

## PUBLIC UTILITIES COMMISSION

505 Van Ness Avenue  
San Francisco, CA 94102



December 16, 2019

4953/ 37-0254

David Mandagie  
10062 Dunbar Lane  
El Cajon, CA 92021

**Certified Mail**

7002 0510 0003 5031 1565

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". The signature is written in a cursive style with a large initial "D".

**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  
**Remedial Plan For Correction Of**  
**Mobilehome Park Gas Safety Infractions**



Form MHP-12

CPUC ID: <u>37 - 4953</u>	HCD ID: <u>37-0254</u>	Inspection ID: <u>12531</u>	Inspection Date: <u>2 /15/2018</u>
Entity Name: <u>GLENVIEW MOBILE LODGE</u>		Address: <u>13445 HWY 8 BUSINESS, ATTN: OFFICE</u>	
Inspector: <u>DESMOND LEW</u>		Response Due Date: <u>January 17, 2020</u>	

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, CFR192.479	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		

\_\_\_\_\_  
Operators Name (Please Print)

\_\_\_\_\_  
Operator's Signature

\_\_\_\_\_  
Date

**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
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No operator qualification program, 192.805	
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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

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 5031 1565  
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**CERTIFIED MAIL**

7002 0510 0003 5031 1565  
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Package \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees \$</b>	

Send to:  
David Handagie  
10062 Dunbar Lane  
El Cajon, CA 92021

PS Form 3811, February 2004 See Reverse for Instructions

**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.

Article Addressed to:  
DAVID HANDAGIE  
10062 DUNBAR LANE  
EL CAJON, CA 92021

Article Number  
(Transfer from serv) 7002 0510 0003 5031 1565

3 Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 17  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



UNITED STATES POSTAL SERVICE  
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

DESHOND LEW  
CALIFORNIA PUBLIC UTILITIES COMMISSION  
320 WEST FOURTH STREET, SUITE 500  
LOS ANGELES, CA 90013

1-235225



102595-02-M-1540