

PUBLIC UTILITIES COMMISSION

505 Van Ness Avenue
San Francisco, CA 94102



March 28, 2018

4953/ 37-0254

David Mandagie
10062 Dunbar Lane
El Cajon, CA 92021

Certified Mail

7002 0510 0003 5031 1428

RE: GLENVIEW MOBILE LODGE

Dear Mobilehome Park Owner:

This is a reference to an inspection of the gas distribution system in your mobilehome park.

Inspection Date: February 15, 2018 Inspector: Desmond Lew

During the inspection, certain violations of the Federal Natural Gas Pipeline safety Codes were noted, cited and brought to your attention. A copy of the inspection report was left at your facilities, and, as required by law, you were given 30 days to file with this office either 1) a written remedial plan showing a schedule for correcting the violations, or 2) a work completion report. Our records show that you have not filed any written response or report.

California Public Utilities Code section 4357 provides that a violation of the rules or orders of the Commission is a misdemeanor punishable by a fine of up to \$1000/day, not to exceed \$200,000 for a single violation or a series of related violations.

To avoid any possible penalties, you must send us your written response or report within 30 days of receiving this letter. Please send your response to the address noted below.

Address: California Public Utilities Commission
SED: Gas Safety and Reliability Branch
320 West 4th Street, Suite 500
Los Angeles, CA 90013
Attention: Desmond Lew

For your convenience we have enclosed a form (Form MHP-12) for you to enter your response. Please fill out the form and send it to the Commission within 30 days from receipt of this letter. A copy of the inspection report is attached for your reference.

If you have any questions regarding this matter, or need assistance in filling out the form, please contact the inspector immediately at (213) 576-7020

Sincerely,

A handwritten signature in black ink, appearing to read "Desmond Lew".

Desmond Lew

Utilities Engineer

Gas Safety and Reliability Branch

Safety and Enforcement Division

Attachment

California Public Utilities Commission
 Gas Safety and Reliability Branch - Mobilehome Park Safety Program
Mobilehome Park Gas Distribution System Inspection Report



| | | | |
|--|--------------------------------------|----------------------|----------------------------|
| CPUC ID: 37 - 4953 | HCD ID: 37-0254 | Inspection ID: 12531 | Inspection Date: 2/15/2018 |
| MHP Name: <u>GLENVIEW MOBILE LODGE</u> | Operator Name: <u>DAVID MANDAGIE</u> | | |
| Address: <u>13445 HWY 8 BUSINESS, ATTN: OFFICE</u> | Address: <u>10062 DUNBAR LANE</u> | | |
| City: <u>EL CAJON</u> Zip: <u>92021</u> | City: <u>EL CAJON</u> | State: <u>CA</u> | Zip: <u>92021</u> |
| Phone: <u>(619) 443-1183</u> | Phone: <u>(619) 443-1183</u> | | |

| System Characteristics | |
|---------------------------------------|--|
| Gas System Installed: <u>1/1/1959</u> | Steel: <u>Yes</u> PVC: <u>No</u> PE: <u>No</u> AboveGround <u>Yes</u> Other: <u>No</u> |
| Replaced/Expanded: <u>1/1/2003</u> | Cathodic Protection: <u>None</u> |

| Code of Federal Regulations (CFR) | |
|---|---|
| Not Following O&M Plan, CFR192.13(C) | |
| O&M Plan Not In Compliance, CFR192.603 | Not available |
| Emergency Plan Not In Compliance, CFR192.615 | Not available |
| Leak Survey Not In Compliance, CFR192.723 | No record of being done |
| System Map Not In Compliance, CFR192.605(b)(3) | Not available |
| Atmospheric Corrosion, CFR192.479 | Meter pipe corrosion Space 22, 4, 7, 33 |
| Meter Protection, CFR192.353 | Needed Space 22 |
| Meter Supports, CFR192.357 | Needed Space 4 |
| Key Valve Maintenance, CFR192.747 | Record not available |
| Miscellaneous | Remove brush, vegetation surrounding meter Space 5 |
| Miscellaneous | 192.707 (c) Accessible above ground pipelines need line markers |
| Annual review of O&M and Emergency plan, CFR192.605(a) | Record not available |
| Public Education, CFR192.616 | Program not available |
| No operator qualification program, 192.805 | |
| Gas Distribution Pipeline Integrity Management (DIMP), 192.1015 | Not available |

| Inspection Summary |
|--|
| This park needs to develop and follow an operation and maintenance plan. |

CPUC Representative: DESMOND LEW

Mobilehome Park Representative: DAVE MANDAGIE/OWNER

Signature: _____

Desmond Lew

Signature: _____

If a violation has been cited in the section entitled "Code of Federal Regulations (CFR)", please submit to the CPUC representative your plan for remedial action within 30 days of receipt of this report.

Mail To: California Public Utilities Commission
Gas Safety and Reliability Branch
320 West 4th Street, Suite 500
Los Angeles, CA 90013

California Public Utilities Commission
 Gas Safety and Reliability Branch - Mobilehome Park Safety Program
Remedial Plan For Correction Of
Mobilehome Park Gas Safety Infractions



Form MHP-12

CPUC ID: 37 - 4953 HCD ID: 37-0254 Inspection ID: 12531 Inspection Date: 2/15/2018
 Entity Name: GLENVIEW MOBILE LODGE Address: 13445 HWY 8 BUSINESS, ATTN: OFFICE
 Inspector: DESMOND LEW Response Due Date: April 29, 2018

| Infractions | Comments | Remedial Action Plan Describe work done or will be done | Date of Completion |
|--|--|--|-----------------------|
| Not Following O&M Plan, CFR192.13(C) | | | |
| O&M Plan Not In Compliance, CFR192.603 | Not available | | |
| Emergency Plan Not In Compliance, CFR192.615 | Not available | | |
| Leak Survey Not In Compliance, CFR192.723 | No record of being done | | |
| System Map Not In Compliance, CFR192.605(b)(3) | Not available | | |
| Atmospheric Corrosion, CFR192.478 | Meter pipe corrosion Space 22, 4, 7, 33 | | |
| Meter Protection, CFR192.353 | Needed Space 22 | | |
| Meter Supports, CFR192.357 | Needed Space 4 | | |
| Key Valve Maintenance, CFR192.747 | Record not available | | |
| Miscellaneous | Remove brush, vegetation surrounding meter Space 5 | | |

| | | | |
|---|---|--|--|
| Miscellaneous | 192.707 (c) Accessible above ground pipelines need line markers | | |
| Annual review of O&M and Emergency plan, CFR192.605(a) | Record not available | | |
| Public Education, CFR192.616 | Program not available | | |
| No operator qualification program, 192.805 | | | |
| Gas Distribution Pipeline Integrity Management (DIMP), 192.1015 | Not available | | |

Operators Name (Please Print)

Operator's Signature

Date

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 5031 2326

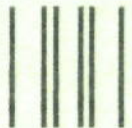
OFFICIAL USE

| | | |
|--|-----------|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To: **DAVID MANDAGIE**
 Street Apt. No. or PO Box No.: **10062 DUNBAR LANE**
 City, State, ZIP+4: **EL CAJON, CA 92021**

PS Form 3800, January 2001 See Reverse for Instructions

SAN DIEGO
 UNITED STATES POSTAL SERVICE
 09 MAY '18
 PM 10 L



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

DESMOND LEW
CALIFORNIA PUBLIC UTILITIES COMMISSION
320 W FOURTH ST, SUITE 500
LOS ANGELES, CA 90013



| 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 checked="" type="checkbox"/> <i>David Mandagie</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to:</p> <p>DAVID MANDAGIE 10062 DUNBAR LANE EL CAJON, CA 92021</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7002 0510 0003 5031 2326</p> | |