



December 3, 1992

Mr. Alex Aguirre  
Ingersoll-Rand Corporation  
1944 Marina Boulevard  
San Leandro, CA 94577

**San Leandro Facility UST Reimbursement Claim Application Update**

Dear Mr. Aguirre:

Early in 1992 IT Corporation (IT) submitted an Underground Storage Tank (UST) Reimbursement Claim Application to the California State Water Resources Control Board on behalf of Ingersoll-Rand Corporation (IR). The purpose for filing the claim application is to obtain reimbursement from the State for costs associated with environmental remediation resulting from reported unauthorized releases of petroleum at UST facilities. IT recently had communications with Ms. Francine Aguirre of the UST Claims Group (916 739 4331) about the claim filed for IR. Several prior requests to the Resources Control Board about the claim went unanswered.

Ms. Aguirre reported that the following information pertains to the claim filed for IR.

- 1) The application has been identified as claim number 2933;
- 2) The priority of the applicant has been verified as code D; and
- 3) The application within the D priority classification is ranked 454th.

The claim number is a reference number related to the order in which the application was received. Seven thousand applications have been received, of which, several thousand are priority D applications. The priority code classifies the claims in order of first review/reimbursement and are to be assigned per application instructions. Small businesses are categorized as Priority A. Large corporations are categorized as Priority D. The program is designed to reimburse Priority A applicants preferentially over other applicants.

Every effort was made to insure the completeness of the claim application filed on behalf of IR. We will not know if the application is completed to the satisfaction of the Resources Control Board until they perform a detailed review of the

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submitted application. The detailed review will determine what type of clean-up work has occurred, identify the costs that have been incurred during remediation, and whether compliance with all necessary regulatory agencies has been maintained. Due to the volume of applications received, it is estimated that two or, possibly, three years will pass before priority D claims are subjected to detailed review.

Funding for the reimbursement program is collected from fees assessed by the State to owners/operators that abandon and/or replace their USTs. Other sources of funding for this program may need to be developed for it to continue beyond the UST compliance deadline in 1998.

Sincerely,

*William Schaal*

William Schaal

cc: Mr. bob Hiendl, Ingersoll-Rand Corporation  
IT Central Files

STATE USE ONLY (Nov 1991)  
 CLAIM NO. \_\_\_\_\_  
 DATE REC'D \_\_\_\_\_  
 PRIORITY \_\_\_\_\_ REGION \_\_\_\_\_

## Underground Storage Tank Cleanup Fund CLAIM APPLICATION

This application provides the required information for placement on the UST Cleanup Fund Priority List. Complete and submit this Application with all required attachments to the address in the above left corner. Only one application is to be submitted per cost. Type or print legibly the required information in the applicable sections below. Refer to the application instructions. Attach additional pages as necessary to explain responses.

### I. CLAIMANT IDENTIFICATION

<b>A. CLAIMANT NAME</b> <b>INGERSOLL RAND</b>		<b>B. CLAIMANT STATUS (CHECK ONE)</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER: _____	
<b>MAILING ADDRESS</b> <b>1944 MARINA BLVD.</b>			
<b>CITY, STATE</b> <b>SAN LEANDRO CA.</b>	<b>ZIP CODE</b> <b>94577</b>		
<b>TELEPHONE NO.</b> <b>(415) 357-9131</b>			
<b>C. TAX IDENTIFICATION NO.:</b> <b>135156640</b>		<b>D. CONTACT PERSON</b> <b>ALEX P. AGUIRRE</b> <b>TELEPHONE NO.</b> <b>(415) 357-9131</b>	
<b>E. IDENTIFY WHETHER CLAIMANT IS FILING AS:</b> (1) <input type="checkbox"/> OWNER OF THE TANK(S)      (2) <input checked="" type="checkbox"/> OPERATOR OF THE TANK(S)      (3) <input type="checkbox"/> BOTH THE OWNER AND OPERATOR OF THE TANK(S)			

**F. IF FILING AS THE OWNER OR OWNER AND OPERATOR OF THE TANK(S):**  
 DATE SITE WAS ACQUIRED: NA  
 DATE SOLD (IF APPLICABLE): NA  
 PERSON(S) SITE ACQUIRED FROM (IF AFTER 1/1/84):  
 NAME: NA      ADDRESS: NA      PHONE #: NA

