







## CERTIFICATE OF COMPLIANCE

**Return Certification within 34 Days of Receipt to Inspector AMANDA NESBIT**

RESPONDENT: \_\_\_\_\_

VIOLATION(S) CITED ON: 6/14/2018 CERTIFICATE OF COMPLIANCE DATE 6/14/2018

NAME: <u>ABANDONED USTS - JOSHI</u>	FACILITY ID: <u>FA0006226</u>
ADDRESS: <u>38883 YERMO RD</u>	CERS ID: <u>10707688</u>
CITY: <u>YERMO</u> STATE <u>CA</u> ZIP CODE: <u>92398</u>	

**Attach the following documentation when returning the Certificate of Compliance:**

- 0343 Complete and submit a UST application for the permanent closure/removal of the UST system that includes an implementation schedule and pay all applicable fees. OBSERVATION: Owner/Operator has taken UST system out of service without applying for closure.  
 CORRECTIVE ACTION: Apply for closure permits and submit plans to have tanks removed.

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- 0342 Complete and submit a UST application for the permanent closure/removal of the UST system that includes an implementation schedule and pay all applicable fees. OBSERVATION: Owner/Operator has taken UST system out of service without applying for closure.  
 CORRECTIVE ACTION: Apply for closure permits and submit plans to have tanks removed.

I certify under penalty of law that:

- Respondent has corrected violations specified in the above-entitled action.
- I have personally examined any documentation attached to this certification to establish that the violations have been corrected.
- Based on my examination of the attached documentation and inquiry of the individuals, who prepared or obtained them, I believe the information to be true, accurate and complete.
- I am authorized to file this certification on behalf of the Respondent.
- I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE