

**FAX TRANSMITTAL COVER SHEET**  
**BAY AREA TANK & MARINE**  
**ENVIRONMENTAL TECHNOLOGIES**

OUR FAX NUMBER: (415) 372-0745

DATE: 8/20/90 CHARGE NUMBER: \_\_\_\_\_

TO: Cynthia Chapman

COMPANY: \_\_\_\_\_ FAX NUMBER: 568-3706

FROM: Forrest

NUMBER OF PAGES INCLUDING COVER PAGE: 2

If any of the document is illogible or incomplete, please telephone: \_\_\_\_\_

MESSAGE: Signed application

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

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) Dalton DeOrnellas

Signature *Dalton DeOrnellas*

Date 7-30-90

Signature of Site Owner or Operator

Name (please type) J. Lawrence David

Signature *J. Lawrence David*

Date 8-20-90