

**RECEIVED**

*By dehloptoxic at 9:26 am, Jul 03, 2006*



Aqua Science Engineers, Inc. 208 West El Pintado, Suite C, Danville, CA 94526  
(925) 820-9391 - Fax (925) 837-4853 - [www.aquascienceengineers.com](http://www.aquascienceengineers.com)

June 28, 2006

Mr. Jerry Wickham  
Alameda County Health Care Services Agency  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

SUBJECT: DIESEL UST AND LINE TESTING  
Oakland Truck Stop  
8255 San Leandro Street  
Oakland, California

Dear Mr. Wickham:

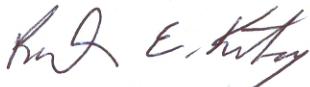
Enclosed please find results for the recent UST and product line testing for the site. The following tests are attached:

- On February 20, 2006, Bernare and Sons conducted the Monitoring System Certification testing at the site. The system passed the test.
- On April 29, 2006, T.E.S.T., Inc. (Dialysis Company) tested four USTs. The USTs were shown to be tight.
- On May 18, 2006, T.E.S.T. (Dialysis Company) tested the remaining diesel UST and the product piping. This test showed the UST as tight. However, the product line failed the test. ASE has tried to contact Dialysis regarding this test on several occasions and has not yet been able to speak to them regarding this test.
- On June 5, 2006, Confidence UST Services, Inc. tested the lines to locate piping failure. No leak could be located.

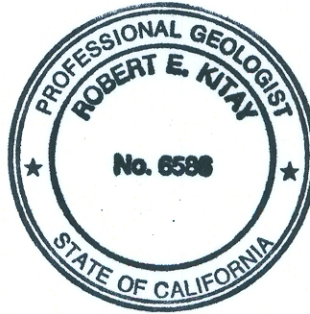
Should you have any questions, please contact Mr. Joseph Zadik of the S.F. Oakland Truck Stop at (510) 569-1624 or any of the tank testing companies directly.

Respectfully submitted,

AQUA SCIENCE ENGINEERS, INC.



Robert E. Kitay, P.G., R.E.A.  
Senior Geologist



cc: Mr. Nissan Saidian, 5733 Medallion Court, Castro Valley, CA 94522

# MONITORING SYSTEM CERTIFICATION-DEPT 1

*For Use By All Jurisdictions Within the State of California*

*Authority Cited:- Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

**A. General Information**  
 Facility Name: SF/OAKLAND TRUCK STOP Bldg. No.: \_\_\_\_\_  
 Site Address: 8255 SAN LEANDRO BLVD City: OAKLAND Zip: 94621  
 Facility Contact Person: JOSEPH ZADIK Contact Phone No.: (510) 569-1626  
 Make/Model of Monitoring System: INCON Date of Testing/Servicing: 2/26/06

**B. Inventory of Equipment Tested/Certified**

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: <u>1 BT</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>INCON</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>INCON TSWD</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>VR-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s). <u>OPW</u></p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>2 91</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: <u>INCON</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>INCON TSWD</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>VR 208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s). <u>OPW</u></p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: <u>3 DIESEL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>INCON</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>INCON TSWD</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s). <u>OPW</u></p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>4 DIESEL</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: <u>INCON</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>VR</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s). <u>OPW</u></p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site-Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):

- System set-up
- Alarm history report.

Technician Name (print): ERDIE BERDARE Cert./Lic. No.: \_\_\_\_\_ Signature: [Signature]  
 Certification No.: 5250557-0T License No.: 835412  
 Testing Company Name: BERNARD & SONS Phone No.: (510) 915-0606

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California  
 Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

**A. General Information**  
 Facility Name: SF/OAKLAND TRUCK STOP File No.: \_\_\_\_\_  
 Site Address: 8255 SAN LEANDRO BLVD City: OAKLAND Zip: 94621  
 Facility Contact Person: JOSEPH ZADIK Contact Phone No.: (570) 569-1626  
 Make/Model of Monitoring System: IACON Date of Testing/Servicing: 2/20/06

**B. Inventory of Equipment Tested/Certified**

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: <u>5 DIESEL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>IACON</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>IACON TS WP</u></p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>JR 208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s). <u>OPA</u></p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
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- System set-up
- Alarm history report.

Technician Name (print): ERDIE BERDARE Cert/Lic. No.: \_\_\_\_\_ Signature: [Signature]  
 Certification No.: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Testing Company Name: BERDARE & SONS Phone No.: (570) 945-0606

Monitoring System Certification

Site Address: 8255 SAN LEANDRO BLVD

Date of Testing/Service: 2/20/06

D. Results of Testing/Service

Software Version Installed: \_\_\_\_\_

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No.
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

DISP	1 & 2	145538
	3 & 4	145535
	5 & 9	145533
	6 & 10	145537
	7 & 8	145525
	11 & 12	145516
	3 & 2 SATTELITE	145527
	4 SATTELITE	138530



INVOICE #df000110

TEST DATE: 04/29/06

T.E.S.T., INC.  
2727 KALIST SALOOM, SUITE 200  
LAFAYETTE, LA 70503

TANK STATUS EVALUATION REPORT  
-----

\*\*\*\*\* CUSTOMER DATA \*\*\*\*\*

\*\*\*\*\* SITE DATA \*\*\*\*\*

S.F. OAKLAND TRUCK STOP  
8255 SAN LEANDRO BLVD.

