State

FACILITY INSPECTION PROGRAM

ACTIVITY LOG

FACILITY NAME: DRACON IND. EPA NO: CAD008508475

FACILITY INSPECTIONS (dates): 12/13/84

NOTICE OF VIOLATION: ISSUED 1-10-85

STATEMENT OF FACTS:

REFERRAL FOR JUDICIAL ACTION:

SETTLEMENT OF VIOLATIONS:

MEETINGS WITH FACILITY OPERATOR:

TELECON WITH FACILITY OPERATOR:

NOTES TO FILE: FACILITY SHOULD BE REMOVED FROM MAJOR FACILITY LIST AND RECLASSIFIED AS A GENERATOR.

INSPRE

STATE OF CALIFORNIA—HEALTH AND WELFARE

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
107 SOUTH BROADWAY, ROOM 7129
LOS ANGELES CA 90017
(213) 620-2380

NOTICE OF VIOLATION AND DIRECTIVE TO COMPLY

EPA ID Number: CAD008508475

Inspection Date: 12-13-84

Facility: DRAGON INDUSTRIES
9541 MASON AVE.
CHATSWORTH, CA. 91311

On the above date an inspection of your Hazardous Waste Facility was conducted under authority of Section 25185, California Health and Safety Code and Section 66328, California Administrative Code.
You are directed to correct the violations noted below:

40 CFR 265.14(c) WARNING SIGN IN SPANISH WAS NOT POSTED.
TSD II 1(c) WASTE STORAGE AREA WAS NOT CAPABLE OF CONTAINING RUNOFF.
40 CFR 265.34(a)(2) CONTAINERS OF WASTE WERE NOT LABELED WITH THE ACCUMULATION START DATE AND THE WORDS HAZARDOUS WASTE.
YOU ARE DIRECTED TO CORRECT THE ABOVE VIOLATIONS BY FEBRUARY 1, 1985 AND TO SUBMIT TO THE DEPARTMENT A REPORT OF THE ACTIONS THAT YOU HAVE TAKEN TO CORRECT THEM. THIS REPORT IS TO BE SUBMITTED BY FEBRUARY 1, 1985 TO THE ABOVE ADDRESS

Facility Representative:

CERTIFIED MAIL
(signature)

(name)

(title)

Authorized State Agent:

David M. Chase
(signature)

DAVID M CHASE
(name)

JANUARY 10, 1985
(date)

FY 85 COMPLIANCE MONITORING AND ENFORCEMENT LOG

INSPECTOR: D. CHASE (213) 620-2380

1. EPA ID: CAD008508475

3. RCRA FACILITY: [X]

4. FACILITY:
/ /Major TSD
/ /Non-Major TSD
[X] Generato
/ /Trans
/ /Other

2. HANDLER NAME: DRACON INDUSTRIES

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 12/13/84

5a. RESPONSIBLE AGENCY: S = State (DHS / SWRCB)
B = Contractor/State (County)

6. TYPE OF EVALUATION COVERED BY THIS REPORT: (circle all that apply)

1 = Evaluation Inspection (annual/ISD)
2 = Sampling inspection
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up

(Others)
6 = Citizen Complaint
7 = Part B Call In
8 = Withdrawal Candidate
9 = Closed Facility
0 = General
A = Meetings

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): __/__/__

8. VIOLATIONS:

class of violation	Area of Violation						
	GWM	CL/PC	Fin.Res	Pt. B	Cmpl.Sch	Manifest	Other
I							1-0
II							1-X

Comments

9. ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates		Penalty		Agcy (code)
				Scheduled	Actual	Assessed	Collected	
II	1	03	1-10-85	2-1-85				

Comments: FACILITY SHOULD RECEIVE EXEMPTION FROM TSD STATUS SINCE THEY DO NOT STORE BEYOND 90 DAYS AND DO NOT TREAT OR DISPOSE ON-SITE.

FY 85 COMPLIANCE MONITORING AND ENFORCEMENT LOG

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II	1	03	1-10-85	2-1-85				S

Comments: FACILITY SHOULD BE REMOVED FROM MAJOR FACILITIES LIST AS THEY DO NOT HAVE A SURFACE INPOUNDMENT

Date Dec. 13, 1984

Inspector D. CHASE

DAILY ACTIVITY REPORT

ADDRESS	ACTIVITY	ACTION	HOURS
DRACON IND.	RCRA INSP.	N.O.V. ISSUED	1400-1500