

## California Regional Water Quality Control Board, San Diego Region

November 20, 2012

Allen Zoura  
Greenfield Recycling Center  
1235 Greenfield Dr  
El Cajon, CA 92021

**Certified Mail – Return Receipt Requested**  
Article Number: 7011 2000 0001 1692 5777

**In reply refer to:**  
Application ID 423073: wghoram

### **SECOND NOTICE OF NONCOMPLIANCE FOR FAILURE TO SUBMIT THE 2011-2012 ANNUAL MONITORING AND FAILURE TO SUBMIT A REQUIRED TECHNICAL REPORT PURTAINING TO STORM WATER DISCHARGES FROM GREENFIELD RECYCLING CENTER, 1235 GREENFIELD DR, EL CAJON, CA 92021**

Mr. Allen Zoura:

#### **NOTICE OF NONCOMPLIANCE**

You are in violation of the statewide General Industrial Storm Water Permit Order No. 97-03-DWQ (Order) for failure to submit the 2011-2012 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, 2012 as required by Section B.14 of the Order.

You are also in violation of California Water Code (CWC) section 13267 for failing to submit your Storm Water Pollution Prevention Plan (SWPPP), Monitoring Program and 2011-2012 Annual Report by **November 19<sup>th</sup>, 2012**.

This is your second and final notice that, pursuant to CWC section 13399.31.33, you are subject to a **minimum** mandatory penalty of \$1,000 plus staff costs if you fail to submit the Annual Report within **30 days of the date of this Notice**.

In addition, pursuant to CWC section 13268, you are now subject to discretionary penalties up to \$1,000 per day for each of the technical reports that were not submitted by **November 19<sup>th</sup>, 2012**. The technical reports are required pursuant to CWC section 13267. The San Diego Water Board staff needs this information to address any discharges by your facility and to assess the environmental impacts of any past discharges into waters of the State. Based on the nature and possible consequences of the discharge(s), we have determined that the burden, including the cost, of submitting this information bears a reasonable relationship to the need for the information and the benefits to be obtained.

GRANT DESTACHE, CHAIR | DAVID GIBSON, EXECUTIVE OFFICER

9174 Sky Park Court, Suite 100, San Diego, CA 92123 | (858) 467-2952 | [www.waterboards.ca.gov/sandiego](http://www.waterboards.ca.gov/sandiego)



## RETURN TO COMPLIANCE

In order to confirm you have returned to compliance, please provide a written letter to the San Diego Water Board when you have returned to compliance and fully complied with the investigative order.

Prompt submission of the documents noted above is required in order to avoid monetary penalties. Please include a hard copy of your annual report with the letter stating you have returned to compliance. In the subject line of any response, please include the reference number indicated under "In Reply Refer To" on the first page of this letter.

The required technical reports and any written correspondence pertaining to this matter shall be directed to the following address:

California Regional Water Quality Control Board, San Diego Region  
Attention: Industrial Storm Water Unit, App ID **423073**  
9174 Sky Park Court, Suite 100  
San Diego, CA 92123

Failure to comply with the statewide General Industrial Storm Water Permit Order No. 97-03-DWQ (Order) or investigative order may subject you to civil liability. If you violate any waste discharge requirements or monitoring requirements provided for in the Industrial Storm Water Permit, you may be liable to pay up to \$5000 a day or \$10 per gallon of discharge not cleaned up over 1,000 gallons. (CWC 13350). In addition, by failing to Submit Technical Reports, you will be liable for an additional \$1,000 per day of violation. (CWC section 13268.) The Regional Water Board may refer the matter to the Attorney General or District Attorney for other civil and/or criminal liabilities.

In the subject line of any response, please include the reference number indicated under "In Reply Refer To" on the first page of this letter. For questions or comments, please contact Whitney Ghoram by phone at 858-467-2967, or by email at [Wghoram@waterboards.ca.gov](mailto:Wghoram@waterboards.ca.gov)

Respectfully,



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

DB eb.ac


Enclosure:

Cc [via email]: Jamie Campos, City of El Cajon Storm Water Dept., [jcampos@ci.el-cajon.ca.us](mailto:jcampos@ci.el-cajon.ca.us)

Tech Staff Info & Use	
WDID	9 371023469
NPDES No	CAS000001
Inspection ID	2016312
Enforcement ID	410454, 410887

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you</li> <li><input type="checkbox"/> 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 (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to</p> <p style="font-size: 1.2em;">Allen Zeman Greenfield Recycling Center 1235 Greenfield Dr El Cajon, CA 92021</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> <hr/> <p>3. Service Type</p> <p><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"/> COD</p> <hr/> <p>4. Restricted Delivery? (<i>Extra Fee</i>)    <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>7011 2000 0001 1692 5777</p>
<p>PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540</p>	

PLEASE PRINT NAME OF ADDRESSEE, ADDRESS, POSTAL OFFICE, CITY, STATE, ZIP+4, AND PHONE NUMBER ON THE RETURN ADDRESS PROVIDED LINE.



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*Sent To* Greenfield Recycling Center

*Street, Apt. No. or PO Box No* 1235 Greenfield Dr

*City, State, ZIP+4* El Cajon, CA 92021

PS Form 3810, August 2005                      See Reverse for Instructions