S.F. OAKLAND TRUCK STOP  
8255 SAN LEANDRO BLVD.

OAKLAND, CA.  
94621

OAKLAND, CA.  
94621

CONTACT: JOSEPH ZADIK  
PHONE #: 510-569-1624

CONTACT: JOSEPH ZADIK  
PHONE #: 510-569-1624

\*\*\*\*\* COMMENT LINES \*\*\*\*\*

TESTING TANKS VIA USTEST.  
SINGLE WALL TANKS.

CURRENT EPA STANDARDS DICTATE  
THAT FOR UNDERGROUND FUEL TANKS, THE MAXIMUM ALLOWABLE LEAK/GAIN RATE  
OVER THE PERIOD OF ONE HOUR IS .10 GALLONS.

TANK #1: REG UNLEADED	TYPE: STEEL	RATE: .038681 G.P.H. GAIN
	TANK IS TIGHT.	
TANK #2: SUPER UNLEADED	TYPE: STEEL	RATE: .015352 G.P.H. GAIN
	TANK IS TIGHT.	
TANK #3: DIESEL FUEL 2	TYPE: STEEL	RATE: .006491 G.P.H. GAIN
	TANK IS TIGHT.	
TANK #4: DIESEL FUEL 2	TYPE: STEEL	RATE: .046738 G.P.H. GAIN
	TANK IS TIGHT.	

\*\*\*\*\* T A N K D A T A \*\*\*\*\*

	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO. 4
ANK DIAMETER (IN)				
LENGTH (FT)	15.96	21.28	26.59	18.91
VOLUME (GAL)	6000	8000	10000	4000
TYPE	ST	ST	ST	ST
UEL LEVEL (IN)	39	65	79	58
UEL TYPE	REG UNLD	SUP UNLD	DIESEL 2	DIESEL 2
VOL/dy (GAL/IN)	78.16	99.22	101.25	55.99

