



# California Regional Water Quality Control Board

## San Diego Region



Over 50 Years Serving San Diego, Orange, and Riverside Counties  
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Matthew Rodriguez  
Secretary for  
Environmental Protection

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)

Edmund G. Brown, Jr.  
Governor

August 12, 2011

Certified Mail – Return Receipt Request  
7009 1410 0002 2000 0286

Mr. Robert Zack, Owner  
Palm Avenue Recycling  
1705 Palm Avenue  
San Diego, CA 92154

In reply refer to:  
Application ID: 416842: WGHoram

Dear Mr. Zack:

**Subject: SECOND NOTICE - Requirement to Enroll Under Industrial Storm Water General Permit, Palm Avenue Recycling**

Pursuant to California Water Code (CWC) Section 13399.30, this letter serves as your second and final notice that Palm Avenue Recycling is required to enroll under Order No. 97-03-DWQ, National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001, *Waste Discharge Requirements (WDRs) For Discharges of Storm Water Associated with Industrial Activities Excluding Construction Activities* (Industrial Storm Water Permit). By letter dated July 5, 2011, you were notified by the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) that coverage under the Industrial Storm Water Permit for your facility located at 1705 Palm Avenue in San Diego is mandatory. You were also notified by the City of San Diego and San Diego Water Board inspectors of the requirement to enroll under the Industrial Storm Water Permit during a visit to your facility on June 23, 2011.

For more information about the Industrial Storm Water Permitting Program, please see our website at:

[http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/industrial.shtml](http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml).

A copy of the Industrial Storm Water General Permit, including the Notice of Intent (NOI) was included in your first notice from the San Diego Water Board, dated July 5, 2011. Within thirty days, please submit a completed NOI, a site map of the facility, and the application fee of \$1008 made payable to "State Water Resources Control Board." All materials must be sent to the following address:

State Water Resources Control Board  
Division of Water Quality  
Attn: Storm Water Section  
P.O. Box 1977  
Sacramento, CA 95812-1977

**California Environmental Protection Agency**

**Failure to seek coverage could result in a mandatory minimum penalty of not less than \$5000 per year of noncompliance pursuant to CWC sections 13399.30 and 13399.33. The San Diego Water Board strongly urges you to bring your facility into compliance to avoid mandatory minimum penalties.**

In the subject line of any response, please include the requested **"In reply refer to:"** information located in the heading of this letter. For questions pertaining to the subject matter, please contact Ms. Whitney Ghoram at (858) 467-2967 or [wghoram@waterboards.ca.gov](mailto:wghoram@waterboards.ca.gov).

Respectfully,



DAVID T. BARKER, P.E.  
Supervising Water Resource Control Engineer  
Surface Waters Basins Branch

DTB:esb:wjg

Cc via email: (w/o encl.)

Mr. Vincent Barnese, Storm Water Inspector II, Enforcement & Inspection Section, Storm Water Department, 9370 Chesapeake Drive, Suite 100, MS1900, San Diego, CA 92123

SMARTS Entries:

Tech Staff Info & Use	
Application ID.	416842
NPDES No.	CAS000001
WDID	9371N601164

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

ROBERT ZACK  
 PALM AVENUE RECYCLING  
 1705 PALM AVE.  
 SAN DIEGO CA 92154

2. Article Number

(Transfer from service label)

7009 1410 0002 2000 0286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

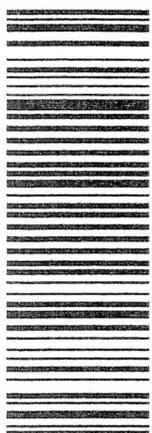
3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
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Sent To ROBERT ZACKS, Palm Ave Recycling  
 Street, Apt. No., or PO Box No. 1705 Palm Ave.  
 City, State, ZIP+4 SAN DIEGO 92154

PS Form 3800, August 2005

See Reverse for Instructions

