PLUESS-STAUFER (CA), INC.
LUCERNE VALLEY, CALIFORNIA
OPERATIONS

SPILL PREVENTION,
CONTROL, AND
COUNTERMEASURES
PLAN

Prepared for:
PLUESS-STAUFER (CA), INC.
P.O. Box 825
Lucerne Valley, California 92356

Prepared by:
WEBBER & WEBBER MINING CONSULTANTS, INC.
1323 West Colton Avenue
Suite 217
Redlands, California 92374

August 5, 1997
Revised: September 11, 1997
MANAGEMENT APPROVAL
[40 CFR 112.7(d)(2)]

This Spill Prevention, Control, and Countermeasures Plan prepared for Pluess-Staufer (California), Inc. has full approval of management at a level of authority to commit the necessary resources toward spill prevention.

Signature: Manfred Keil Date: 9-26-97
Name: Manfred Keil Title: Plant Manager
(Printed)
PROFESSIONAL CERTIFICATION
[40 CFR 112.3(d); 112.5(c)]

I hereby certify that I have examined the Pluess-Staufer (California), Inc. Facility and, being familiar with the provisions of Title 40 Code of Federal Regulations (CFR) Part 112, Oil Pollution Prevention, attest that this Spill Prevention, Control, and Countermeasures Plan has been prepared in accordance with good engineering practices.

Webber and Webber Mining Consultants, Inc.
1323 West Colton Avenue, Suite 217
Redlands, California 92373

Mark W. Bulot, CEG

I hereby certify that I have reviewed the Pluess-Staufer (California), Inc. Spill Prevention Control and Countermeasures Plan revisions with respect to the requirements of Title 40 CFR part 112, and attest that these plan revisions adequately address applicable sections, thereof.

Steven C. Helfrich, PE
August 19, 1997

Manfred Keil
Plant Manager
Pluess-Staufer(California)Inc
7299 Crystal Creek Road
Lucerne Valley,California,92356

Re: Notice of Compliance
SPCC Case No. 95-0009
Inspection Date: November 2, 1994

Dear Mr. Keil:

The Environmental Protection Agency (EPA) has completed review of your amended SPCC Plan for an inspection conducted on November 2, 1994. EPA is satisfied that your facility is in compliance with the Federal SPCC requirements and appreciates the efforts you have made to achieve this. This letter does not relieve your facility of liability should it experience an oil spill.

Please feel free to call Desmond Bain at (415) 744-2318 if you have any further questions.

Sincerely,

[Signature]

William M. Roberson
Oil Team Leader
Oil Team
CUPA
San Bernardino County Fire Department
HAZARDOUS MATERIALS DIVISION • EMERGENCY RESPONSE AND ENFORCEMENT
385 N. Arrowhead Ave, 2nd Floor, San Bernardino, CA 92415-0153 • PHONE: (909) 397-4631 FAX: (909) 387-4323

BUSINESS OWNER / OPERATOR IDENTIFICATION

I. IDENTIFICATION

<table>
<thead>
<tr>
<th>ESTABLISHMENT #:</th>
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<td>FACILITY ID #</td>
<td>3 6 0 0 1 0 0 8 1 1 9</td>
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(This number is on your CUPA permit.)

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<tr>
<th>EFFECTIVE DATE</th>
<th>ENDING DATE</th>
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<tr>
<td>March 29, 2002</td>
<td>March 1, 2003</td>
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BUSINESS NAME (Same as FACILITY NAME or DBA) | BUSINESS PHONE
OMYA (CA), INC. | (760) 248-7306

BUSINESS SITE ADDRESS | CITY | COUNTY | STATE | ZIPCODE
7299 Crystal Creek Road | Lucerne Valley | San Bernardino | CA | 92356

D&B NUMBER | PRIMARY SIC/NAICS CODE | DESCRIPTION OF BUSINESS ACTIVITY FOR THIS PRIMARY SIC CODE
N/A | 1422 | Mining & Processing Calcium Carbonate