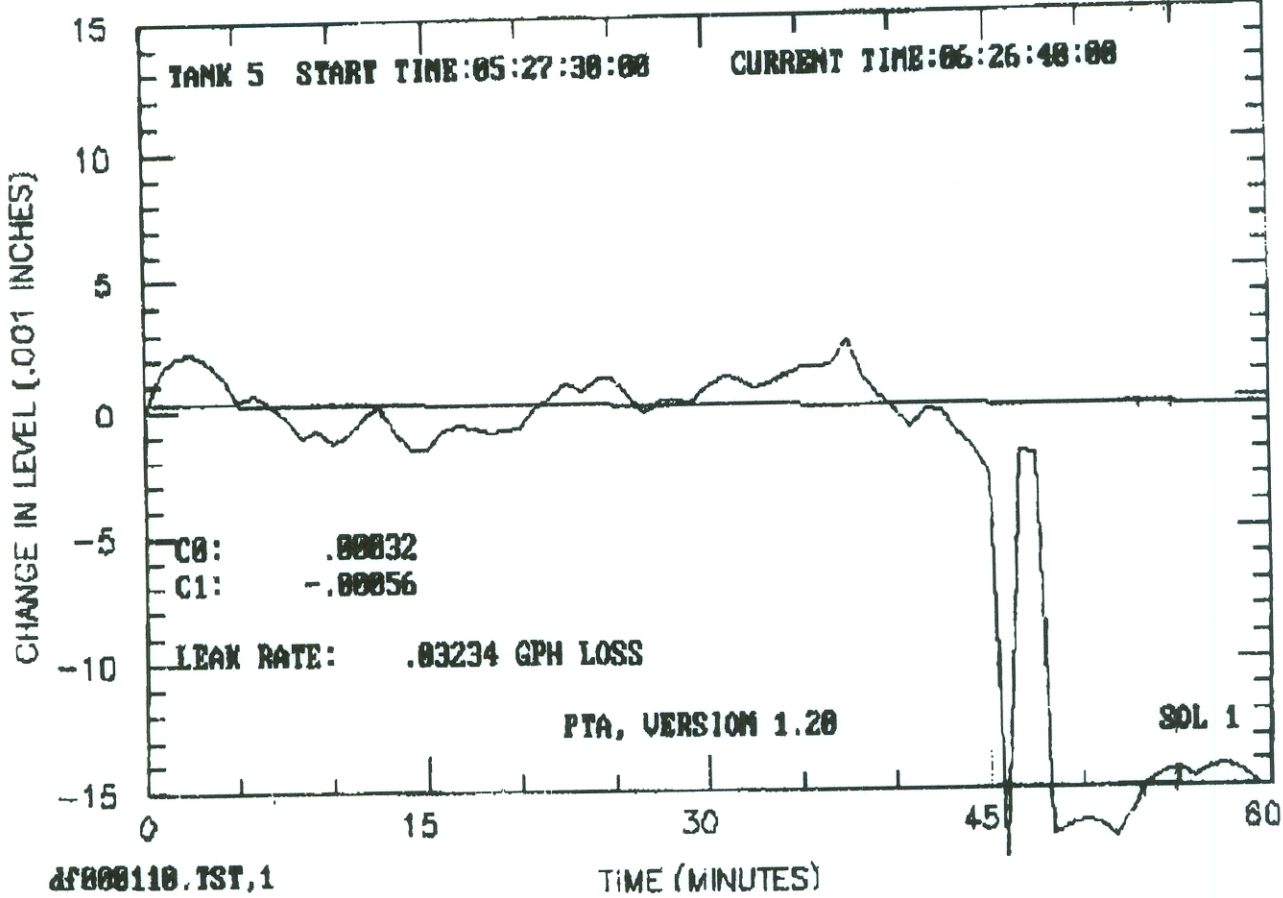
\*\*\*\*\* T A N K D A T A \*\*\*\*\*

		72
ANK DIAMETER (IN)		
LENGTH (FT)	18.91	
VOLUME (GAL)	4000	
TYPE	ST	
UEL LEVEL (IN)	57	
UEL TYPE	DIESEL 2	
VOL/dy (GAL/IN)	57.45	