**G. IF FILING AS THE OPERATOR (BUT NOT THE OWNER) OF THE TANK(S):**  
 DATES OF OPERATION: 1975 TO 9-89  
 PERSON(S) THAT OWNED TANK(S) DURING PERIOD OF OPERATION:  
 FROM: 8/1969 TO: 1989      NAME: BENNETT & KAHNWEILER ASSOC.      ADDRESS: HYATT CENTER      PHONE #: (708) 671-7911  
9700 WEST BRYN MAWR  
ROSEMONT, IL 60018

<b>H. IDENTIFY TANK OWNER AND OPERATOR AT TIME OF DISCOVERY OF RELEASE</b>		<b>I. IDENTIFY CURRENT TANK OWNER AND OPERATOR</b>	
<b>1. NAME OF OWNER</b> <b>BENNETT &amp; KAHNWEILER ASSOC.</b>		<b>1. NAME OF OWNER</b> <b>(TANKS HAVE BEEN REMOVED)</b>	
<b>MAILING ADDRESS</b> <b>HYATT CTR., 9700 W. BRYN MAWR</b>		<b>MAILING ADDRESS</b> <b>ROSEMONT, IL 60018</b>	
<b>CITY, STATE, ZIP CODE</b> <b>ROSEMONT, IL 60018</b>		<b>CITY, STATE, ZIP CODE</b> <b>ROSEMONT, IL 60018</b>	
<b>TELEPHONE NUMBER</b> <b>(708) 671-7911</b>		<b>TELEPHONE NUMBER</b> <b>(708) 671-7911</b>	
<b>2. NAME OF OPERATOR</b> <b>INGERSOLL RAND CORP.</b>		<b>2. NAME OF OPERATOR</b> <b>(TANKS HAVE BEEN REMOVED)</b>	
<b>MAILING ADDRESS</b> <b>1944 MARINA BLVD.</b>		<b>MAILING ADDRESS</b> <b>ROSEMONT, IL 60018</b>	
<b>CITY, STATE, ZIP CODE</b> <b>SAN LEANDRO CA. 94577</b>		<b>CITY, STATE, ZIP CODE</b> <b>ROSEMONT, IL 60018</b>	
<b>TELEPHONE NUMBER</b> <b>(415) 357-9131</b>		<b>TELEPHONE NUMBER</b> <b>(708) 671-7911</b>	

### II. STATEMENT OF COSTS

<b>A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:</b>	(1) \$ <u>95,400</u>
<b>B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE WORK CURRENTLY UNDERWAY:</b>	(2) \$ <u>90,000</u>
INDICATE PHASE: <input type="checkbox"/> PHASE I <input type="checkbox"/> PHASE II <input checked="" type="checkbox"/> PHASE III <input type="checkbox"/> PHASE IV	
<b>C. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE NEXT PHASE:</b>	(3) \$ <u>250,000</u>
INDICATE PHASE: <input type="checkbox"/> PHASE I <input type="checkbox"/> PHASE II <input type="checkbox"/> PHASE III <input type="checkbox"/> PHASE IV	
<b>D. THIRD PARTY COMPENSATION COSTS FOR PERSONAL INJURY/PROPERTY DAMAGE:</b> (Submit certified copy of settlement, final judgement, or arbitration award)	(4) \$ _____
<b>E. SUBTOTAL:</b>	\$ <u>435,400</u>
<b>F. DEDUCTIBLE:</b>	\$ <u>(10,000)</u>
<b>G. TOTAL COSTS BEING CLAIMED:</b>	(5) \$ <u>425,400</u>

**H. HAVE ESTIMATED COSTS BEEN BID?**       YES       NO

**IF NO, IN WHAT MANNER WERE COSTS DERIVED:** BEST GUESS BASED ON EXPERIENCE AND SPECIFIC SITE KNOWLEDGE KNOWN TO DATE

# JOINT CLAIMANT AND CO-PAYEE IDENTIFICATION FORM

STAFF USE

## III. JOINT CLAIMANT

A. IS THIS CLAIM APPLICATION BEING FILED JOINTLY?

NO - PROCEED TO THE NEXT SECTION

YES - PROVIDE THE FOLLOWING INFORMATION FOR EACH JOINT CLAIMANT

B. JOINT CLAIMANT NAME		C. JOINT CLAIMANT STATUS (CHECK ONE)	
MAILING ADDRESS		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY, STATE	ZIP CODE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
TELEPHONE NUMBER		<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER: _____
D. TAX IDENTIFICATION NO.		E. CONTACT PERSON	