BUSINESS OPERATOR NAME | BUSINESS OPERATOR PHONE
OMYA (CA), INC. | (760) 248-7306

II. BUSINESS OWNER

OWNER NAME | OWNER PHONE
OMYA (CA), INC. | (760) 248-7306

OWNER MAILING ADDRESS | CITY | STATE | ZIPCODE
P.O. Box 825 | Lucerne Valley | CA | 92356

III. ENVIRONMENTAL CONTACT

CONTACT NAME | CONTACT PHONE
Manfred Keil | (760) 248-7306

CONTACT MAILING ADDRESS | CITY | STATE | ZIPCODE
P.O. Box 825 | Lucerne Valley | CA | 92356

- PRIMARY - | - SECONDARY -

| NAME | TITLE | BUSINESS PHONE | BUSINESS PHONE | HOME PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW) | HOME PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW) | OTHER 24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW) | OTHER 24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW) | PAGER/CELL # | PAGER/CELL #
|------|-------|----------------|----------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|----------------|----------------|

*HOME PHONE NUMBERS ARE REQUIRED FOR ALL HAZARDOUS WASTE GENERATORS. IF YOU WISH TO KEEP 24-HOUR OR HOME PHONE NUMBERS CONFIDENTIAL, FILE THE SEPARATE CONFIDENTIAL EMERGENCY CONTACT PAGE (PAGE 3) AND LEAVE THE ABOVE 24 HR FIELDS BLANK. ALSO USE THE SEPARATE PAGE (PAGE 3) TO DESIGNATE MORE THAN 2 EMERGENCY COORDINATORS.

V. SIGNATURE

<table>
<thead>
<tr>
<th>SIGNATURE OF OWNER/OPERATOR</th>
<th>NAME OF SIGNER (print)</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Manfred Keil</td>
<td>Manfred Keil</td>
<td>4/5/06</td>
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Page 1
CUPA
San Bernardino County Fire Department
HAZARDOUS MATERIALS DIVISION • EMERGENCY RESPONSE AND ENFORCEMENT
385 N. Arrowhead Ave, 2nd Floor, San Bernardino, CA 92415-0153 • PHONE: (909) 387-4631 FAX: (909) 387-4323

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

<table>
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For Dept Use Only – Log In/Date Stamp

BUSINESS NAME (Same as FACILITY NAME or DBA)

OMYA (CA), INC.

BUSINESS SITE ADDRESS CITY ZIPCODE

7299 Crystal Creek Road Lucerne Valley 92356

II. SUBMISSION CHECKLIST

☐ This submission is a complete business emergency/contingency plan

☐ Submission Checklist (√) *considered “inventory” under state disclosure laws
☐ *Business Activities Form and *Business Owner/Operator Identification Form
☐ *Supplemental Emergency Contact Page
☐ Emergency Response Plans and Procedures
☐ *Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
☐ *One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
☐ *Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
☐ *Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
☐ Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
☐ Area map - photocopied city map with location of site indicated
☐ Owner/Operator has signed and dated the plan and all required individual pages of the plan.
☐ Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
☐ Retain one copy of the business plan at the facility.

III. UPDATE/CERTIFICATION

(Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

☐ Please incorporate the following into the business emergency/contingency plan:
   ☐ New Business Owner/Operator Identification Form
   ☐ New Inventory Forms and new Inventory Summary Form (and maps, if affected).
   ☐ New Supplemental Emergency Contact Page.
   ☐ Other:
   Brief Explanation of Changes:

☐ There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:
   • The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
   • There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
   • No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
   • This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

Certification - Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR: [Signature]

DATE: 4/15/02

NAME OF DOCUMENT PREPARER: Webber & Webber Mining Consultants, Inc.

TITLE OF SIGNER: Plant Manager

[Signature]

Manfred Keil