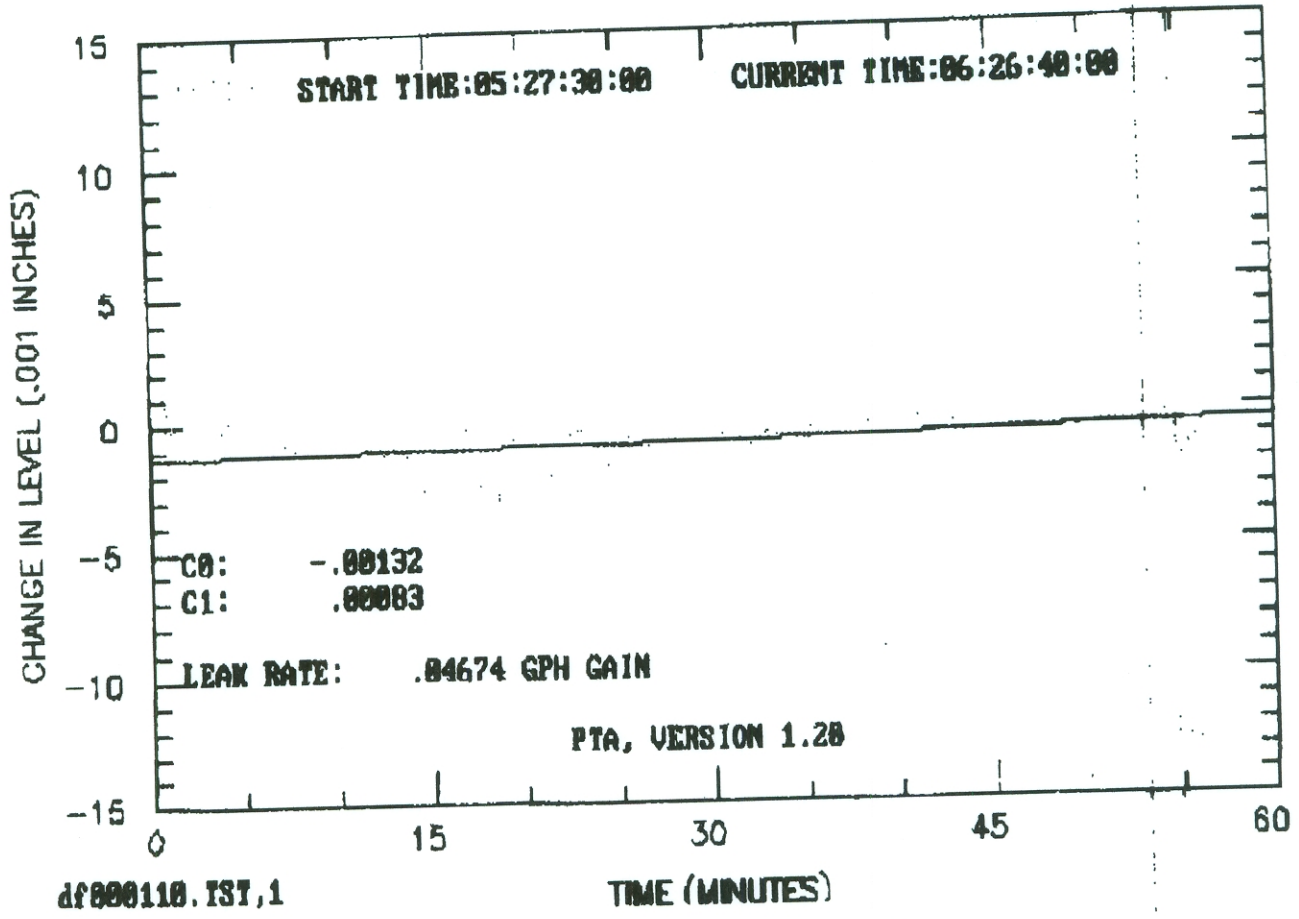
ALIBRATION ROD	DISTANCE
1	10.65625
2	26.95313
3	41.93750
4	56.93750
5	74.93750



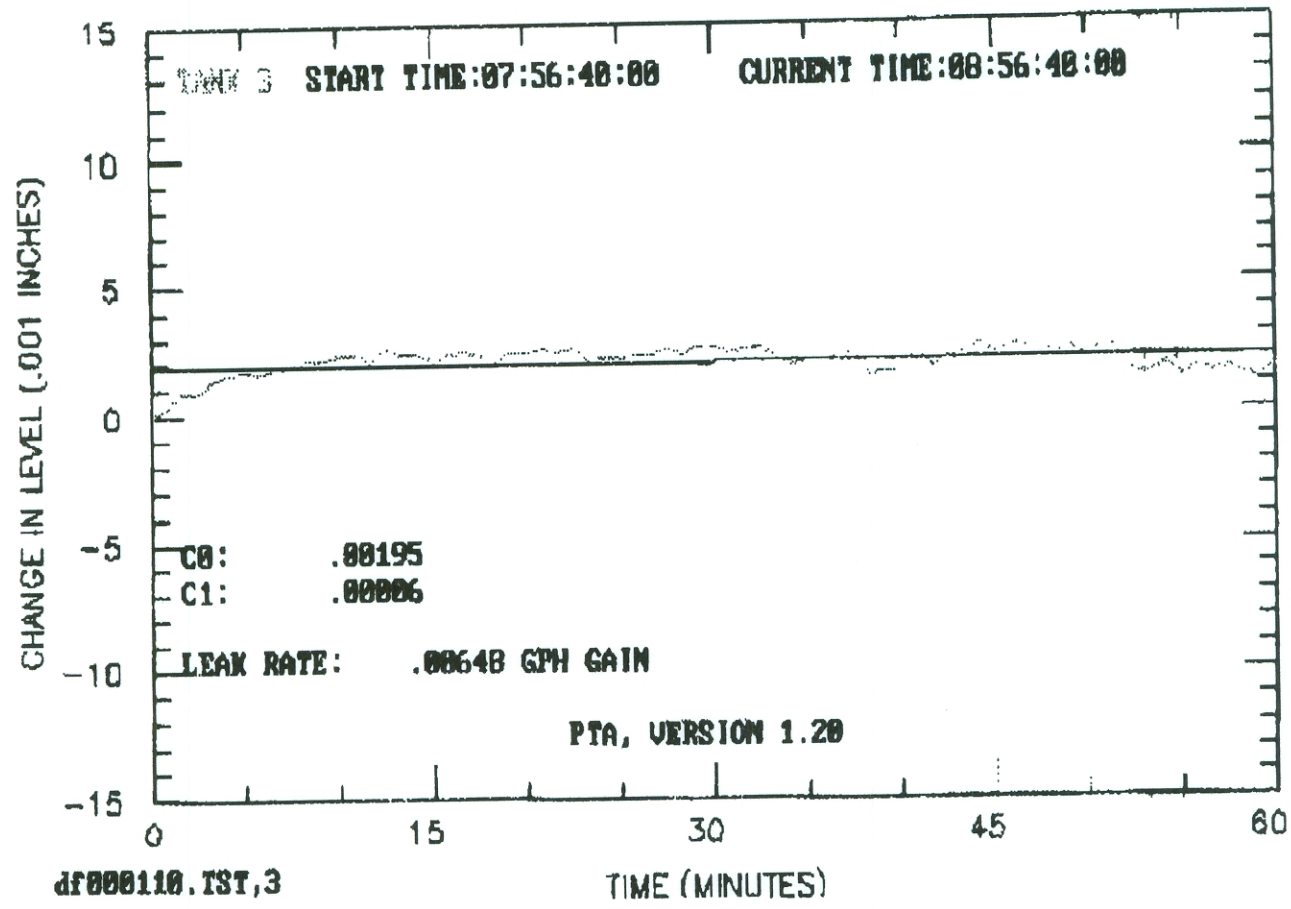
Cr:

