SEMS-RM DOCID # 1194347

[redacted]

[redacted]

[redacted] EYE ENCOUNTER DIV WOODMILL PROD I.D.#: 63020 [redacted] OJ

[redacted] 1551 E. ORANGETHORPE [redacted] FULLERTON [redacted] 92631

[redacted] [redacted] [redacted] DUST [ ] [redacted] [X] [redacted]

[redacted] 9/11/89 [redacted] 150 [redacted]

[redacted] MS. LYNN BROWN AND I INSPECTED EYE ENCOUNTER AND WERE GIVEN A TOUR OF THE PLANT BY MR PAUL STEMLER. DURING THE INSPECTION WE FOUND THE PLANT TO BE OPERATING AND THE AFTER BURNER TEMPERATURE TO BE FAR BELOW THAT REQUIRED IN THE CONDITIONS OF P/C GRANTED ON 4/7/89 UNDER APPLICATION # 175616,

V/N Z 36724 WAS ISSUED TO MR. STEMLER FOR RULE 202a VIOLATION.

9/12/89
(DATE REPORT SUBMITTED)

9/14/89
(DATE APPROVED)

[signature]
(SIGNATURE OF [redacted])

Mira Solewab
(SUPERVISOR'S [redacted])

2

[redacted]

[illegible]
[illegible]
SOUTH COAST AIR QUALITY [illegible] DISTRICT

COMPLAINT FORM

COMPLAINT NO: 28721 RECD: RA4 (BY) 9/8/89 (DATE) 20:43 (TIME)

SECTOR: OJ SECTION: AN ASSGD: S301 (BY) 9-11-89 (DATE) 07:30 (TIME) 0323 (TO)

TYPE (CIRCLE) SMOKE 261 DUST 264 ODORS 263 OTHER ____ (FILL IN) DISPOSITION ____ (BY) ____ (DATE) ____ (TIME)

COMPLAINANT:
M ✓
F ____ NAME: Anon (LAST) (FIRST) H ____ TELEPHONE: W ____

ADDRESS: ____ (NUMBER AND STREET) ____ (CITY) ____ (ZIP)

NAME: Woodmill Eye Encounter (ALLEGED SOURCE)

ADDRESS: 1551 Orangethorpe (ALLEGED SOURCE LOCATION) ____ (CITY)

ADDITIONAL:

(ENTER CODE) (NOTE ANY ADDITIONAL COMMENTS HERE)

3 Strong odors during evening hours - after 6:00 pm

CODE
1 = DNC - DO NOT CONTACT COMPLAINANT
2 = OTHER SPECIAL CONTACT INSTRUCTIONS
3 = COMPLAINANTS STATEMENTS
4 = DATE AND TIME OF EMISSION(S)
5 = REFERRAL FROM OTHER AGENCY
6 = ASSIGN ON NIGHTS/WEEKENDS
7 = REFERRAL TO OTHER AGENCY
8 = OTHER

SOURCE

NAME: EYE ENCOUNTER I.D.#: 63020 SECTOR: OJ

ADDRESS: 1551 E. ORANGETHORPE CITY: FULLERTON ZIP: 92631

DISPOSITION: ONV ____ VN X UNK ____ NO ____ INC ____

DISPO RECD: (10-98) 9/11/89 (DATE) 7:15 PM (TIME) VN Z 36724 FOR 202a

(X Yes ____ No: Insp. Reported Dispo. to RTO.)

Supervisor's Initials ____
Date Reviewed ____