F. IF FILING AS THE OWNER OR OWNER AND OPERATOR OF THE TANK(S):

DATE SITE WAS ACQUIRED: \_\_\_\_\_

DATE SOLD (IF APPLICABLE): \_\_\_\_\_

PERSON(S) SITE ACQUIRED FROM (IF AFTER 1/1/84): \_\_\_\_\_

NAME:

\_\_\_\_\_  
\_\_\_\_\_

PERSON(S) SOLD TO: \_\_\_\_\_

ADDRESS:

PHONE #:

\_\_\_\_\_  
\_\_\_\_\_

G. IF FILING AS THE OPERATOR (BUT NOT THE OWNER) OF THE TANK(S):

DATES OF OPERATION: \_\_\_\_\_ TO \_\_\_\_\_

PERSON(S) THAT OWNED TANK(S) DURING PERIOD OF OPERATION

FROM:

TO:

NAME:

ADDRESS:

PHONE #:

\_\_\_\_\_  
\_\_\_\_\_

## IV. CO-PAYEE

A. IS A CO-PAYEE TO BE NAMED IN PAYMENT OF THIS CLAIM?

NO - PROCEED TO THE NEXT PAGE

YES - PROVIDE THE FOLLOWING INFORMATION FOR EACH CO-PAYEE

B. CO-PAYEE NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NO.	TAX IDENTIFICATION NO.:	

(NEW 12/91)

# V. CONTAMINATION SOURCE DESCRIPTION

A. SITE NAME: **INGERSOLL RAND MAINTENANCE FACILITY**

B. CONTACT PERSON AT SITE: **ALEX AGUIRRE**

SITE ADDRESS: **1944 MARINA BLVD.**

STREET NO.: **SAN LEANDRO CA. 94577**

CITY: **SAN LEANDRO CA. 94577**

STATE: **CA.**

ZIP CODE: **94577**

TELEPHONE NO.: **(415) 257-9131**

C. COUNTY: **ALAMEDA**

D. COUNTY CODE: **01**

E. BOE (Boards of Equalization) NO.: **NA, TANKS REMOVED BEFORE JANUARY 1991**

F. ATTACH A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.

G. SITE TYPE (CHECK MORE THAN ONE IF APPLICABLE)

COMMERCIAL  RESIDENCE  FARM  OTHER - Please Specify: **MAINTENANCE FACILITY**

H. DATE RELEASE WAS DISCOVERED: **MAY 1989**

I. DATE CORRECTIVE ACTION WAS INITIATED: **AUGUST 8, 1989**

J. HAS CORRECTIVE ACTION BEEN COMPLETED?  NO  YES - Date Completed: \_\_\_\_\_

K. IDENTIFY TANK(S) INVOLVED IN CORRECTIVE ACTION (List Additional Tanks on a Separate Sheet)

TANK	STATE I.D. NO. (SWEEPS)	LOCAL AGENCY PERMIT NO.	CAPACITY (GALLONS)	SUBSTANCE STORED
TANK 1	<b>2275</b>	<b>23187</b>	<b>5000</b>	<b>GASOLINE</b>
TANK 2	<b>2276</b>	<b>23187</b>	<b>10000</b>	<b>DIESEL</b>
TANK 3	<b>2277</b>	<b>23187</b>	<b>500</b>	<b>WASTE OIL</b>
TANK 4				
TANK 5				

L. DESCRIPTION OF TANK(S) USE

RESIDENTIAL MOTOR FUEL  RESIDENTIAL HEATING OIL  COMMERCIAL HEATING OIL

AGRICULTURAL MOTOR FUEL  RETAIL SALE  OTHER: **MAINTENANCE FACILITY**

M. ARE TANKS PRESENTLY LOCATED ON THIS SITE  YES  NO

IF NO. DATE TANK(S) REMOVED: **OCTOBER 10-12, 1989**

N. PROVIDE A BRIEF DESCRIPTION OF THE BACKGROUND OF THIS CLAIM INCLUDING A DESCRIPTION OF ANY CORRECTIVE ACTION COMPLETED AND/OR UNDERWAY