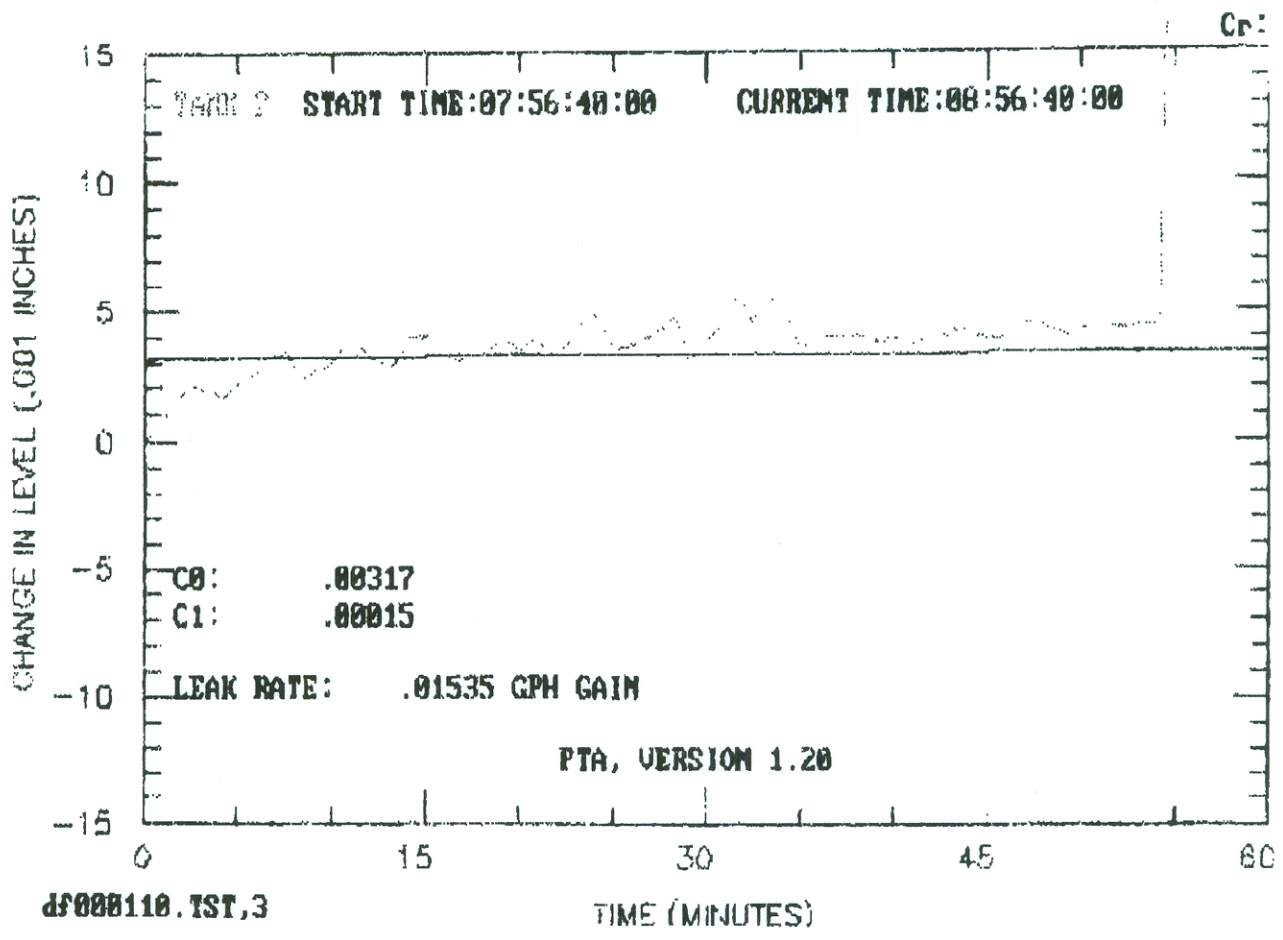


Cr:



