



Linda S. Adams
Secretary for
Environmental Protection

RF

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

Ms. Maria Ramirez
Rancho Auto Wrecking
1050 Heritage Road
San Diego, CA 92154

CERTIFIED MAIL
7004 0750 0000 7625 1651

In reply refer to:
SWU: 10- 0016874.02: dperrin

Dear Ms. Ramirez:

**SUBJECT: NOTICE OF VIOLATION—FAILURE TO PAY INDUSTRIAL
STORM WATER PERMIT ANNUAL FEES:
FACILITY NAME: RANCHO AUTO WRECKING, WDID 9 371016874**

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 two fiscal years: FY 2006-07, and FY 2007-08. Copies of the two invoices are enclosed with this letter. Please pay the outstanding amounts 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 fees 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 a 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 fees immediately.

California Environmental Protection Agency



2 / 28 / 2008

Ms. Maria Ramirez
Rancho Auto Wrecking
Notice of Violation

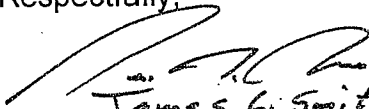
- 2 -

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

Enclosures: Copies of the invoices for FY 2006-07, and 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 37I016874
Facility Name: RANCHO AUTO WRECKING
1050 HERITAGE RD
SAN DIEGO, CA

Invoice No: 0611699
Billing Period: 10/01/06-09/30/07
Invoice Date: 10/11/06

 Total Amount Due by 11/10/06 \$830

MARIA DE LA RAMIREZ
ATTN: MARIA DE LOS AN RAMIREZ
1050 HERITAGE 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 37I016874

Billing Period: 10/01/06-09/30/07

Quarter: 2


Invoice No: 0611699

Amount Due: \$830


Due By: Friday, November 10 2006

**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

MARIA DE LA RAMIREZ
ATTN: MARIA DE LOS AN RAMIREZ
1050 HERITAGE RD
SAN DIEGO, CA 92154
(619) 661-0195

Invoice No: 0611699

 PLEASE PRINT THIS NUMBER ON
CHECK OR MONEY ORDER

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

AMOUNT DUE: \$830
BILLING PERIOD: 10/01/06-09/30/07
DUE BY: 11/10/06
FACILITY ID (WDID): 9 37I016874
FACILITY NAME: RANCHO AUTO WRECKING
1050 HERITAGE RD
SAN DIEGO, CA

STATE WATER RESOURCES CONTROL BOARD

INVOICE DETAILS

INVOICE NO: 0611699

BILLING PERIOD: 10/01/06-09/30/07

FACILITY ID (WDID): 9 37I016874

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 37I016874

RANCHO AUTO WRECKING

BILLING NAME:

CONTACT PERSON:

STREET:

CITY:

STATE:

ZIP:

PHONE: () -

REGION 9

Quarter: 2

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 37I016874
Facility Name: RANCHO AUTO WRECKING
1050 HERITAGE RD
SAN DIEGO, CA

Invoice No: 0712048
Billing Period: 10/01/07-09/30/08
Invoice Date: 10/12/07

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

MARIA DE LA RAMIREZ
ATTN: MARIA DE LOS AN RAMIREZ
1050 HERITAGE 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: 218801

Facility ID: 9 37I016874

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

Quarter: 2


Invoice No: 0712048

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

MARIA DE LA RAMIREZ
ATTN: MARIA DE LOS AN RAMIREZ
1050 HERITAGE RD
SAN DIEGO, CA 92154
(619) 661-0195

Invoice No: 0712048

 PLEASE PRINT THIS NUMBER ON
CHECK OR MONEY ORDER

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

AMOUNT DUE: \$830
BILLING PERIOD: 10/01/07-09/30/08
DUE BY: 11/11/07
FACILITY ID (WDID): 9 37I016874
FACILITY NAME: RANCHO AUTO WRECKING
1050 HERITAGE RD
SAN DIEGO, CA

STATE WATER RESOURCES CONTROL BOARD

INVOICE DETAILS

INVOICE NO: 0712048 BILLING PERIOD: 10/01/07-09/30/08 FACILITY ID (WDID): 9 37I016874

Program Type	Program Class	Region / Order No	Acreage	Annual Fee	Ambient Water Monitoring Surcharge	Fee Credit Amount	Date Of Adoption
SWIND	SWN	9/97-03		\$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

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Please allow 15 business days after mailing your payment for it to be posted to the database.

BILLING ADDRESS CORRECTIONS FOR REG MEASURE ID 218801

Please print the new billing address information in the space provided below

FACILITY ID (WDID): 9 37I016874 RANCHO AUTO WRECKING

BILLING NAME:

CONTACT PERSON:

STREET:

CITY:

STATE:

ZIP: -

PHONE: () -

REGION 9

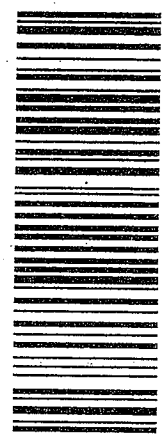
Quarter: 2

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Ms. Maria Ramirez Rancho Arta Working 1050 Heritage Rd. San Diego, CA 92154</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</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 0750 0000 7625 1651 /</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7004 0750 0000 7625 1651

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	\$ 58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.38
<p>Sent To <i>Maria Ramirez, Rancho Arta Ws.</i></p> <p>Street, Apt. No., or PO Box No. <i>1050 Heritage Rd.</i></p> <p>City, State, ZIP+4 <i>San Diego, CA 92154</i></p>	
PS Form 3800, June 2002	See Reverse for Instructions

2/28/2008