**BACKGROUND:** SUSPECT SITE CONTAINED THREE UNDERGROUND STORAGE TANKS. CAPACITY AND CONTENTS FOR THESE TANKS WERE AS FOLLOWS: 500 GALLON WASTE OIL; 5000 GALLON GASOLINE; AND 10000 GALLON DIESEL. ALL UST'S WERE TESTED IN ACCORD WITH REGULATORY SCHEDULES, AND IN MARCH 1989 THE GASOLINE TANK FAILED TESTING. A UST UNAUTHORIZED RELEASE WAS FILED IN MAY OF 1989 WITH THE SAN LEANDRO FIRE DEPARTMENT. ALL THREE TANKS WERE REMOVED IN OCTOBER OF 1989. INITIAL MONITORING WELLS WERE INSTALLED AT THAT TIME TO HELP ESTABLISH THE IMPACT THE RELEASE MAY HAVE HAD ON SUBSURFACE FEATURES. SUBSEQUENT ENVIRONMENTAL WORK INCLUDED AN EXTENSIVE SOIL BORING PROJECT TO DELINEATE ADDRESSED PHASE CONTAMINATION, INSTALLATION OF AN ADDITIONAL GROUNDWATER WELL, AND INSTALLATION OF VADOSE WELLS WHICH WERE USED TO CONDUCT A SOIL VAPOR EXTRACTION PILOT TEST.

**FUTURE:** SOIL VAPOR EXTRACTION SYSTEM IS IN THE PROCESS OF BEING PERMITTED; IT WILL BE CONSTRUCTED AND OPERATED ONCE PERMITTED. GROUNDWATER DELINEATION WILL CONTINUE ONCE ENCROACHMENT AND REGULATORY PERMITS ARE OBTAINED FROM ADJACENT DOWN GRADIENT NEIGHBOR AND APPROPRIATE AGENCIES, RESPECTIVELY. GROUNDWATER TREATMENT WILL BE UNDERTAKEN ONCE DATA FROM FURTHER PLUME DELINEATION ARE COLLECTED AND INTERPRETED.

# VI. REGULATORY AGENCY

A. LOCAL UST PERMITTING AGENCY: **SAN LEANDRO FIRE DEPT.**

B. LOCAL AGENCY CODE: **01007**

C. REGIONAL WATER QUALITY CONTROL BOARD (RWQCB): **SAN FRANCISCO BAY - ALAMEDA & CONTRA COSTA COUNTY**

D. REGION NO.: **02**

E. LEAD AGENCY CASE NO.: **NA**

F. LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP:

RWQCB  LOCAL  JOINT

LEAD AGENCY CONTACT PERSON: **WILLIAM FAULHABER - ALAMEDA CO. DEPT. OF HEALTH**

TELEPHONE NUMBER: **(415) 271-4320**

# VII. PRIORITY CLASS WORKSHEET

A. IF THERE ARE NO JOINT CLAIMANTS, PROCEED TO SECTION VIII. WHEN JOINT CLAIMS ARE SUBMITTED, THE CLAIM SHALL BE BASED ON THE LOWEST PRIORITY APPROPRIATE FOR ANY JOINT CLAIMANT. LIST PRIMARY CLAIMANT AND ANY JOINT CLAIMANT. IDENTIFY THE APPROPRIATE PRIORITY CLASS FOR ALL JOINT CLAIMANTS.

NAME	OWNER	OPERATOR	DATES OF OWNERSHIP/OPERATION	PRIORITY CLASS
PRIMARY CLAIMANT	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
JOINT CLAIMANT	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
JOINT CLAIMANT	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
JOINT CLAIMANT	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

B. WHERE ANY CLAIMANT IS EITHER THE OWNER OR OPERATOR (BUT NOT BOTH) AT THE TIME OF DISCOVERY OF THE UNAUTHORIZED RELEASE, OR WHERE ANY CLAIMANT IS EITHER THE CURRENT OWNER OR OPERATOR (BUT NOT BOTH), AND WHERE SUCH OPERATOR AND OWNER WOULD BE ELIGIBLE TO SUBMIT A CLAIM TO THE FUND FOR COSTS PAID OR INCURRED BY SUCH OPERATOR OR OWNER, THE CLAIM SUBMITTED BY EITHER SHALL BE BASED ON THE LOWEST PRIORITY APPROPRIATE FOR EITHER.