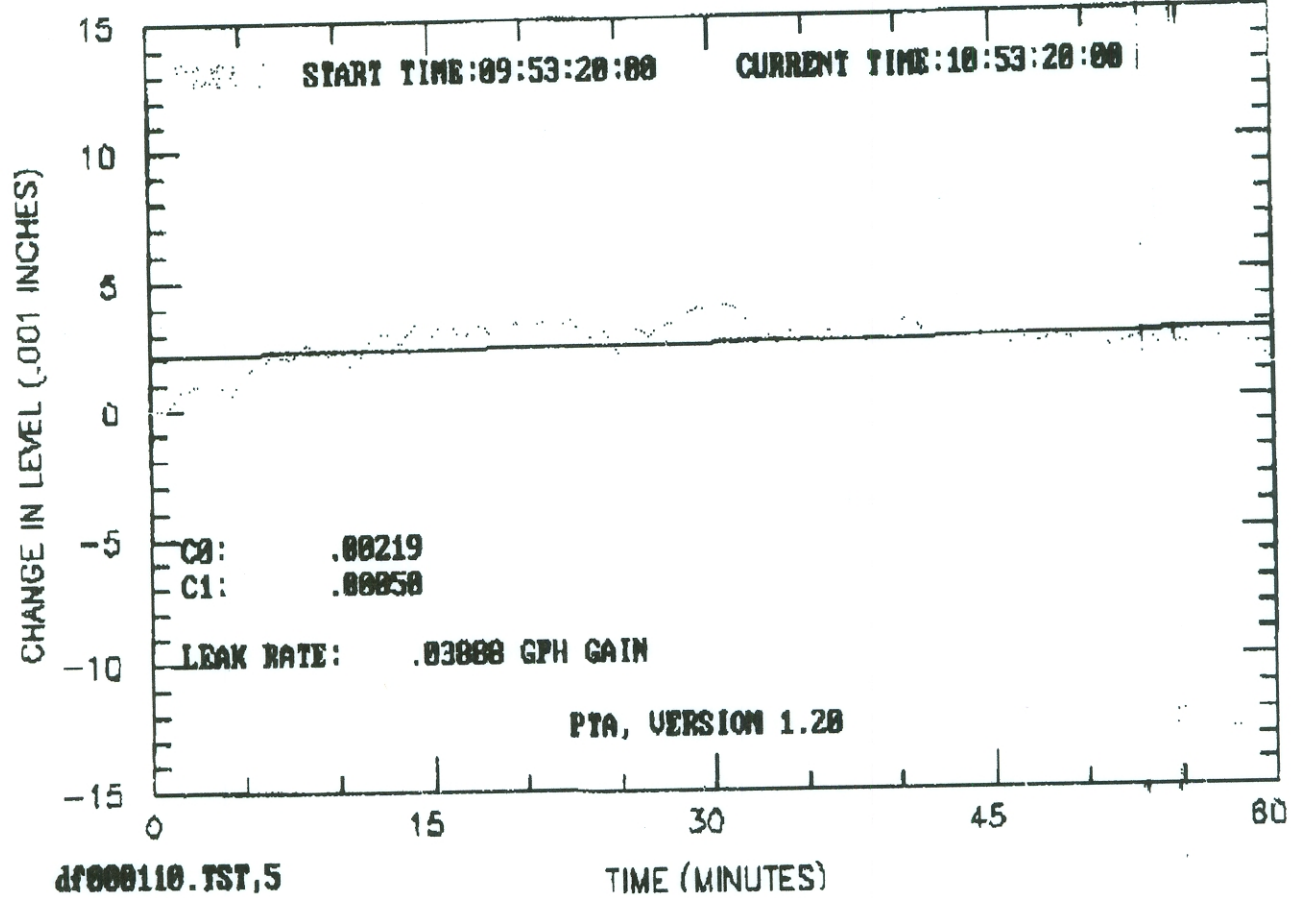
Cr:





df000110.TST,3

Cr:



df000110.TST,5

VOICE #4f000110

TEST DATE: 05/18/06

T.E.S.T., INC.  
2727 KALIST SALOOM, SUITE 200  
LAPAYETTE, LA 70503

TANK STATUS EVALUATION REPORT  
-----

\*\*\*\*\* CUSTOMER DATA \*\*\*\*\*

.F. OAKLAND TRUCK STOP  
255 SAN LEANDRO BLVD.

OAKLAND, CA.  
4621

CONTACT: JOSEPH ZADIK  
PHONE #: 510-569-1624

\*\*\*\*\* SITE DATA \*\*\*\*\*

S.F. OAKLAND TRUCK STOP  
8255 SAN LEANDRO BLVD.

OAKLAND, CA.  
94621

CONTACT: JOSEPH ZADIK  
PHONE #: 510-569-1624

\*\*\*\*\* COMMENT LINES \*\*\*\*\*

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SINGLE WALL TANKS.

CURRENT EPA STANDARDS DICTATE  
THAT FOR UNDERGROUND FUEL TANKS, THE MAXIMUM ALLOWABLE LEAK/GAIN RATE  
OVER THE PERIOD OF ONE HOUR IS .10 GALLONS.

TANK #5: DIESEL FUEL 2

TYPE: STEEL

RATE: .032336 G.P.H. LOSS

TANK IS TIGHT.



**CONFIDENCE**  
**UST**  
**SERVICES, INC.**

"Compliance With Confidence"

May 18, 2001

VIA FACSIMILE (925) 837-4853

CITY OF OAKLAND  
Attn: Robert  
Hazardous Materials Division  
Office of Emergency Services  
1605 Martin King Jr. Way  
Oakland, CA 94612

Dear Robert:

Attached please find Results re product line testing conducted 6/5/06 at S.F. Oakland Auto-Truck Plaza.

If you have any questions or comments concerning this information, please feel free to contact me at (800) 339-9930.

