	

Postmark Here

2/28/2008