IF ANY CLAIMANT WAS EITHER THE OWNER OR THE OPERATOR (BUT NOT BOTH) OF THE TANK(S) AT THE TIME OF DISCOVERY OF THE UNAUTHORIZED RELEASE, IDENTIFY THE OTHER PERSON(S) AND THEIR APPROPRIATE PRIORITY CLASS: dates of operation

INGERSOLL RAND   FROM: 1973 TO: 1989  A  B  C  D

IF ANY CLAIMANT IS EITHER THE CURRENT OWNER OR OPERATOR OF THE TANK(S) (BUT NOT BOTH), IDENTIFY THE OTHER PERSON(S) AND THEIR APPROPRIATE PRIORITY CLASS:

\_\_\_\_\_   FROM: \_\_\_\_\_ TO: \_\_\_\_\_  A  B  C  D

## C. PRIORITY CLASS CLAIMED:

BASED ON CONSIDERATION OF THE PRIORITIES OF PERSON(S) IDENTIFIED IN A OR C ABOVE AND REVIEW OF PROGRAM INFORMATION, PRIORITY CLASS, INDICATE THE PRIORITY CLASS SOUGHT BY THE CLAIMANT FOR THIS CLAIM:

- A. RESIDENTIAL OR SMALL HOME HEATING OIL TANK
  B. SMALL BUSINESS
  C. OTHER BUSINESS
  D. ALL OTHER TANK OWNERS AND OPERATORS

# VIII. PRIORITY CLASS DESIGNATION

A. IF CLAIMING CLASS A CHECK THE APPROPRIATE BOX: N/A

- A1  UNDERGROUND STORAGE TANK ON RESIDENTIALLY ZONED PROPERTY THAT MEETS ALL OF THE FOLLOWING:
- A) CLAIMANT IS OWNER OF UNDERGROUND STORAGE TANK FROM WHICH AN UNAUTHORIZED RELEASE OF PETROLEUM HAS OCCURRED
  - B) TANK IS LOCATED AT THE RESIDENCE OF A PERSON WHEN THE UNAUTHORIZED RELEASE WAS DISCOVERED
  - C) WHEN UNAUTHORIZED RELEASE WAS DISCOVERED PROPERTY WHERE TANK IS LOCATED WAS IMPROVED BY OWNER OCCUPIED SINGLE FAMILY DWELLING OR DUPLEX
  - D) TANK IS LOCATED ON PROPERTY ZONED ONLY FOR RESIDENTIAL USE WHEN UNAUTHORIZED RELEASE WAS DISCOVERED
  - E) TANK WAS NOT USED TO STORE MOTOR VEHICLE FUEL PRIMARILY FOR AGRICULTURAL USE OR FOR RESALE ON OR AFTER JANUARY 1, 1985
- A2  SMALL HOME HEATING OIL TANK THAT MEETS ALL OF THE FOLLOWING:
- A) CLAIM IS OWNER OF UNDERGROUND STORAGE TANK FROM WHICH AN UNAUTHORIZED RELEASE OF HOME HEATING OIL HAS OCCURRED
  - B) TANK IS LOCATED AT THE RESIDENCE OF A PERSON WHEN THE UNAUTHORIZED RELEASE WAS DISCOVERED
  - C) WHEN UNAUTHORIZED RELEASE WAS DISCOVERED PROPERTY WHERE TANK IS LOCATED WAS IMPROVED BY OWNER OCCUPIED SINGLE FAMILY DWELLING OR DUPLEX
  - D) TANK HAS A CAPACITY OF 1,100 GALLONS OR LESS
  - E) TANK IS USED ONLY TO STORE HOME HEATING OIL FOR CONSUMPTIVE USE ON PROPERTY
  - F) TANK IS NOT LOCATED ON PROPERTY USED FOR AGRICULTURAL PURPOSES AFTER JANUARY 1, 1985

NOTE: REFER TO APPLICATION INSTRUCTIONS FOR REQUIRED DOCUMENTATION TO SUPPORT THE ABOVE CLAIMED STATEMENT. THIS DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF APPLICATION.