Yours truly,

**CONFIDENCE UST SERVICES, INC.**

  
Cheri Young, Vice-President

Attachment

417 Montclair Street • Bakersfield, CA 93309  
(661) 631-3870 or (800) 339-9930  
FAX (661) 631-3872



# CONFIDENCE UST SERVICES, INC.

417 Montclair Street, Bakersfield, CA 93309 800-339-9930 or 661-631-3870

## : FINAL TEST RESULTS :

**ALERT 1000 / ALERT 1050 / TEI LT-3**

**CUSTOMER ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**WORK ORDER:** 9452

**TEST DATE:** 6/5/2006

**SITE ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**SITE CONTACT:** Joe  
**TECHNICIAN:** Doug Young

**PHONE NUMBER:** 510-569-1624

**PHONE NUMBER:** 800-339-9930 **LICENSE:** 901076

**WATER IN BACKFILL:** n/a

**DATE & TIME OF LAST FUEL DELIVERY:** 6+ hours

**TANK INFORMATION:**  
(WETTED)

	TANK 1	TANK 2	TANK 3	TANK 4
<b>PRODUCT TYPE:</b>	Diesel			
<b>TOTAL GALLONS:</b>				
<b>PRODUCT LEVEL:</b>				
<b>PERCENT FULL:</b>				
<b>TEST METHOD:</b>				
<b>WATER IN TANK:</b>				
<b>TANK MATERIAL:</b>				
<b>P.S.I. @ BOTTOM:</b>				
<b>TEST DURATION:</b>				
<b>FINAL LEAK RATE:</b>				
<b>TEST RESULT:</b>				
<b>TANK INFORMATION:</b> (ULLAGE) U/F ONLY	ALERT 1050X	ALERT 1050X	ALERT 1050X	ALERT 1050X
<b>ULLAGE GALLONS:</b>				
<b>START PRESSURE:</b>				
<b>END PRESSURE:</b>				
<b>TEST RESULT:</b>				
<b>PRODUCT LINES:</b>	TEI LT-3	TEI LT-3	TEI LT-3	TEI LT-3
<b>LINE TYPE:</b>	Pressure			
<b>START TIME:</b>	4:35pm			
<b>END TIME:</b>	4:50pm			
<b>TEST PRESSURE:</b>	55 psi			
<b>FINAL LEAK RATE:</b>	+0.005 gph			
<b>TEST RESULT:</b>	PASS			
<b>MECHANICAL LEAK DETECTORS:</b>	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA
<b>MODEL:</b>				
<b>SERIAL NUMBER:</b>				
<b>CHECK VALVE PSI:</b>				
<b>BLEED OFF ml:</b>				
<b>LEAK RATE TESTED:</b>				
<b>TEST RESULT:</b>				

- A) These systems and methods meet or exceed the criteria in USEPA 40CFR parts 280, NFPA 329-87 and all applicable state/codes.  
 B) Any failure listed above may require further action, check with all regulatory agencies.

<b>Technicians signature:</b>  Douglas M. Young III	<b>Date:</b> 6-5-06	<b>Manufacturer Certification No:</b> Alert: ALTX123 and/or TEI: LT-3,089
---	------------------------	--

**CONFIDENCE**  
**UST**  
**SERVICES, INC.**

"Compliance With Confidence"

6-15-06  
~~May 8, 2001~~

VIA FACSIMILE (925) 837-4853

CITY OF OAKLAND  
Attn: Robert  
Hazardous Materials Division  
Office of Emergency Services  
1605 Martin King Jr. Way  
Oakland, CA 94612

Dear Robert:

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If you have any questions or comments concerning this information, please feel free to contact me at (800) 339-9930.

Yours truly,

**CONFIDENCE UST SERVICES, INC.**

*Cheri Young*  
Cheri Young, Vice-President

Attachment

417 Montclair Street • Bakersfield, CA 93309  
(661) 631-3870 or (800) 339-9930  
FAX (661) 631-3872

# CONFIDENCE UST SERVICES, INC.

417 Montclair Street, Bakersfield, CA 93309 800-339-9930 or 861-831-3870

## : FINAL TEST RESULTS :

**ALERT 1000 / ALERT 1050 / TEI LT-3**

**CUSTOMER ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**WORK ORDER:** 9452  
**TEST DATE:** 6/5/2006

**SITE ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**SITE CONTACT:** Joe  
**TECHNICIAN:** Doug Young

**PHONE NUMBER:** 510-569-1624  
**PHONE NUMBER:** 800-339-9930 **LICENSE:** 901076

**WATER IN BACKFILL:** n/a

**DATE & TIME OF LAST FUEL DELIVERY:** 6+ hours

**TANK INFORMATION:**  
(WETTED)

	TANK 1	TANK 2	TANK 3	TANK 4
<b>PRODUCT TYPE:</b>	Diesel			
<b>TOTAL GALLONS:</b>				
<b>PRODUCT LEVEL:</b>				
<b>PERCENT FULL:</b>				
<b>TEST METHOD:</b>				
<b>WATER IN TANK:</b>				
<b>TANK MATERIAL:</b>				
<b>P.S.I. @ BOTTOM:</b>				
<b>TEST DURATION:</b>				
<b>FINAL LEAK RATE:</b>				
<b>TEST RESULT:</b>				
<b>TANK INFORMATION:</b> (ULLAGE) U/F ONLY	ALERT 1050X	ALERT 1050X	ALERT 1050X	ALERT 1050X
<b>ULLAGE GALLONS:</b>				
<b>START PRESSURE:</b>				
<b>END PRESSURE:</b>				
<b>TEST RESULT:</b>				
<b>PRODUCT LINES:</b>	TEI LT-3	TEI LT-3	TEI LT-3	TEI LT-3
<b>LINE TYPE:</b>	Pressure			
<b>START TIME:</b>	4:35pm			
<b>END TIME:</b>	4:50pm			
<b>TEST PRESSURE:</b>	55 psi			
<b>FINAL LEAK RATE:</b>	+0.005 gph			
<b>TEST RESULT:</b>	PASS			
<b>MECHANICAL LEAK DETECTORS:</b>	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA
<b>MODEL:</b>				
<b>SERIAL NUMBER:</b>				
<b>CHECK VALVE PSI:</b>				
<b>BLEED OFF ml:</b>				
<b>LEAK RATE TESTED:</b>				
<b>TEST RESULT:</b>				

- A) These systems and methods meet or exceed the criteria in USEPA 40CFR parts 280, NFPA 329-87 and all applicable state codes.  
B) Any failures listed above may require further action, check with all regulatory agencies.

<b>Technicians Signature:</b>  Douglas M. Young II	<b>Date:</b> 6-5-06	<b>Manufacturer Certification No:</b> Alert: ALTX123 and/or TEI: LT-3,089
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Peese Silz

# CONFIDENCE UST SERVICES, INC.

477 Mendocino Street, Ukiah, CA 95308 800-339-9930 or 651-431-3870

## : FINAL TEST RESULTS :

ALERT 1000 / ALERT 1050 / TEI LT-3

**CUSTOMER ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**WORK ORDER:** 9452  
**TEST DATE:** 6/5/2006

**SITE ADDRESS:**  
S.F. Oakland Auto-Truck  
8255 San Leandro  
Oakland, CA 94621

**SITE CONTACT:** Joe  
**TECHNICIAN:** Doug Young

**PHONE NUMBER:** 510-569-1624  
**PHONE NUMBER:** 800-339-9930 **LICENSE:** 9p1076

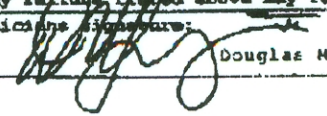
**WATER IN BACKFILL:** n/a

**DATE & TIME OF LAST FUEL DELIVERY:** 6+ hours

### TANK INFORMATION: (WETTED)

	TANK 1	TANK 2	TANK 3	TANK 4
<b>PRODUCT TYPE:</b>	Diesel			
<b>TOTAL GALLONS:</b>				
<b>PRODUCT LEVEL:</b>				
<b>PERCENT FULL:</b>				
<b>TEST METHOD:</b>				
<b>WATER IN TANK:</b>				
<b>TANK MATERIAL:</b>				
<b>P.S.I. @ BOTTOM:</b>				
<b>TEST DURATION:</b>				
<b>FINAL LEAK RATE:</b>				
<b>TEST RESULT:</b>				
<b>TANK INFORMATION: (ULLAGE) U/F ONLY</b>	ALERT 1050X	ALERT 1050X	ALERT 1050X	ALERT 1050X
<b>ULLAGE GALLONS:</b>				
<b>START PRESSURE:</b>				
<b>END PRESSURE:</b>				
<b>TEST RESULT:</b>				
<b>PRODUCT LINES:</b>	TEI LT-3	TEI LT-3	TEI LT-3	TEI LT-3
<b>LINE TYPE:</b>	Pressure			
<b>START TIME:</b>	4:35pm			
<b>END TIME:</b>	4:50pm			
<b>TEST PRESSURE:</b>	55 psi			
<b>FINAL LEAK RATE:</b>	+0.005 gph			
<b>TEST RESULT:</b>	PASS			
<b>MECHANICAL LEAK DETECTORS:</b>	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA	Red Jacket FTA
<b>MODEL:</b>				
<b>SERIAL NUMBER:</b>				
<b>CHECK VALVE PSI:</b>				
<b>BLEED OFF ml:</b>				
<b>LEAK RATE TESTED:</b>				
<b>TEST RESULT:</b>				

- A) These systems and methods meet or exceed the criteria in USEPA 40CFR parts 280, NFPA 329-87 and all applicable state codes.  
B) Any failures listed above may require further action, check with all regulatory agencies.

<b>Technician's Signature:</b> 	<b>Date:</b> 6-5-06	<b>Manufacturer Certification No:</b> Alert: ALTK123 TEI: LT-3, 009
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