# X. STATEMENTS

A. IDENTIFY ANY OTHER PERSON(S) THAT MAY HAVE FILED A CLAIM AGAINST THE CLEANUP FUND FOR CLEANUP OF THE SITE WHICH IS THE SUBJECT OF THIS CLAIM:

No knowledge of other Claimants  
NAME

ADDRESS

TELEPHONE NO.

B. IDENTIFY OTHER PERSON(S) WHO HAVE INCURRED COSTS FOR CLEANUP OF THE SITE WHICH IS THE SUBJECT OF THIS CLAIM:

No others have incurred Cleanup Costs  
NAME

ADDRESS

TELEPHONE NO.

C. DO YOU HAVE ANY KNOWLEDGE OF ANY CONTROVERSY (LAWSUITS, ETC.) REGARDING THE SITE THAT IS THE SUBJECT OF THIS CLAIM?

NO

YES - PLEASE EXPLAIN:

# XI. CERTIFICATIONS AND AGREEMENTS

I (WE) HEREBY CERTIFY THAT:

1. I (We) am (are) the owner or operator of an Underground Storage Tank from which there has been an unauthorized release of petroleum for which a claim against the Fund is permissible under Chapter 6.75 of the California Health and Safety Code.
2. Claimant(s) is (are) entitled to submit this claim application for reimbursement from the Fund.
3. All costs claimed herein were incurred after January 1, 1988, are reasonable and necessary, and are eligible for reimbursement from the Fund.
4. Claimant(s) obtained any permits required of the claimant(s) under Chapter 6.7 of the California Health and Safety Code when such permits were required, or claimant(s) had filed substantially complete applications for any permits required of claimant(s) on January 1, 1990, by that date, or if claimant cannot so certify, claimant submitted documentation of the facts and circumstances which are relied upon to demonstrate that obtaining any required permit was beyond the reasonable control of claimant(s) or that it would be unreasonable or inequitable to require the claimant(s) to have filed an application for such a permit by January 1990.
5. Claimant(s) are in compliance with any applicable financial responsibility requirements contained in Article 3, Chapter 16, Division 3, Title 23, California Code of Regulations (Petroleum Underground Storage Tank Cleanup Fund Regulations).
6. As to all costs claimed which were incurred before the effective date of Cleanup Fund regulations (December 2, 1991), any corrective action taken by claimant(s) was:
  - A. In accordance with applicable provisions of Chapter 6.7 of the California Health and Safety Code and Subchapter IX of Chapter 82 of Title 42 of the United States Code and the Federal Regulations adopted pursuant thereto; and
  - B. Consistent with any oral or written orders, directives, approvals or notification of cleanup responsibility issued by state, local or federal agencies having authority or responsibility over underground storage tanks, and consistent with any applicable waste discharge requirements, state policies for water quality control, and water quality control plans.
7. As to all costs claimed which were incurred on or after the effective date of Cleanup Fund Regulations (December 2, 1991):
  - A. Claimant(s), if subject to the permit requirements of Chapter 6.7 of the California Health and Safety Code, (1) are in compliance with any applicable corrective action requirements established pursuant to Article 4 of Chapter 6.75 of the California Health and Safety Code, including any implementing regulations contained in Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations; and (2) has (have) notified the appropriate local agency or California Regional Water Quality Control Board of the release which is the subject of this claim and has (have) been required or permitted by such agency or agencies to undertake the corrective action for which reimbursement is sought, and claimant(s) is (are) in compliance with the requirements or any orders or directives issued by such agencies.
  - B. Claimant(s), if not subject to the permit requirements of Chapter 6.7 of the California Health and Safety Code, meet the conditions specified in Paragraph 6 above.
8. Claimant(s) did not know of the unauthorized release which is the subject of this claim prior to January 1, 1988, or, if such release was known prior to that date, any required corrective action related to that release was initiated on or before June 30, 1988.
9. Claimant(s), if owner(s) of the site involved, does (do) not know of any facts which would preclude any party from whom the site was acquired from filing a claim for reimbursement against the Fund.